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## **Drug Misuse Declared: Findings from the 2008/09 British Crime Survey**

**England and Wales**

**Jacqueline Hoare**

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**ISSN 1358-510X**

**July 2009**

**12/09**

# Acknowledgements

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This publication has been prepared with support from Philip Hall, Bryce Millard, Sian Moley, Stephen Roe and Katharine Thorpe in the Home Office Statistics Unit of the Science and Research Group.

I would like to thank the individuals who provided editorial guidance for the report, Debbie Moon and Alison Walker, and also thank those who provided quality assurance comments, in particular, Nicola Singleton, Sara Skodbo, May El Komy, Charlotte Davies and David Blunt. Thanks also go to colleagues in the Communications Development Section who assisted in preparing the report.

I would also like to thank all the staff involved in the work on the British Crime Survey (BCS) at BMRB Social Research, the interviewers working on the BCS and the members of the public who gave up their time to take part in the survey.

For further information about the British Crime Survey, please email [bcsinfo@homeoffice.gsi.gov.uk](mailto:bcsinfo@homeoffice.gsi.gov.uk) or write to: Home Office Statistics, 5<sup>th</sup> Floor, Peel Building, 2 Marsham Street, London, SW1P 4DF.

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# Contents

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Page

## Contents

### List of figures and tables

<b>Chapter 1</b>	<b>Introduction .....</b>	<b>1</b>
	1.1 The BCS as a survey of drug use.....	1
	1.2 Classification of drugs.....	2
<b>Chapter 2</b>	<b>General population: extent and trends in drug use .....</b>	<b>5</b>
	2.1 Summary.....	5
	2.2 Introduction.....	6
	2.3 Extent of illicit drug use among 16 to 59 year olds.....	6
	2.4 Trends in illicit drug use among 16 to 59 year olds .....	8
	2.5 Estimated number of drug users.....	11
<b>Chapter 3</b>	<b>Young people: extent and trends in drug use.....</b>	<b>19</b>
	3.1 Summary.....	19
	3.2 Introduction.....	20
	3.3 Extent of illicit drug use among 16 to 24 year olds.....	20
	3.4 Trends in illicit drug use among 16 to 24 year olds .....	21
	3.5 Estimated number of drug users.....	25
	3.6 Frequent drug use among 16 to 24 year olds .....	25
<b>Chapter 4</b>	<b>Demographic and socio-economic variations in drug use .....</b>	<b>35</b>
	4.1 Summary.....	35
	4.2 Introduction.....	36
	4.3 Extent of illicit drug use by age group.....	36
	4.4 Trends in illicit drug use by age group .....	37

## Drug Misuse Declared: Findings from the 2007/08 British Crime Survey

---

4.5	Extent of illicit drug use by sex .....	38
4.6	Trends in illicit drug use by sex .....	39
4.7	Variation in illicit drug use by other personal characteristics and lifestyle factors .....	40
4.8	Variation in illicit drug use by household and area characteristics .....	43
4.9	Characteristics independently associated with illicit drug use.....	45
<b>Chapter 5</b>	<b>Polydrug use among the general population .....</b>	<b>55</b>
5.1	Summary .....	55
5.2	Introduction.....	55
5.3	Extent and trends in any illicit polydrug use .....	57
5.4	Extent and trends in polystimulant use .....	58
5.5	Conditional prevalence of drugs taken by polydrug users .....	60
5.6	Characteristics associated with polydrug use .....	61
<b>Appendix 1</b>	<b>Technical notes .....</b>	<b>73</b>
<b>Appendix 2</b>	<b>Bibliography .....</b>	<b>77</b>

# List of figures and tables

---

## **Chapter 1 Introduction**

Table 1a Drugs included in the BCS and their classification under the Misuse of Drugs Act

## **Chapter 2 General population: extent and trends in drug use**

Figure 2.1 Proportion of 16 to 59 year olds reporting use of any drug or any Class A drug ever, in the last year and last month, 2008/09 BCS

Figure 2.2 Proportion of 16 to 59 year olds reporting use of the most prevalent drugs in the last year, 2008/09 BCS

Figure 2.3 Proportion of 16 to 59 year olds reporting use of any drug or any Class A drug in the last year, 1996 to 2008/09 BCS

Figure 2.4 Proportion of 16 to 59 year olds reporting use of Class A drug groups in the last year, 1996 to 2008/09 BCS

Figure 2.5 Proportion of 16 to 59 year olds reporting use of non-Class A drug types in the last year, 1996 to 2008/09 BCS

Table 2.1 Proportion of 16 to 59 year olds reporting use of drugs ever in their lifetime, 1996 to 2008/09 BCS

Table 2.2 Proportion of 16 to 59 year olds reporting use of drugs in the last year, 1996 to 2008/09 BCS

Table 2.3 Proportion of 16 to 59 year olds reporting use of drugs in the last month, 1996 to 2008/09 BCS

Table 2.4 Estimates of numbers of ever in lifetime drug users, 16 to 59 year olds

Table 2.5 Estimates of numbers of last year drug users, 16 to 59 year olds

Table 2.6 Estimates of numbers of last month drug users, 16 to 59 year olds

## **Chapter 3 Young people: extent and trends in drug use**

Figure 3.1 Proportion of 16 to 24 year olds reporting use of any drug or any Class A drug ever, in the last year and last month, 2008/09 BCS

Figure 3.2 Proportion of 16 to 24 year olds reporting use of the most prevalent drugs in the last year, 2008/09 BCS

Figure 3.3 Proportion of 16 to 24 year olds reporting use of any drug or any Class A drug in the last year, 1996 to 2008/09 BCS

Figure 3.4 Proportion of 16 to 24 year olds reporting use of Class A drug groups in the last year, 1996 to 2008/09 BCS

Figure 3.5 Proportion of 16 to 24 year olds reporting use of non-Class A drug types in the last year, 1996 to 2008/09 BCS

## Drug Misuse Declared: Findings from the 2007/08 British Crime Survey

---

Figure 3.6	Proportion of 16 to 24 year olds classified as frequent drug users, 2002/03 to 2008/09 BCS
Table 3.1	Proportion of 16 to 24 year olds reporting use of drugs ever in their lifetime, 1996 to 2008/09 BCS
Table 3.2	Proportion of 16 to 24 year olds reporting use of drugs in the last year, 1996 to 2008/09 BCS
Table 3.3	Proportion of 16 to 24 year olds reporting use of drugs in the last month, 1996 to 2008/09 BCS
Table 3.4	Estimates of numbers of drug users ever in lifetime, 16 to 24 year olds
Table 3.5	Estimates of numbers of last year drug users, 16 to 24 year olds
Table 3.6	Estimates of numbers of last month drug users, 16 to 24 year olds
Table 3.7	Frequent use in the last year among 16 to 24 year olds (all respondents)
Table 3.8	Frequent use in the last year among 16 to 24 year old drug users

### Chapter 4 Demographic and socio-economic variations in drug use

Figure 4.1	Proportion of 16 to 59 year olds reporting use of any drug or any Class A drug in the last year by age group, 2008/09 BCS
Figure 4.2	Proportion of 16 to 59 year olds reporting use of any drug in the last year by age group, 1996 to 2008/09 BCS
Figure 4.3	Proportion of 16 to 59 year olds reporting use of any Class A drug in the last year by age group, 2008/09 BCS
Figure 4.4	Proportion of 16 to 59 and 16 to 24 year olds reporting use of any drug or any Class A drug in the last year by sex, 2008/09 BCS
Figure 4.5	Proportion of 16 to 59 year olds reporting use of any drug or any Class A drug in the last year by sex, 1996 to 2008/09 BCS
Figure 4.6	Proportion of 16 to 24 year olds reporting use of any drug or any Class A drug in the last year by sex, 1996 to 2008/09 BCS
Figure 4.7	Proportion of 16 to 24 year olds reporting use of any drug or any Class A drug in the last year by frequency of alcohol consumption in the last month, 2008/09 BCS
Figure 4.8	Proportion of 16 to 24 year olds reporting use of individual drugs in the last year by frequency of nightclub visits in the last month, 2008/09 BCS
Figure 4.9	Proportion of 16 to 59 year olds reporting use of any drug or any Class A drug in the last year by ACORN type, 2008/09 BCS
Table 4.1	Proportion of 16 to 59 year olds reporting use of drugs in the last year, by personal characteristics
Table 4.2	Proportion of 16 to 59 year olds reporting use of drugs in the last year, by household and area characteristics

Table 4.3	Proportion of 16 to 24 year olds reporting use of drugs in the last year, by personal characteristics
Table 4.4	Proportion of 16 to 24 year olds reporting use of drugs in the last year, by household and area characteristics
Table 4.5	Proportion of 16 to 59 year olds reporting use of any drug in the last year by age group, 1996 to 2008/09 BCS
Table 4.6	Proportion of 16 to 59 year olds reporting use of any Class A drug in the last year by age group, 1996 to 2008/09 BCS
Table 4.7	Proportion of 16 to 59 year olds reporting use of any drug or any Class A drug in the last year by sex, 1996 to 2008/09 BCS
Table 4.8	Proportion of 16 to 24 year olds reporting use of any drug or any Class A drug in the last year by sex, 1996 to 2008/09 BCS
Table 4.9	Logistic regression model for any illicit drug use in the last year

## Chapter 5 Polydrug use among the general population

Figure 5.1	Proportion of 16 to 59 year old drug users ever, in the last year and in the last month, by number of drugs, 2008/09 BCS
Figure 5.2	Proportion of 16 to 59 year old illicit polydrug users reporting type of drugs taken in the last year, 2008/09 BCS
Figure 5.3	Proportion of 16 to 59 year old stimulant drug users ever, in the last year and in the last month, by number of stimulant drugs, 2008/09 BCS
Figure 5.4	Proportion of 16 to 59 year old stimulant polydrug users reporting type of drugs taken in the last year, 2008/09 BCS
Figure 5.5	Proportion of 16 to 59 year old drug users in the last year by frequency of pub visits, 2008/09 BCS
Table 5.1	Prevalence and trends in the proportion of 16 to 59 year olds reporting use of any drug or any stimulant drug ever, in the last year and last month, by number of drugs, 2006/07 to 2008/09 BCS
Table 5.2	Proportion of 16 to 59 year olds reporting use of individual drugs in the last year, as a proportion of adults taking more than one type of illicit drug, 2006/07 to 2008/09 BCS
Table 5.3	Proportion of 16 to 59 year old illicit drug users reporting use of other illicit drugs in the last year
Table 5.4	Proportion of 16 to 59 year olds reporting use of individual stimulant drugs ever and in the last year, as a proportion of adults taking more than one type of stimulant drug, 2006/07 to 2008/09 BCS
Table 5.5	Within personal characteristics, the proportion of 16 to 59 year old drug users in the last year, by number of drugs taken
Table 5.6	Within household and area characteristics, the proportion of 16 to 59 year old drug users in the last year, by number of drugs taken

## Drug Misuse Declared: Findings from the 2007/08 British Crime Survey

---

Table 5.7	Personal characteristics of 16 to 59 year olds reporting use of drugs in the last year, by number of drugs taken
Table 5.8	Household and area characteristics associated with 16 to 59 year olds reporting use of drugs in the last year, by number of drugs taken
Table 5.9	Logistic regression model for illicit polydrug use in the last year

### Appendix Tables

A1	Composite drug variables, 2008/09 BCS
A2	Previously published and revised last year drug misuse estimates for 16 to 59 year olds with confidence intervals, 2007/08 BCS



# 1 Introduction

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This annual statistical bulletin examines the prevalence and trends of illicit drug use among a nationally representative sample of 16 to 59 year olds (with a particular focus on young people aged 16 to 24) resident in households in England and Wales. The bulletin is based on results from the 2008/09 British Crime Survey (BCS) and updates results presented in the previous bulletin in this series (Hoare and Flatley, 2008). New results for 2008/09 are presented along with comparisons with 2007/08 and trends in drug use since 1996.

Figures published in this bulletin are used to inform public debate about drug misuse in England and Wales and support the development and monitoring of policy. The latest ten-year Drug Strategy was published in 2008 (Home Office, 2008); it aims to restrict the supply of illegal drugs and reduce the demand for them, with a focus on protecting families and strengthening communities.<sup>1</sup>

## 1.1 THE BCS AS A SURVEY OF DRUG USE

The BCS drug misuse estimates are produced from responses to a self-completion module of the survey that is completed at the end of the face-to-face interview (which mainly covers questions on experiences of crime victimisation and perceptions of crime-related issues). Respondents can complete the drugs module on the interviewer's laptop by themselves and, when complete, their answers are hidden. The use of self-completion on laptops allows respondents to feel more at ease when answering questions on illicit behaviour due to increased confidence in the privacy and confidentiality of the survey. The self-completion module is restricted to those respondents aged 16 to 59 years (the decision to exclude those aged 60 and over was an economy measure, reflecting their very low prevalence rates for the use of prohibited drugs).

BCS estimates are based on a sample of the population which is considered large for a government survey.<sup>2</sup> The survey has a high response rate (76%) and is weighted to ensure figures are as representative of the population under study as possible.

Although illicit drug use estimates from the BCS may be based on a small number of users, published figures and comparisons are considered to be robust and caveats on sub-group analysis are provided where appropriate (and see Box 1.1).

Another strength of the BCS is being able to provide trends over time as the survey has included a comparable self-report module of questions on illicit drug use since 1996. Any changes in BCS estimates over time are only reported when they are statistically significant (see Appendix 1).

The figures in this report are based on interviews conducted between April 2008 and March 2009. The reference period for *last year* drug use (when respondents are asked about their drug use in the 12 months prior to interview) will range from April 2007 for the earliest interviews to March 2009 for the latest interviews.

Development of the BCS questionnaire takes place on an annual basis and aims to reflect evolving issues. For example, respondents were asked about methamphetamine use for the first time in the 2008/09 survey and these figures are reported on in this bulletin. Questions about frequent drug use (previously only asked of 16 to 24 year olds), use of skunk (the stronger form of cannabis), and the age at which cannabis, cocaine and ecstasy were first taken have been introduced into interviews taking place since March 2009. Findings from these new questions will be published in next year's bulletin.

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<sup>1</sup> For details on the latest Drugs Strategy see <http://drugs.homeoffice.gov.uk/drug-strategy/overview/>.

<sup>2</sup> In the 2008/09 BCS there was an achieved sample of 46,220 adults; 28,604 adults aged 16 to 59 completed the drugs self-completion module.

### Limitations of the BCS as a survey of drug use

As a household survey, the BCS provides an effective measure of the more commonly used drugs for which the majority of users are contained within the household population. However, the BCS does not cover some small groups, potentially important given that they may have relatively high rates of drug use: notably the homeless, and those living in certain institutions such as prisons or student halls of residence. Nor, in practice, will any household survey necessarily reach those problematic drug users whose lives are so busy or chaotic that they are hardly ever at home or are unable to take part in an interview.<sup>3</sup> As a result, the BCS is likely to underestimate the overall use of drugs such as opiates and crack cocaine, and possibly also frequent cocaine powder users, where the majority of users are concentrated within small sub-sections of the population not covered or reached by the survey. However, this is likely to have only a marginal impact on overall estimates of drug use within the household population.

Historically, the BCS has included those aged 16 or over resident in households; however, the survey has recently been extended to include children (aged 10 to 15). Since January 2009 children are eligible to be selected for interview in participating households and this age group is asked about cannabis use (the first results will be published in spring 2010). However, there is an established National Statistics series giving trends on the prevalence and nature of drug use among 11 to 15 year olds which is based on the Survey of Smoking, drinking and drug use among young people in England. Latest figures for 2008 are published simultaneously with this bulletin to provide an overall picture of drug use (see Fuller (Ed.), 2009).

In tracking changes in the level of drug use through the BCS, arguably what matters most is that, irrespective of any strengths or weaknesses relating to coverage of the survey, it is a consistent instrument deployed in the same manner for each round of the survey.

### 1.2 CLASSIFICATION OF DRUGS

The Misuse of Drugs Act classifies illegal drugs into three categories (Class A, B and C) according to the harm that they cause, with Class A drugs considered to be the most harmful. Table 1a displays the drugs that respondents were asked about in the BCS and their current classification under the Misuse of Drugs Act.

Following the Drugs Act 2005, raw magic mushrooms were classified as a Class A drug in July 2005. Prior to this change in the law, only prepared (such as dried or stewed) magic mushrooms were classified as Class A drugs. However, the BCS does not distinguish between the different preparations of this drug, so the trend in magic mushroom and Class A drug use presented here has not been affected by the change in the law.

Amphetamines can be classified as either Class A (when prepared for injection) or Class B (in powdered form). Since BCS questions do not distinguish between the forms of the drug taken, amphetamine use has not been included in estimates of overall Class A drug use in this report. The BCS included a question on methamphetamine (which is classified as Class A) for the first time in 2008/09.

Similarly, tranquillisers can either be classified as Class B (such as barbiturates) or Class C (such as benzodiazepines). Consequently, Class B and Class C drugs cannot be aggregated reliably because the survey does not identify which specific tranquilliser respondents used.

Cannabis was reclassified from a Class B to a Class C drug in January 2004. However, the Government recently decided to reclassify cannabis as a Class B drug under the Misuse of Drugs Act with effect from January 2009. Reclassification does not affect BCS estimates, but for the purpose of this report, cannabis is now presented as a Class B drug.

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<sup>3</sup> The Home Office has published work to provide local estimates of problematic drug users using statistical techniques involving indirect estimation from a number of different data sources (Hay *et al.*, 2006, 2007, 2008).

The category 'not classified' indicates that possession of these substances (amyl nitrite and glues) is not illegal but it is an offence to supply these substances if it is likely that the product is intended for abuse.

The 2006/07 BCS was the first year that questions on ketamine were included in the survey and in this report ketamine use is reported according to its classification (Class C).

**Table 1a Drugs included in the BCS and their classification under the Misuse of Drugs Act**

<b>Classification</b>	<b>Drug</b>
<b>Class A</b>	Cocaine powder Crack cocaine Ecstasy LSD Magic mushrooms Heroin Methadone Methamphetamine
<b>Class A/B</b>	Amphetamines
<b>Class B</b>	Cannabis (since January 2009)
<b>Class B/C</b>	Tranquillisers
<b>Class C</b>	Anabolic steroids Ketamine (since April 2006)
<b>Not classified</b>	Amyl nitrite Glues (including glues, solvents, gas or aerosols)

## Conventions used in figures and tables

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### Unweighted base

All BCS percentages presented in the tables and figures are based on data weighted to compensate for differential non response. Tables show the unweighted base which represents the number of people/households interviewed in the specified group.

### Percentages

Row or column percentages may not add to 100% due to rounding.

Where BCS tables present cell percentages referring to the proportion of people who have the attribute being discussed, the complementary percentage, to add to 100%, is not shown.

A percentage may be quoted in the text for a single category that is identifiable in the tables only by summing two or more component percentages. In order to avoid rounding errors, the percentage has been recalculated for the single category and therefore may differ by one percentage point from the sum of the percentages derived from the tables.

### 'No answers' (missing values)

All BCS analysis excludes don't know/refusals unless otherwise specified.

### Table abbreviations

- '0' indicates no response in that particular category or less than 0.5% (this does not apply when percentages are presented to one decimal point).
- 'n/a' indicates that the BCS question was not applicable or not asked in that particular year.
- '-' indicates that data are not reported because the unweighted base is less than 50.
- '.' indicates that although the unweighted base under analysis was more than 50 there were insufficient drug users in the sample to enable robust subgroup analysis.
- '\*\*' indicates that the change is statistically significant at the five per cent level. Where an apparent change over time is not statistically significant the figures may be described in the text as 'stable'.

## 2 General population: extent and trends in drug use

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### 2.1 SUMMARY

The BCS provides estimates of the proportion of 16 to 59 year olds who have used illicit drugs. There are three separate measures based on *ever* having used drugs, use in the *last year* and use in the *last month*. The 2008/09 BCS estimates that:

- Around one in three (36.8%) had *ever* used illicit drugs, one in ten had used drugs in the *last year* (10.1%) and around one in 20 (5.9%) had done so in the *last month*.
- Levels of Class A drug use were, unsurprisingly, lower than overall drug use, with 15.6 per cent having used a Class A drug at least once in their *lifetime*, 3.7 per cent having done so in the *last year* and 1.8 per cent in the *last month*.
- Consistent with previous findings, cannabis is the type of drug most likely to be used; 7.9 per cent of 16 to 59 year olds used cannabis in the *last year*.

The BCS has collected information on illicit drug use since 1996. Long-term trends for those aged 16 to 59 show:

- Use of any illicit drug in the *last year* has shown an overall decrease from 11.1 per cent in 1996 to 10.1 per cent in 2008/09, due in part to successive declines in the use of cannabis between 2003/04 and 2007/08.
- Despite this long-term overall decline, there has been an increase in *last year* use of Class A drugs among 16 to 59 year olds between 1996 (2.7%) and 2008/09 (3.7%). Usage has remained generally stable over this period: year-on-year changes were not statistically significant until most recently; however there was a slight underlying upward trend, which is now significant over the long term.
- The increase in Class A drug usage since 1996 can be understood in terms of an increase in *last year* cocaine powder use (from 0.6% to 3.0%), partly offset by a decrease over the same period in the use of LSD (from 1.0% to 0.2%). In 2008/09 methamphetamine was included for the first time but this has no visible impact on the overall prevalence of Class A drug use in that survey year.
- There have been some decreases over the longer term in the use of non-Class A drugs; between 1996 and 2008/09 *last year* use of cannabis, amphetamines and anabolic steroids among 16 to 59 year olds declined.

Changes between 2007/08 and 2008/09 showed:

- The overall level of any illicit drug use in the *last year* remained stable (9.6% in 2007/08 compared with 10.1% in 2008/09) but there was an increase in *last year* Class A drug use (from 3.0% to 3.7%).
- For individual types of drug, increases were seen in *last year* use of cocaine powder, ecstasy, tranquillisers, anabolic steroids and ketamine.

### 2.2 INTRODUCTION

This chapter examines the extent of drug use as measured by the 2008/09 BCS and trends in drug use since 1996 among adults aged 16 to 59 resident in households in England and Wales. Firstly, it provides estimates of the prevalence of use of an illicit drug *ever* (that is, at least once in a lifetime), at least once in the *last year* (that is, the year prior to interview) and at least once in the *last month* (that is, the month prior to interview). Secondly, it explores key trends in the use of different types of drugs and, finally, the chapter provides estimates of the number of drug users. Information is presented on types of illicit drugs used with a focus on Class A and non-Class A usage.

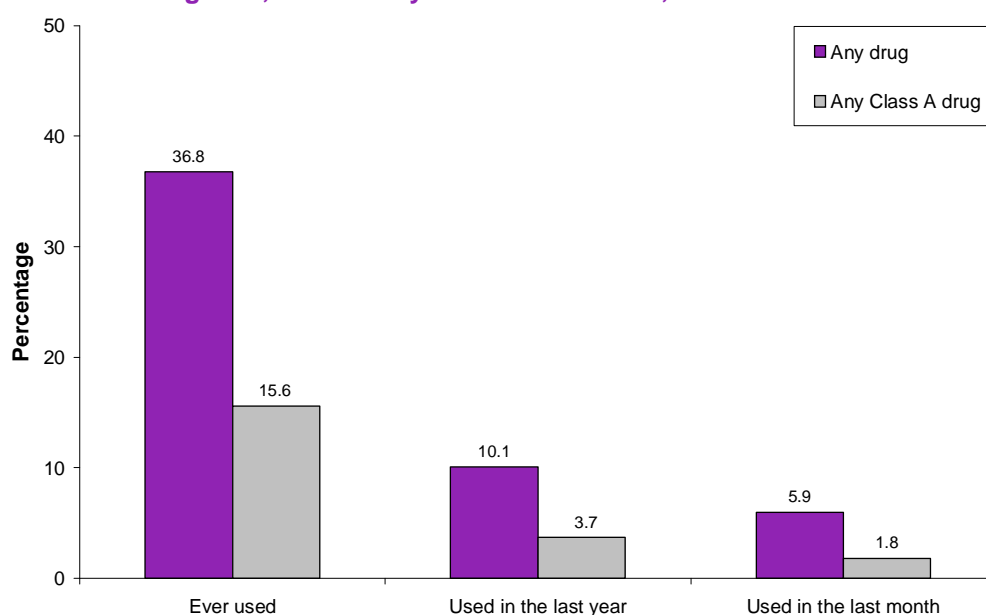
### 2.3 EXTENT OF ILLICIT DRUG USE AMONG 16 TO 59 YEAR OLDS

#### Overall extent of drug use

The 2008/09 BCS estimates that around one in three people aged 16 to 59 (36.8%) had *ever* used illicit drugs, one in ten had used drugs in the *last year* (10.1%) and around one in 20 (5.9%) had done so in the *last month* (Figure 2.1 and Tables 2.1 to 2.3).

As expected, Class A drug use was less common with 15.6 per cent having used a Class A drug at least once in their *lifetime*, 3.7 per cent having done so in the *last year* and 1.8 per cent in the *last month*.

**Figure 2.1 Proportion of 16 to 59 year olds reporting use of any drug or any Class A drug ever, in the last year and last month, 2008/09 BCS**



Drugs are mainly presented in this report by classification under the Misuse of Drugs Act; however, developing a new composite group ('Any stimulant drug') that includes drugs across the legal classification provides an additional useful measure. These types of drugs are used for their stimulant properties and are more likely to be used interchangeably by the same people at similar times and in similar settings.

Stimulant drugs included are: cocaine powder, crack cocaine, ecstasy, amphetamines, amyl nitrite and methamphetamine. Amphetamines and all forms of cocaine are well known for their stimulant properties, ecstasy is used by clubbers, and amyl nitrite ('poppers') deliver a short, sharp high, again often used in clubs.

Around one in five adults (19.2%) had *ever* taken stimulant drugs, nearly one in 20 had taken these drugs in the *last year* (4.4%) and 3.1 per cent had in the *last month*. Prevalence is

slightly higher than for Class A drugs as the stimulant group of drugs includes some of the more prevalent non-Class A drug types (Tables 2.1 to 2.3).

### Extent of drug use in the last year by type of drug

Cannabis was the drug most likely to be used, remaining consistent with previous years. The 2008/09 BCS estimates that 7.9 per cent of 16 to 59 year olds used cannabis in the *last year*, representing around 79 per cent (data not shown) of *last year* illicit drug users (Figure 2.2 and Table 2.2).

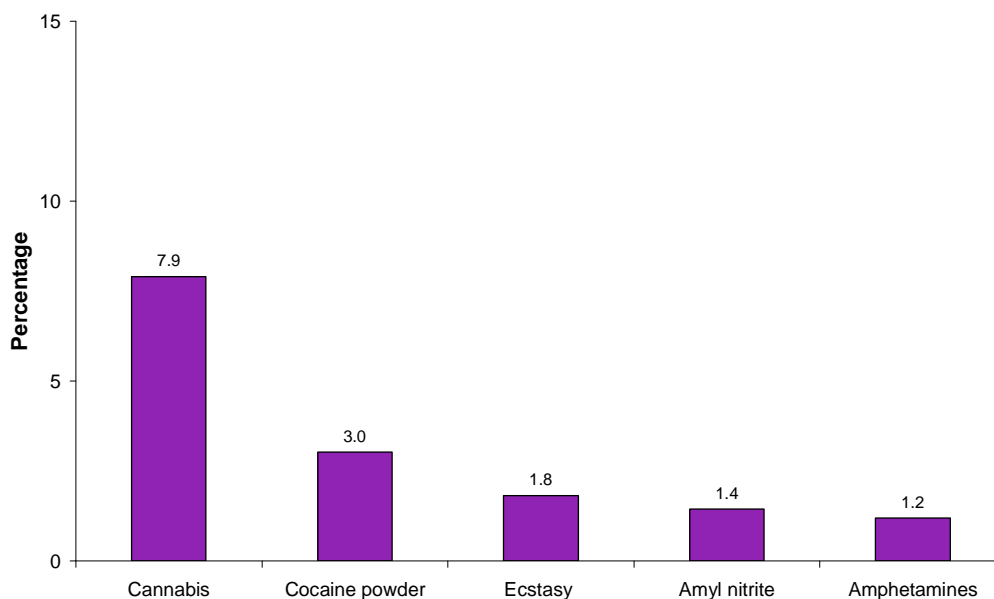
Cocaine powder was the next most commonly used drug with 3.0 per cent reporting use of it in the *last year*. Use of ecstasy in the *last year* was estimated at 1.8 per cent, use of amyl nitrite at 1.4 per cent, and amphetamine use at 1.2 per cent.

The proportion of 16 to 59 year olds reporting *last year* use of other drugs was slightly lower:

- *Last year* use of tranquillisers<sup>1</sup> was estimated at 0.7 per cent.
- Use of hallucinogens (LSD and magic mushrooms) in the *last year* was estimated at 0.6 per cent, as was use of ketamine.
- *Last year* prevalence of glues and anabolic steroids was estimated to be 0.2 per cent and 0.1 per cent respectively.

Use of other more problematic drugs was rare within the general household population: heroin, methadone (and opiates overall) and methamphetamine use was reported by 0.1 per cent of 16 to 59 year olds<sup>2</sup>.

**Figure 2.2 Proportion of 16 to 59 year olds reporting use of the most prevalent drugs in the last year, 2008/09 BCS**



<sup>1</sup> Respondents are asked specifically whether they have taken tranquillisers not prescribed by a doctor.

<sup>2</sup> See *The BCS as a survey of drug use* section in Chapter 1 for details on the limitations of the BCS as a survey of drug use, particularly for drugs with low prevalence in the general population such as opiates. Also see Hay *et al.* (2006, 2007, 2008) for estimates of problematic drug users.

## 2.4 TRENDS IN ILLICIT DRUG USE AMONG 16 TO 59 YEAR OLDS

This section looks at reported use of illicit drugs in the *last year* to review the key trends since BCS measurement began in 1996, and to compare latest figures with estimates from the 2007/08 BCS. However, any changes identified since 2007/08 should be interpreted with care since there is inherent variability in survey measures; a longer time period is necessary before it becomes clear whether a year-on-year change is a real trend.<sup>3</sup>

### Overall trends in illicit drug use in the last year

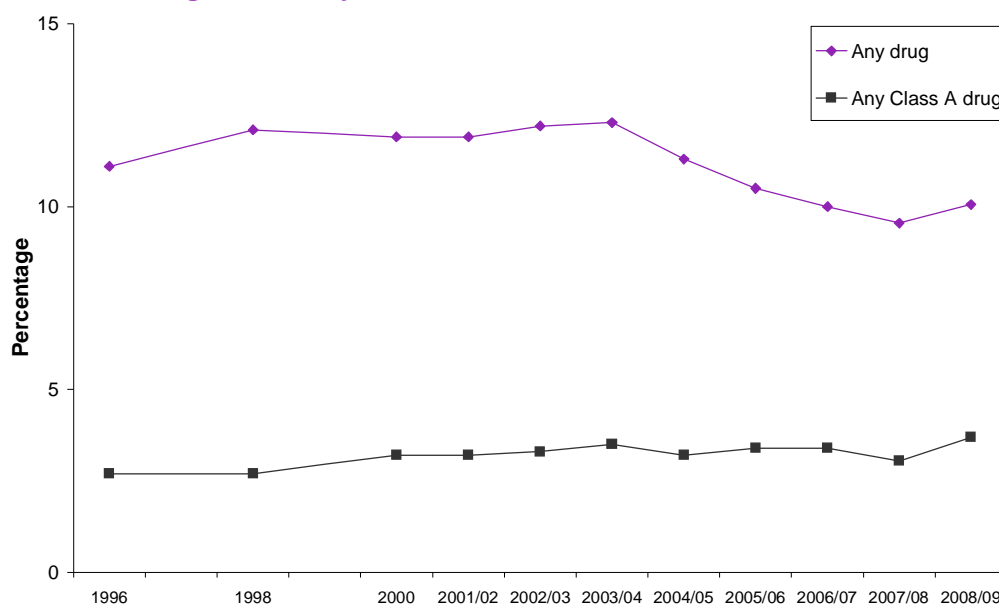
*Last year* use of any illicit drug by 16 to 59 year olds has shown an overall decrease from 11.1 per cent in the 1996 BCS to 10.1 per cent in the 2008/09 BCS. This is due in part to successive declines in the use of cannabis (the most prevalent drug amongst 16 to 59 year olds) between 2003/04 and 2007/08 (Figure 2.3 and Table 2.2).

