



Home Office

# Home Office Statistical Bulletin



The Research, Development and Statistics Directorate exists to improve 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.

Statistical Bulletins are prepared by staff in Home Office Statistics under the National Statistics Code of Practice and can be downloaded from both the UK Statistics Authority website and the Home Office Research, Development and Statistics website:

[www.statistics.gov.uk](http://www.statistics.gov.uk)  
[www.homeoffice.gov.uk/rds](http://www.homeoffice.gov.uk/rds)

## **Drug Misuse Declared: Findings from the 2009/10 British Crime Survey**

**England and Wales**

**Jacqueline Hoare and Debbie Moon (Editor)**

© Crown Copyright 2010  
**ISSN 1358-510X**

**July 2010**

**13/10**



# **Drug Misuse Declared: Findings from the 2009/10 British Crime Survey**

**England and Wales**

**Jacqueline Hoare and Debbie Moon (Editor)**

**ISSN 1358-510X**

**ISBN 978 1 84987 236 2**

**July 2010**

## Acknowledgements

---

This bulletin has been prepared by staff in the Home Office Statistics Unit of the Science and Research Group, with support from other members of the Crime Surveys Programme and Policing Statistics Team, in particular:

Simon Eder, Bryony Green, Philip Hall, Bryce Millard, Rachel Murphy, Sarah Osborne, Jenny Parfremment-Hopkins and David Wall.

Special thanks are due to Jabeen Paracha who coordinated the production of the volume and to those colleagues who commented on a draft report during quality assurance of this volume:

Maryam Ahmad, Alan Lodwick, Anna