More recently, between 2007/08 and 2008/09 the overall level of any illicit drug use in the *last year* remained stable (9.6% compared with 10.1%; the apparent increase was not statistically significant).

Despite the long-term decline in *last year* use of any illicit drug, there has been an overall increase in *last year* Class A drug use among 16 to 59 year olds since 1996, from 2.7 per cent to 3.7 per cent in 2008/09. Usage of Class A drugs has remained generally stable over this period; year-on-year changes were not statistically significant until most recently; however, there was a slight underlying upward trend, which is now significant over the long term (Figure 2.3 and Table 2.2).

There was a statistically significant increase between 2007/08 and 2008/09 in the last year use of Class A drugs among 16 to 59 year olds (from 3.0% to 3.7%) following a decrease in the preceding year.

**Figure 2.3 Proportion of 16 to 59 year olds reporting use of any drug or any Class A drug in the last year, 1996 to 2008/09 BCS**



<sup>3</sup> See Appendix 1 for more information on interpreting year-on-year changes in drug misuse estimates from the BCS.



Use of any stimulant drugs<sup>4</sup> in the *last year* has shown no overall change between 1996 and 2008/09 with the general pattern being of year-on-year stability. Most recently, the proportion of 16 to 59 year olds taking stimulant drugs in the *last year* has increased from 4.0 per cent in 2007/08, to 4.4 per cent in 2008/09, reflecting the increases seen in cocaine powder and ecstasy use (Table 2.2).

**Box 2.1 Summary of trends in last year drug use among 16 to 59 year olds between 1996, 2007/08 and 2008/09**

**Between 1996 and 2008/09:**

Increase	Decrease	Stable
<ul style="list-style-type: none"> <li>• <b>Any Class A drug</b></li> <li>• <b>Any cocaine</b></li> <li>• Cocaine powder</li> <li>• Tranquillisers</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Any drug</b></li> <li>• <b>Hallucinogens</b></li> <li>• LSD</li> <li>• Amphetamines</li> <li>• Anabolic steroids</li> <li>• Cannabis</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Any stimulant drug</b></li> <li>• <b>Opiates</b></li> <li>• Crack cocaine</li> <li>• Ecstasy</li> <li>• Magic mushrooms</li> <li>• Heroin</li> <li>• Methadone</li> <li>• Amyl nitrite</li> <li>• Glues</li> </ul>

**Between 2007/08 and 2008/09:**

Increase	Decrease	Stable
<ul style="list-style-type: none"> <li>• <b>Any Class A drug</b></li> <li>• <b>Any stimulant drug</b></li> <li>• <b>Any cocaine</b></li> <li>• Cocaine powder</li> <li>• Ecstasy</li> <li>• Tranquillisers</li> <li>• Anabolic steroids</li> <li>• Ketamine</li> </ul>	<p>None</p>	<ul style="list-style-type: none"> <li>• <b>Any drug</b></li> <li>• <b>Hallucinogens</b></li> <li>• <b>Opiates</b></li> <li>• Crack cocaine</li> <li>• LSD</li> <li>• Magic mushrooms</li> <li>• Heroin</li> <li>• Methadone</li> <li>• Amphetamines</li> <li>• Cannabis</li> <li>• Amyl nitrite</li> <li>• Glues</li> </ul>

1. Where drugs are aggregated into composite groups these are listed in bold typeface.

**Trends in last year drug use by type of Class A drug**

The long-term trend in *last year* Class A drug use, that is, non-significant year-on-year changes with a slight underlying upward trend until most recently, can be understood in terms of an increase in *last year* cocaine powder use (from 0.6% to 3.0%) partly offset by a decrease over the same period in the use of LSD (from 1.0% to 0.2%). In addition, methamphetamine was included for the first time in 2008/09 but this has no visible impact<sup>5</sup> on the overall prevalence of Class A drug use in that survey year (Figure 2.4 and Table 2.2).

The decline in LSD use, and an apparent but non-significant fall in magic mushroom use compared with 1996, has contributed to a decline in the overall use of hallucinogens from 1.3 per cent to 0.6 per cent between 1996 and 2008/09.

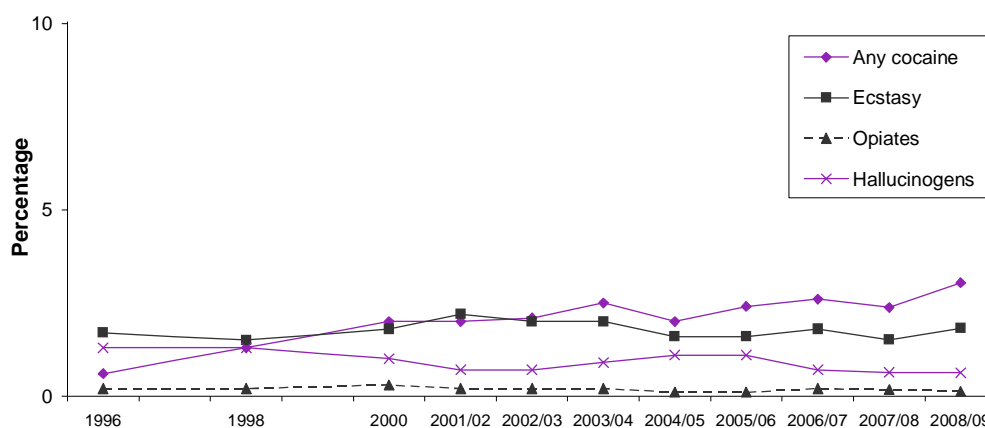
The use of ecstasy, crack cocaine and opiates shows no overall change since 1996.

<sup>4</sup> Stimulant drugs included in long-term trends are: cocaine powder, crack cocaine, ecstasy, amphetamines and amyl nitrite; methamphetamine is also included from 2008/09 when it was added to the BCS.

<sup>5</sup> The proportion of adults taking Class A drugs in the *last year* was the same figure to one decimal place whether the composite measure included methamphetamine or not, suggesting that the vast majority of methamphetamine users took other Class A drugs and hence were already included in the measure.

Between 2007/08 and 2008/09 the *last year* use of most Class A drugs has remained stable with the exception of increases in cocaine powder (and hence any cocaine) and ecstasy.

**Figure 2.4 Proportion of 16 to 59 year olds reporting use of Class A drug groups in the last year, 1996 to 2008/09 BCS**



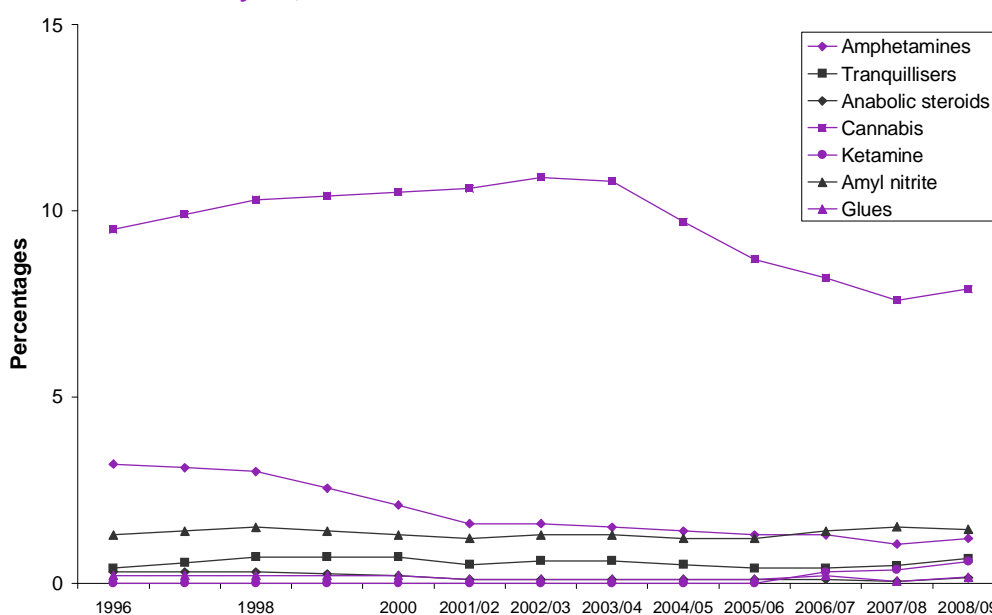
### Trends in drug use in the last year by type of non-Class A drug

There have been some decreases over the longer term in the *last year* use of non-Class A drugs among 16 to 59 year olds (Figure 2.5 and Table 2.2):

- cannabis use from 9.5 per cent in 1996 to 7.9 per cent in 2008/09 (following an increase between 1996 and 2002/03 and a subsequent decline between 2003/04 and 2007/08);
- amphetamine use from 3.2 per cent in 1996 to 1.2 per cent in 2008/09; and
- the use of anabolic steroids from 0.3 per cent in 1996 to 0.1 per cent in 2008/09.

More recently, between 2007/08 and 2008/09 there were increases seen in *last year* usage of ketamine (from 0.4% to 0.6%), tranquillisers (from 0.5% to 0.7%) and anabolic steroids (0.1% point change not visible due to rounding). Use of other non-Class A drugs remained stable.

**Figure 2.5 Proportion of 16 to 59 year olds reporting use of non-Class A drug types in the last year, 1996 to 2008/09 BCS**



## 2.5 ESTIMATED NUMBER OF DRUG USERS

Based on BCS estimates which specifically relate to drug misuse in the household population, of the 32.2 million people aged 16 to 59 in England and Wales, it is estimated that around 11.9 million have *ever* used illicit drugs. An estimated 3.2 million people have used illicit drugs in the *last year* and around 1.9 million in the *last month* (Tables 2.4 to 2.6).

It is also estimated that around five million people aged 16 to 59 have *ever* used Class A drugs, with 1.2 million having used them in the *last year* and just over half a million in the *last month*.

Cocaine powder and ecstasy were the most commonly used Class A drugs in the *last year* while the lowest estimates were for crack cocaine and opiates. Of the 1.2 million people who used any Class A drug in the *last year*, the majority had used cocaine powder (974,000) and around half used ecstasy (586,000).

Around ten million people aged 16 to 59 were estimated to have *ever* used cannabis. Around two and a half million are estimated to have used cannabis in the *last year*, and about one and a half million in the *last month*.

**Table 2.1 Proportion of 16 to 59 year olds reporting use of drugs ever in their lifetime, 1996 to 2008/09 BCS**

Percentages												BCS	
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 <sup>1</sup>	2008/09	1996 to 2008/09	2007/08 to 2008/09
<b>Class A</b>												<i>Statistically significant change</i>	
Any cocaine	3.1	3.8	5.6	5.2	6.2	6.8	6.1	7.3	7.7	7.8	9.4	**↑	**↑
Cocaine powder	3.0	3.7	5.5	5.1	6.1	6.7	6.0	7.2	7.5	7.7	9.2	**↑	**↑
Crack cocaine	0.7	0.7	1.1	0.7	0.9	0.9	0.8	0.9	1.0	0.9	1.0	**↑	
Ecstasy	3.8	4.2	5.3	5.9	6.6	6.9	6.7	7.2	7.3	7.6	8.6	**↑	**↑
Hallucinogens	7.8	8.4	9.3	8.2	9.2	9.4	8.5	9.3	9.1	9.1	9.3	**↑	
LSD	5.4	5.6	6.2	5.4	5.9	6.1	5.1	5.5	5.4	5.2	5.5		
Magic mushrooms	5.3	6.0	7.0	6.1	6.8	7.1	6.5	7.3	7.1	6.9	7.4	**↑	
Opiates	0.7	0.9	1.1	0.7	0.9	1.0	0.8	0.9	0.8	0.8	0.9		
Heroin	0.6	0.6	1.0	0.6	0.8	0.8	0.6	0.6	0.7	0.7	0.7		
Methadone	0.3	0.5	0.5	0.4	0.4	0.4	0.4	0.5	0.4	0.4	0.4		
<b>Class A/B</b>													
Any amphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	12.3	n/a	n/a
Amphetamines	9.3	10.8	12.3	11.6	12.3	12.2	11.2	11.5	11.9	11.8	12.1	**↑	
Methamphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.9	n/a	n/a
<b>Class B</b>													
Cannabis	23.5	26.8	29.5	28.9	30.6	30.8	29.7	29.8	30.1	30.4	31.1	**↑	
<b>Class B/C</b>													
Tranquillisers	3.1	3.4	3.7	3.0	3.1	3.1	2.6	2.7	2.9	2.8	3.2		**↑
<b>Class C</b>													
Anabolic steroids	1.1	1.1	1.0	0.6	0.5	0.6	0.5	0.6	0.6	0.6	0.6	**↓	
Ketamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1.3	1.4	1.8	n/a	**↑
<b>Not Classified</b>													
Amyl nitrite	6.5	7.9	7.8	7.9	8.4	8.6	8.1	8.4	9.1	9.1	9.9	**↑	**↑
Glues	2.3	2.5	2.7	2.3	2.4	2.1	2.2	2.4	2.4	2.3	2.4		
<b>Any Class A drug<sup>2</sup></b>	<b>9.6</b>	<b>10.7</b>	<b>12.4</b>	<b>11.8</b>	<b>13.2</b>	<b>13.4</b>	<b>12.6</b>	<b>13.9</b>	<b>13.8</b>	<b>14.1</b>	<b>15.6</b>	<b>**↑</b>	<b>**↑</b>
<b>Any stimulant drug<sup>3</sup></b>	<b>13.1</b>	<b>14.9</b>	<b>16.3</b>	<b>16.1</b>	<b>16.8</b>	<b>16.9</b>	<b>16.1</b>	<b>16.8</b>	<b>17.4</b>	<b>18.1</b>	<b>19.2</b>	<b>**↑</b>	<b>**↑</b>
<b>Any drug<sup>4</sup></b>	<b>30.5</b>	<b>33.6</b>	<b>35.7</b>	<b>34.0</b>	<b>35.7</b>	<b>35.6</b>	<b>34.5</b>	<b>34.9</b>	<b>35.5</b>	<b>36.1</b>	<b>36.8</b>	<b>**↑</b>	
<i>Unweighted base<sup>5</sup></i>	<i>10,813</i>	<i>9,884</i>	<i>12,852</i>	<i>20,051</i>	<i>23,331</i>	<i>24,296</i>	<i>28,330</i>	<i>29,748</i>	<i>28,975</i>	<i>28,500</i>	<i>28,407</i>		

1. BCS estimates from interviews in 2007/08 have been revised using reweighted LFS microdata and will vary slightly from previously published estimates (see Appendix 1).

2. Any Class A drug use includes methamphetamine since 2008/09 interviews.

3. Any stimulant drug use includes cocaine powder, crack cocaine, ecstasy, amphetamines and amyl nitrite plus methamphetamine since 2008/09 interviews.

4. Any drug use includes ketamine since 2006/07 interviews and methamphetamine since 2008/09 interviews.

5. Base numbers relate to any drug use. Bases for other drug measures will be similar.

6. See Section 1.2 in Chapter 1 for details on classification based on the Misuse of Drugs Act.

**Table 2.2 Proportion of 16 to 59 year olds reporting use of drugs in the last year, 1996 to 2008/09 BCS**

Percentages												BCS	
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 <sup>1</sup>	2008/09	1996 to 2008/09	2007/08 to 2008/09
												<i>Statistically significant change</i>	
<b>Class A</b>													
Any cocaine	0.6	1.3	2.0	2.0	2.1	2.5	2.0	2.4	2.6	2.4	3.0	***↑	***↑
Cocaine powder	0.6	1.2	2.0	2.0	2.1	2.4	2.0	2.4	2.6	2.4	3.0	***↑	***↑
Crack cocaine	0.1	0.1	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.1	0.1		
Ecstasy	1.7	1.5	1.8	2.2	2.0	2.0	1.8	1.6	1.8	1.5	1.8		***↑
Hallucinogens	1.3	1.3	1.0	0.7	0.7	0.9	1.1	1.1	0.7	0.6	0.6	**↓	
LSD	1.0	0.8	0.7	0.3	0.3	0.2	0.2	0.3	0.2	0.3	0.2	**↓	
Magic mushrooms	0.7	0.9	0.7	0.5	0.6	0.8	1.1	1.0	0.6	0.5	0.5		
Opiates	0.2	0.2	0.3	0.2	0.2	0.2	0.1	0.1	0.2	0.2	0.1		
Heroin	0.2	0.1	0.3	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1		
Methadone	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1		
<b>Class A/B</b>													
Any amphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1.2	n/a	n/a
Amphetamines	3.2	3.0	2.1	1.6	1.6	1.5	1.4	1.3	1.3	1.0	1.2	**↓	
Methamphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.1	n/a	n/a
<b>Class B</b>													
Cannabis	9.5	10.3	10.5	10.6	10.9	10.8	9.7	8.7	8.2	7.6	7.9	**↓	
<b>Class B/C</b>													
Tranquillisers	0.4	0.7	0.7	0.5	0.6	0.6	0.5	0.4	0.4	0.5	0.7	***↑	***↑
<b>Class C</b>													
Anabolic steroids	0.3	0.3	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	**↓	***↑
Ketamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.3	0.4	0.6	n/a	***↑
<b>Not Classified</b>													
Amyl nitrite	1.3	1.5	1.3	1.2	1.3	1.3	1.2	1.2	1.4	1.5	1.4		
Glues	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.2		
<b>Any Class A drug<sup>2</sup></b>	<b>2.7</b>	<b>2.7</b>	<b>3.2</b>	<b>3.2</b>	<b>3.3</b>	<b>3.5</b>	<b>3.2</b>	<b>3.4</b>	<b>3.4</b>	<b>3.0</b>	<b>3.7</b>	<b>***↑</b>	<b>***↑</b>
<b>Any stimulant drug<sup>3</sup></b>	<b>4.4</b>	<b>4.3</b>	<b>4.0</b>	<b>4.0</b>	<b>4.2</b>	<b>4.3</b>	<b>3.8</b>	<b>3.9</b>	<b>4.0</b>	<b>4.0</b>	<b>4.4</b>		<b>***↑</b>
<b>Any drug<sup>4</sup></b>	<b>11.1</b>	<b>12.1</b>	<b>11.9</b>	<b>11.9</b>	<b>12.2</b>	<b>12.3</b>	<b>11.3</b>	<b>10.5</b>	<b>10.0</b>	<b>9.6</b>	<b>10.1</b>	<b>**↓</b>	
<i>Unweighted base<sup>5</sup></i>	<i>10,741</i>	<i>9,809</i>	<i>12,771</i>	<i>19,973</i>	<i>23,357</i>	<i>24,197</i>	<i>28,206</i>	<i>29,631</i>	<i>28,819</i>	<i>28,331</i>	<i>28,232</i>		

1. BCS estimates from interviews in 2007/08 have been revised using reweighted LFS microdata and will vary slightly from previously published estimates (see Appendix 1).

2. Any Class A drug use includes methamphetamine since 2008/09 interviews.

3. Any stimulant drug use includes cocaine powder, crack cocaine, ecstasy, amphetamines and amyl nitrite plus methamphetamine since 2008/09 interviews.

4. Any drug use includes ketamine since 2006/07 interviews and methamphetamine since 2008/09 interviews.

5. Base numbers relate to any drug use. Bases for other drug measures will be similar.

6. See Section 1.2 in Chapter 1 for details on classification based on the Misuse of Drugs Act.

**Table 2.3 Proportion of 16 to 59 year olds reporting use of drugs in the last month, 1996 to 2008/09 BCS**

Percentages												BCS	
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 <sup>1</sup>	2008/09	1996 to 2008/09	2007/08 to 2008/09
												<i>Statistically significant change</i>	
<b>Class A</b>													
Any cocaine	0.3	0.5	0.8	0.9	0.9	1.1	0.9	1.2	1.3	1.1	1.5	***↑	***↑
Cocaine powder	0.2	0.4	0.7	0.9	0.9	1.1	0.9	1.2	1.2	1.0	1.5	***↑	***↑
Crack cocaine	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1		
Ecstasy	0.7	0.5	0.9	1.1	0.9	0.9	0.7	0.7	0.8	0.5	0.6		
Hallucinogens	0.4	0.1	0.3	0.2	0.2	0.3	0.4	0.3	0.2	0.2	0.2	**↓	
LSD	0.3	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.1	**↓	
Magic mushrooms	0.1	0.1	0.2	0.2	0.1	0.3	0.4	0.2	0.1	0.1	0.1		
Opiates	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1		
Heroin	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0		
Methadone	0.1	0.1	0.0	0.1	0.1	0.0	0.0	0.1	0.1	0.1	0.0		
<b>Class A/B</b>													
Any amphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.4	n/a	n/a
Amphetamines	1.6	1.4	0.9	0.7	0.6	0.6	0.5	0.6	0.5	0.4	0.4	**↓	
Methamphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.1	n/a	n/a
<b>Class B</b>													
Cannabis	5.5	6.1	6.4	6.6	6.7	6.5	5.6	5.2	4.8	4.3	4.6	**↓	
<b>Class B/C</b>													
Tranquillisers	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2		
<b>Class C</b>													
Anabolic steroids	0.1	0.2	0.1	0.0	0.0	0.1	0.1	0.1	0.0	0.0	0.1		***↑
Ketamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.1	0.2	0.2	n/a	
<b>Not Classified</b>													
Amyl nitrite	0.5	0.6	0.6	0.6	0.6	0.5	0.4	0.6	0.5	0.6	0.5		**↓
Glues	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.0		
<b>Any Class A drug<sup>2</sup></b>	<b>1.2</b>	<b>1.1</b>	<b>1.5</b>	<b>1.7</b>	<b>1.5</b>	<b>1.8</b>	<b>1.5</b>	<b>1.6</b>	<b>1.7</b>	<b>1.3</b>	<b>1.8</b>	<b>***↑</b>	<b>***↑</b>
<b>Any stimulant drug<sup>3</sup></b>	<b>2.3</b>	<b>2.3</b>	<b>1.9</b>	<b>2.2</b>	<b>1.9</b>	<b>2.1</b>	<b>1.7</b>	<b>2.0</b>	<b>2.1</b>	<b>1.9</b>	<b>3.1</b>	<b>***↑</b>	<b>***↑</b>
<b>Any drug<sup>4</sup></b>	<b>6.7</b>	<b>7.1</b>	<b>7.2</b>	<b>7.4</b>	<b>7.4</b>	<b>7.5</b>	<b>6.7</b>	<b>6.3</b>	<b>5.9</b>	<b>5.4</b>	<b>5.9</b>	<b>**↓</b>	<b>***↑</b>
<i>Unweighted base<sup>5</sup></i>	<i>10,723</i>	<i>9,787</i>	<i>12,746</i>	<i>19,951</i>	<i>23,458</i>	<i>24,162</i>	<i>28,186</i>	<i>29,604</i>	<i>28,784</i>	<i>28,305</i>	<i>28,190</i>		

1. BCS estimates from interviews in 2007/08 have been revised using reweighted LFS microdata and will vary slightly from previously published estimates (see Appendix 1).

2. Any Class A drug use includes methamphetamine since 2008/09 interviews.

3. Any stimulant drug use includes cocaine powder, crack cocaine, ecstasy, amphetamines and amyl nitrite plus methamphetamine since 2008/09 interviews.

4. Any drug use includes ketamine since 2006/07 interviews and methamphetamine since 2008/09 interviews.

5. Base numbers relate to any drug use. Bases for other drug measures will be similar.

6. See Section 1.2 in Chapter 1 for details on classification based on the Misuse of Drugs Act.

7. Figures for last month drug use are based on small numbers of users; hence any changes, even statistically significant ones, should be treated with caution (see Appendix 1 for details).

**Table 2.4 Estimates of numbers of ever in lifetime drug users, 16 to 59 year olds**

Numbers <sup>1</sup> (000s)	2008/09 BCS		
	Estimate	Range	
<b>Class A</b>			
Any cocaine	<b>3,015</b>	2,886	- 3,148
Cocaine powder	<b>2,957</b>	2,830	- 3,089
Crack cocaine	<b>337</b>	294	- 386
Ecstasy	<b>2,782</b>	2,658	- 2,911
<b>Hallucinogens</b>			
LSD	<b>1,771</b>	1,671	- 1,876
Magic mushrooms	<b>2,396</b>	2,281	- 2,517
<b>Opiates</b>			
Heroin	<b>229</b>	194	- 270
Methadone	<b>122</b>	97	- 152
<b>Class A/B</b>			
Any amphetamine	<b>3,960</b>	3,815	- 4,110
Amphetamines	<b>3,908</b>	3,763	- 4,057
Methamphetamine	<b>287</b>	247	- 332
<b>Class B</b>			
Cannabis	<b>10,012</b>	9,805	- 10,221
<b>Class B/C</b>			
Tranquillisers	<b>1,023</b>	947	- 1,105
<b>Class C</b>			
Anabolic steroids	<b>182</b>	152	- 219
Ketamine	<b>577</b>	521	- 640
<b>Not Classified</b>			
Amyl nitrite	<b>3,179</b>	3,047	- 3,315
Glues	<b>778</b>	712	- 850
<hr/>			
<b>Any Class A drug</b>	<b>5,014</b>	4,853	- 5,179
<b>Any stimulant drug<sup>2</sup></b>	<b>6,184</b>	6,009	- 6,363
<b>Any drug</b>	<b>11,851</b>	11,635	- 12,068

1. Numbers are derived by multiplying the prevalence rate by the 2008 population aged 16 to 59 in England and Wales (based on mid-2006 estimates from the Office for National Statistics). Lower and higher estimates are derived using a 95% confidence interval.

2. Any stimulant drug use includes cocaine powder, crack cocaine, ecstasy, amphetamines, amyl nitrite and methamphetamine.

3. It is not possible to add estimated numbers of drug users together for different drug types as users may have taken more than one type of drug.

**Table 2.5 Estimates of numbers of last year drug users, 16 to 59 year olds**

Numbers <sup>1</sup> (000s)	2008/09 BCS		
	Estimate	Range	
<b>Class A</b>			
Any cocaine	<b>980</b>	906	- 1,060
Cocaine powder	<b>974</b>	900	- 1,054
Crack cocaine	<b>47</b>	33	- 68
Ecstasy	<b>586</b>	529	- 649
Hallucinogens	<b>203</b>	170	- 242
LSD	<b>80</b>	61	- 106
Magic mushrooms	<b>173</b>	144	- 210
Opiates	<b>41</b>	28	- 60
Heroin	<b>29</b>	18	- 46
Methadone	<b>23</b>	14	- 39
<b>Class A/B</b>			
Any amphetamine	<b>400</b>	354	- 454
Amphetamines	<b>388</b>	342	- 440
Methamphetamine	<b>33</b>	21	- 50
<b>Class B</b>			
Cannabis	<b>2,546</b>	2,427	- 2,670
<b>Class B/C</b>			
Tranquillisers	<b>211</b>	178	- 250
<b>Class C</b>			
Anabolic steroids	<b>46</b>	32	- 66
Ketamine	<b>187</b>	156	- 224
<b>Not Classified</b>			
Amyl nitrite	<b>466</b>	415	- 522
Glues	<b>51</b>	36	- 73
<hr/>			
<b>Any Class A drug</b>	<b>1,189</b>	1,107	- 1,277
<b>Any stimulant drug<sup>2</sup></b>	<b>1,431</b>	1,341	- 1,527
<b>Any drug</b>	<b>3,240</b>	3,107	- 3,378

1. Numbers are derived by multiplying the prevalence rate by the 2008 population aged 16 to 59 in England and Wales (based on mid-2006 estimates from the Office for National Statistics). Lower and higher estimates are derived using a 95% confidence interval.

2. Any stimulant drug use includes cocaine powder, crack cocaine, ecstasy, amphetamines, amyl nitrite and methamphetamine.

3. It is not possible to add estimated numbers of drug users together for different drug types as users may have taken more than one type of drug.



**Table 2.6 Estimates of numbers of last month drug users, 16 to 59 year olds**

Numbers <sup>1</sup> (000s)	2008/09 BCS		
	Estimate	Range	
<b>Class A</b>			
Any cocaine	<b>477</b>	426	- 534
Cocaine powder	<b>469</b>	419	- 526
Crack cocaine	<b>19</b>	11	- 34
Ecstasy	<b>178</b>	148	- 215
<b>Hallucinogens</b>			
LSD	<b>52</b>	37	- 73
Magic mushrooms	<b>23</b>	13	- 38
Opiates	<b>32</b>	20	- 49
Heroin	<b>24</b>	14	- 40
Methadone	<b>15</b>	8	- 29
Methadone	<b>13</b>	7	- 26
<b>Class A/B</b>			
Any amphetamine	<b>138</b>	112	- 171
Amphetamines	<b>124</b>	99	- 156
Methamphetamine	<b>19</b>	10	- 33
<b>Class B</b>			
Cannabis	<b>1,472</b>	1,381	- 1,569
<b>Class B/C</b>			
Tranquillisers	<b>76</b>	57	- 101
<b>Class C</b>			
Anabolic steroids	<b>25</b>	15	- 41
Ketamine	<b>57</b>	41	- 80
<b>Not Classified</b>			
Amyl nitrite	<b>147</b>	120	- 180
Glues	<b>14</b>	7	- 27
<hr/>			
<b>Any Class A drug</b>	<b>581</b>	524	- 644
<b>Any stimulant drug<sup>2</sup></b>	<b>990</b>	915	- 1,070
<b>Any drug</b>	<b>1,912</b>	1,808	- 2,021

1. Numbers are derived by multiplying the prevalence rate by the 2008 population aged 16 to 59 in England and Wales (based on mid-2006 estimates from the Office for National Statistics). Lower and higher estimates are derived using a 95% confidence interval.

2. Any stimulant drug use includes cocaine powder, crack cocaine, ecstasy, amphetamines, amyl nitrite and methamphetamine.

3. It is not possible to add estimated numbers of drug users together for different drug types as users may have taken more than one type of drug.



## 3 Young people: extent and trends in drug use

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### 3.1 SUMMARY

This chapter focuses on the use of illicit drugs by young people aged 16 to 24. There are three separate measures based on *ever* having used drugs, use in the *last year* and use in the *last month*. According to the 2008/09 BCS:

- Around two in five young people (42.9%) have *ever* used illicit drugs, nearly one in four had used one or more illicit drugs in the *last year* (22.6%) and around one in eight in the *last month* (13.1%).
- Levels of Class A drug use were, unsurprisingly, lower than overall drug use, with 16.9 per cent of young people having *ever* used a Class A drug, 8.1 per cent having done so in the *last year* and 4.4 per cent in the *last month*.
- Cannabis remains the drug most likely to be used by young people; 18.7 per cent used cannabis in the *last year*.

The BCS has collected information on illicit drug use since 1996. Long- and short-term trends for young people aged 16 to 24 show:

- Use of any illicit drug in the *last year* fell from 29.7 per cent in 1996 to 22.6 per cent in 2008/09 for those aged 16 to 24, due in large part to the gradual decline in cannabis use. Latest figures show no change between 2007/08 and 2008/09.
- The general trend for *last year* usage of any Class A drug by young people had been a slight decline since 1996. However, Class A drug use rose from 6.9 per cent to 8.1 per cent between 2007/08 and 2008/09; hence Class A drug use among young people is now stable over the long term. In 2008/09 methamphetamine was included for the first time but this has no visible impact on the overall prevalence of Class A drug use in that survey year.

Recent trends in types of drugs used show that between 2007/08 and 2008/09:

- There was an increase in *last year* use of cocaine powder (from 5.1% to 6.6%) and ketamine (from 0.9% to 1.9%).
- *Last year* use of methadone, and hence opiates, fell (these figures are based on small numbers).

### 3.2 INTRODUCTION

This chapter examines the extent of drug use in 2008/09 and trends in drug use since 1996 among young people (those aged 16 to 24) resident in households in England and Wales. Firstly, it provides estimates of the prevalence of use of illicit drugs *ever* (that is, at least once in a lifetime), at least once in the *last year* (that is, the year prior to interview) and at least once in the *last month* (that is, the month prior to interview). Secondly, it explores key trends in the use of different types of drugs. Thirdly, it provides estimates of the number of drug users, and finally, the chapter looks at frequent drug use. Information is presented on types of illicit drugs used with a focus on Class A and non-Class A usage.

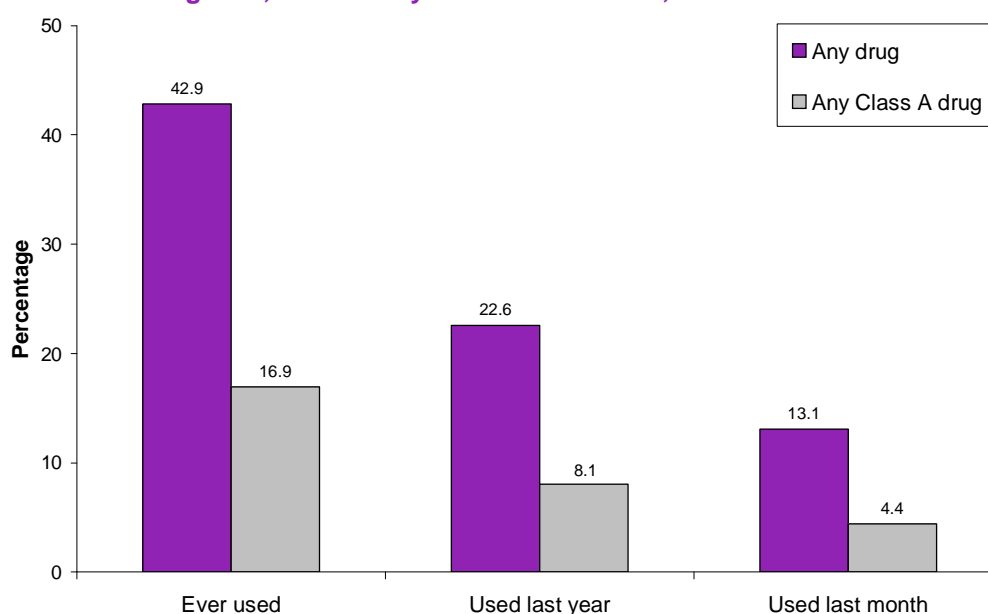
### 3.3 EXTENT OF ILLICIT DRUG USE AMONG 16 TO 24 YEAR OLDS

#### Overall extent of drug use

The 2008/09 BCS estimates that around two in five young people (42.9%) have *ever* used illicit drugs, nearly one in four had used one or more illicit drugs in the *last year* (22.6%) and around one in eight in the *last month* (13.1%) (Figure 3.1 and Tables 3.1 to 3.3).

Not unsurprisingly, the use of Class A drugs was less common with 16.9 per cent of young people having *ever used* a Class A drug, 8.1 per cent having done so in the *last year* and 4.4 per cent in the *last month*.

**Figure 3.1 Proportion of 16 to 24 year olds reporting use of any drug or any Class A drug ever, in the last year and last month, 2008/09 BCS**



Drugs are mainly presented in this report by classification under the Misuse of Drugs Act; however, developing a new composite group ('Any stimulant drug') that includes drugs across the legal classification provides an additional useful measure. These types of drugs are used for their stimulant properties and are more likely to be used interchangeably by the same people at similar times and in similar settings.

Stimulant drugs included are: cocaine powder, crack cocaine, ecstasy, amphetamines, amyl nitrite and methamphetamine. Amphetamines and all forms of cocaine are well known for their stimulant properties, ecstasy is used by clubbers, and amyl nitrite ('poppers') deliver a short, sharp high, again often used in clubs.

Around one in four young people (23.2%) had ever taken stimulant drugs, one in ten had taken any of these drugs in the *last year* (10.0%) and 6.5 per cent had in the *last month*. Prevalence is slightly higher than for Class A drugs as these stimulant drugs include the more prevalent non-Class A drug types (Tables 3.1 to 3.3).

### Extent of drug use in the last year by type of drug

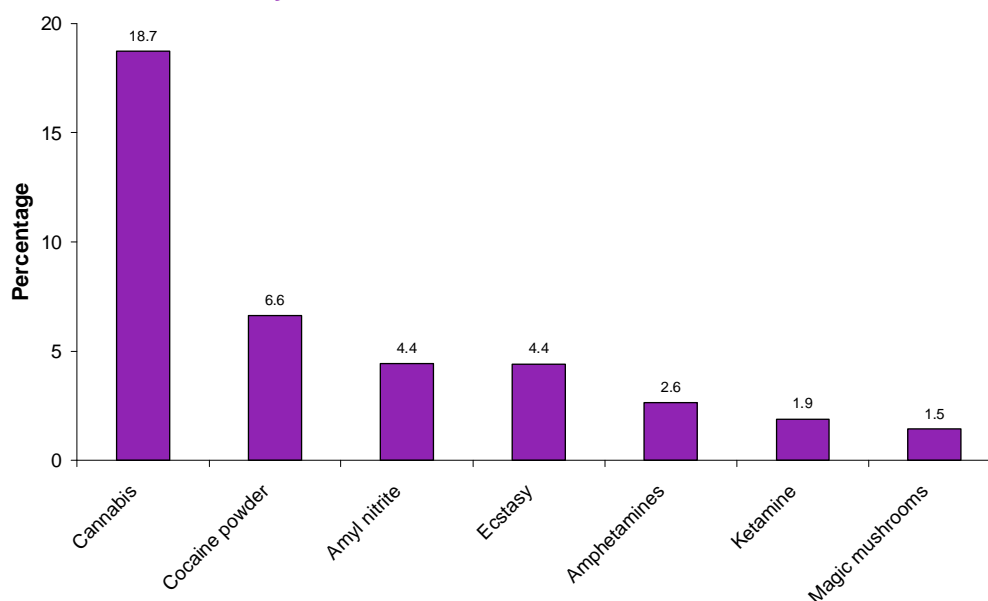
Cannabis remains the drug most likely to be used by young people. The 2008/09 BCS estimates that 18.7 per cent of 16 to 24 year olds used cannabis in the *last year*, representing around 84 per cent (data not shown) of *last year* illicit drug users (Figure 3.2 and Table 3.2).

Cocaine powder is the next most commonly used drug with 6.6 per cent of young people reporting use in the *last year*, with amyl nitrite and ecstasy (both 4.4%) the next most commonly used.

The prevalence of amphetamines, ketamine and magic mushrooms *last year* use was slightly lower (2.6%, 1.9% and 1.5% respectively).

Other drugs were very rarely used, with prevalence rates for 16 to 24 year olds of one per cent or less: including tranquillisers<sup>1</sup> (1.0%), LSD (0.8%), glues (0.7%) and anabolic steroids (0.3%), with methamphetamine (0.2%) and opiates (less than 0.05%) being the drugs least likely to be used (Table 3.2).<sup>2</sup>

**Figure 3.2 Proportion of 16 to 24 year olds reporting use of the most prevalent drugs in the last year, 2008/09 BCS**



### 3.4 TRENDS IN ILLICIT DRUG USE AMONG 16 TO 24 YEAR OLDS

This section looks at reported use of illicit drugs in the *last year* to review the key trends since BCS measurement began in 1996, and to compare latest figures with estimates from the 2007/08 BCS. However, any changes identified since 2007/08 should be interpreted with care since there is inherent variability in survey measures; a longer time period is necessary before it becomes clear whether a year-on-year change is a real trend.<sup>3</sup>

<sup>1</sup> Respondents are asked specifically whether they have taken tranquillisers not prescribed by a doctor

<sup>2</sup> See *The BCS as a survey of drug use* section in Chapter 1 for details on the limitations of the BCS as a survey of drug use, particularly for drugs with low prevalence in the general population such as opiates. Also see Hay *et al.* (2006, 2007, 2008) for estimates of problematic drug users.

<sup>3</sup> See Appendix 1 for more information on interpreting year-on-year changes in drug misuse estimates from the BCS.

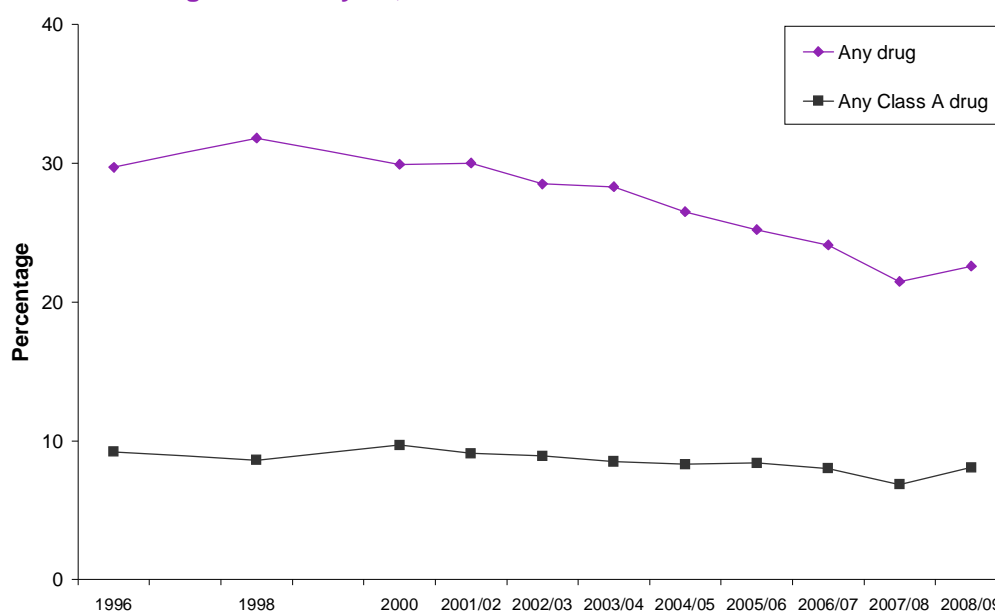
## Overall trends in illicit drug use in the last year

There was an overall reduction in *last year* use of any illicit drug by young people, from 29.7 per cent in the 1996 BCS to 22.6 per cent in the 2008/09 BCS (Figure 3.3). This longer-term decrease in young people's drug usage is in large part due to the gradual decline in cannabis use (Figure 3.5 and Table 3.2).

Latest figures show no change between 2007/08 and 2008/09 in the proportion of young people using any illicit drug in the *last year* (the apparent difference is not statistically significant).

*Last year* Class A drug use among young people rose from 6.9 per cent to 8.1 per cent between 2007/08 and 2008/09. The general trend for *last year* use of any Class A drug had been a slight decline since 1996, hence Class A drug use among young people is now stable over the long term. In 2008/09 methamphetamine was included for the first time but this has no visible impact<sup>4</sup> on the overall prevalence of Class A drug use in that survey year.

**Figure 3.3 Proportion of 16 to 24 year olds reporting use of any drug or any Class A drug in the last year, 1996 to 2008/09 BCS**



Use of any stimulant drugs<sup>5</sup> in the *last year* among young people has decreased between 1996 and 2008/09, reflecting the slow decline in usage seen over this period. Most recently there was no change in the proportion of 16 to 24 year olds taking stimulant drugs in the *last year* (the apparent increase from 9.2% to 10.0% was not statistically significant, Table 3.2).

## Trends in last year drug use by type of Class A drug

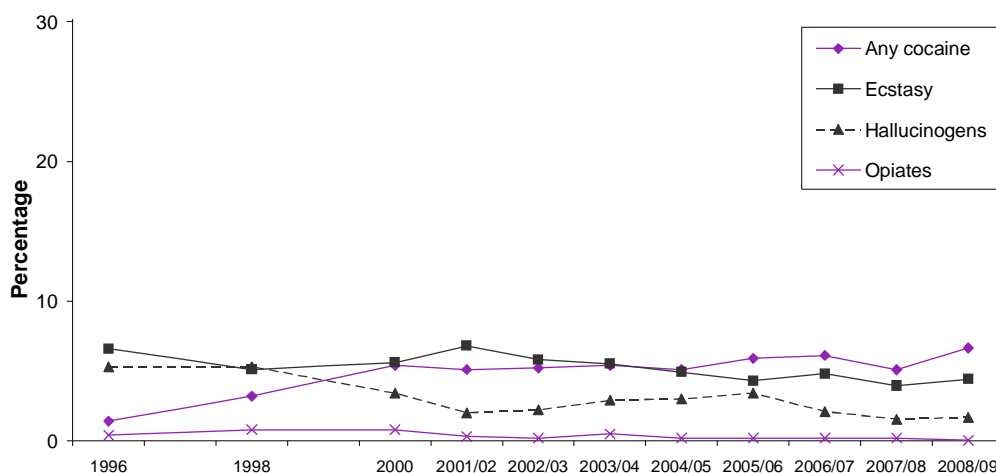
Since 1996, general trends in types of Class A drug use show increases in any cocaine use and decreases in the use of ecstasy and hallucinogens (Figure 3.4 and Table 3.2).

Cocaine powder use has increased from 1.3 per cent in 1996; the greatest increase was seen between 1996 and 2000 followed by some stability apart from an increase in 2005/06 and, most recently, an increase in *last year* usage between 2007/08 (5.1%) and 2008/09 (6.6%).

<sup>4</sup> The proportion of young people taking Class A drugs in the *last year* was the same figure to one decimal place whether the composite measure included methamphetamine or not, suggesting that the vast majority of methamphetamine users took other Class A drugs and hence were already included in the measure.

<sup>5</sup> Stimulant drugs included in long-term trends are: cocaine powder, crack cocaine, ecstasy, amphetamines and amyl nitrite; methamphetamine is also included from 2008/09 when it was added to the BCS.

**Figure 3.4 Proportion of 16 to 24 year olds reporting use of Class A drug groups in the last year, 1996 to 2008/09 BCS**



Last year use of hallucinogens has decreased over the longer term, with an increase between 2001/02 and 2005/06 and then sustained falls in recent years, until no statistically significant change between 2007/08 (1.5%) and 2008/09 (1.7%). This longer-term trend is mainly associated with the decline in use of LSD (from 4.5% to 0.8%).

Ecstasy use in the *last year* decreased between 1996 (6.6%) and 2008/09 (4.4%). Usage has fluctuated over the longer term, but has been declining since 2001/02 with most recent figures showing no statistically significant change from 2007/08.

The apparent decline in the prevalence rate for the overall use of opiates between 1996 and 2008/09 was not statistically significant<sup>6</sup>; however, there was a decrease between 2007/08 and 2008/09 and an associated fall in methadone use (Table 3.2).<sup>7</sup>

### Trends in drug use in the last year by type of non-Class A drug

The overall decrease in young people's drug usage is in large part due to the gradual decline in cannabis use over the longer term; there has been an overall fall in the proportion of people who had used cannabis in the *last year* from 26.0 per cent in 1996 to 18.7 per cent in 2008/09. Between 2007/08 and 2008/09 use of cannabis among 16 to 24 year olds remained stable (Figure 3.5 and Table 3.2).

The use of amphetamines has also decreased over the longer term; from 11.8 per cent in 1996 to 2.6 per cent in 2008/09, but remained stable between 2007/08 and 2008/09.

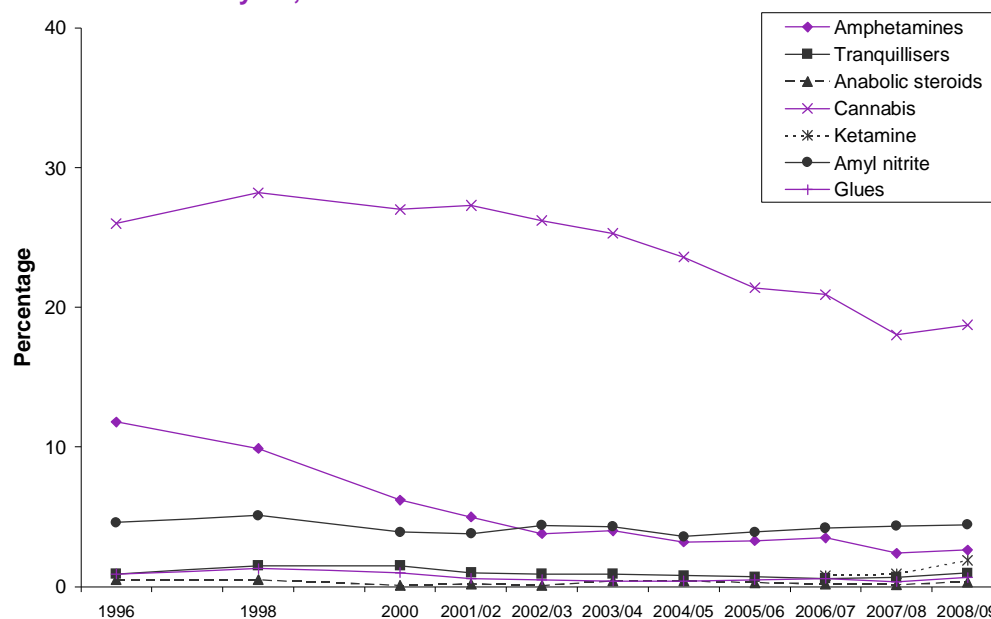
The use of tranquillisers, anabolic steroids, amyl nitrite and glues in the *last year* has remained stable in both the long (since 1996) and short term (since 2007/08).

The use of ketamine increased between 2007/08 (0.9%) and 2008/09 (1.9%), and since 2006/07 (0.8%) when BCS measurement began.

<sup>6</sup> The sample size in the 1996 BCS affects tests of statistical significance: differences between estimates which are not due to chance alone are less likely to be identified in smaller samples.

<sup>7</sup> Estimates for rarely used drugs such as opiates and crack cocaine are more subject to year-on-year fluctuations and therefore should be treated with caution.

Figure 3.5 Proportion of 16 to 24 year olds reporting use of non-Class A drug types in the last year, 1996 to 2008/09 BCS



**Box 3.1 Summary of trends in last year drug use among 16 to 24 year olds between 1996, 2007/08 and 2008/09**

Between 1996 and 2008/09:

Increase	Decrease	Stable
<ul style="list-style-type: none"> <li>• <b>Any cocaine</b></li> <li>• Cocaine powder</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Any drug</b></li> <li>• <b>Any stimulant drug</b></li> <li>• <b>Hallucinogens</b></li> <li>• Ecstasy</li> <li>• LSD</li> <li>• Amphetamines</li> <li>• Cannabis</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Any Class A drug</b></li> <li>• <b>Opiates</b></li> <li>• Crack cocaine</li> <li>• Magic mushrooms</li> <li>• Heroin</li> <li>• Methadone</li> <li>• Tranquillisers</li> <li>• Anabolic steroids</li> <li>• Amyl nitrite</li> <li>• Glues</li> </ul>

Between 2007/08 and 2008/09:

Increase	Decrease	Stable
<ul style="list-style-type: none"> <li>• <b>Any Class A drug</b></li> <li>• <b>Any cocaine</b></li> <li>• Cocaine powder</li> <li>• Ketamine</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Opiates</b></li> <li>• Methadone</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Any drug</b></li> <li>• <b>Any stimulant drug</b></li> <li>• <b>Hallucinogens</b></li> <li>• Crack cocaine</li> <li>• Ecstasy</li> <li>• LSD</li> <li>• Magic mushrooms</li> <li>• Heroin</li> <li>• Amphetamines</li> <li>• Cannabis</li> <li>• Tranquillisers</li> <li>• Anabolic steroids</li> <li>• Amyl nitrite</li> <li>• Glues</li> </ul>

1. Where drugs are aggregated into composite groups these are listed in bold typeface.



### 3.5 ESTIMATED NUMBER OF DRUG USERS

Based on BCS estimates which specifically relate to drug misuse in the household population, of the 6.6 million people aged 16 to 24 in England and Wales it is estimated that around 2.8 million have used illicit drugs at some point in their *lifetime*. Around one and a half million young people are estimated to have used drugs in the *last year* and about 0.9 million in the *last month* (Tables 3.4 to 3.6).

It is also estimated that around 1.1 million young people aged 16 to 24 have *ever* used a Class A drug. Just over half a million young people are estimated to have used a Class A drug in the *last year* and around 294,000 in the *last month*.

When examining specific types of Class A drugs, cocaine powder and ecstasy have the greatest number of users. Of the 533,000 young people estimated to have used a Class A drug in the *last year*, around 438,000 young people used cocaine powder and 291,000 used ecstasy. The lowest estimates for Class A drug use are for crack cocaine and opiates.

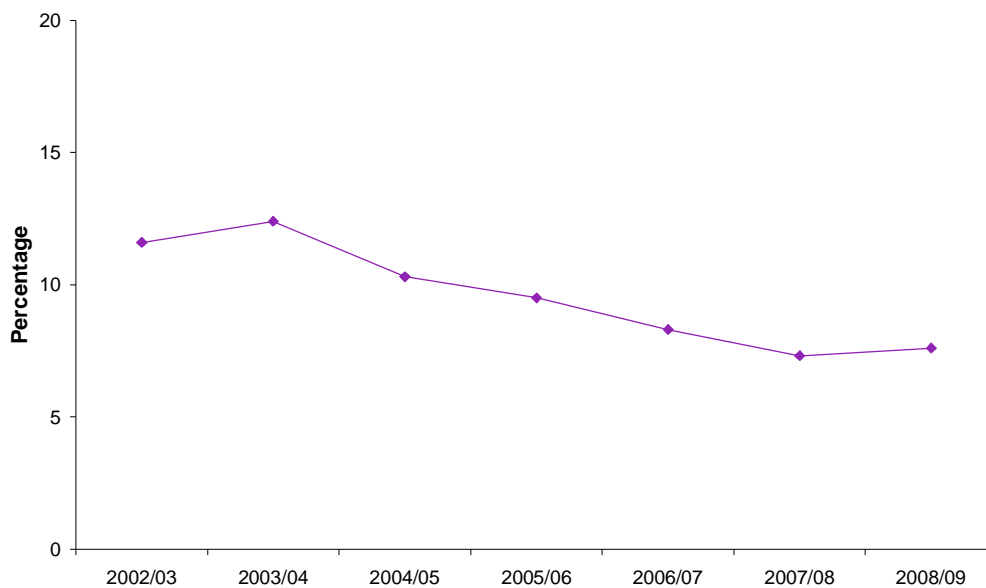
Just under two and a half million people aged 16 to 24 are estimated to have *ever* used cannabis. Over 1.2 million young people are estimated to have used cannabis in the *last year* and around 684,000 have used it in the *last month*.

### 3.6 FREQUENT DRUG USE AMONG 16 TO 24 YEAR OLDS

Overall prevalence estimates of drug use show the proportion of young people who have used a drug at least once in the relevant time period, but provide no information on how often the drug has been taken. Questions on frequency of use in the *last year* were first asked of 16 to 24 year olds in the 2002/03 BCS. Frequent use is defined as using any illicit drug (either of the same or different type) more than once a month during the *last year*.

Frequent use of any illicit drug among *all* 16 to 24 year olds decreased from 11.6 per cent in 2002/03 to 7.6 per cent in 2008/09. There was no statistically significant change between 2007/08 and 2008/09 (Figure 3.6 and Table 3.7).

**Figure 3.6 Proportion of 16 to 24 year olds classified as frequent drug users, 2002/03 to 2008/09 BCS**



## Drug Misuse Declared: Findings from the 2008/09 British Crime Survey

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Considering drug users only, cannabis is the drug most likely to be used frequently by young drug users; around one in three cannabis users (36%) used the drug more than once a month during the *last year* (Table 3.8).

Cocaine powder was used frequently by around a quarter of users (27%), amphetamines by around one in five users (19%) and ecstasy by about one in eight (13%).

**Table 3.1 Proportion of 16 to 24 year olds reporting use of drugs ever in their lifetime, 1996 to 2008/09 BCS**

Percentages												BCS	
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 <sup>1</sup>	2008/09	1996 to 2008/09	2007/08 to 2008/09
												<i>Statistically significant change</i>	
<b>Class A</b>													
Any cocaine	4.7	7.1	10.7	8.7	9.6	10.0	9.3	10.8	11.2	10.1	12.4	**↑	**↑
Cocaine powder	4.3	6.8	10.4	8.6	9.3	9.7	9.1	10.6	10.9	9.9	12.2	**↑	**↑
Crack cocaine	1.7	1.5	2.3	1.2	1.4	1.6	1.1	1.3	1.4	0.7	1.1		
Ecstasy	11.7	10.8	11.7	12.1	12.5	11.3	10.8	10.4	10.3	9.2	9.9		
Hallucinogens	16.1	16.1	14.6	9.8	9.8	8.8	8.1	9.4	7.8	6.4	7.2	**↓	
LSD	13.1	12.3	11.4	7.0	6.1	4.8	3.5	3.7	3.2	2.4	2.5	**↓	
Magic mushrooms	9.8	11.2	10.2	6.5	7.1	7.0	7.0	8.3	7.0	5.6	6.3	**↓	
Opiates	1.2	1.7	1.7	1.1	1.0	1.3	0.7	0.8	0.7	0.6	0.6		
Heroin	0.9	0.9	1.6	0.8	0.8	1.1	0.6	0.5	0.7	0.4	0.4		
Methadone	0.4	1.2	0.6	0.6	0.4	0.7	0.3	0.4	0.3	0.3	0.2		
<b>Class A/B</b>													
Any amphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	10.1	n/a	n/a
Amphetamines	18.8	21.5	21.2	16.2	15.3	13.1	11.6	11.3	11.2	8.8	9.8	**↓	
Methamphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.8	n/a	n/a
<b>Class B</b>													
Cannabis	39.6	45.4	46.2	44.5	43.6	42.2	41.1	40.1	39.5	37.0	37.0		
<b>Class B/C</b>													
Tranquillisers	3.9	3.4	4.5	3.3	2.7	2.9	2.2	2.6	2.3	2.0	2.6		
<b>Class C</b>													
Anabolic steroids	1.5	1.2	0.9	0.7	0.5	0.7	0.7	0.7	0.6	0.6	0.8		
Ketamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2.3	2.2	3.6	n/a	**↑
<b>Not Classified</b>													
Amyl nitrite	15.7	17.5	15.3	14.8	13.5	13.5	12.2	12.1	13.4	12.7	14.3		**↑
Glues	5.9	6.2	6.9	5.5	4.5	3.2	3.6	3.6	3.7	3.0	3.2	**↓	
<b>Any Class A drug<sup>2</sup></b>	<b>19.4</b>	<b>20.5</b>	<b>21.0</b>	<b>17.9</b>	<b>18.0</b>	<b>16.6</b>	<b>16.1</b>	<b>16.9</b>	<b>16.3</b>	<b>14.9</b>	<b>16.9</b>		**↑
<b>Any stimulant drug<sup>3</sup></b>	<b>26.5</b>	<b>29.9</b>	<b>28.1</b>	<b>25.5</b>	<b>24.0</b>	<b>22.6</b>	<b>21.7</b>	<b>21.1</b>	<b>21.7</b>	<b>20.7</b>	<b>23.2</b>	**↓	**↑
<b>Any drug<sup>4</sup></b>	<b>48.6</b>	<b>53.7</b>	<b>52.0</b>	<b>49.1</b>	<b>48.2</b>	<b>47.5</b>	<b>46.0</b>	<b>45.1</b>	<b>44.7</b>	<b>42.6</b>	<b>42.9</b>	**↓	
<i>Unweighted base<sup>5</sup></i>	<i>1,445</i>	<i>1,271</i>	<i>1,483</i>	<i>4,023</i>	<i>4,253</i>	<i>5,387</i>	<i>6,240</i>	<i>5,929</i>	<i>5,749</i>	<i>5,819</i>	<i>5,476</i>		

1. BCS estimates from interviews in 2007/08 have been revised using reweighted LFS microdata and will vary slightly from previously published estimates (see Appendix 1).

2. Any Class A drug use includes methamphetamine since 2008/09 interviews.

3. Any stimulant drug use includes cocaine powder, crack cocaine, ecstasy, amphetamines and amyl nitrite plus methamphetamine since 2008/09 interviews.

4. Any drug use includes ketamine since 2006/07 interviews and methamphetamine since 2008/09 interviews.

5. Base numbers relate to any drug use. Bases for other drug measures will be similar.

6. See Section 1.2 in Chapter 1 for details on classification based on the Misuse of Drugs Act.

**Table 3.2 Proportion of 16 to 24 year olds reporting use of drugs in the last year , 1996 to 2008/09 BCS**

Percentages												BCS	
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 <sup>1</sup>	2008/09	1996 to 2008/09	2007/08 to 2008/09
<b>Class A</b>												<i>Statistically significant change</i>	
Any cocaine	1.4	3.2	5.4	5.1	5.2	5.4	5.1	5.9	6.1	5.1	6.6	**↑	**↑
Cocaine powder	1.3	3.1	5.2	5.1	5.1	5.2	5.1	5.9	6.0	5.1	6.6	**↑	**↑
Crack cocaine	0.2	0.3	0.9	0.5	0.5	0.4	0.1	0.4	0.4	0.2	0.2		
Ecstasy	6.6	5.1	5.6	6.8	5.8	5.5	4.9	4.3	4.8	3.9	4.4	**↓	
Hallucinogens	5.3	5.3	3.4	2.0	2.2	2.9	3.0	3.4	2.1	1.5	1.7	**↓	
LSD	4.5	3.2	2.5	1.2	0.9	0.9	0.5	0.9	0.7	0.7	0.8	**↓	
Magic mushrooms	2.3	3.9	2.4	1.5	1.9	2.7	3.0	3.0	1.7	1.3	1.5		
Opiates	0.4	0.8	0.8	0.3	0.2	0.5	0.2	0.2	0.2	0.2	0.0		**↓
Heroin	0.4	0.3	0.8	0.3	0.2	0.4	0.2	0.2	0.2	0.1	0.0		
Methadone	0.1	0.6	0.1	0.0	0.2	0.3	0.0	0.1	0.1	0.1	0.0		**↓
<b>Class A/B</b>													
Any amphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2.7	n/a	n/a
Amphetamines	11.8	9.9	6.2	5.0	3.8	4.0	3.2	3.3	3.5	2.4	2.6	**↓	
Methamphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.2	n/a	n/a
<b>Class B</b>													
Cannabis	26.0	28.2	27.0	27.3	26.2	25.3	23.6	21.4	20.9	18.0	18.7	**↓	
<b>Class B/C</b>													
Tranquillisers	0.9	1.5	1.5	1.0	0.9	0.9	0.8	0.7	0.6	0.7	1.0		
<b>Class C</b>													
Anabolic steroids	0.5	0.5	0.1	0.2	0.1	0.4	0.4	0.3	0.2	0.1	0.3		
Ketamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.8	0.9	1.9	n/a	**↑
<b>Not Classified</b>													
Amyl nitrite	4.6	5.1	3.9	3.8	4.4	4.3	3.6	3.9	4.2	4.3	4.4		
Glues	0.9	1.3	1.0	0.6	0.5	0.4	0.4	0.5	0.6	0.4	0.7		
<b>Frequent drug use<sup>2</sup></b>	n/a	n/a	n/a	n/a	11.6	12.4	10.3	9.5	8.3	7.3	7.6		
<b>Any Class A drug<sup>3</sup></b>	9.2	8.6	9.7	9.1	8.9	8.5	8.3	8.4	8.0	6.9	8.1		**↑
<b>Any stimulant drug<sup>4</sup></b>	14.9	12.7	11.3	11.5	10.9	10.3	9.8	9.2	9.9	9.2	10.0	**↓	
<b>Any drug<sup>5</sup></b>	29.7	31.8	29.9	30.0	28.5	28.3	26.5	25.2	24.1	21.5	22.6	**↓	
<b>Unweighted base<sup>6</sup></b>	1,420	1,246	1,468	3,995	4,227	5,351	6,196	5,892	5,706	5,767	5,428		

1. BCS estimates from interviews in 2007/08 have been revised using reweighted LFS microdata and will vary slightly from previously published estimates (see Appendix 1).

2. Frequent use refers to use of any drug more than once a month in the past year (see the Guide for more details). Questions on frequency of use have been completed by 16 to 24 year olds only since the 2002/03 BCS.

3. Any Class A drug use includes methamphetamine since 2008/09 interviews.

4. Any stimulant drug use includes cocaine powder, crack cocaine, ecstasy, amphetamines and amyl nitrite plus methamphetamine since 2008/09 interviews.

5. Any drug use includes ketamine since 2006/07 interviews and methamphetamine since 2008/09 interviews.

6. Base numbers relate to any drug use. Bases for other drug measures will be similar.

7. See Section 1.2 in Chapter 1 for details on classification based on the Misuse of Drugs Act.

**Table 3.3 Proportion of 16 to 24 year olds reporting use of drugs in the last month, 1996 to 2008/09 BCS**

Percentages												BCS	
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 <sup>1</sup>	2008/09	1996 to 2008/09	2007/08 to 2008/09
												<i>Statistically significant change</i>	
<b>Class A</b>													
Any cocaine	0.6	1.0	1.9	2.2	2.3	2.8	2.2	3.0	3.2	2.5	3.7	***↑	***↑
Cocaine powder	0.5	0.9	1.8	2.2	2.1	2.7	2.1	3.0	3.1	2.4	3.7	***↑	***↑
Crack cocaine	0.2	0.0	0.2	0.1	0.3	0.2	0.1	0.2	0.3	0.1	0.0	n/a	n/a
Ecstasy	2.9	2.2	3.2	3.5	2.7	2.6	1.9	2.0	2.5	1.4	1.5	**↓	
Hallucinogens	1.4	0.5	1.0	0.7	0.7	1.0	1.0	0.9	0.6	0.3	0.5	**↓	
LSD	1.1	0.4	0.6	0.4	0.3	0.4	0.2	0.2	0.3	0.1	0.2	**↓	
Magic mushrooms	0.4	0.3	0.7	0.5	0.5	0.8	0.9	0.7	0.4	0.2	0.3		
Opiates	0.1	0.7	0.3	0.2	0.2	0.3	0.1	0.1	0.2	0.0	0.0	n/a	n/a
Heroin	0.1	0.2	0.3	0.2	0.2	0.3	0.1	0.1	0.2	0.0	0.0	n/a	n/a
Methadone	0.1	0.5	0.0	0.0	0.1	0.1	0.0	0.1	0.1	0.0	0.0	n/a	n/a
<b>Class A/B</b>													
Any amphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1.0	n/a	n/a
Amphetamines	5.7	5.3	2.9	1.9	1.7	1.6	1.3	1.6	1.2	0.9	0.9	**↓	
Methamphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.1	n/a	n/a
<b>Class B</b>													
Cannabis	16.1	18.0	17.4	17.6	16.6	15.8	14.1	13.0	12.0	9.8	10.4	**↓	
<b>Class B/C</b>													
Tranquillisers	0.4	0.5	0.5	0.4	0.4	0.3	0.4	0.4	0.3	0.2	0.3		
<b>Class C</b>													
Anabolic steroids	0.1	0.3	0.1	0.1	0.0	0.2	0.2	0.1	0.1	0.0	0.2		***↑
Ketamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.3	0.3	0.8	n/a	***↑
<b>Not Classified</b>													
Amyl nitrite	1.6	2.4	1.8	1.4	1.7	1.6	1.2	1.6	1.7	1.9	1.2		**↓
Glues	0.2	0.6	0.4	0.3	0.1	0.2	0.1	0.2	0.3	0.1	0.3		
<b>Any Class A drug<sup>2</sup></b>	<b>4.2</b>	<b>3.6</b>	<b>5.0</b>	<b>4.9</b>	<b>4.2</b>	<b>4.5</b>	<b>3.8</b>	<b>4.0</b>	<b>4.3</b>	<b>3.2</b>	<b>4.4</b>		***↑
<b>Any stimulant drug<sup>3</sup></b>	<b>8.1</b>	<b>7.8</b>	<b>5.9</b>	<b>5.8</b>	<b>5.3</b>	<b>5.1</b>	<b>4.2</b>	<b>4.9</b>	<b>5.2</b>	<b>4.8</b>	<b>6.5</b>		***↑
<b>Any drug<sup>4</sup></b>	<b>19.2</b>	<b>20.8</b>	<b>19.0</b>	<b>19.3</b>	<b>18.1</b>	<b>17.5</b>	<b>16.4</b>	<b>15.1</b>	<b>14.3</b>	<b>12.5</b>	<b>13.1</b>	**↓	
<i>Unweighted base<sup>5</sup></i>	1,412	1,233	1,455	3,984	4,209	5,327	6,182	5,876	5,687	5,755	5,398		

1. BCS estimates from interviews in 2007/08 have been revised using reweighted LFS microdata and will vary slightly from previously published estimates (see Appendix 1).

2. Any Class A drug use includes methamphetamine since 2008/09 interviews.

3. Any stimulant drug use includes cocaine powder, crack cocaine, ecstasy, amphetamines and amyl nitrite plus methamphetamine since 2008/09 interviews.

4. Any drug use includes ketamine since 2006/07 interviews and methamphetamine since 2008/09 interviews.

5. Base numbers relate to any drug use. Bases for other drug measures will be similar.

6. See Section 1.2 in Chapter 1 for details on classification based on the Misuse of Drugs Act.

7. Figures for last month drug use are based on small numbers of users; hence any changes, even statistically significant ones, should be treated with caution (see Appendix 1 for details).

**Table 3.4 Estimates of numbers of drug users ever in lifetime, 16 to 24 year olds**

Numbers <sup>1</sup> (000s)	2008/09 BCS			
	Estimate	Range		
<b>Class A</b>				
Any cocaine	<b>818</b>	752	-	890
Cocaine powder	<b>802</b>	736	-	873
Crack cocaine	<b>72</b>	53	-	98
Ecstasy	<b>651</b>	591	-	716
<b>Hallucinogens</b>				
LSD	<b>163</b>	133	-	199
Magic mushrooms	<b>419</b>	371	-	473
<b>Opiates</b>				
Heroin	<b>27</b>	17	-	45
Methadone	<b>11</b>	5	-	24
<b>Class A/B</b>				
Any amphetamine	<b>667</b>	607	-	733
Amphetamines	<b>649</b>	589	-	714
Methamphetamine	<b>56</b>	40	-	79
<b>Class B</b>				
Cannabis	<b>2,442</b>	2,341	-	2,544
<b>Class B/C</b>				
Tranquillisers	<b>172</b>	141	-	208
<b>Class C</b>				
Anabolic steroids	<b>50</b>	34	-	71
Ketamine	<b>236</b>	200	-	278
<b>Not Classified</b>				
Amyl nitrite	<b>942</b>	871	-	1,018
Glues	<b>210</b>	176	-	250
<hr/>				
<b>Any Class A drug</b>	<b>1,118</b>	1,042	-	1,199
<b>Any stimulant drug<sup>2</sup></b>	<b>1,530</b>	1,443	-	1,621
<b>Any drug</b>	<b>2,830</b>	2,727	-	2,934

1. Numbers are derived by multiplying the prevalence rate by the 2008 population aged 16 to 24 in England and Wales (based on mid-2006 estimates from the Office for National Statistics). Lower and higher estimates are derived using a 95% confidence interval.

2. Any stimulant drug use includes cocaine powder, crack cocaine, ecstasy, amphetamines, amyl nitrite and methamphetamine.

3. It is not possible to add estimated numbers of drug users together for different drug types as users may have taken more than one type of drug.

**Table 3.5 Estimates of numbers of last year drug users, 16 to 24 year olds**

Numbers <sup>1</sup> (000s)	2008/09 BCS			
	Estimate	Range		
<b>Class A</b>				
Any cocaine	<b>438</b>	389	-	494
Cocaine powder	<b>437</b>	387	-	492
Crack cocaine	<b>10</b>	4	-	23
Ecstasy	<b>291</b>	251	-	338
Hallucinogens	<b>111</b>	87	-	142
LSD	<b>51</b>	36	-	73
Magic mushrooms	<b>96</b>	74	-	124
Opiates	<b>2</b>	-	-	12
Heroin	.	.	.	.
Methadone	.	.	.	.
<b>Class A/B</b>				
Any amphetamine	<b>178</b>	147	-	216
Amphetamines	<b>174</b>	143	-	211
Methamphetamine	<b>12</b>	6	-	26
<b>Class B</b>				
Cannabis	<b>1,237</b>	1,157	-	1,321
<b>Class B/C</b>				
Tranquillisers	<b>65</b>	47	-	90
<b>Class C</b>				
Anabolic steroids	<b>23</b>	13	-	39
Ketamine	<b>125</b>	100	-	157
<b>Not Classified</b>				
Amyl nitrite	<b>293</b>	253	-	339
Glues	<b>43</b>	29	-	64
<hr/>				
<b>Frequent drug use</b>	<b>501</b>	448	-	561
<b>Any Class A drug</b>	<b>533</b>	479	-	593
<b>Any stimulant drug<sup>2</sup></b>	<b>663</b>	602	-	729
<b>Any drug</b>	<b>1,492</b>	1,405	-	1,582

1. Numbers are derived by multiplying the prevalence rate by the 2008 population aged 16 to 24 in England and Wales (based on mid-2006 estimates from the Office for National Statistics). Lower and higher estimates are derived using a 95% confidence interval.

2. Any stimulant drug use includes cocaine powder, crack cocaine, ecstasy, amphetamines, amyl nitrite and methamphetamine.

3. It is not possible to add estimated numbers of drug users together for different drug types as users may have taken more than one type of drug.

**Table 3.6 Estimates of numbers of last month drug users, 16 to 24 year olds**

Numbers <sup>1</sup> (000s)	2008/09 BCS			
	Estimate	Range		
<b>Class A</b>				
Any cocaine	<b>244</b>	207	-	286
Cocaine powder	<b>244</b>	207	-	286
Crack cocaine	<b>3</b>	1	-	13
Ecstasy	<b>101</b>	78	-	130
Hallucinogens	<b>34</b>	22	-	52
LSD	<b>15</b>	8	-	29
Magic mushrooms	<b>21</b>	12	-	37
Opiates	<b>1</b>	-	-	12
Heroin	.	.	.	.
Methadone	.	.	.	.
<b>Class A/B</b>				
Any amphetamine	<b>66</b>	48	-	90
Amphetamines	<b>60</b>	43	-	84
Methamphetamine	<b>8</b>	3	-	20
<b>Class B</b>				
Cannabis	<b>684</b>	623	-	751
<b>Class B/C</b>				
Tranquillisers	<b>22</b>	13	-	38
<b>Class C</b>				
Anabolic steroids	<b>15</b>	8	-	30
Ketamine	<b>54</b>	38	-	76
<b>Not Classified</b>				
Amyl nitrite	<b>82</b>	62	-	109
Glues	<b>18</b>	10	-	33
<hr/>				
<b>Any Class A drug</b>	<b>294</b>	253	-	340
<b>Any stimulant drug<sup>2</sup></b>	<b>427</b>	379	-	482
<b>Any drug</b>	<b>865</b>	796	-	939

1. Numbers are derived by multiplying the prevalence rate by the 2008 population aged 16 to 24 in England and Wales (based on mid-2006 estimates from the Office for National Statistics). Lower and higher estimates are derived using a 95% confidence interval.

2. Any stimulant drug use includes cocaine powder, crack cocaine, ecstasy, amphetamines, amyl nitrite and methamphetamine.

3. It is not possible to add estimated numbers of drug users together for different drug types as users may have taken more than one type of drug.



**Table 3.7 Frequent use in the last year among 16 to 24 year olds (all respondents)**

Percentages								BCS	
	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 <sup>1</sup>	2008/09	2002/03 to 2008/09	2007/08 to 2008/09
<b>Any drug<sup>2</sup></b>	11.6	12.4	10.3	9.5	8.3	7.3	7.6	Statistically significant change **↓	
<i>Unweighted base</i>	3,311	5,234	6,070	5,768	5,577	5,630	5,295		

1. BCS estimates from interviews in 2007/08 have been revised using reweighted LFS microdata and will vary slightly from previously published estimates (within 95% confidence intervals). See Appendix 1 for more information.

2. Any drug use includes ketamine since 2006/07 interviews and methamphetamine since 2008/09 interviews.

**Table 3.8 Frequent use in the last year among 16 to 24 year old drug users**

Percentages	2008/09 BCS	
	More than once a month	<i>Unweighted base</i>
<b>Class A</b>		
Any cocaine	27	341
Cocaine powder	27	340
Crack cocaine	-	7
Ecstasy	13	212
Hallucinogens	7	87
LSD	-	35
Magic mushrooms	1	73
Opiates	-	3
Heroin	-	2
Methadone	-	1
<b>Class A/B</b>		
Any amphetamine	19	138
Amphetamines	19	135
Methamphetamine	-	10
<b>Class B</b>		
Cannabis	36	930
<b>Class B/C</b>		
Tranquillisers	-	35
<b>Class C</b>		
Anabolic steroids	-	18
Ketamine	10	69
<b>Not Classified</b>		
Amyl nitrite	9	188
Glues	-	33
<hr/>		
<b>Any Class A drug</b>	26	422
<b>Any stimulant drug</b>	23	518
<b>Any drug</b>	37	1,084

1. Frequent users of any drug composite measure includes young people who could have taken the same or different types of drugs frequently, that is, more than once a month.



## 4 Demographic and socio-economic variations in drug use

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### 4.1 SUMMARY

BCS measures of overall illicit drug use by age and sex in 2008/09 show that:

- The youngest age groups (16 to 19 and 20 to 24 year olds) reported the highest levels of *last year* drug use (22.2% and 22.9% respectively) compared with all older age groups.
- A broadly similar pattern can be seen for Class A drug use, but with the peak for *last year* usage shifting slightly later to also include the 25 to 29 age group, with usage then decreasing with increasing age.
- Men continued to report higher levels (around twice as high) than women of *last year* use of any illicit drug or any Class A drug use.

Looking at trends since the BCS began the self-report drug use data collection in 1996, there is a decrease in *last year* use of any drug for the younger age groups:

- 16 to 19 year old *last year* usage decreased from 31.7 per cent in 1996 to 22.2 per cent in 2008/09 and, for those aged 20 to 24, fell from 28.1 per cent to the latest figure of 22.9 per cent.

In general, between 1996 and 2008/09, year-on-year changes in levels of *last year* Class A drug use were not statistically significant until most recently; however, there was a slight underlying upward trend which is now significant over the long term. There were increases in Class A drug usage within the following age groups between 1996 and 2008/09: 25 to 29 year olds (3.9% to 8.4%), 30 to 34 year olds (1.9% to 5.2%) and 35 to 44 year olds (0.5% to 1.7%).

Looking at change over the last year:

- There were no statistically significant changes in prevalence of any drug use overall in the *last year* between 2007/08 and 2008/09 for any age group.
- There was a statistically significant rise between 2007/08 and 2008/09 in the proportion of 16 to 24 (6.9% to 8.1%), 25 to 29 (6.4% to 8.4%) and 30 to 34 year olds (3.8% to 5.2%) who took Class A drugs in the *last year*.

Use of any illicit drug in the *last year* among men aged 16 to 59 was fairly stable between 1996 and 2008/09, while for women usage fell from 8.6 per cent to 7.0 per cent over the same period. There were no significant changes in overall illicit drug use between 2007/08 and 2008/09 for either men or women aged 16 to 59.

Class A drug use in the *last year* among both men and women aged 16 to 59 has increased in both the long (since 1996) and short term (between 2007/08 and 2008/09).

In addition to variation by age and sex, illicit drug use varies by personal and lifestyle factors as well as other demographic and socio-economic characteristics. Detailed figures are presented in this chapter which relate to the overall drug use measures and individual types of drugs by these characteristics.

## 4.2 INTRODUCTION

This chapter looks at estimates of the use of illicit drugs in the *last year* (that is, the year prior to interview) by demographic and socio-economic characteristics (for example, age, sex, household income; for definitions see Smith and Hoare, 2009). Latest figures from the 2008/09 BCS are presented for the composite groups of any Class A, any stimulant drug<sup>1</sup> and any illicit drug as well as the most prevalent types of drugs, for both 16 to 59 and 16 to 24 year olds. This chapter also presents trends in illicit drug and Class A drug use since 1996 by age and sex.

## 4.3 EXTENT OF ILLICIT DRUG USE BY AGE GROUP

As shown in previous years, the youngest age groups (16 to 19 and 20 to 24 year olds) reported the highest levels of *last year* drug use (22.2% and 22.9% respectively) compared with all older age groups; prevalence of illicit drug use then decreased as age increased from 16.1 per cent of those aged 25 to 29 to 1.7 per cent of 55 to 59 year olds (Figure 4.1 and Table 4.1).

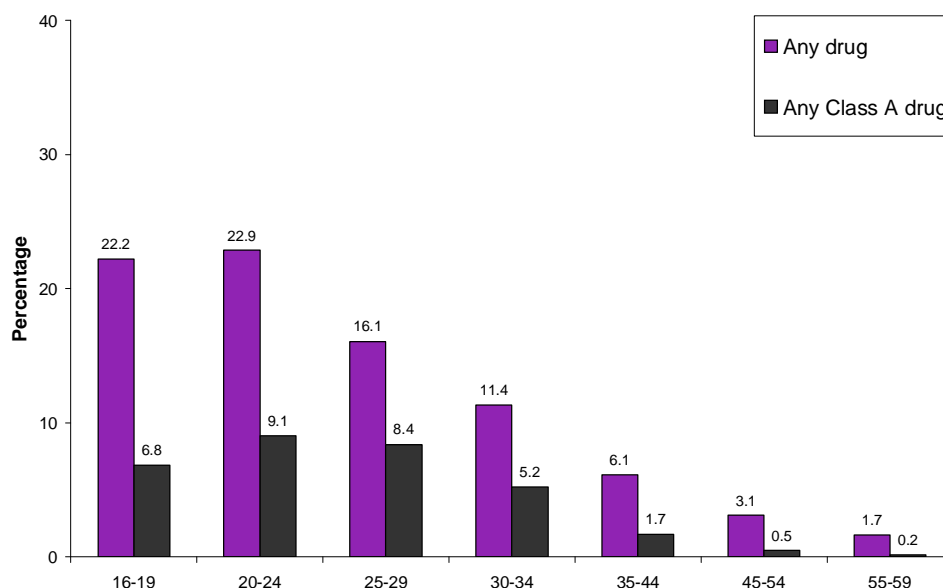
A broadly similar pattern of usage decreasing with increasing age can be seen for Class A drug use as well, but with the peak for *last year* usage shifting to also include the 25 to 29 age group (Figure 4.1 and Table 4.1). In particular:

- The 20 to 24 and 25 to 29 age groups reported the highest levels of *last year* use of Class A drugs (9.1% and 8.4% respectively, although prevalence for 25 to 29 year olds is not significantly different from that for 16 to 19 year olds).
- *Last year* Class A drug use among 30 to 34 year olds (5.2%) was higher than that reported by 35 to 39 year olds (1.7%) in 2008/09.

The slightly different age distribution of Class A drug use compared with any illicit drug use can be attributed to the later onset of use of Class A drugs<sup>2</sup>.

Use of any stimulant drugs in the last year was highest for 20 to 24 year olds (11.1%) compared with all other age groups (for example, 9.1% of 25 to 29 year olds) (Table 4.1).

**Figure 4.1 Proportion of 16 to 59 year olds reporting use of any drug or any Class A drug in the last year by age group, 2008/09 BCS**



<sup>1</sup> Stimulant drugs included are: cocaine powder, crack cocaine, ecstasy, amphetamines, amyl nitrite and methamphetamine. For more information see Appendix 1.

<sup>2</sup> See Chivite-Matthews *et al.* (2005) for information on the age of onset of drug use.

## Extent of type of drug use by age group

Prevalence rates in 2008/09 for individual types of drugs by age showed (Table 4.1):

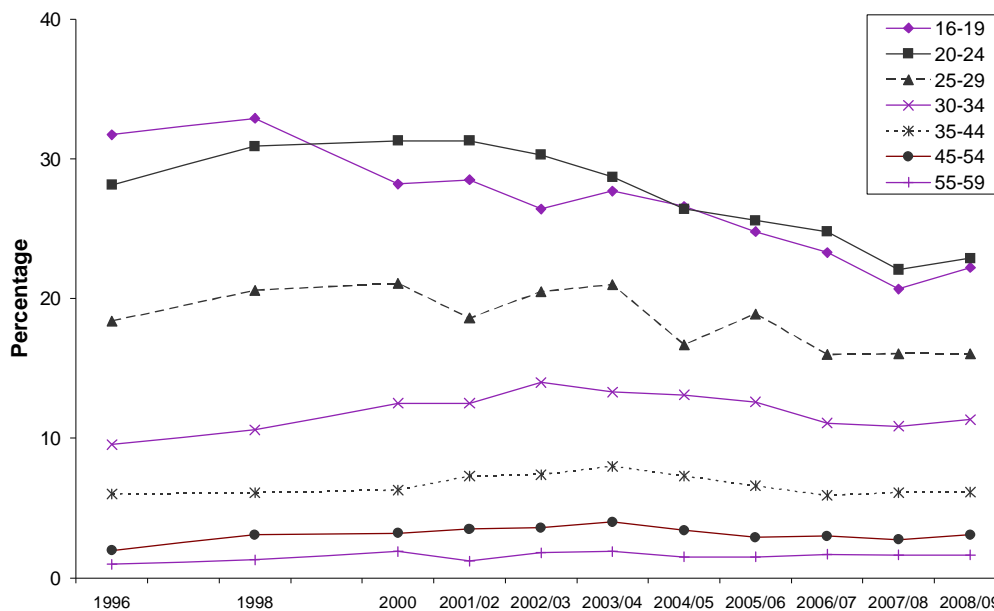
- Adults aged 20 to 29 were most likely of all age groups to have taken cocaine powder in the *last year* (7.9% of 20 to 24 year olds and 7.1% of 25 to 29 year olds).
- Those aged 16 to 29 reported the highest levels of ecstasy use in the *last year*, ranging from 3.7 per cent to 5.0 per cent.
- Adults aged 20 to 24 reported the highest levels of *last year* use of hallucinogens (2.0%), ketamine (2.4%) and amyl nitrite (5.1%) compared with all other age groups.
- Levels of *last year* amphetamine use were highest among adults aged 16 to 34 (for example, 2.3% of both 16 to 19 and 25 to 29 year olds).
- *Last year* cannabis use was highest for the youngest age groups, that is, 16 to 24 year olds (16 to 19, 18.3%; 20 to 24, 19.1%).

## 4.4 TRENDS IN ILLICIT DRUG USE BY AGE GROUP

Longer-term trends show a decrease in *last year* use of any drug for the younger age groups only: 16 to 19 year old usage decreased from 31.7 per cent in 1996 to 22.2 per cent in 2008/09 and for those aged 20 to 24, from 28.1 per cent in 1996 to the latest figure of 22.9 per cent. For all older age groups there was little change in the level reported in 1996 and 2008/09, except from a statistically significant increase in any drug use for 45 to 54 year olds (from 2.0% to 3.1%, see Figure 4.2 and Table 4.5).

There were no statistically significant changes in prevalence of any drug use in the *last year* between 2007/08 and 2008/09 for any age group.

**Figure 4.2 Proportion of 16 to 59 year olds reporting use of any drug in the last year by age group, 1996 to 2008/09 BCS**

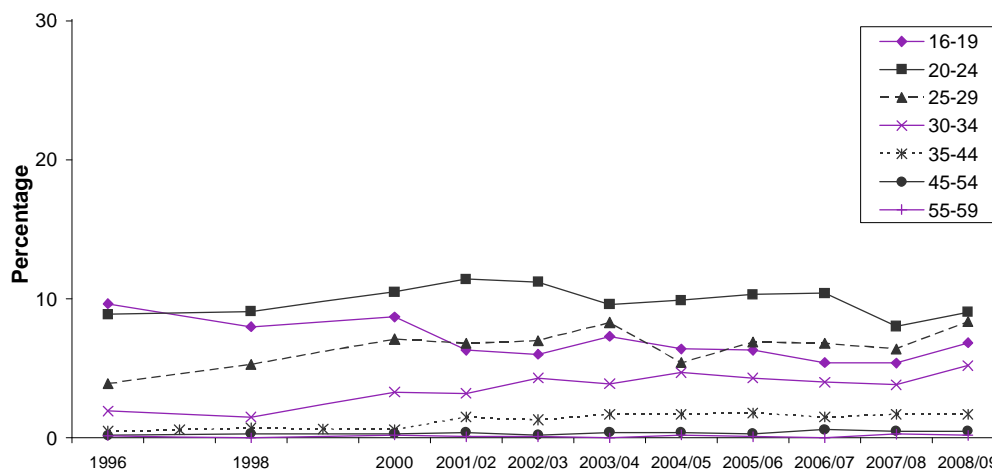


The long-term pattern for reported use of Class A drugs in the *last year* is somewhat different. In general, between 1996 and 2008/09, year-on-year changes in levels of Class A drug use were not statistically significant until most recently; however, there was a slight underlying upward trend which is now significant over the long term. The age groups showing statistically significant increases which contribute to this overall change since 1996 are those in the middle age ranges: 25 to 29 year olds (3.9% to 8.4%), 30 to 34 year olds (1.9% to 5.2%) and

35 to 44 year olds (0.5% to 1.7%). Prevalence among the older age groups remains low (Figure 4.3 and Table 4.6).

Latest figures show that the increases seen in the longer term for 25 to 34 year olds are also reflected in the short term; there was a statistically significant rise in the proportion of 25 to 29 and 30 to 34 year olds who reported Class A drug use in the *last year* between 2007/08 and 2008/09. For example, for 25 to 29 year olds, *last year* Class A drug usage increased from 6.4 per cent to 8.4 per cent.<sup>3</sup>

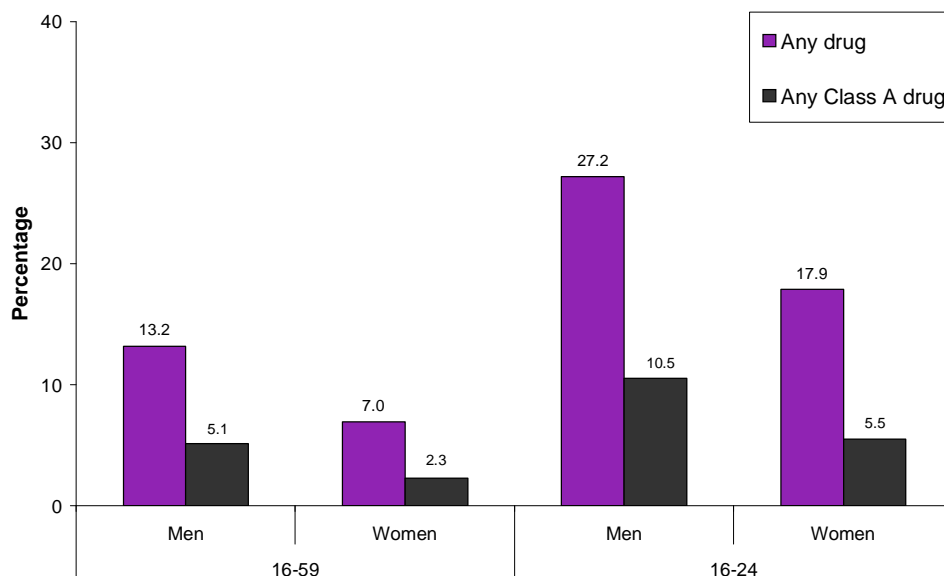
**Figure 4.3 Proportion of 16 to 59 year olds reporting use of any Class A drug in the last year by age group, 2008/09 BCS**



#### 4.5 EXTENT OF ILLICIT DRUG USE BY SEX

Men continued to report higher levels than women of *last year* use of any illicit drug, any Class A drug and any stimulant drug in 2008/09 and this was true for both the 16 to 59 and the 16 to 24 age groups (Figure 4.4, Tables 4.1 and 4.3).

**Figure 4.4 Proportion of 16 to 59 and 16 to 24 year olds reporting use of any drug or any Class A drug in the last year by sex, 2008/09 BCS**



<sup>3</sup> Class A drug use in the *last year* for 16 to 24 year olds overall has shown a statistically significant rise; this change was not detected when analysing by more detailed age breakdown due to the lower number of cases in each subgroup.

Prevalence of *last year* illicit drug use reported by men aged 16 to 59 (13.2%) was around twice as high as that reported by women (7.0%). For 16 to 24 year olds the figures were: 27.2 per cent compared with 17.9 per cent.

A similar pattern exists for Class A drug use; men were twice as likely as women to have taken a Class A drug in the *last year*, for both 16 to 59 year olds (5.1% compared with 2.3%) and 16 to 24 year olds (10.5% compared with 5.5%).

Among those aged 16 to 59, men (6.1%) were twice as likely as women (2.8%) to have used any stimulant drug in the *last year*. A similar relationship exists for 16 to 24 year olds: 13.0 per cent of men had taken a stimulant drug in the *last year*, compared with 6.9 per cent of women.

### Extent of type of drug use by sex

Not unexpectedly, the pattern of men having higher *last year* illicit drug usage than women can be seen for individual drugs as well, in both the 16 to 59 and 16 to 24 age groups (Tables 4.1 and 4.3). For example in 2008/09:

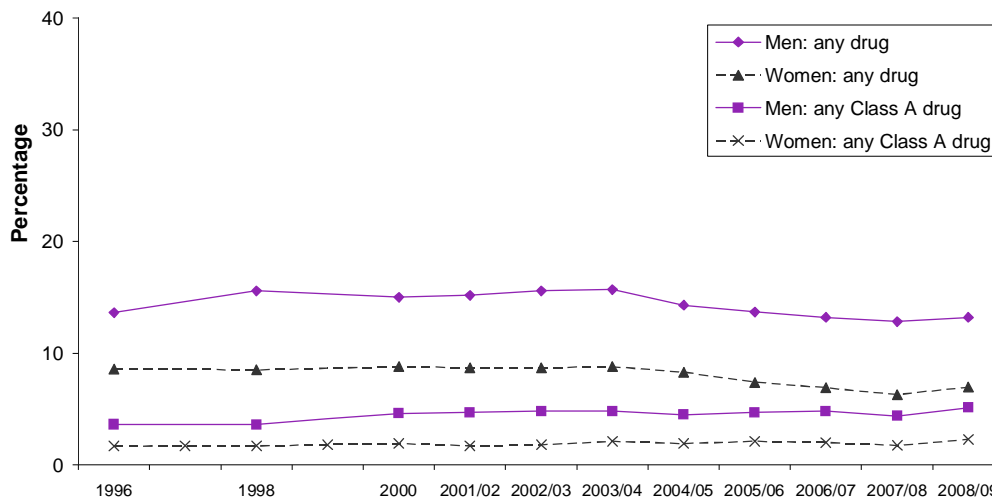
- Men were twice as likely as women to report use of cocaine powder in the *last year* amongst adults aged 16 to 59 (4.2% compared with 1.8%) as well as those aged 16 to 24 (8.8% compared with 4.4%).
- Around one in ten men aged 16 to 59 (10.6%) used cannabis in the *last year* compared with around one in 20 women (5.2%).
- Nearly a quarter of young men aged 16 to 24 (23.3%) reported *last year* use of cannabis, significantly higher than the 14.0 per cent of women who reported usage.

## 4.6 TRENDS IN ILLICIT DRUG USE BY SEX

Use of any illicit drug in the *last year* amongst men aged 16 to 59 was fairly stable between 1996 and 2008/09, although for women usage fell over the same period from 8.6 per cent to 7.0 per cent. However, overall illicit drug use was stable between 2007/08 and 2008/09 for both men and women aged 16 to 59 (Figure 4.5 and Table 4.7).

Use of Class A drugs has remained generally stable between 1996 and 2008/09; year-on-year changes were not statistically significant until most recently; however, there was a slight underlying upward trend, which is now significant over the long term. Consequently *last year* Class A drug use among men and women aged 16 to 59 has risen in both the long (since 1996) and short (since 2007/08) term. For example, among men aged 16 to 59, *last year* Class A drug use increased from 3.6 per cent in 1996 and 4.4 per cent in 2007/08 to 5.1 per cent in 2008/09.

**Figure 4.5 Proportion of 16 to 59 year olds reporting use of any drug or any Class A drug in the last year by sex, 1996 to 2008/09 BCS**

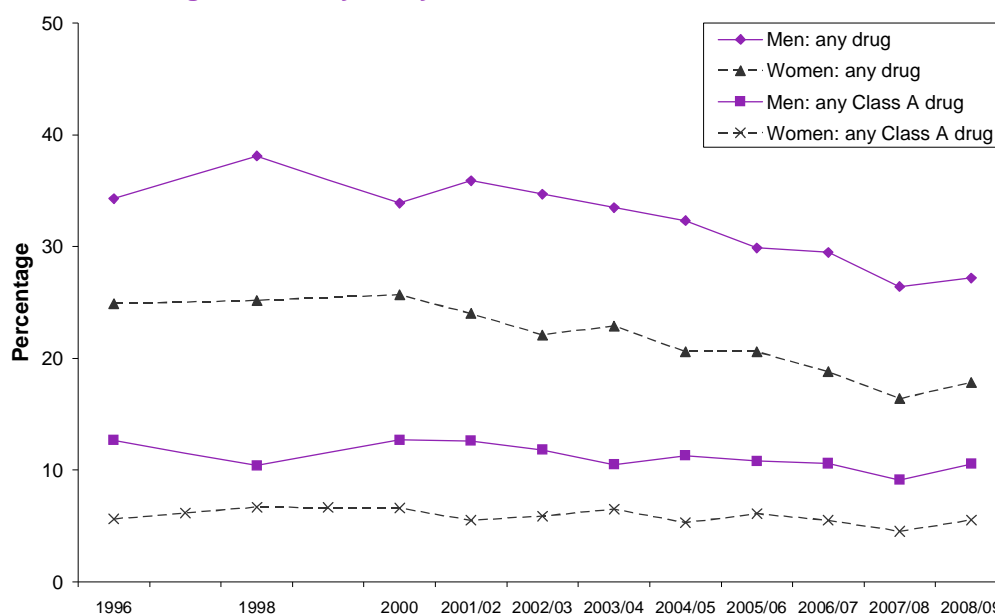


Among men and women aged 16 to 24 the use of any illicit drug in the *last year* has decreased significantly in the long term; for men from 34.3 per cent in 1996 to 27.2 per cent in 2008/09 and for women from 24.9 per cent to 17.9 per cent over the same time period (Figure 4.6 and Table 4.8).

Between 2007/08 and 2008/09 there was no significant change in *last year* use of illicit drugs among young men or young women.

In 2008/09 reported use of Class A drugs in the *last year* among men and women aged 16 to 24 showed no statistically significant change when comparing levels of use in the long (since 1996) or short (since 2007/08<sup>4</sup>) term.

**Figure 4.6 Proportion of 16 to 24 year olds reporting use of any drug or any Class A drug in the last year by sex, 1996 to 2008/09 BCS**



### 4.7 VARIATION IN ILLICIT DRUG USE BY OTHER PERSONAL CHARACTERISTICS AND LIFESTYLE FACTORS

Analysis of the 2008/09 BCS shows variation in *last year* use of any illicit drug, Class A drug, or stimulant drug, and individual drug types by other personal characteristics in addition to age and sex, and also lifestyle factors (for definitions see Smith and Hoare, 2009). Whilst these discrete relationships provide useful information, it should be noted that these factors interact; for example, marital status is strongly age-related, with younger people more likely to be single, and different ethnic groups have different age profiles which will influence the levels of illicit drug use. All figures are shown in Tables 4.1 and 4.3, with some of the statistically significant differences presented below.

Adults aged 16 to 59 from a White ethnic group (10.8%) generally had higher levels of any drug use than those from a non-White background (that is, ethnic groups other than White), with the exception of the Mixed group (14.9%), which is likely to reflect the younger age profile of this group. The same held true of Class A drug and any stimulant drug use amongst 16 to 59 year olds in the *last year*.

Single adults aged 16 to 59 were most likely to have reported taking any drug, any Class A drug or any stimulant drug in the *last year*, for example 8.0 per cent of adults who were single used Class A drugs in the *last year* compared with 0.9 per cent of those who were married

<sup>4</sup> Class A drug use in the *last year* for 16 to 24 year olds overall has shown a statistically significant rise; this change was not detected when analysing by sex due to the lower number of cases in each subgroup.



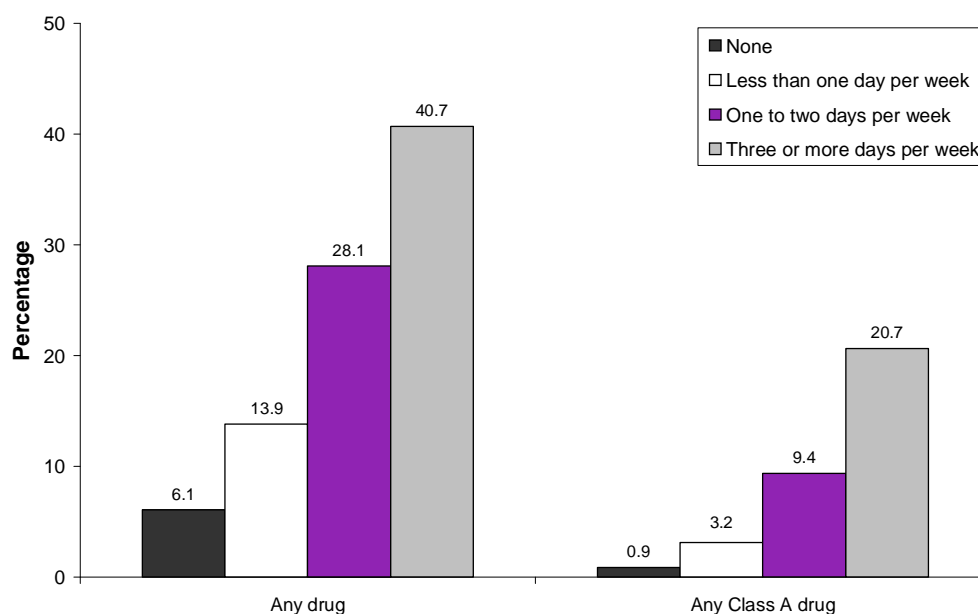
and 5.0 per cent of those who were cohabiting. For 16 to 24 year olds there was little difference in levels of *last year* drug usage between those who were single and those cohabiting, and drug use for these groups was significantly higher than for those who were married.

Among 16 to 59 and 16 to 24 year olds, those who were unemployed had significantly higher reported levels of *last year* usage of any drug, any Class A drug or any stimulant drug compared with those in employment, or economically inactive. Around one in ten adults aged 16 to 59 who were unemployed (10.5%) reported using a stimulant drug in the last year, significantly higher than those who were employed (4.2%) or economically inactive (4.4%).

For adults and young people, levels of *last year* drug use (that is, use of any illicit, Class A or stimulant drugs) were found to be significantly higher for those who had visited a nightclub or pub, than those who had not done so. And more frequent visits to nightclubs or pubs were associated with greater likelihood of *last year* drug use. Among adults aged 16 to 59, for example, those not visiting a nightclub (2.1%) were significantly less likely to have taken Class A drugs in the last year compared with those who went one to three times in the last month (8.6%) or those visiting four or more times (16.9%).

For young people aged 16 to 24, levels of *last year* drug use (that is, use of any illicit, Class A or stimulant drugs) were found to be significantly higher for those who had drunk alcohol, than those who had not drunk alcohol, and as frequency of alcohol consumption increased, so did *last year* drug use prevalence rates.<sup>5</sup> Among young people who had not consumed alcohol in the last month, 6.1 per cent reported *last year* use of any illicit drug; usage increased to 40.7 per cent of those who drank alcohol on three or more days per week in the last month (Figure 4.7).

**Figure 4.7 Proportion of 16 to 24 year olds reporting use of any drug or any Class A drug in the last year by frequency of alcohol consumption in the last month, 2008/09 BCS**



Victims of BCS crime in the previous year were around twice as likely to have taken any drug, any Class A drug or any stimulant drug in the *last year*, compared with those who did not report any victimisation (this held true for 16 to 59 and 16 to 24 year olds).

Those aged 16 to 59 and 16 to 24 who perceived drug use or dealing to be a problem in their local area had significantly higher reported rates of *last year* usage of any drug, any Class A

<sup>5</sup> Questions about frequency of alcohol consumption were asked of 16 to 30 year olds in the 2008/09 BCS; hence analysis of the association between alcohol consumption and drug use is only presented for 16 to 24 year olds.

drug or any stimulant drug than people who did not perceive this to be a problem. For example, 12.0 per cent of young people who perceived a problem with drug use or dealing in their local area had used a stimulant drug in the *last year* compared with 9.1 per cent of those who did not perceive a problem. Although perhaps surprising, it may be that household drug users have greater awareness of these issues (perhaps through the influence of lifestyle factors) or consider there to be drug-related problems caused by other, potentially more chaotic and problematic, drug users in their area.

### Type of drug use by personal characteristics and lifestyle factors

There was also variation in *last year* usage of individual drugs by personal characteristics and lifestyle factors in 2008/09, which reflect the usage patterns seen previously for any drug, any Class A drug or any stimulant drug. All figures are shown in Tables 4.1 and 4.3, with some of the statistically significant differences presented here for information.

Single adults aged 16 to 59 were most likely to have taken cocaine powder (6.4%) in the *last year* compared with all other marital status groups (for example, 0.7% of those who were married).

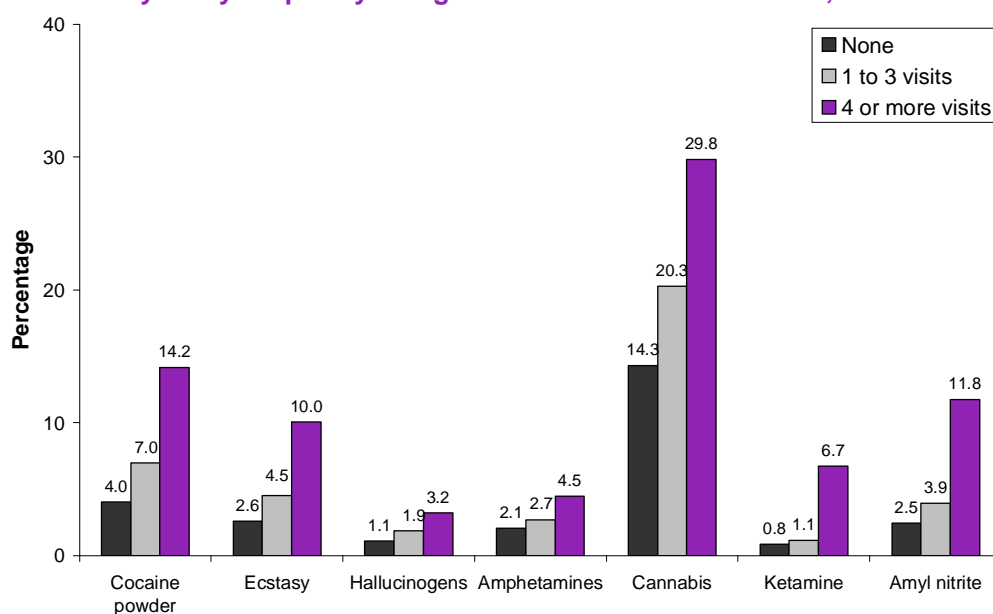
Among 16 to 24 year olds, those who were single (6.8%) or cohabiting (7.3%) had higher rates of using cocaine powder in the *last year* than those who were married (1.1%).

Adults aged 16 to 59 who were unemployed (4.5%) had higher rates of *last year* ecstasy use than those in employment (1.7%) or economically inactive (1.8%). This also held true for 16 to 24 year olds.

Sixteen to 59 year olds who were full-time students were more likely to report use of hallucinogens (2.1%) in the *last year* than any other occupation group.

*Last year* use of amyl nitrite among young people was around three times higher for those going to a nightclub four or more times in the last month (11.8%) compared with those going between one and three times (3.9%). A similar difference could be seen for *last year* use of other individual types of drugs (Figure 4.8).

**Figure 4.8 Proportion of 16 to 24 year olds reporting use of individual drugs in the last year by frequency of nightclub visits in the last month, 2008/09 BCS**



Ketamine usage in the *last year* (7.1%) was highest amongst young people who visited a pub nine or more times in the last month compared with those going less or not at all (0.3%).

Adults aged 16 to 59 and 16 to 24 who reported using cannabis in the *last year* were more likely to have also been a victim of BCS crime in the *last year*; one quarter of young people (25.5%) who were victimised reported cannabis use compared with 15.4 per cent of those who were not victims.

### 4.8 VARIATION IN ILLICIT DRUG USE BY HOUSEHOLD AND AREA CHARACTERISTICS

Levels of drug use vary according to household characteristics, such as income, as well as area characteristics (for definitions see Smith and Hoare, 2009). While the individual relationships provide useful information, it should be noted that these factors interact; for example, different household structures will have varying age and sex compositions that could influence the levels of illicit drug use.

Analysis of the 2008/09 BCS demonstrates this variation in *last year* use of any illicit drug, any Class A drug and any stimulant drug. All figures are presented in Tables 4.2 and 4.4, with some of the statistically significant differences described here for information.

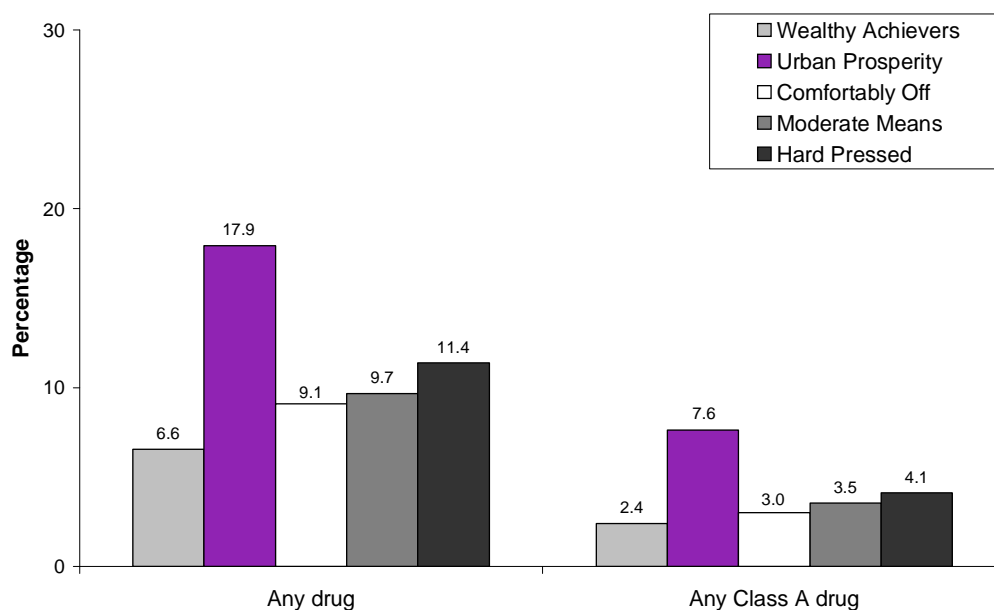
Households with no children had significantly higher rates of any *last year* drug use among 16 to 59 year olds (11.8%) than those with children (for example, with adults and child(ren), 7.3%). For Class A or stimulant drug use, there was no difference in prevalence rates between households with no children and those with one adult and any child(ren).

Rates of any drug use in the *last year* were significantly higher for adults in households with an income of less than £10,000 (15.0%) compared with any other income group (for example, £50,000 or more, 9.2%). However, there was little variation in prevalence of *last year* Class A or stimulant drug use by income for 16 to 59 year olds, suggesting that the difference seen for overall drug use reflects the higher level of cannabis use among the lowest income group.

In terms of accommodation type, use of any drug, any Class A drug and any stimulant drug in the *last year* was highest amongst adults aged 16 to 59 living in private-rented accommodation. For example, Class A drug use rates for adults who were in private-rented accommodation (7.6%) were almost twice as high as for social renters (4.1%), which in turn were almost twice as high as for those in owner-occupied properties (2.3%). For young people there was little difference in overall rates by tenure.

Highest usage levels of any drug, any Class A drug or any stimulant drug in the *last year* were seen for adults aged 16 to 59 in urban areas (compared with rural) and also in areas classified as 'Urban Prosperity' compared with all other groups (Figure 4.9). The pattern was similar but less clear for 16 to 24 year olds.

**Figure 4.9 Proportion of 16 to 59 year olds reporting use of any drug or any Class A drug in the last year by ACORN type, 2008/09 BCS**



### Type of drug use by household and area characteristics

There was also variation in *last year* use of individual drugs by household and area characteristics in 2008/09, which reflects the usage patterns demonstrated previously for any drug, any Class A drug or any stimulant drug. All figures are presented in Tables 4.2 and 4.4, with some of the statistically significant differences described here for information.<sup>6</sup>

Levels of *last year* cocaine powder use were higher for adults aged 16 to 59 in urban areas (compared with rural) and also in areas classified as 'Urban Prosperity' compared with all other groups.

Ecstasy use amongst adults aged 16 to 59 in the *last year* was higher for those living in private-rented accommodation (4.4%) compared with owner occupiers (1.0%) or those in the social-rented sector (1.8%).

Adults aged 16 to 59 in households with no children were most likely to report taking hallucinogens in the *last year*; 0.8 per cent compared with 0.1 per cent in households with a single adult and child(ren).

*Last year* cannabis use was higher among adults living in households with an income of less than £10,000 (11.8%) compared with any other income group (for example; £10,000 to less than £20,000, 7.4%). Conversely, adults living in households in the highest income group were more likely to report *last year* cocaine powder use (3.8%) compared with all other income groups (for example; £40,00 to less than £49,000, 2.9%).

<sup>6</sup> The smaller number of respondents who were aged between 16 and 24 makes estimates of drug use more subject to fluctuation when broken down by household and area characteristics; hence patterns of illicit drug use by individual type of drug focus on 16 to 59 year old analysis.

## 4.9 CHARACTERISTICS INDEPENDENTLY ASSOCIATED WITH ILLICIT DRUG USE

Since the personal, lifestyle, household and area characteristics which have been investigated interact, multivariate analysis<sup>7</sup> was carried out to see which factors were independently associated with any *last year* illicit drug use.

The model explains around 26 per cent of the variance in any *last year* illicit drug use, and the factors showing the strongest independent associations (that is, providing more than 1% improvement in variance by the model) are as follows (Table 4.9):

- marital status, in particular, being single;
- pub visits in the last month;
- age (being young);
- being male; and
- being a victim of crime in the last 12 months.

Multivariate analysis shows that marital status is the strongest factor associated with predicting illicit drug use, once other factors were controlled for. The odds of illicit drug use were significantly higher for those who were single compared with those who were married or cohabiting, although the difference was greater between those who were single and those who were married. This reflects earlier findings that single adults had the highest rates of *last year* drug use.

Similarly, earlier analysis showed that the youngest age groups (16 to 19 and 20 to 24 year olds) were more likely to report *last year* illicit drug use compared with all older age groups. Multivariate analysis shows that age remains a strong factor associated with predicting high levels of illicit drug use, once other factors were controlled for.

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<sup>7</sup> Analysis carried out was logistic regression, which controls for the effect of one variable on another and thus provides an assessment of which variables retain an independent association (see Smith and Hoare, 2009)

Table 4.1 Proportion of 16 to 59 year olds reporting use of drugs<sup>1</sup> in the last year, by personal characteristics

Percentages								2008/09 BCS			
	Class A			Class A/B	Class B	Class C	Not classified	Any Class A drug	Any stimulant drug <sup>2</sup>	Any drug <sup>3</sup>	Unweighted base <sup>4</sup>
	Cocaine powder	Ecstasy	Hallucinogens	Amphetamines	Cannabis	Ketamine	Amyl nitrite				
<b>Age</b>											
16-19 <sup>5</sup>	5.0	3.7	1.2	2.3	18.3	1.2	3.6	6.8	8.7	22.2	2,710
20-24 <sup>5</sup>	7.9	5.0	2.0	2.9	19.1	2.4	5.1	9.1	11.1	22.9	2,751
25-29	7.1	4.0	1.2	2.3	12.1	1.0	2.2	8.4	9.1	16.1	2,774
30-34	4.4	2.2	0.4	1.5	8.2	0.3	1.0	5.2	6.1	11.4	3,191
35-44	1.3	0.5	0.2	0.7	4.6	0.1	0.6	1.7	2.3	6.1	8,136
45-54	0.3	0.2	0.1	0.2	2.4	0.0	0.2	0.5	0.7	3.1	6,988
55-59	0.0	0.0	0.1	0.1	1.1	0.0	0.2	0.2	0.2	1.7	3,519
<b>Sex</b>											
Men	4.2	2.6	0.9	1.7	10.6	0.8	2.0	5.1	6.1	13.2	12,919
Women	1.8	1.1	0.3	0.8	5.2	0.3	0.9	2.3	2.8	7.0	15,313
<b>Ethnic group</b>											
White	3.3	2.0	0.7	1.3	8.4	0.7	1.6	4.1	4.9	10.8	25,749
Non-White	1.0	0.4	0.1	0.2	4.2	0.0	0.4	1.2	1.3	5.1	2,477
<i>Mixed</i>	2.9	2.8	0.3	1.6	13.1	0.3	2.1	3.3	3.7	14.9	234
<i>Asian/ Asian British</i>	0.4	0.1	0.0	0.0	2.2	0.0	0.0	0.4	0.4	2.6	1,132
<i>Black/ Black British</i>	1.9	0.5	0.0	0.2	6.4	0.0	0.4	1.9	2.1	7.6	750
<i>Chinese/ Other</i>	0.5	0.4	0.3	0.3	2.1	0.0	0.8	1.4	2.0	4.3	361
<b>Marital status</b>											
Married	0.7	0.3	0.1	0.2	2.3	0.0	0.1	0.9	1.1	3.1	13,000
Cohabiting	4.5	2.4	0.5	1.9	10.0	0.5	1.4	5.0	5.8	12.9	3,602
Single	6.4	4.2	1.6	2.4	16.7	1.6	3.7	8.0	9.7	20.7	7,767
Separated	2.4	1.7	0.1	0.8	5.5	0.0	0.4	2.6	3.1	6.8	1,021
Divorced	1.5	0.8	0.3	1.3	4.7	0.3	0.8	1.8	2.5	6.6	2,447
Widowed	0.5	0.3	0.1	0.1	2.2	0.1	0.3	0.5	0.8	2.9	386
<b>Respondent's employment status</b>											
In employment	3.0	1.7	0.6	1.1	6.9	0.5	1.3	3.5	4.2	8.9	21,721
Unemployed	6.6	4.5	1.4	3.8	20.4	1.2	4.1	8.8	10.5	24.3	1,012
Economically inactive	2.5	1.8	0.7	1.3	9.7	0.8	1.7	3.5	4.4	12.1	5,449
<i>Student</i>	4.3	4.0	1.8	1.4	18.4	2.1	3.9	6.2	7.5	21.9	1,029
<i>Looking after family/home</i>	1.1	0.4	0.0	1.1	3.7	0.1	0.7	1.4	2.0	5.1	2,055
<i>Long-term/temporarily sick/ill</i>	2.4	0.8	0.1	1.7	7.8	0.0	0.4	3.2	3.5	10.7	1,534
<i>Retired</i>	0.1	0.0	0.0	0.0	0.6	0.0	0.6	0.1	0.7	1.1	464
<i>Other inactive</i>	3.6	2.0	0.9	2.6	11.9	0.7	2.0	5.6	8.0	14.7	367
<b>Respondent's occupation</b>											
Managerial & professional occupations	2.5	1.5	0.4	0.7	5.6	0.3	1.2	3.0	3.7	7.7	10,085
Intermediate occupations	2.8	1.3	0.5	1.0	6.1	0.4	0.9	3.1	3.7	7.6	5,767
Routine & manual occupations	3.4	1.8	0.6	1.7	8.3	0.4	1.2	4.0	4.7	10.4	9,937
Never worked & long-term unemployed	3.3	1.1	0.2	1.1	10.5	0.8	1.3	3.8	4.4	12.9	675
Full-time students	4.3	4.2	2.1	1.8	17.8	2.2	4.4	6.1	7.7	21.6	1,684
<b>Highest qualification</b>											
Degree or diploma	2.6	1.8	0.5	0.9	6.2	0.5	1.1	3.2	3.9	8.3	10,736
Apprenticeship or A/AS level	4.2	2.4	0.8	1.4	10.4	1.1	2.5	4.9	6.2	13.2	5,246
O level/GCSE	3.5	1.8	0.9	1.4	9.3	0.5	1.6	4.1	4.8	11.3	7,238
Other	1.6	0.5	0.2	0.8	5.4	0.1	0.5	1.7	2.2	7.1	868
No qualifications	2.0	1.3	0.5	1.3	6.8	0.3	0.6	2.8	3.2	8.8	4,131
<b>Long-standing illness or disability</b>											
Long-standing illness or disability	1.9	1.1	0.2	0.9	6.8	0.1	0.9	2.4	3.0	8.5	5,013
<i>Limits activities</i>	1.9	0.8	0.2	1.0	6.9	0.1	0.8	2.6	3.0	8.8	3,231
<i>Does not limit activities</i>	1.8	1.4	0.2	0.7	6.6	0.0	1.1	2.3	3.0	8.0	1,782
No long-standing illness or disability	3.2	2.0	0.7	1.3	8.1	0.7	1.5	3.9	4.7	10.3	23,209
<b>Number of visits to pub/wine bar in the evening during last month</b>											
None	1.0	0.5	0.2	0.6	4.2	0.1	0.4	1.3	1.8	5.5	11,101
1 to 3 visits	2.0	1.1	0.4	0.7	6.3	0.4	0.9	2.6	3.1	8.1	9,535
4 to 8 visits	5.1	2.8	0.9	1.5	12.3	0.7	2.7	6.0	7.4	15.5	5,638
9 or more visits	12.5	9.2	2.8	5.5	21.8	3.5	5.7	14.3	15.9	26.8	1,955
<b>Number of visits to club/disco during last month</b>											
None	1.7	0.9	0.4	0.7	5.4	0.2	0.7	2.1	2.6	6.8	24,293
1 to 3 visits	7.1	4.6	1.5	2.8	16.7	1.2	2.7	8.6	10.2	21.4	3,091
4 or more visits	14.7	10.5	3.1	5.6	27.4	5.0	10.7	16.9	20.7	34.2	848
<b>Perception of people using or dealing drugs</b>											
Very/fairly big problem	3.8	2.1	0.6	1.7	9.6	0.7	1.8	4.6	5.6	12.5	8,094
Not a problem	2.7	1.7	0.7	1.0	7.2	0.6	1.3	3.3	4.0	9.1	19,251
<b>Experience of crime in the last year</b>											
Victim of any BCS crime	5.0	3.0	1.1	2.1	12.4	1.2	2.7	6.2	7.4	15.6	7,298
Not victim of BCS crime	2.3	1.3	0.5	0.8	6.2	0.3	0.9	2.7	3.3	7.9	20,934
<b>ALL ADULTS AGED 16 to 59</b>	<b>3.0</b>	<b>1.8</b>	<b>0.6</b>	<b>1.2</b>	<b>7.9</b>	<b>0.6</b>	<b>1.4</b>	<b>3.7</b>	<b>4.4</b>	<b>10.1</b>	

1. Individual drugs included in this table are most prevalent and therefore have a sufficient number of users to ensure robust subgroup analysis.

2. Any stimulant drug use includes cocaine powder, crack cocaine, ecstasy, amyl nitrite, amphetamines and methamphetamine.

3. Any drug use includes methamphetamine since 2008/09.

4. Base numbers relate to any drug use. Bases for other drug measures will be similar.

5. 16-24 year old analysis includes the young adult boost sample (see Smith and Hoare, 2009).

6. See Section 1.2 in Chapter 1 for details on classification based on the Misuse of Drugs Act.

Table 4.2 Proportion of 16 to 59 year olds reporting use of drugs<sup>1</sup> in the last year, by household and area characteristics

Percentages	2008/09 BCS										
	Class A			Class A/B	Class B	Class C	Not classified	Any Class A drug	Any stimulant drug <sup>2</sup>	Any drug <sup>3</sup>	Unweighted base <sup>4</sup>
	Cocaine powder	Ecstasy	Hallucinogens	Amphetamines	Cannabis	Ketamine	Amyl nitrite				
<b>Structure of household</b>											
Single adult & child(ren)	3.8	1.9	0.1	1.3	6.4	0.2	0.8	4.4	4.7	9.4	2,189
Adults & child(ren)	2.0	1.0	0.3	0.9	5.7	0.4	0.7	2.4	2.9	7.3	9,421
Adult(s) & no children	3.6	2.3	0.8	1.4	9.3	0.7	1.9	4.5	5.4	11.8	16,622
<b>Household income</b>											
Less than £10,000	2.6	1.6	0.6	2.2	11.8	0.3	1.6	3.7	4.8	15.0	2,790
£10,000 less than £20,000	2.4	1.2	0.5	1.3	7.4	0.4	0.9	2.7	3.3	9.0	3,926
£20,000 less than £30,000	2.6	1.5	0.4	1.1	6.7	0.3	1.1	3.1	3.7	8.3	4,265
£30,000 less than £40,000	2.7	1.7	0.9	1.2	6.9	0.5	1.5	3.4	4.1	9.0	3,908
£40,000 less than £50,000	2.9	1.9	0.9	0.9	6.2	0.6	1.2	3.9	4.4	8.4	3,119
£50,000 or more	3.8	2.2	0.4	0.8	6.9	0.6	1.2	4.2	4.8	9.2	5,165
<b>Tenure</b>											
Owner occupiers	1.9	1.0	0.4	0.7	5.0	0.3	1.0	2.3	2.9	6.6	18,871
Social renters	3.3	1.8	0.4	2.0	10.2	0.5	1.3	4.1	5.1	12.9	4,227
Private renters	6.3	4.4	1.4	2.1	15.3	1.3	3.1	7.6	8.8	18.7	5,065
<b>Accommodation type</b>											
Houses	2.7	1.7	0.6	1.2	7.2	0.6	1.4	3.4	4.0	9.2	23,936
<i>Detached</i>	2.0	1.2	0.5	0.7	5.1	0.4	1.0	2.3	2.7	6.4	6,600
<i>Semi-detached</i>	2.8	1.5	0.5	1.1	6.7	0.4	1.4	3.4	4.1	8.9	8,824
<i>Terraced</i>	3.3	2.2	0.8	1.7	9.3	0.9	1.8	4.2	5.0	11.6	8,512
Flats/maisonettes	5.3	3.1	0.8	1.4	13.9	0.8	2.1	6.2	7.7	17.6	3,286
<b>ACORN category</b>											
Wealthy Achievers	1.9	1.2	0.6	0.7	5.3	0.2	1.0	2.4	2.8	6.6	7,493
Urban Prosperity	6.4	4.3	1.4	1.3	14.0	1.6	2.7	7.6	8.8	17.9	2,446
Comfortably Off	2.5	1.3	0.5	0.8	7.1	0.5	1.2	3.0	3.6	9.1	8,047
Moderate Means	2.8	1.9	0.7	1.8	7.6	0.6	1.5	3.5	4.4	9.7	4,560
Hard Pressed	3.4	1.8	0.4	1.9	8.8	0.5	1.6	4.1	5.1	11.4	5,598
<b>Output area classification</b>											
Blue collar communities	3.5	1.7	0.5	1.8	7.9	0.7	1.3	3.9	4.7	10.1	4,807
City living	7.3	6.0	2.2	1.9	17.4	2.5	4.4	9.3	10.9	21.6	1,309
Countryside	2.2	1.6	0.7	0.8	5.5	0.4	0.7	2.9	2.9	6.9	3,814
Prospering suburbs	1.8	1.1	0.5	0.6	5.2	0.4	1.1	2.3	3.0	6.7	6,007
Constrained by circumstances	3.4	2.2	0.6	1.9	9.9	0.7	1.8	4.8	5.5	12.7	2,481
Typical traits	2.7	1.5	0.5	1.1	7.8	0.4	1.2	3.4	4.1	9.9	5,930
Multicultural	3.8	1.9	0.7	0.9	9.0	0.7	1.4	4.3	5.1	11.9	2,321
<b>Area type</b>											
Urban	3.2	1.9	0.6	1.2	8.5	0.6	1.5	3.9	4.7	10.7	21,506
Rural	2.2	1.4	0.6	1.0	5.5	0.3	1.2	2.6	3.3	7.3	6,726
<b>Level of physical disorder</b>											
High	4.5	2.7	0.7	1.6	11.6	1.1	2.3	5.5	6.3	14.0	1,811
Not high	3.0	1.8	0.6	1.2	7.8	0.6	1.4	3.6	4.4	10.0	25,489
<b>Living environment deprivation index</b>											
20% most deprived output areas	3.6	2.3	0.4	2.0	8.6	0.7	1.5	4.2	5.1	11.2	4,963
Other output areas	3.1	1.8	0.7	1.0	8.0	0.6	1.5	3.8	4.5	10.1	15,361
20% least deprived output areas	2.5	1.7	0.9	1.0	7.1	0.4	1.4	3.2	3.8	8.8	5,482
<b>English region and Wales</b>											
England	3.1	1.9	0.7	1.2	7.9	0.6	1.5	3.7	4.5	10.1	25,806
North East	3.8	2.0	0.7	2.0	8.5	0.6	2.5	4.4	5.5	10.9	1,965
North West	3.5	2.1	1.0	1.4	8.7	1.0	1.8	4.2	5.1	11.0	3,055
Yorkshire and the Humber	2.7	2.2	0.4	1.7	7.3	1.1	2.3	3.7	5.1	9.8	2,535
East Midlands	2.1	2.0	0.4	0.9	7.5	0.3	1.9	2.9	3.9	9.6	3,275
West Midlands	2.6	1.4	0.4	1.5	6.9	0.1	1.3	3.0	3.7	8.2	2,686
East of England	2.3	1.4	0.7	0.7	7.7	0.4	0.9	3.0	3.2	9.5	3,628
London	4.3	2.2	0.6	0.5	9.1	0.6	1.1	4.9	5.6	12.0	2,493
South East	2.5	1.6	0.6	1.2	7.3	0.5	0.9	3.2	3.6	9.0	3,199
South West	3.6	2.0	1.1	1.6	8.1	0.7	1.5	4.4	4.8	10.4	2,970
Wales	2.4	1.3	0.2	1.3	7.8	0.1	1.4	2.7	4.1	9.9	2,426
<b>ALL ADULTS AGED 16 to 59</b>	<b>3.0</b>	<b>1.8</b>	<b>0.6</b>	<b>1.2</b>	<b>7.9</b>	<b>0.6</b>	<b>1.4</b>	<b>3.7</b>	<b>4.4</b>	<b>10.1</b>	

1. Individual drugs included in this table are most prevalent and therefore have a sufficient number of users to ensure robust subgroup analysis.

2. Any stimulant drug use includes cocaine powder, crack cocaine, ecstasy, amyl nitrite, amphetamines and methamphetamine.

3. Any drug use includes methamphetamine since 2008/09.

4. Base numbers relate to any drug use. Bases for other drug measures will be similar.

5. See Section 1.2 in Chapter 1 for details on classification based on the Misuse of Drugs Act.

Table 4.3 Proportion of 16 to 24 year olds reporting use of drugs<sup>1</sup> in the last year, by personal characteristics

Percentages	Class A			Class A/B	Class B	Class C	Not classified	Frequent drug use	Any Class A drug	Any stimulant drug <sup>2</sup>	Any drug <sup>3</sup>	2008/09 BCS
	Cocaine powder	Ecstasy	Hallucinogens	Amphetamines	Cannabis	Ketamine	Amyl nitrite					Unweighted base <sup>4</sup>
<b>Sex</b>												
Men	8.8	6.0	2.2	3.5	23.3	2.5	6.1	10.5	10.5	13.0	27.2	2,556
Women	4.4	2.8	1.1	1.7	14.0	1.2	2.7	4.6	5.5	6.9	17.9	2,872
<b>Ethnic group</b>												
White	7.5	5.0	1.9	3.0	20.8	2.2	5.0	8.3	9.2	11.3	24.9	4,831
Non-White	1.2	0.5	0.3	0.5	5.7	0.1	1.0	3.0	1.3	2.2	8.0	596
<b>Marital status</b>												
Married	1.1	0.4	0.4	0.4	5.1	0.0	0.0	1.6	1.1	1.1	5.5	204
Cohabiting	7.3	5.3	0.5	4.0	16.2	0.4	4.0	7.8	7.9	9.7	21.0	620
Single	6.8	4.5	1.9	2.5	19.7	2.2	4.7	7.8	8.4	10.5	23.6	4,585
<b>Respondent's employment status</b>												
In employment	7.3	4.6	1.8	2.8	18.7	2.0	4.9	7.2	8.6	10.8	22.8	3,188
Unemployed	12.1	8.6	3.1	6.7	29.8	2.0	6.5	17.7	15.1	16.5	34.8	429
Economically inactive	4.3	3.4	1.3	1.6	16.7	1.7	3.3	6.4	5.8	7.4	20.0	1,787
<b>Respondent's occupation</b>												
Managerial & professional occupations	6.5	3.3	0.4	1.6	19.3	0.6	4.3	6.6	7.3	10.8	22.7	592
Intermediate occupations	8.9	5.9	2.3	4.0	16.5	2.4	3.5	7.8	10.7	11.0	19.7	610
Routine & manual occupations	9.5	5.4	2.0	4.1	20.5	1.8	5.1	10.7	10.8	13.0	25.1	1,788
Never worked & long-term unemployed	7.5	3.2	0.3	2.9	19.0	1.3	2.6	12.5	8.5	9.6	23.7	259
Full-time students	4.0	3.8	1.8	1.5	17.9	2.3	4.5	5.2	5.7	7.6	21.4	2,167
<b>Highest qualification</b>												
Degree or diploma	5.3	4.2	1.4	1.5	17.7	1.6	4.0	4.8	7.1	9.0	21.0	977
Apprenticeship or A/AS level	6.7	5.3	2.1	2.7	19.2	3.0	5.7	6.1	8.1	10.4	22.3	1,570
O level/GCSE	7.0	3.5	1.5	2.6	18.4	1.2	3.8	9.0	8.2	9.8	22.8	2,157
Other	5.6	5.0	1.9	5.4	17.0	1.5	1.1	8.6	6.1	6.6	20.9	109
No qualifications	8.1	5.1	1.7	4.5	21.0	1.1	3.9	13.8	10.2	13.0	26.6	611
<b>Long-standing illness or disability</b>												
Long-standing illness or disability	4.4	2.5	1.1	1.9	21.0	0.4	3.3	6.0	5.5	7.7	24.6	451
<i>Limits activities</i>	6.9	2.9	1.6	2.7	21.7	0.7	2.4	8.7	7.6	8.4	25.0	248
<i>Does not limit activities</i>	1.5	2.1	0.4	1.0	20.2	0.1	4.3	2.9	3.0	6.8	24.1	203
No long-standing illness or disability	6.8	4.6	1.7	2.7	18.5	2.0	4.5	7.7	8.3	10.3	22.4	4,977
<b>Number of visits to pub/wine bar in the evening during last month</b>												
None	2.2	1.4	0.4	0.9	8.7	0.3	1.0	4.6	2.6	3.4	10.5	1,631
One to three visits	4.0	2.8	1.4	1.9	15.7	1.0	2.2	6.4	5.7	6.7	20.4	1,699
Four to eight visits	8.3	5.1	1.6	2.7	25.0	1.8	7.0	8.9	9.7	13.9	29.3	1,422
Nine or more visits	18.0	12.6	5.1	7.6	33.0	7.1	11.1	13.5	21.0	23.2	38.6	675
<b>Number of visits to club/disco during last month</b>												
None	4.0	2.6	1.1	2.1	14.3	0.8	2.5	6.4	5.1	6.1	17.2	2,968
One to three visits	7.0	4.5	1.9	2.7	20.3	1.1	3.9	6.5	8.8	11.0	25.2	1,656
Four or more visits	14.2	10.0	3.2	4.5	29.8	6.7	11.8	13.4	16.4	20.7	34.7	804
<b>Frequency of drinking alcohol in last month</b>												
None	0.9	0.9	0.4	0.9	4.9	0.4	0.4	2.1	0.9	0.9	6.1	581
Less than one day per week	2.4	1.4	0.5	1.0	10.5	0.6	1.6	3.7	3.2	4.3	13.9	2,044
One to two days per week	7.4	5.3	1.6	2.7	23.9	2.2	6.6	8.1	9.4	12.9	28.1	1,908
Three or more days per week	17.8	11.2	5.1	7.3	34.8	5.2	8.4	18.7	20.7	22.3	40.7	851
<b>Perception of people using or dealing drugs</b>												
Very/fairly big problem	8.8	5.4	1.7	3.0	21.5	2.2	4.6	9.4	10.3	12.0	26.5	1,922
Not a problem	5.6	3.9	1.7	2.4	17.4	1.8	4.5	6.7	7.0	9.1	20.7	3,405
<b>Experience of crime in the last year</b>												
Victim of any BCS crime	9.6	6.8	2.5	3.8	25.5	3.9	6.4	9.9	12.1	13.7	30.0	1,589
Not victim of BCS crime	5.1	3.2	1.3	2.0	15.4	0.9	3.5	6.5	6.1	8.2	18.9	3,839
<b>ALL AGED 16 to 24</b>	<b>6.6</b>	<b>4.4</b>	<b>1.7</b>	<b>2.6</b>	<b>18.7</b>	<b>1.9</b>	<b>4.4</b>	<b>7.6</b>	<b>8.1</b>	<b>10.0</b>	<b>22.6</b>	

1. Individual drugs included in this table are most prevalent and therefore have a sufficient number of users to ensure robust subgroup analysis.

2. Any stimulant drug use includes cocaine powder, crack cocaine, ecstasy, amyl nitrite, amphetamines and methamphetamine.

3. Any drug use includes methamphetamine since 2008/09.

4. Base numbers relate to any drug use. Bases for other drug measures will be similar.

5. 16-24 year old analysis includes the young adult boost sample (see Smith and Hoare, 2009).

6. See Section 1.2 in Chapter 1 for details on classification based on the Misuse of Drugs Act.



Table 4.4 Proportion of 16 to 24 year olds reporting use of drugs<sup>1</sup> in the last year, by household and area characteristics

Percentages											2008/09 BCS	
	Class A			Class A/B	Class B	Class C	Not classified	Frequent drug use	Any Class A drug	Any stimulant drug <sup>2</sup>	Any drug <sup>3</sup>	Unweighted base <sup>4</sup>
	Cocaine powder	Ecstasy	Hallucinogens	Amphetamines	Cannabis	Ketamine	Amyl nitrite					
<b>Structure of household</b>												
Single adult & child(ren)	8.0	2.9	0.6	2.4	9.5	0.6	1.6	6.5	8.5	8.9	15.6	276
Adults & child(ren)	5.5	4.4	1.5	2.8	17.5	2.0	3.3	8.3	6.6	8.8	20.7	1,087
Adult(s) & no children	6.8	5.0	1.9	2.8	20.7	2.2	5.5	7.6	8.5	10.7	24.5	2,261
<b>Household income</b>												
Less than £10,000	6.3	4.4	1.8	4.3	21.2	0.7	3.8	11.6	7.6	9.7	26.3	471
£10,000 less than £20,000	5.5	3.9	2.4	3.3	15.6	1.5	3.2	7.3	6.5	7.8	18.3	447
£20,000 less than £30,000	7.2	4.7	0.8	4.2	18.0	0.9	6.3	8.1	8.2	9.9	21.2	422
£30,000 less than £40,000	6.1	5.5	3.0	3.2	17.7	2.6	3.8	6.5	8.1	9.8	21.0	376
£40,000 less than £50,000	6.0	4.6	2.5	1.1	18.6	1.9	4.8	5.9	9.7	11.6	24.1	244
£50,000 or more	10.4	6.0	1.1	2.2	19.0	3.1	4.4	8.2	11.0	13.0	24.9	343
<b>Tenure</b>												
Owner occupiers	4.8	3.1	1.6	2.2	15.1	1.6	4.0	5.2	5.9	8.4	19.2	1,400
Social renters	7.9	4.2	1.0	3.0	19.8	1.2	1.8	13.8	8.9	9.6	23.6	718
Private renters	7.5	6.3	2.2	3.2	22.9	2.8	6.5	7.7	9.3	11.7	26.3	1,474
<b>Accommodation type</b>												
Houses	6.8	5.0	2.0	3.2	19.3	2.4	5.4	7.6	8.3	10.5	23.0	2,959
<i>Detached</i>	6.2	4.3	1.6	3.4	19.8	1.7	5.6	7.3	6.8	9.6	22.6	609
<i>Semi-detached</i>	6.7	4.4	1.8	2.8	17.4	1.6	4.6	7.4	8.2	10.1	20.8	1,107
<i>Terraced</i>	7.1	5.8	2.4	3.3	20.7	3.5	6.0	7.8	9.0	11.2	25.0	1,243
Flats/maisonettes	7.6	4.6	0.6	1.2	24.6	1.0	3.2	10.6	8.4	11.0	28.9	541
<b>ACORN category</b>												
Wealthy Achievers	6.1	4.4	2.0	2.7	21.6	1.7	5.2	7.3	8.0	9.9	25.1	1,219
Urban Prosperity	9.0	7.4	2.4	2.5	25.5	4.0	7.1	8.4	11.6	13.9	30.6	460
Comfortably Off	6.2	3.7	1.7	2.2	17.9	1.8	4.4	5.8	7.2	9.8	21.7	1,533
Moderate Means	4.7	3.6	1.7	2.5	15.1	1.3	3.0	6.4	6.1	7.3	17.4	920
Hard Pressed	7.7	4.1	0.9	3.4	16.0	1.2	3.3	10.7	8.7	10.4	21.0	1,282
<b>Output area classification</b>												
Blue collar communities	8.0	4.1	1.8	3.6	17.6	1.3	4.2	9.5	9.2	11.1	21.3	1,043
City living	10.2	9.7	2.8	2.4	33.0	5.4	10.4	11.3	14.6	17.9	38.8	240
Countryside	4.6	4.6	2.5	2.5	18.3	1.7	2.4	6.1	7.3	7.5	20.7	575
Prospering suburbs	5.8	3.4	1.7	1.9	16.7	2.1	3.6	5.6	7.2	9.2	21.0	1,082
Constrained by circumstances	9.5	6.3	1.7	5.1	22.1	3.0	3.8	10.7	11.4	12.5	26.7	501
Typical traits	7.3	5.0	2.2	3.1	21.2	1.9	4.8	7.5	8.8	10.9	24.4	1,098
Multicultural	5.4	4.0	1.5	1.4	14.4	2.1	3.5	7.0	6.5	7.8	19.3	548
<b>Area type</b>												
Urban	6.7	4.4	1.6	2.5	18.7	1.9	4.3	7.8	8.1	9.9	22.4	4,343
Rural	5.9	4.4	2.2	3.5	18.7	1.7	5.1	6.4	7.7	10.9	23.5	1,085
<b>Level of physical disorder</b>												
High	8.8	6.1	1.4	3.3	22.2	3.1	6.9	10.3	11.1	13.8	26.3	367
Not high	6.6	4.8	1.8	2.8	19.8	2.1	4.8	7.8	8.0	10.2	23.5	3,139
<b>Living environment deprivation index</b>												
20% most deprived output areas	7.3	4.3	1.1	2.9	13.5	1.2	3.0	7.4	8.1	9.3	18.1	1,113
Other output areas	6.2	4.6	1.9	2.1	19.0	2.4	4.8	7.4	8.0	10.0	22.6	2,938
20% least deprived output areas	6.8	4.5	2.1	3.1	24.4	1.7	5.4	8.1	8.1	10.5	28.0	936
<b>English region and Wales</b>												
England	6.5	4.5	1.7	2.5	18.8	2.0	4.5	7.5	8.0	9.9	22.6	4,987
North East	8.2	5.1	2.4	5.0	18.5	1.2	7.6	9.0	9.7	13.2	23.2	430
North West	9.3	6.1	1.6	2.2	22.1	2.9	7.4	9.7	10.4	14.7	26.9	588
Yorkshire and the Humber	7.3	6.8	1.9	3.9	18.0	3.8	6.8	6.7	10.5	13.2	22.7	512
East Midlands	5.4	5.1	1.1	2.1	18.3	0.9	5.1	7.2	7.4	10.0	23.7	683
West Midlands	5.7	2.9	1.1	1.8	19.2	1.4	4.4	7.4	6.4	7.7	22.1	531
East of England	6.4	4.1	2.0	2.0	19.6	2.3	3.0	8.1	7.1	7.8	22.8	685
London	4.5	2.2	1.2	0.6	13.6	0.9	1.4	6.0	5.3	6.5	16.8	448
South East	6.6	4.5	1.8	3.2	22.6	1.8	3.7	7.7	8.1	8.8	26.1	568
South West	5.7	4.2	3.0	3.1	15.4	2.2	2.8	6.2	8.0	8.5	18.6	542
Wales	7.9	2.8	0.8	4.9	18.2	0.2	3.4	8.8	9.0	12.1	21.9	441
<b>ALL AGED 16 to 24</b>	<b>6.6</b>	<b>4.4</b>	<b>1.7</b>	<b>2.6</b>	<b>18.7</b>	<b>1.9</b>	<b>4.4</b>	<b>7.6</b>	<b>8.1</b>	<b>10.0</b>	<b>22.6</b>	

1. Individual drugs included in this table are most prevalent and therefore have a sufficient number of users to ensure robust subgroup analysis.

2. Any stimulant drug use includes cocaine powder, crack cocaine, ecstasy, amyl nitrite, amphetamines and methamphetamine.

3. Any drug use includes methamphetamine since 2008/09.

4. Base numbers relate to any drug use. Bases for other drug measures will be similar.

5. See Section 1.2 in Chapter 1 for details on classification based on the Misuse of Drugs Act.

Table 4.5 Proportion of 16 to 59 year olds reporting use of any drug<sup>1</sup> in the last year by age group, 1996 to 2008/09 BCS

Percentages												BCS	
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 <sup>2</sup>	2008/09	1996 to 2008/09	2007/08 to 2008/09
												<i>Statistically significant change</i>	
16-19 <sup>3</sup>	31.7	32.9	28.2	28.5	26.4	27.7	26.6	24.8	23.3	20.7	22.2	**↓	
20-24 <sup>3</sup>	28.1	30.9	31.3	31.3	30.3	28.7	26.4	25.6	24.8	22.1	22.9	**↓	
25-29	18.4	20.6	21.1	18.6	20.5	21.0	16.7	18.9	16.0	16.1	16.1		
30-34	9.6	10.6	12.5	12.5	14.0	13.3	13.1	12.6	11.1	10.9	11.4		
35-44	6.0	6.1	6.3	7.3	7.4	8.0	7.3	6.6	5.9	6.1	6.1		
45-54	2.0	3.1	3.2	3.5	3.6	4.0	3.4	2.9	3.0	2.7	3.1	**↑	
55-59	1.0	1.3	1.9	1.2	1.8	1.9	1.5	1.5	1.7	1.7	1.7		
<b>All 16-59<sup>3</sup></b>	<b>11.1</b>	<b>12.1</b>	<b>11.9</b>	<b>11.9</b>	<b>12.2</b>	<b>12.3</b>	<b>11.3</b>	<b>10.5</b>	<b>10.0</b>	<b>9.6</b>	<b>10.1</b>		
<i>Unweighted bases</i>													
16-19	556	477	645	1,944	2,000	2,617	3,092	2,788	2,755	2,817	2,686		
20-24	864	769	823	2,051	2,227	2,734	3,104	2,856	2,953	2,950	2,742		
25-29	1,510	1,210	1,442	2,065	2,215	2,216	2,624	2,540	2,794	2,820	2,774		
30-34	1,657	1,543	1,858	2,818	3,237	3,191	3,620	3,444	3,378	3,334	3,191		
35-44	2,687	2,640	3,479	5,582	6,684	6,840	8,129	8,046	8,329	8,194	8,136		
45-54	2,392	2,251	3,085	4,706	5,346	5,708	6,595	6,517	6,991	6,863	6,988		
55-59	1,075	919	1,439	2,323	2,935	3,198	3,731	3,733	3,689	3,443	3,519		
<b>All 16-59</b>	<b>10,741</b>	<b>9,809</b>	<b>12,771</b>	<b>19,973</b>	<b>23,357</b>	<b>24,197</b>	<b>28,206</b>	<b>27,740</b>	<b>28,828</b>	<b>28,331</b>	<b>28,232</b>		

1. Any drug use includes ketamine since 2006/07 and methamphetamine since 2008/09.

2. BCS estimates from interviews in 2007/08 have been revised using reweighted LFS microdata and will vary slightly from previously published estimates (see Appendix 1).

3. 16-19 and 20-24 year old analysis includes the young adult boost sample (see Smith and Hoare, 2009). Figures given for all 16-59 year olds exclude the young adult boost.

Table 4.6 Proportion of 16 to 59 year olds reporting use of any Class A drug <sup>1</sup> in the last year by age group, 1996 to 2008/09 BCS

Percentages												BCS	
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 <sup>2</sup>	2008/09	1996 to 2008/09	2007/08 to 2008/09
												<i>Statistically significant change</i>	
16-19 <sup>3</sup>	9.6	8.0	8.7	6.3	6.0	7.3	6.4	6.3	5.4	5.4	6.8		
20-24 <sup>3</sup>	8.9	9.1	10.5	11.4	11.2	9.6	9.9	10.3	10.4	8.0	9.1		
25-29	3.9	5.3	7.1	6.8	7.0	8.3	5.4	6.9	6.8	6.4	8.4	**↑	**↑
30-34	1.9	1.5	3.3	3.2	4.3	3.9	4.7	4.3	4.0	3.8	5.2	**↑	**↑
35-44	0.5	0.7	0.6	1.5	1.3	1.7	1.7	1.8	1.5	1.7	1.7	**↑	
45-54	0.2	0.3	0.3	0.4	0.2	0.4	0.4	0.3	0.6	0.5	0.5		
55-59	0.2	0.0	0.2	0.1	0.1	0.0	0.2	0.1	0.0	0.3	0.2		
<b>All 16-59<sup>4</sup></b>	<b>2.7</b>	<b>2.7</b>	<b>3.2</b>	<b>3.2</b>	<b>3.3</b>	<b>3.5</b>	<b>3.2</b>	<b>3.4</b>	<b>3.4</b>	<b>3.0</b>	<b>3.7</b>		
<i>Unweighted bases</i>													
16-19	567	490	652	1,964	2,017	2,643	3,121	2,922	2,777	2,837	2,710		
20-24	879	781	830	2,063	2,230	2,748	3,119	3,008	2,963	2,973	2,751		
25-29	1,528	1,226	1,459	2,081	2,233	2,236	2,650	2,722	2,809	2,835	2,790		
30-34	1,677	1,562	1,877	2,831	3,262	3,218	3,643	3,705	3,412	3,361	3,213		
35-44	2,706	2,661	3,509	5,605	6,709	6,860	8,171	8,658	8,368	8,242	8,192		
45-54	2,405	2,257	3,099	4,719	5,362	5,719	6,612	7,000	7,016	6,888	7,011		
55-59	1,077	924	1,445	2,328	2,941	3,204	3,739	3,968	3,703	3,447	3,525		
<b>All 16-59</b>	<b>10,839</b>	<b>9,901</b>	<b>12,871</b>	<b>20,067</b>	<b>23,457</b>	<b>24,306</b>	<b>28,351</b>	<b>29,740</b>	<b>28,968</b>	<b>28,479</b>	<b>28,369</b>		

1. Any Class A drug use includes methamphetamine since 2008/09.

2. BCS estimates from interviews in 2007/08 have been revised using reweighted LFS microdata and will vary slightly from previously published estimates (see Appendix 1).

3. 16-19 and 20-24 year old analysis includes the young adult boost sample (see Smith and Hoare, 2009). Class A drug use in the last year for 16 to 24 year olds overall has shown a statistically significant rise; this change was not detected when analysing by more detailed age breakdown due to the lower number of cases in each subgroup.

4. Figures given for all 16-59 year olds exclude the young adult boost.

**Table 4.7 Proportion of 16 to 59 year olds reporting use of any drug or any Class A drug in the last year by sex, 1996 to 2008/09 BCS**

<b>Percentages</b>												<b>BCS</b>	
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 <sup>1</sup>	2008/09	1996 to 2008/09	2007/08 to 2008/09
Any Class A drug <sup>2</sup>												<i>Statistically significant change</i>	
Male	3.6	3.6	4.6	4.7	4.8	4.8	4.5	4.7	4.8	4.4	5.1	**↑	**↑
Female	1.7	1.7	1.9	1.7	1.8	2.1	1.9	2.1	2.0	1.7	2.3	**↑	**↑
Any drug <sup>3</sup>													
Male	13.6	15.6	15.0	15.2	15.6	15.7	14.3	13.7	13.2	12.8	13.2		
Female	8.6	8.5	8.8	8.7	8.7	8.8	8.3	7.4	6.9	6.3	7.0	**↓	
<i>Unweighted base</i>													
Any Class A drug													
Male	4,963	4,371	5,978	9,152	10,645	11,103	12,781	13,499	13,324	13,191	12,979		
Female	5,876	5,530	6,893	10,915	12,812	13,203	15,570	16,241	15,668	15,288	15,390		
Any drug													
Male	4,919	4,333	5,940	9,105	10,603	11,055	12,711	12,612	13,253	13,120	12,919		
Female	5,822	5,476	6,831	10,868	12,754	13,142	15,495	15,128	15,599	15,211	15,313		

1. BCS estimates from interviews in 2007/08 have been revised using reweighted LFS microdata and will vary slightly from previously published estimates (see Appendix 1).

2. Any Class A drug use includes methamphetamine since 2008/09.

3. Any drug use includes ketamine since 2006/07 and methamphetamine since 2008/09.

**Table 4.8 Proportion of 16 to 24 year olds reporting use of any drug or any Class A drug in the last year by sex, 1996 to 2008/09 BCS**

Percentages												BCS	
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 <sup>1</sup>	2008/09	1996 to 2008/09	2007/08 to 2008/09
Any Class A drug <sup>2</sup>												<i>Statistically significant change</i>	
Male	12.7	10.4	12.7	12.6	11.8	10.5	11.3	10.8	10.6	9.1	10.5		
Female	5.6	6.7	6.6	5.5	5.9	6.5	5.3	6.1	5.5	4.5	5.5		
Any drug <sup>3</sup>													
Male	34.3	38.1	33.9	35.9	34.7	33.5	32.3	29.9	29.5	26.4	27.2	**↓	
Female	24.9	25.2	25.7	24.0	22.1	22.9	20.6	20.6	18.8	16.4	17.9	**↓	
<i>Unweighted bases</i>													
Any Class A drug													
Male	650	522	677	1,903	1,991	2,601	2,939	2,767	2,718	2,737	2,568		
Female	796	749	805	2,124	2,256	2,790	3,301	3,163	3,023	3,073	2,893		
Any drug													
Male	640	511	673	1,888	1,981	2,576	2,918	2,642	2,704	2,711	2,556		
Female	780	735	795	2,107	2,246	2,775	3,278	3,002	3,005	3,056	2,872		

1. BCS estimates from interviews in 2007/08 have been revised using reweighted LFS microdata and will vary slightly from previously published estimates (see Appendix 1).

2. Any Class A drug use includes methamphetamine since 2008/09.

3. Any drug use includes ketamine since 2006/07 and methamphetamine since 2008/09.

Table 4.9 Logistic regression<sup>1</sup> model for any illicit drug use in the last year

Characteristic	Significance	Odds ratio <sup>2</sup>	2008/09 BCS Confidence interval		
			Lower	Upper	
<b>Marital status</b>	Married	**	0.39	0.33	0.45
	Cohabiting	**	0.81	0.71	0.93
	<i>Single</i>		1.00		
	Separated	ns	0.75	0.53	1.05
	Divorced	ns	0.86	0.67	1.10
	Widowed	ns	0.60	0.26	1.38
<b>Frequency of pub visits in last month</b>	None	**	0.40	0.34	0.47
	1 to 3 visits	**	0.48	0.42	0.55
	4 to 8 visits	**	0.72	0.63	0.83
	<i>9 or more visits</i>		1.00		
	<i>Age</i>		1.00		
<b>Age</b>	16-19		1.00		
	20-24	**	0.86	0.74	0.99
	25-29	ns	0.91	0.77	1.07
	30-34	**	0.84	0.70	1.01
	35-44	**	0.56	0.47	0.66
	45-54	**	0.29	0.24	0.37
	55-59	**	0.17	0.12	0.23
<b>Sex</b>	<i>Male</i>		1.00		
	Female	**	0.53	0.48	0.58
<b>Victim of crime</b>	<i>Victim in previous 12 months</i>		1.00		
	Non-victim in previous 12 months	**	0.60	0.55	0.65
Tenure	Owner occupiers	**	0.73	0.66	0.81
	Social renters	ns	1.12	0.97	1.30
	<i>Private renters</i>		1.00		
Ethnic group	<i>White</i>		1.00		
	Non-White	**	0.39	0.33	0.47
Employment status	Employed	**	0.47	0.40	0.56
	<i>Unemployed</i>		1.00		
	Economically inactive	**	0.62	0.51	0.74
ACORN category	Wealthy Achievers	**	0.52	0.45	0.61
	<i>Urban Prosperity</i>		1.00		
	Comfortably off	**	0.59	0.52	0.68
	Moderate Means	**	0.59	0.51	0.69
	Hard Pressed	**	0.61	0.52	0.71
Frequency of nightclub visits in last month	None	**	0.61	0.52	0.71
	1 to 3 visits	ns	0.86	0.74	1.01
	<i>4 or more visits</i>		1.00		
Household income	<i>Less than £10,000</i>		1.00		
	£10,000 less than £20,000	**	0.74	0.61	0.90
	£20,000 less than £30,000	**	0.74	0.61	0.90
	£30,000 less than £40,000	ns	0.86	0.70	1.06
	£40,000 less than £50,000	ns	0.84	0.68	1.04
	£50,000 or more	ns	0.91	0.75	1.11
Level of physical disorder	<i>High</i>		1.00		
	Not high	ns	1.00	0.86	1.17
Perception of people using or dealing drugs	<i>Very/fairly big problem</i>		1.00		
	Not a problem	**	0.81	0.74	0.89
Structure of household	Single adult & child(ren)	ns	0.92	0.82	1.02
	Adults & child(ren)	**	0.71	0.56	0.91
	<i>No children</i>		1.00		
Highest qualification	Degree or diploma	**	0.85	0.75	0.96
	<i>Apprenticeship or A/AS level</i>		1.00		
	O level/GCSE	ns	1.03	0.91	1.16
	No qualifications	ns	1.06	0.90	1.24
	Other	ns	0.85	0.63	1.15
	<b>Unweighted base</b>		<b>28,354</b>		
<b>Nagelkerke R square<sup>6</sup></b>		<b>0.26</b>			

1. Forward stepwise logistic regression.

2. Odds ratios of greater than one indicate relatively higher odds compared with the reference category in that variable, when holding all factors constant; less than one indicates relatively lower odds. The baseline odds are the odds ratios for a model with only a constant term.

3. This model explains around 26% of the variation in illicit drug taking based only on the factors described in the table. Additional variables which were included in the analysis but which were not shown in the model to be significantly associated are: long-standing illness or disability, area type, English region or Wales. Variables excluded from the analysis as highly correlated ( $r > 0.40$ ) with other variables of interest: accommodation type and respondent's occupation status.

4. Characteristics highlighted in bold are those that are considered strong predictors (contributing at least 1% improvement in variance explained by the model and accounting for 22% of the variance). Categories in italics are those which are likely to have the highest levels of illicit drug use and were used as reference categories.

\*\*\* Indicates that the change is statistically significant at the 5% level; 'ns' indicates that the change is not statistically significant at this level.

## 5 Polydrug use among the general population

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### 5.1 SUMMARY

Findings from the 2008/09 BCS show an overall prevalence rate of four per cent for use of more than one illicit drug (polydrug use) in the *last year* among adults aged 16 to 59.

Of the adults who used any illicit drug in the *last year*, two out of five (40%) reported using more than one type of drug. Thus the majority of *last year* drug users only used one illicit drug.

Cannabis was taken by the majority of *last year* polydrug users (around nine in ten, 88%) but nevertheless, over half of cannabis users (56%) did not report using any other drug. Cocaine powder was the next most commonly-used drug (66%), while 44 per cent took ecstasy and around a quarter (28%) took amphetamines in the *last year*, reflecting their relative prevalence rates. For these types of drugs, unlike cannabis, the majority of users (around 9 in 10) used at least one other drug as well in the *last year* (mainly cannabis or other stimulant drugs).

For the group of drugs taken for their stimulant properties (notably excluding cannabis), there was a drug prevalence rate of two per cent.

Just under half (45%) of those who used any stimulant drug in the *last year* reported using more than one type of stimulant drug. Among the group using more than one type of stimulant drug, cocaine powder was most likely to be taken with nine in ten (89%) reporting use in the *last year* and around eight in ten (78%) taking ecstasy in the *last year*.

The variation in personal, household and area characteristics relating to polydrug users was investigated with respect to those using three or more illicit drugs in the *last year* (a more 'extreme' group of polydrug users).

- Drug users aged between 16 and 34 were more likely to have used three or more illicit drugs in the *last year* compared with the older age groups.
- Male drug users were more likely to have taken three or more drugs in the *last year* than female users (22% compared with 18%).
- There was little difference between adult drug users who were single or cohabiting in terms of taking three or more illicit drugs in the *last year* (both 23%) and both groups were considerably more likely to do so than those who were married (8%).
- The proportion of adult drug users who took three or more drugs in the *last year* increased with increasing frequency of pub or nightclub visits in the past month.

Multivariate analysis was carried out to see which characteristics were independently associated with polydrug use; lifestyle and related personal characteristics remain the strongest characteristics associated with patterns of *last year* illicit polydrug use, such as:

- nightclub and pub visits in the last month;
- being single, young, male and from the White ethnic group; and
- being a victim of crime in the last 12 months.

### 5.2 INTRODUCTION

Generally, BCS drug use reports (and the preceding chapters in this bulletin) look at the use of at least one illicit drug, with no detail presented about how many different drugs have been taken during a specified period of time (for example, in the *last year*). This chapter for the first time investigates polydrug use, that is, two or more illicit drugs being taken within the same time period.

Polydrug use is a particular concern because of the increased risks to mental and physical health, including increased overdose risk, which results from using a wider range of drugs with which users are unfamiliar or due to the interactions between different drugs. There are also a range of social consequences, such as violence and aggression. Thus, further understanding about the likelihood of polydrug use, the types of drugs taken together, and the types of people taking more than one illicit drug will serve to improve information available for policy making, particularly with regard to prevention and treatment issues.

The concept of polydrug use can be considered in terms of more than one drug being taken at the same time (simultaneous use) or more than one drug being taken within the same period of time, for example, in the last year (concurrent use). While information on the former is perhaps more useful, it is not possible to derive this level of detail from self-report data from the BCS; hence the polydrug use data presented here are based on concurrent use, using more than one illicit drug at any time within a specified time period.

It is not possible to determine how frequently these drugs are taken within the time period; thus it may be that each drug is taken just once, or, much more frequently. In addition, alcohol and tobacco use are commonly included within the group of recreational drugs considered key for polydrug use, but questions on tobacco are not asked on the BCS, and self-report alcohol consumption is currently limited to 16 to 30 year olds so not included here.

Some of the reasons behind adults being polydrug users include the following:

- to maximise the effects of the substances consumed (for example, injecting a cocaine and heroin speedball);
- to balance and control/ameliorate the effects of other substances (for example, taking depressants after stimulants);
- to replace one drug with another due to market pressures such as availability or price (for example, switching from ecstasy to cocaine).

Two different groups of illicit drugs have been investigated to provide data on polydrug use; one includes any illicit drug as measured by the BCS, and the other is the smaller group of stimulant drugs. Drugs are mainly presented in this report by classification under the Misuse of Drugs Act; however, developing a new composite group ('Any stimulant drug') that includes drugs across the legal classification provides an additional useful measure. These types of drugs are used for their stimulant properties and are more likely to be used interchangeably by the same people at similar times and in similar settings and are therefore a key part of this investigation into polydrug use.

Stimulant drugs included are: cocaine powder, crack cocaine, ecstasy, amphetamines, amyl nitrite and methamphetamine. Amphetamines and all forms of cocaine are well known for their stimulant properties, ecstasy is used by clubbers, and amyl nitrite ('poppers') deliver a short, sharp high, again often used in clubs. This group notably excludes cannabis (the most prevalent illicit drug) and hence may provide a clearer picture of other drugs used in combination.

The figures presented in this chapter provide overall estimates of the use of more than one illicit drug, or more than one stimulant drug, from the 2006/07, 2007/08 and 2008/09 BCS. Presenting the most recent data from the 2008/09 BCS, information is provided on the types of drugs most commonly used (again for overall drug use and for stimulant drug use) and the



characteristics of *last year* (that is, the year prior to interview) polydrug users. In this chapter figures are shown only for the 16 to 59 year old group as the number of 16 to 24 year old polydrug users in the sample do not allow for presentation of robust, in-depth, analysis.

### 5.3 EXTENT AND TRENDS IN ANY ILLICIT POLYDRUG USE

#### Extent of any illicit polydrug use

Findings from the 2008/09 BCS presented in this bulletin show that around one in three adults (36.8%) had *ever* used illicit drugs, one in ten had used drugs in the *last year* (10.1%) and 5.9 per cent had done so in the *last month* (Tables 2.1 to 2.3).

The overall prevalence rates for use of more than one illicit drug (polydrug use) for adults aged 16 to 59 are as follows (Table 5.1).

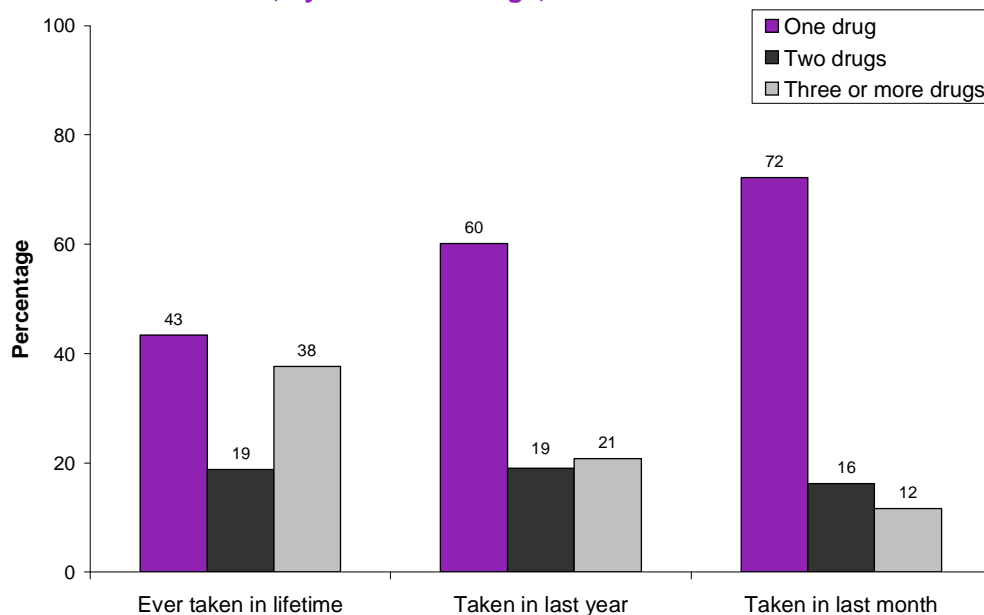
- Around one in five adults (20.7%) have *ever* taken more than one illicit drug.
- Four per cent of adults reported polydrug use within the *last year*.
- Under two per cent (1.6%) of those aged 16 to 59 used more than one illicit drug in the *last month*.

Of those adults who had *ever* used illicit drugs, nearly three in five (57%) had used more than one type of drug (comprising 19 per cent had used two drugs and 38 per cent had used three or more drugs, Figure 5.1 and Table 5.1).

Looking at more recent drug-taking behaviour, two out of five adults (40%) who used any illicit drug in the *last year* reported using more than one type of drug, comprising 19 per cent who used two drugs and 21 per cent who used three or more.

Of those adults reporting *last month* use of illicit drugs, a lower proportion were polydrug users; around a quarter (28%) had taken more than one drug in the *last month*.

**Figure 5.1 Proportion of 16 to 59 year old drug users ever, in the last year and in the last month, by number of drugs, 2008/09 BCS**



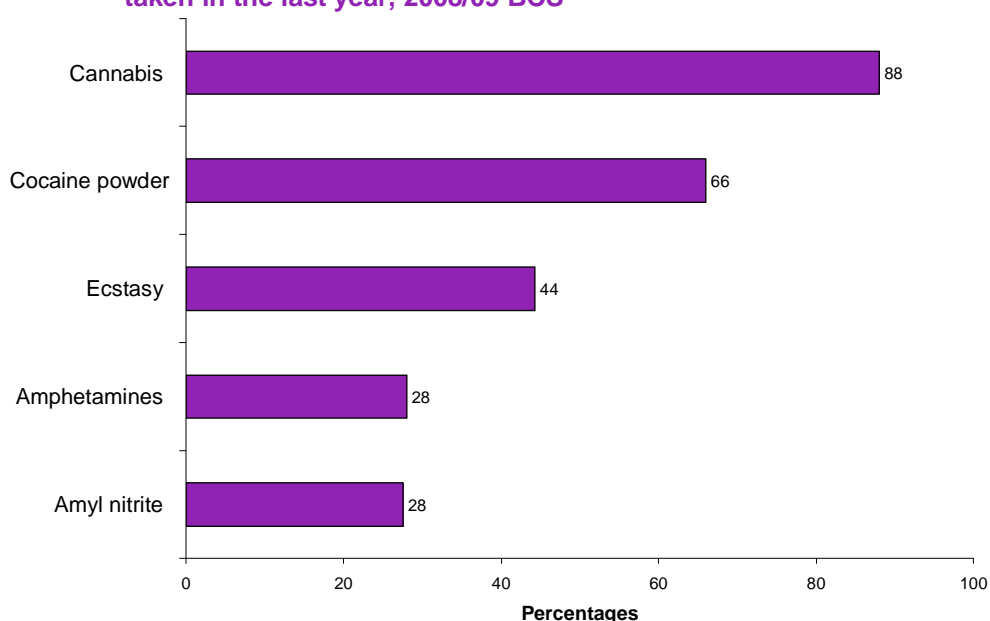
### Type of drugs taken by any illicit drug users

This section focuses on *last year* polydrug use as the most recent and reliable measure of drug use from the BCS, describing latest figures from the 2008/09 BCS.

Of the 60 per cent of drug users who only used one drug in the *last year*, 73 per cent took cannabis (data not shown).

For adults taking more than one drug in the *last year* (4.0% of all adults), again cannabis was taken by the majority (around nine in ten, 88%). Nevertheless, over half of cannabis users (56%) do not use other drugs. Cocaine powder was the next most commonly-used drug in the *last year* (66%), while 44 per cent took ecstasy and around a quarter (28%) took amphetamines in the *last year*, reflecting their relative prevalence rates. For these types of drugs, unlike cannabis, the majority of users (around 9 in 10) use at least one other drug as well (mainly cannabis or other stimulant drugs) (Figure 5.2 and Tables 5.2 and 5.3).

**Figure 5.2 Proportion of 16 to 59 year old illicit polydrug users<sup>1</sup> reporting type of drugs taken in the last year, 2008/09 BCS**



1. The overall prevalence of illicit polydrug use was 4.0 per cent among adults aged 16 to 59.

### Trends in any illicit drug polydrug use

Between the 2006/07 and 2008/09 BCS, the trend in the proportion of adults who reported polydrug use *ever*, in the *last year* or in the *last month* has not changed (Table 5.1).

## 5.4 EXTENT AND TRENDS IN POLYSTIMULANT USE

### Extent of polystimulant use

Most use of stimulant drugs occurs within social settings, such as pubs and nightclubs, and hence may be particularly likely to result in use of a variety of drugs. Chapter 2 shows that around one in five adults (19.2%) had *ever* taken stimulant drugs, around one in 20 had taken these drugs in the *last year* (4.4%) and 3.1 per cent had done so in the *last month* (Tables 2.1 to 2.3).

According to the 2008/09 BCS, the prevalence rates for any stimulant polydrug use by adults aged 16 to 59 are as follows (Table 5.1).

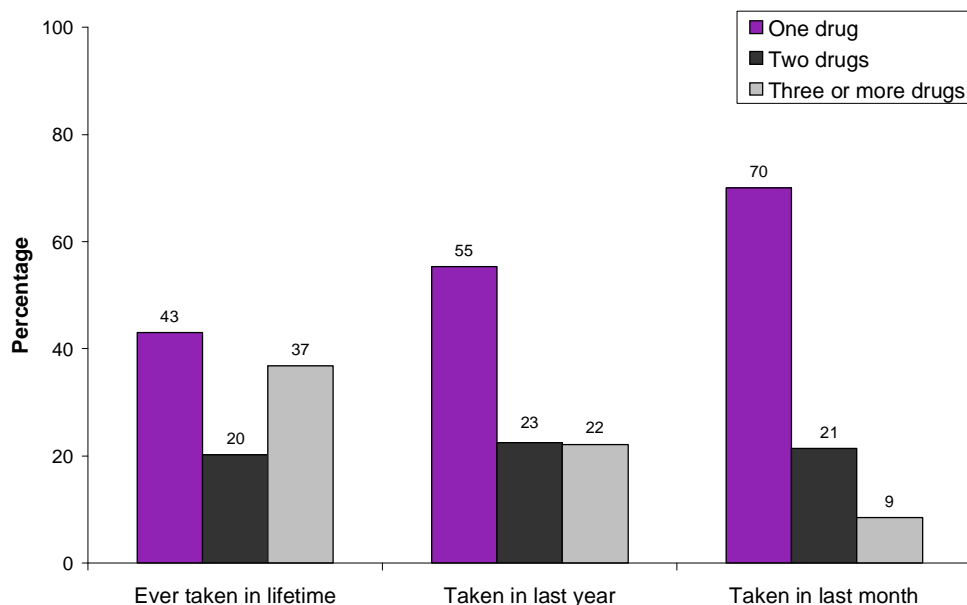
- Around one in ten adults (10.9%) reported *ever* taking more than one stimulant drug.
- Two per cent of adults reported *last year* use of more than one stimulant drug.
- Less than one per cent (0.6%) of adults used more than one stimulant drug in the *last month*.

A similar pattern can be seen among stimulant drug users as for any illicit drug use: of the one in five adults who had *ever* used illicit stimulant drugs, almost three in five (57%) had used more than one type. Within this group, around one in five (20%) had used two drugs and about two in five (37%) had used three or more drugs (Figure 5.3 and Table 5.1).

Looking at more recent drug-taking behaviour, just under half (45%) of those who used any stimulant drug in the *last year* reported using more than one type of stimulant drug, comprising 23 per cent who used two drugs and 22 per cent who used three or more.

Of those adults reporting *last month* use of stimulant drugs, a lower proportion could be considered polystimulant users; three out of ten adults (30%) had taken more than one stimulant drug in the *last month*.

**Figure 5.3 Proportion of 16 to 59 year old stimulant drug users ever, in the last year and in the last month, by number of stimulant drugs 2008/09 BCS**



### Trends in polystimulant use

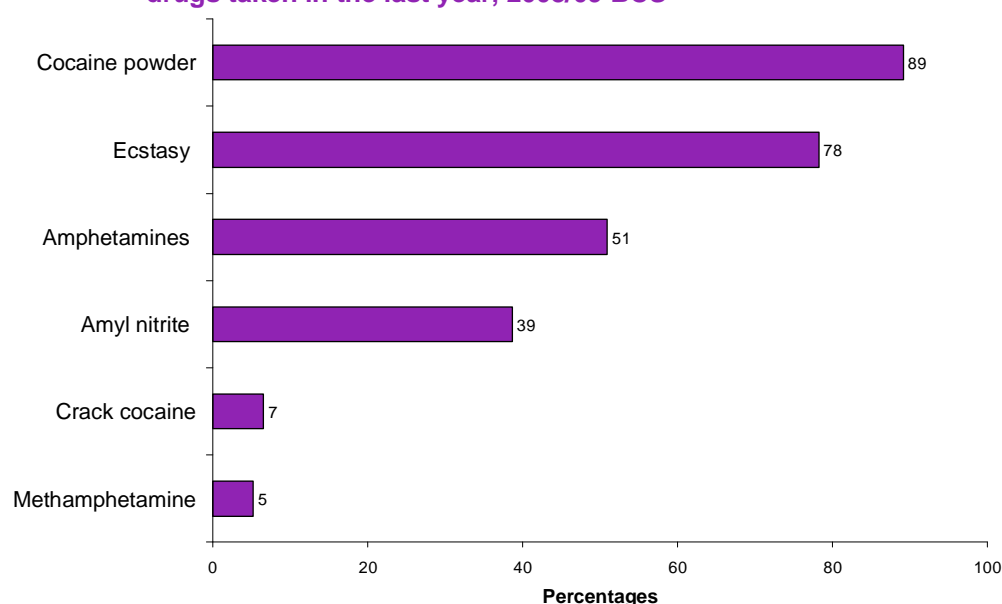
Between the 2006/07 and 2008/09 BCS, the levels of adults who reported polystimulant use *ever*, in the *last year* or in the *last month* has not changed (Table 5.1).

### Type of stimulant drugs taken by polystimulant users

The latest figures from the 2008/09 BCS show that just over half of *last year* stimulant drug users who took one stimulant drug only took cocaine powder (52%) (data not shown).

For *last year* stimulant polydrug users (2.0% of adults overall) cocaine powder was most likely to be taken with nine in ten (89%) reporting use in the *last year*. Around eight in ten (78%) taking ecstasy in the *last year* (Figure 5.4 and Table 5.4).

**Figure 5.4 Proportion of 16 to 59 year old stimulant polydrug users<sup>1</sup> reporting type of drugs taken in the last year, 2008/09 BCS**



1. The overall prevalence of stimulant polydrug use was 2.0 per cent among adults aged 16 to 59.

## 5.5 CONDITIONAL PREVALENCE OF DRUGS TAKEN BY POLYDRUG USERS

Conditional prevalence figures give an indication of the risk of taking other illicit drugs by each type of drug taken. Not unexpectedly, prevalence of individual types of drug use is much higher among users of other types of drugs than among the general population (Table 5.3).

For example, from the 2008/09 BCS, overall prevalence for *last year* cannabis use among adults aged 16 to 59 is around eight per cent, representing 79 per cent of *last year* illicit drug users. Among users of individual types of drugs, prevalence of *last year* cannabis use ranges from 64 per cent (of amyl nitrite users) to 96 per cent (of hallucinogen users).

Conditional prevalence rates also provide information on the reciprocal relationships, for example:

- While 74 per cent of adult cocaine powder users also report taking cannabis in the *last year*, a much lower proportion (28%) of cannabis users also used cocaine powder. In addition, over half of cannabis users (56%) did not report using any other drug.

Polystimulant drug user among stimulant drug users shows (Table 5.3):

- Of *last year* cocaine users: just under a half also took ecstasy (45%), three in ten took amphetamines (29%) and one in five (20%) took amyl nitrite.
- Of *last year* ecstasy users: three-quarters (75%) also took cocaine, two in five (42%) took amphetamines and a third (32%) took amyl nitrites.
- Of *last year* amphetamine users: seven in ten also took cocaine (71%), around three in five took ecstasy (61%) and a third (32%) took amyl nitrite.
- Of *last year* amyl nitrite users: around two in five also took cocaine powder or ecstasy (43% and 40% respectively) and three in ten (27%) took amphetamines.

## 5.6 CHARACTERISTICS ASSOCIATED WITH POLYDRUG USE

The variation in personal, household and area characteristics (for definitions see Smith and Hoare, 2009) relating to polydrug users was investigated with respect to those aged 16 to 59 taking three or more illicit drugs in the *last year* (a more 'extreme' group of polydrug users considering most adults taking two or more drugs will have taken cannabis). Some of the differences, which largely reflect those shown for overall drug use (see Chapter 4) are commented on below (Tables 5.5 and 5.6)<sup>1</sup>.

Age is a notable factor relating to illicit polydrug use; drug users aged between 16 and 34 were most likely to have used three or more illicit drugs in the *last year* compared with the older age groups. In particular, 29 per cent of drug users aged 20 to 24 took three or more illicit drugs compared with 21 per cent of 16 to 19 year olds.

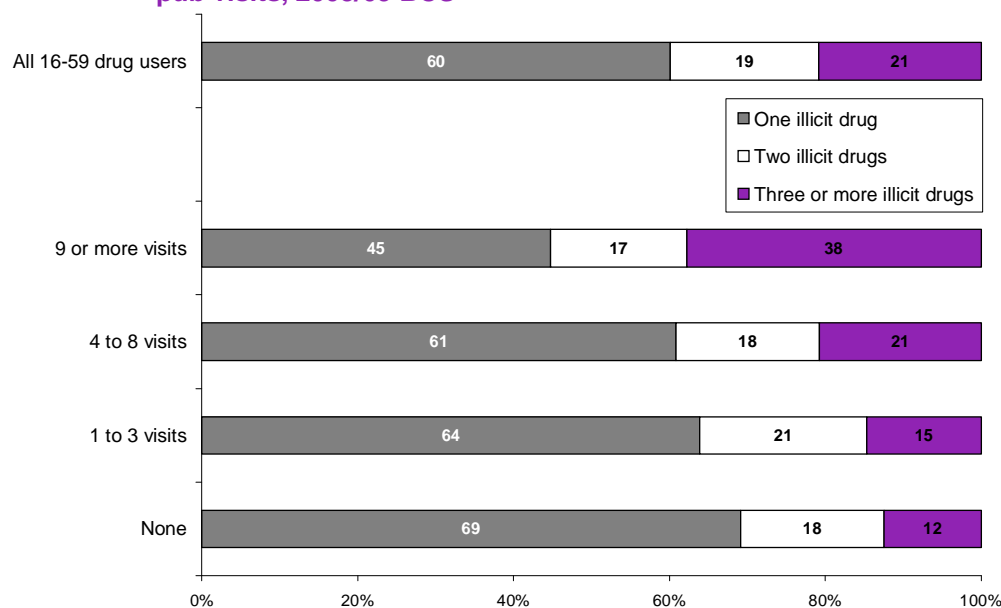
Previously reported figures showed that men are more likely to take any illicit drugs than women (see Chapter 4) and in addition, it can be seen that male drug users were more likely to have taken three or more drugs in the *last year* than female users (22% compared with 18%).

There was little difference between adult drug users who were single or cohabiting in terms of taking three or more illicit drugs in the *last year* (both 23%) and both groups were considerably more likely to do so than those who were married (8%). This finding is likely to reflect factors which are associated with marital status (such as age).

The proportion of adult drug users who took three or more drugs in the *last year* increased with increasing frequency of pub visits in the past month. For example, 38 per cent of drug users who went to a pub nine or more times in the last month took three or more illicit drugs, a proportion around three times greater than those not visiting a pub at all (12%) (Figure 5.5).

Similarly, adult drug users who made four or more visits to a nightclub in the past month (34%) were around twice as likely to have taken three or more illicit drugs, compared with those who did not go at all (16%).

**Figure 5.5 Proportion of 16 to 59 year old drug users in the last year by frequency of pub visits, 2008/09 BCS**



<sup>1</sup> In addition, the profile of drug users aged 16 to 59 is presented by number of drugs taken for those taking any illicit drugs and also those taking stimulant drugs by personal, household and area characteristics in Tables 5.7 and 5.8.

The lower number of polystimulant drug users means that analysis by demographics is less likely to highlight statistically significant differences, but broadly similar patterns could be seen as for overall illicit polydrug use. The notable distinction is that there appears to be little difference between the proportion of male and female polystimulant drug users.

Since factors interact, multivariate analysis<sup>2</sup> was carried out to see which characteristics were independently associated with any illicit polydrug use. This analysis was limited to overall polydrug use, rather than polystimulant use, due to the lower number of *last year* stimulant drug users.

Specifically looking at 16 to 59 year old polydrug users (that is, those who reported taking more than one type of illicit drug in the *last year*), similar factors to those for any illicit drug use had strong independent associations (see Chapter 4), with the notable addition of frequency of club visits (which has the strongest association) (Table 5.9):

- nightclub visits in the last month;
- marital status, in particular, being single;
- pub visits in the last month;
- age (being young);
- being male;
- being a victim of crime in the last 12 months; and
- being in the White ethnic group.

This analysis shows that lifestyle and related personal characteristics (such as visits to nightclubs and pubs as well as marital status and age) remain the strongest characteristics associated with patterns of *last year* illicit polydrug use. Controlling for other factors, the likelihood of taking two or more illicit drugs in the *last year* was most strongly associated with frequency of nightclub visits in the past month. For example, for adults who went to a nightclub four or more times in the past month, the odds of taking two or more illicit drugs in the *last year* were more than twice as high than for those who had not visited a nightclub.

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<sup>2</sup> Analysis carried out was logistic regression, which controls for the effect of one variable on another and thus provides an assessment of which variables retain an independent association (see Smith and Hoare, 2009).

**Table 5.1 Prevalence and trends in the proportion of 16 to 59 year olds reporting use of any drug or any stimulant drug ever, in the last year and last month, by number of drugs, 2006/07 to 2008/09 BCS**

Percentages	BCS								
	2006/07			2007/08			2008/09		
	Ever taken in lifetime	Taken in last year	Taken in last month	Ever taken in lifetime	Taken in last year	Taken in last month	Ever taken in lifetime	Taken in last year	Taken in last month
<b>Two or more illicit drugs <sup>1</sup></b>	19.4	3.7	1.7	19.9	3.5	1.4	20.7	4.0	1.6
<b>Two or more stimulant drugs <sup>2</sup></b>	9.6	1.9	0.7	9.7	1.6	0.5	10.9	2.0	0.6
<i>Unweighted base</i>	<i>29,144</i>	<i>29,144</i>	<i>29,144</i>	<i>28,688</i>	<i>28,688</i>	<i>28,688</i>	<i>28,604</i>	<i>28,604</i>	<i>28,604</i>
<b>Any illicit drug use <sup>1</sup></b>									
One drug	45	62	71	45	63	74	43	60	72
Two drugs	19	16	15	20	18	14	19	19	16
Three or more drugs	36	22	14	36	19	13	38	21	12
<i>Unweighted base - illicit drug users</i>	<i>10,333</i>	<i>2,545</i>	<i>1,489</i>	<i>10,397</i>	<i>2,438</i>	<i>1,379</i>	<i>10,472</i>	<i>2,463</i>	<i>1,421</i>
<b>Any stimulant drug use <sup>2</sup></b>									
One drug	45	51	65	46	60	71	43	55	70
Two drugs	21	26	22	22	22	20	20	23	21
Three or more drugs	34	23	14	32	19	9	37	22	9
<i>Unweighted base - stimulant drug users</i>	<i>5,134</i>	<i>999</i>	<i>493</i>	<i>5,212</i>	<i>962</i>	<i>443</i>	<i>5,359</i>	<i>1,064</i>	<i>495</i>

1. Any illicit drug use includes ketamine since 2006/07 and methamphetamine since 2008/09.

2. Stimulant drugs included are: cocaine powder, crack cocaine, ecstasy, amphetamines and amyl nitrite plus methamphetamine since 2008/09.

**Table 5.2 Proportion of 16 to 59 year olds reporting use of individual drugs in the last year, as a proportion of adults taking more than one type of illicit drug<sup>1</sup>, 2006/07 to 2008/09 BCS**

<b>Percentages</b>	<b>BCS</b>		
	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09</b>
<b>Class A</b>			
Cocaine powder	61	57	66
Crack cocaine	5	4	4
Ecstasy	47	42	44
LSD	7	8	6
Magic mushrooms	17	14	13
Heroin	4	3	2
Methadone	3	4	2
<b>Class A/B</b>			
Amphetamines	33	27	28
Methamphetamine	n/a	n/a	3
<b>Class B</b>			
Cannabis	88	89	88
<b>Class B/C</b>			
Tranquillisers	8	10	13
<b>Class C</b>			
Anabolic steroids	2	1	2
Ketamine	8	10	14
<b>Not Classified</b>			
Amyl Nitrite	29	32	28
Glues	5	2	4
<i>Unweighted base</i> <sup>2</sup>	<i>893</i>	<i>817</i>	<i>913</i>

1. Any drug use includes ketamine since 2006/07 and methamphetamine since 2008/09.



Table 5.3 Proportion of 16 to 59 year old illicit drug users reporting use of other illicit drugs in the last year

2008/09 BCS

Among users of: <sup>1</sup>	Percentage also using:																Percentage not using any other drug: <sup>2</sup>	Unweighted base (users)
	Overall prevalence	Any Cocaine	Cocaine powder	Crack cocaine	Ecstasy	Hallucinogens	Opiates	Any amphetamines	Amphetamines	Methamphetamine	Cannabis	Tranquillisers	Anabolic steroids	Ketamine	Amyl nitrite	Glues		
Any Cocaine	3.0		99	5	45	14	3	29	28	3	74	11	1	17	20	3		716
Cocaine powder	3.0			4	45	14	2	29	28	3	74	11	1	17	20	3	14	709
Crack cocaine	0.1		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47
Ecstasy	1.8	75	75	3		23	1	42	41	3	82	14	2	27	32	5	4	393
Hallucinogens	0.6	68	68	6	66		3	52	51	7	96	31	1	36	36	10		133
Opiates	0.1	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	46
Any amphetamines	1.2	71	71	7	61	26	4		97	8	80	18	2	22	32	6		313
Amphetamines	1.2	70	70	6	62	27	4			5	80	18	2	23	32	6	8	304
Methamphetamine	0.1	-	-	-	-	-	-		-		-	-	-	-	-	-	-	22
Cannabis	7.9	29	28	2	19	8	1	13	12	1		6	1	6	12	2	56	1,902
Tranquillisers	0.7	51	50	9	40	29	7	35	33	7	68		1	22	28	8	22	172
Anabolic steroids	0.1	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-	37
Ketamine	0.6	87	87	4	83	39	1	48	46	2	85	25	2		41	13	4	95
Amyl nitrite	1.4	43	43	2	40	16	1	27	26	2	64	13	2	16		4	25	321
Glues	0.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	28

1. Shaded rows indicate data that are not presented due to low number of users.

2. The conditional prevalence rates of composite drug use measures are not presented.

**Table 5.4 Proportion of 16 to 59 year olds reporting use of individual stimulant drugs ever and in the last year, as a proportion of adults taking more than one type of stimulant drug<sup>1</sup>, 2006/07 to 2008/09 BCS**

<b>Percentages</b>	<b>BCS</b>		
	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09</b>
<b>Class A</b>			
Cocaine powder	87	86	89
Crack cocaine	9	8	7
Ecstasy	78	78	78
<b>Class A/B</b>			
Amphetamines	54	47	51
Methamphetamine	n/a	n/a	5
<b>Not Classified</b>			
Amyl Nitrite	40	44	39
<i>Unweighted base<sup>2</sup></i>	<i>454</i>	<i>380</i>	<i>445</i>

1. Stimulant drugs included are: cocaine powder, crack cocaine, ecstasy, amphetamines and amyl nitrite plus methamphetamine since 2008/09.

Table 5.5 Within personal characteristics, the proportion of 16 to 59 year old drug users in the last year, by number of drugs taken

	Percentages			Unweighted base	2008/09 BCS		
	One illicit drug	Two illicit drugs	Three or more illicit drugs		One stimulant drug <sup>1</sup>	Two or more stimulant drugs <sup>1</sup>	Unweighted base
<b>Age</b>							
16-19	59	20	21	413	56	44	170
20-24	55	17	29	414	50	50	205
25-29	51	26	23	406	51	49	218
30-34	61	17	22	369	58	42	181
35-44	70	18	12	528	66	34	211
45-54	78	14	8	266	69	31	65
55-59	76	19	4	67	-	-	14
<b>Sex</b>							
Men	58	20	22	1,526	55	45	678
Women	65	18	18	937	55	45	386
<b>Ethnic group</b>							
White	59	20	21	2,321	55	45	1,031
Non-White	78	9	12	142	-	-	33
<b>Marital status</b>							
Married	76	16	8	411	74	26	139
Cohabiting	62	15	23	410	53	47	190
Single	56	21	23	1,413	54	46	661
Separated	59	11	30	67	-	-	24
Divorced	61	23	16	148	-	-	45
Widowed	-	-	-	14	-	-	5
<b>Respondent's employment status</b>							
In employment	59	20	21	1,677	57	43	748
Unemployed	59	14	27	219	47	53	102
Economically inactive	63	18	19	562	54	46	213
<b>Respondent's occupation</b>							
Managerial & professional occupations	61	19	20	691	55	45	315
Intermediate occupations	56	24	20	405	60	40	191
Routine & manual occupations	59	18	23	937	55	45	388
Never worked & long-term unemployed	65	17	18	81	-	-	31
Full-time students	62	17	21	346	51	49	138
<b>Highest qualification</b>							
Degree or diploma	61	19	21	767	52	48	344
Apprenticeship or A/AS level	61	18	21	554	59	41	255
O level/GCSE	57	20	22	738	52	48	325
Other	63	27	10	53	-	-	17
No qualifications	63	18	19	350	61	39	123
<b>Long-standing illness or disability</b>							
Long-standing illness or disability	68	14	18	415	54	46	145
<i>Limits activities</i>	67	15	18	295	59	41	102
<i>Does not limit activities</i>	69	11	20	120	-	-	43
No long-standing illness or disability	59	20	21	2,048	55	45	919
<b>Number of visits to pub/wine bar in the evening during last month</b>							
None	69	18	12	611	65	35	193
1 to 3 visits	64	21	15	714	65	35	287
4 to 8 visits	61	18	21	715	59	41	336
9 or more visits	45	17	38	422	37	63	248
<b>Number of visits to club/disco during last month</b>							
None	66	18	16	1,586	64	36	598
1 to 3 visits	58	18	23	592	51	49	295
4 or more visits	42	24	34	285	41	59	171
<b>Perception of people using or dealing drugs</b>							
Very/fairly big problem	59	19	22	926	54	46	426
Not a problem	61	19	21	1,492	55	45	621
<b>All 16-59 drug users</b>	<b>60</b>	<b>19</b>	<b>21</b>	<b>2,463</b>	<b>55</b>	<b>45</b>	<b>1,064</b>

1. Stimulant drugs included are: cocaine powder, crack cocaine, ecstasy, amphetamines, amyl nitrite and methamphetamine.

Table 5.6 Within household and area characteristics, the proportion of 16 to 59 year old drug users in the last year, by number of drugs taken

Percentages	2008/09 BCS						
	One illicit drug	Two illicit drugs	Three or more illicit drugs	Unweighted base	One stimulant drug <sup>1</sup>	Two or more stimulant drugs <sup>1</sup>	Unweighted base
<b>Structure of household</b>							
Single adult & child(ren)	58	22	20	201	45	55	93
Adults & child(ren)	64	18	17	625	62	38	255
No children	59	19	22	1,637	54	46	716
<b>Household income</b>							
Less than £10,000	70	12	18	381	53	47	139
£10,000 less than £20,000	67	15	18	356	56	44	136
£20,000 less than £30,000	58	21	21	332	54	46	152
£30,000 less than £40,000	59	21	21	308	56	44	139
£40,000 less than £50,000	57	20	23	232	64	36	119
£50,000 or more	56	21	23	375	50	50	185
<b>Tenure</b>							
Owner occupiers	64	18	18	1,112	61	39	478
Social renters	62	19	19	547	52	48	217
Private renters	55	20	24	796	50	50	365
<b>Accommodation type</b>							
Houses	60	18	22	1,866	54	46	801
<i>Detached</i>	60	16	24	316	49	51	131
<i>Semi-detached</i>	61	19	20	681	59	41	298
<i>Terraced</i>	60	18	22	869	52	48	372
Flats/maisonettes	61	22	17	520	60	40	231
<b>ACORN category</b>							
Wealthy Achievers	60	18	23	392	54	46	160
Urban Prosperity	55	25	20	358	56	44	177
Comfortably Off	66	16	18	649	62	38	264
Moderate Means	60	18	22	430	51	49	175
Hard Pressed	58	19	23	627	51	49	283
<b>Output area classification</b>							
Blue collar communities	58	16	26	451	48	52	207
City living	53	21	26	218	48	52	108
Countryside	60	15	25	215	50	50	80
Prospering suburbs	61	17	22	322	61	39	141
Constrained by circumstances	61	17	22	298	53	47	127
Typical traits	64	19	18	552	62	38	239
Multicultural	63	22	15	263	62	38	102
<b>Area type</b>							
Urban	60	20	20	2,029	55	45	885
Rural	62	15	23	434	55	45	179
<b>Level of physical disorder</b>							
High	61	14	25	251	53	47	106
Not high	60	19	20	2,146	55	45	930
<b>Living environment deprivation index</b>							
20% most deprived output areas	59	14	27	553	46	54	242
Other output areas	60	21	19	1,335	58	42	570
20% least deprived output areas	60	19	21	378	54	46	164
<b>English region and Wales</b>							
England	60	19	21	2,266	55	45	976
North East	57	13	31	186	50	50	99
North West	58	19	23	317	55	45	128
Yorkshire and the Humber	56	20	24	192	54	46	88
East Midlands	65	13	22	268	50	50	106
West Midlands	55	18	27	194	42	58	88
East of England	68	15	17	305	57	43	113
London	58	27	16	289	62	38	125
South East	64	18	17	242	56	44	100
South West	60	17	23	273	58	42	129
Wales	59	22	19	197	61	39	88
<b>All 16-59 drug users</b>	<b>60</b>	<b>19</b>	<b>21</b>	<b>2,463</b>	<b>55</b>	<b>45</b>	<b>1,064</b>

1. Stimulant drugs included are: cocaine powder, crack cocaine, ecstasy, amphetamines, amyl nitrite and methamphetamine.

Table 5.7 Personal characteristics of 16 to 59 year olds reporting use of drugs in the last year, by number of drugs taken

Percentages	2008/09 BCS					
	One illicit drug	Two illicit drugs	Three or more illicit drugs	One stimulant drug <sup>1</sup>	Two or more stimulant drugs <sup>1</sup>	All adults aged 16-59
<b>Age</b>						
16-24	44	44	56	43	49	21
25-34	27	35	33	36	39	22
35-44	18	14	9	15	10	25
45-54	9	5	3	4	2	22
55-59	2	2	0	1	0	10
All	100	100	100	100	100	100
<b>Sex</b>						
Men	62	68	70	69	68	50
Women	38	32	30	31	32	50
All	100	100	100	100	100	100
<b>Ethnic group</b>						
White	92	97	96	96	96	88
Non-White	8	3	4	4	4	12
All	100	100	100	100	100	100
<b>Marital status</b>						
Married	19	12	6	15	7	48
Cohabiting	18	14	19	17	19	14
Single	58	69	70	65	68	30
Separated	1	1	2	1	2	2
Divorced	3	4	2	2	4	5
Widowed	0	0	0	0	0	1
All	100	100	100	100	100	100
<b>Respondent's employment status</b>						
In employment	68	72	68	75	71	78
Unemployed	9	7	11	7	10	4
Economically inactive	24	22	20	18	19	19
All	100	100	100	100	100	100
<b>Respondent's occupation</b>						
Managerial & professional occupations	27	26	25	29	29	35
Intermediate occupations	14	19	14	18	15	20
Routine & manual occupations	33	33	37	34	35	33
Never worked & long-term unemployed	3	3	3	3	2	2
Full-time students	22	19	21	16	19	10
All	100	100	100	100	100	100
<b>Highest qualification</b>						
Degree or diploma	32	31	31	31	36	38
Apprenticeship or A/AS level	27	25	28	31	26	20
O level/GCSE	27	30	30	26	29	25
Other	2	3	1	2	1	3
No qualifications	12	11	10	10	8	13
All	100	100	100	100	100	100
<b>Long-standing illness or disability</b>						
Long-standing illness or disability	15	9	12	10	11	15
<i>Limits activities</i>	9	7	7	7	6	9
<i>Does not limit activities</i>	5	3	5	4	5	6
No long-standing illness or disability	85	91	88	90	89	85
All	100	100	100	100	100	100
<b>Number of visits to pub/wine bar in the evening during last month</b>						
None	24	21	13	18	12	39
1 to 3 visits	28	30	19	27	18	33
4 to 8 visits	32	31	32	36	32	21
9 or more visits	15	19	37	18	38	8
All	100	100	100	100	100	100
<b>Number of visits to club/disco during last month</b>						
None	62	52	42	55	38	82
1 to 3 visits	27	27	32	28	33	13
4 or more visits	11	20	26	16	29	5
All	100	100	100	100	100	100
<b>Perception of people using or dealing drugs</b>						
Very/fairly big problem	37	38	39	38	39	31
Not a problem	63	62	61	62	61	69
All	100	100	100	100	100	100
<i>Unweighted base</i>	1,544	436	483	619	445	28,604

1. Stimulant drugs included are: cocaine powder, crack cocaine, ecstasy, amphetamines, amyl nitrite and methamphetamine.

2. Unweighted base is given for respondent's age. Other bases will be similar.

**Table 5.8 Household and area characteristics associated with 16 to 59 year olds reporting use of drugs in the last year, by number of drugs taken**

Percentages	2008/09 BCS					
	One illicit drug	Two illicit drugs	Three or more illicit drugs	One stimulant drug <sup>1</sup>	Two or more stimulant drugs <sup>1</sup>	All adults aged 16-59
<b>Structure of household</b>						
Single adult & child(ren)	3	4	4	3	5	8
Adults & child(ren)	28	26	22	27	20	33
No children	68	70	75	70	75	59
All	100	100	100	100	100	100
<b>Household income</b>						
Less than £10,000	17	10	13	11	11	12
£10,000 less than £30,000	30	28	28	27	27	35
£30,000 less than £50,000	28	33	31	35	29	30
£50,000 or more	24	30	29	28	33	22
All	100	100	100	100	100	100
<b>Tenure</b>						
Owner occupiers	46	40	38	47	36	67
Social renters	18	17	15	14	16	15
Private renters	37	43	47	39	47	18
All	100	100	100	100	100	100
<b>Accommodation type</b>						
Houses	79	76	83	78	81	88
<i>Detached</i>	14	12	17	13	16	24
<i>Semi-detached</i>	29	29	27	32	27	32
<i>Terraced</i>	36	34	38	33	38	31
Flats/maisonettes	21	24	17	22	19	12
All	100	100	100	100	100	100
<b>ACORN category</b>						
Wealthy Achievers	16	15	18	15	16	25
Urban Prosperity	19	28	21	24	23	12
Comfortably Off	28	21	21	25	19	28
Moderate Means	16	15	17	15	18	17
Hard Pressed	21	21	24	20	24	19
All	100	100	100	100	100	100
<b>Output area classification</b>						
Blue collar communities	16	14	20	15	20	16
City living	11	15	15	12	17	6
Countryside	8	7	9	7	9	12
Prospering suburbs	15	13	16	17	13	22
Constrained by circumstances	11	10	11	10	11	8
Typical traits	23	23	18	23	17	22
Multicultural	16	19	11	17	13	13
All	100	100	100	100	100	100
<b>Area type</b>						
Urban	86	89	85	86	86	81
Rural	14	11	15	14	14	19
All	100	100	100	100	100	100
<b>Level of physical disorder</b>						
High	10	7	11	9	10	7
Not high	90	93	89	91	90	93
All	100	100	100	100	100	100
<b>Living environment deprivation index</b>						
20% most deprived output areas	21	16	27	18	26	19
Other output areas	61	66	55	64	56	60
20% least deprived output areas	18	18	18	17	18	21
All	100	100	100	100	100	100
<b>English region and Wales</b>						
England	95	94	95	94	96	95
North East	5	4	8	6	7	5
North West	13	13	14	14	14	12
Yorkshire and the Humber	9	10	11	11	11	10
East Midlands	9	5	8	7	8	8
West Midlands	7	8	11	6	11	10
East of England	11	8	8	8	7	10
London	16	24	13	20	15	14
South East	15	13	11	12	12	15
South West	10	9	11	11	10	10
Wales	5	6	5	6	4	5
All	100	100	100	100	100	100
<i>Unweighted base</i>	<i>1,544</i>	<i>436</i>	<i>483</i>	<i>619</i>	<i>445</i>	<i>28,604</i>

1. Stimulant drugs included are: cocaine powder, crack cocaine, ecstasy, amphetamines, amyl nitrite and methamphetamine.

2. Unweighted base is given for rural-urban classification. Other bases sizes will be similar.

Table 5.9 Logistic regression<sup>1</sup> model for illicit polydrug use in the last year

2008/09 BCS

Characteristic		Significance	Odds ratio <sup>2</sup>	Confidence interval	
				Lower	Upper
<b>Frequency of nightclub visits in last month</b>	None	**	0.47	0.38	0.58
	1 to 3 visits	**	0.62	0.51	0.76
	<i>4 or more visits</i>		1.00		
<b>Marital status</b>	Married	**	0.27	0.21	0.34
	Cohabiting	**	0.69	0.57	0.83
	<i>Single</i>		1.00		
	Separated	ns	0.87	0.52	1.45
	Divorced	ns	1.16	0.79	1.72
	Widowed	ns	0.45	0.07	2.72
<b>Frequency of pub visits in last month</b>	None	**	0.33	0.26	0.42
	1 to 3 visits	**	0.42	0.34	0.51
	4 to 8 visits	**	0.57	0.48	0.68
	<i>9 or more visits</i>		1.00		
<b>Age</b>	16-19	ns	0.98	0.80	1.20
	<i>20-24</i>		1.00		
	25-29	**	1.32	1.08	1.61
	30-34	ns	1.00	0.79	1.28
	35-44	**	0.55	0.43	0.71
	45-54	**	0.22	0.15	0.32
	55-59	**	0.15	0.08	0.28
<b>Sex</b>	<i>Male</i>		1.00		
	Female	**	0.49	0.42	0.56
<b>Victim of crime</b>	<i>Victim in previous 12 months</i>		1.00		
	Non-victim in previous 12 months	**	0.57	0.50	0.65
<b>Ethnic group</b>	<i>White</i>		1.00		
	Non-White	**	0.22	0.15	0.31
ACORN category	Wealthy Achievers	**	0.54	0.43	0.68
	<i>Urban Prosperity</i>		1.00		
	Comfortably off	**	0.49	0.40	0.60
	Moderate Means	**	0.60	0.48	0.74
	Hard Pressed	**	0.68	0.55	0.85
Employment status	Employed	**	0.52	0.41	0.67
	<i>Unemployed</i>		1.00		
	Economically inactive	**	0.65	0.50	0.85
Tenure	Owner occupiers	**	0.69	0.60	0.81
	Social renters	ns	1.06	0.85	1.32
	<i>Private renters</i>		1.00		
Household income	<i>Less than £10,000</i>		1.00		
	£10,000 less than £20,000	ns	0.91	0.66	1.24
	£20,000 less than £30,000	ns	1.25	0.92	1.69
	£30,000 less than £40,000	**	1.49	1.09	2.03
	£40,000 less than £50,000	**	1.54	1.11	2.14
	£50,000 or more	**	1.54	1.13	2.08
Highest qualification	Degree or diploma	ns	0.93	0.77	1.11
	<i>Apprenticeship or A/AS level</i>		1.00		
	O level/GCSE	**	1.30	1.09	1.56
	No qualifications	ns	1.22	0.95	1.56
	Other	ns	1.02	0.64	1.61
Perception of people using or dealing drugs	<i>Very/fairly big problem</i>		1.00		
	Not a problem	**	0.80	0.70	0.92
<b>Unweighted base</b>			<b>28,354</b>		
<b>Nagelkerke R square<sup>3</sup></b>			<b>0.26</b>		

1. Forward stepwise logistic regression.

2. Odds ratios of greater than one indicate relatively higher odds compared with the reference category in that variable, when holding all factors constant; less than one indicates relatively lower odds. The baseline odds are the odds ratios for a model with only a constant term.

3. This model explains around 26% of the variation in illicit polydrug taking based only on the factors described in the table. Additional variables which were included in the analysis but which were not shown in the model to be significantly associated are: long-standing illness or disability, household structure, area type, level of physical disorder, and English region or Wales. Variables excluded from the analysis as highly correlated ( $r > 0.40$ ) with other variables of interest: accommodation type and respondent's occupation status.

4. Characteristics highlighted in bold are those that are considered strong predictors (contributing at least 1% improvement in variance explained by the model and accounting for 22% of the variance). Categories in italics are those which are likely to have the highest levels of illicit polydrug use and were used as reference categories.

\*\*\* Indicates that the change is statistically significant at the 5% level; 'ns' indicates that the change is not statistically significant at this level.





# Appendix 1: Technical notes

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## 1. RELIABILITY OF ILLICIT DRUG USE ESTIMATES

The latest British Crime Survey (BCS) figures for drug misuse are based on interviews with adults aged 16 to 59 resident in households in England and Wales conducted between April 2008 and March 2009. The BCS drug misuse estimates are produced from responses to a self-completion module of the survey that is completed at the end of the face-to-face interview.<sup>1</sup>

Collecting information by self-completion increases the reliability of estimates of a sensitive nature, such as illicit drug use. In addition, the survey asks about use of Semeron, a fictional drug, which identifies those who may not be honest about their experiences of using illicit drugs; cases which include Semeron 'use' are excluded from any analysis.

In the 2008/09 BCS there was a nationally representative achieved sample of 46,220 adults based on a response rate of 76 per cent (this excludes the young adult boost). Of those adults who completed the main survey, 30,200 were aged between 16 and 59 years old and therefore eligible to respond to the self-completion section. 24,999 adults agreed to take part in the self-completion module, 1,574 adults refused, and 3,627 agreed that the interviewer would respond to the section on their behalf, resulting in 28,626 adults providing responses to the drug misuse questions. Of those, 22 respondents reported taking the fictional drug 'Semeron' (and hence were excluded from analyses) leaving an achieved sample of 28,604 respondents, and a 95 per cent response rate to the self-completion section.

Analysis of illicit drug use among young people is based on 16 to 24 year olds from both the core and the young adult boost samples<sup>2</sup>. Of all the young people who completed the main survey, 5,700 were 16 to 24 years old. 5,247 young people agreed to take part in the self-completion module, 177 refused, and 276 agreed that the interviewer would respond to the section on their behalf, resulting in 5,523 young people providing responses to the drug misuse questions. Of those, six respondents reported taking the fictional drug 'Semeron', leaving an achieved sample of 5,517 respondents, and a 97 per cent response rate to the self-completion section.

The BCS provides estimates of the prevalence of use of an illicit drug *ever* (that is, at least once in a lifetime), at least once in the *last year* (that is, the year prior to interview) and at least once in the *last month* (that is, the month prior to interview). 'Use of a drug *ever*' indicates the percentage of people who have taken one or more drugs in their lifetime; however, it says little about the patterns of current drug use. Some respondents will have taken these drugs ten or 20 years ago, others in the last month. 'Use in the *last month*' is a good indicator of very recent drug use but it is more subject to variation due to the small number of *last month* users. For these reasons, 'use of drugs in the *last year*' is deemed to be the best indicator available to measure trends of recent drug use.

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<sup>1</sup> For further information about the BCS see Smith and Hoare (2009).

<sup>2</sup> Since 2001 the BCS has included a boost of approximately 2,000 interviews with 16 to 24 year olds identified through screening at the core sample address. The young adult questionnaire covers fewer topics than those asked in the main questionnaire but does include the self-completion module.

## 2. INTERPRETING YEAR-ON-YEAR CHANGES

Year-on-year prevalence changes are presented using the 'last year' drug use measure (the best available measure of recent drug use) but these need to be interpreted with care and a consideration of the following issues:

- Large sample sizes increase the reliability of estimates for rare acts such as consumption of Class A drugs; however, the range of variability will still be quite large for very rare acts, such as heroin use, hence figures will be liable to fluctuation from year to year.
- Comparisons have been made with 1996 figures (the start of the BCS self-report drug use collection) to provide trends, but attention should also be paid to year-on-year changes in the intervening period in order to fully appreciate the patterns of drug use over time.

### Confidence intervals and statistical significance

BCS estimates are based on a representative sample of the population aged 16 or over. Any sample survey may produce estimates that differ from the figures that would have been obtained if the whole population had been interviewed. The size of this difference depends on the sample size, the size and variability of the estimate, and the design of the survey.

It is, however, possible to calculate the range of values between which population figures are estimated to lie (confidence interval). At the 95 per cent confidence level, when assessing the results of a single survey it is assumed that there is a one in 20 chance that the true population will fall outside the 95 per cent confidence interval calculated for the estimate.

Because of this variation, changes in estimates between survey years may occur by chance. In other words, the difference may be simply due to which adults were randomly selected for interview. We are able to measure whether this is likely to be the case using standard statistical tests and conclude whether differences are likely to be due to chance or represent a real difference. Only increases or decreases that are statistically significant at the five per cent level (and therefore likely to be real) are described as changes within this bulletin and these are identified by asterisks in the tables.

## 3. COMPOSITE DRUG USE MEASURES

There are several drug use variables reported in this publication which amalgamate use of individual drugs. These composite variables and the individual drug use variables that they include are outlined below (Table A1).

**Table A1 Composite drug variables, 2008/09 BCS**

<b>Composite variable</b>	<b>Individual drug use variables included</b>
<b>Any cocaine</b>	Cocaine powder, Crack cocaine
<b>Hallucinogens</b>	LSD, Magic mushrooms
<b>Opiates</b>	Heroin, Methadone
<b>Any amphetamine</b>	Amphetamine, Methamphetamine
<b>Any Class A drug</b>	Cocaine powder, Crack cocaine, Ecstasy, Heroin, LSD, Magic mushrooms, Methadone, Methamphetamine
<b>Any stimulant drug</b>	Cocaine powder, Crack cocaine, Ecstasy, Amphetamine, Amyl nitrite, Methamphetamine
<b>Any drug</b>	Amphetamines, Amyl nitrite, Anabolic steroids, Cannabis, Cocaine powder, Crack cocaine, Ecstasy, Glues, Heroin, Ketamine, LSD, Magic mushrooms, Methadone, Methamphetamine, Tranquillisers, unknown pills or powders, something unknown smoked, any other drug

Individual types of drugs which are specifically asked about in the BCS are presented in all tables in the substantive part of the report. In addition to these named drugs, respondents are also asked whether they have taken something else in the same time period, that is: pills or

powders (not prescribed by a doctor) when you didn't know what they were; smoked something (excluding tobacco) when you didn't know what it was; and, taken anything else that you knew or thought was a drug (not prescribed by a doctor).

Drugs are mainly presented in this report by classification under the Misuse of Drugs Act; however, developing a new composite group ('Any stimulant drug') that includes drugs across the legal classification provides an additional useful measure. These types of drugs are used for their stimulant properties and are more likely to be used interchangeably by the same people at similar times and in similar settings. Amphetamines and all forms of cocaine are well known for their stimulant properties, ecstasy is used by clubbers, and amyl nitrite ('poppers') deliver a short, sharp high, again often used in clubs.

Note that interpretation of the composite category trends should be made with caution. Taking Class A drug use as an example, of the people who took Class A drugs in the *last year* there will be many cases of polydrug use. Some people may have taken all of the Class A drugs, others a combination and some just one. Therefore if there is an increase in the use of cocaine powder, for instance, there may not necessarily be an increase in the use of Class A drugs. The increase in the use of cocaine powder could just be users switching from one drug to another. It is only when there is a significant increase in 'new' Class A drug users that a change in use of Class A drugs overall will occur.

#### 4. REVISIONS TO DRUG USE ESTIMATES BASED ON REWEIGHTED POPULATION FIGURES

The BCS uses Labour Force Survey (LFS) population estimates for calibration weighting, to make adjustments for known age, sex and regional differentials in response rates (see Smith and Hoare, 2009). Latest and back series of LFS microdata were published in May 2008 reweighted to the latest (2007) population estimates<sup>3</sup>. Previously they had been based on population totals published in 2003. The LFS population estimates used in calibration weighting are linked to the dates of the BCS reference period (the year prior to interview), so this bulletin is the first where the reweighted figures are required for drug misuse estimates.

To allow direct comparison with the 2008/09 BCS drug misuse figures, estimates from the 2007/08 BCS have also been revised using the reweighted LFS microdata and will vary slightly from previously published estimates. However, the effect is minimal and 2007/08 estimates presented in this bulletin remain within the confidence intervals of the original drug misuse estimates (see Table A2) with no change to the overall picture.

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<sup>3</sup> See <http://www.statistics.gov.uk/CCI/nugget.asp?ID=342> for more details.

**Table A2** Previously published and revised *last year* drug misuse estimates for 16 to 59 year olds with confidence intervals, 2007/08 BCS

	BCS			
	2007/08 estimates using 2003-based LFS estimates		2007/08 estimates using 2007-based LFS estimates	
	Original estimate	Original range	Revised estimate	Revised range
<b>Class A</b>				
Any cocaine	2.3	2.1 - 2.5	2.4	2.2 - 2.6
Cocaine powder	2.3	2.1 - 2.5	2.4	2.1 - 2.6
Crack cocaine	0.1	0.1 - 0.2	0.1	0.1 - 0.2
Ecstasy	1.5	1.3 - 1.6	1.5	1.3 - 1.7
Hallucinogens	0.6	0.5 - 0.7	0.6	0.5 - 0.7
LSD	0.3	0.2 - 0.3	0.3	0.2 - 0.4
Magic mushrooms	0.5	0.4 - 0.6	0.5	0.4 - 0.6
Opiates	0.2	0.1 - 0.2	0.2	0.1 - 0.2
Heroin	0.1	0.1 - 0.2	0.1	0.1 - 0.2
Methadone	0.1	0.1 - 0.2	0.1	0.1 - 0.2
<b>Class A/B</b>				
Amphetamines	1.0	0.9 - 1.2	1.0	0.9 - 1.2
<b>Class B</b>				
Cannabis	7.4	7.1 - 7.8	7.6	7.2 - 8.0
<b>Class B/C</b>				
Tranquillisers	0.5	0.4 - 0.6	0.5	0.4 - 0.6
<b>Class C</b>				
Anabolic steroids	0.1	0.0 - 0.1	0.1	0.0 - 0.1
Ketamine	0.4	0.3 - 0.4	0.4	0.3 - 0.4
<b>Not Classified</b>				
Amyl Nitrite	1.5	1.3 - 1.6	1.5	1.3 - 1.7
Glues	0.1	0.1 - 0.1	0.1	0.1 - 0.1
<b>Any Class A drug</b>	<b>3.0</b>	<b>2.7 - 3.2</b>	<b>3.0</b>	<b>2.8 - 3.3</b>
<b>Any drug</b>	<b>9.3</b>	<b>8.9 - 9.7</b>	<b>9.6</b>	<b>9.1 - 10.0</b>

## Appendix 2: Bibliography

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Copies of recent Home Office publications based on the British Crime Survey, including the Drug Misuse Declared series, can be downloaded from:

<http://www.homeoffice.gov.uk/rds/bcs1.html>

## **RESEARCH DEVELOPMENT AND STATISTICS (RDS)**

### **MISSION STATEMENT**

RDS staff are part of the Home Office. They work closely with front-line staff and policy makers. The HO Chief Scientific Advisor, who is also Director of RDS, oversees professional development for RDS teams, quality assurance and strategic R & D issues.

The Home Office's purpose is to work together to protect the public. This is the guiding principle for Home Office policies to counter terrorism, cut crime, provide effective policing, secure our borders and protect personal identity.

Part of the remit of RDS staff is to provide Home Office National Statistics. These statistics inform Parliament and members of the public about the state of the nation and provide a window on the work and performance of government, allowing the impact of government policies and actions to be assessed.

Therefore -

Research Development and Statistics in the Home Office improves policy making, decision taking and practice in support of the Home Office purpose and aims, to provide the public and Parliament with information necessary for informed debate and to publish information for future use.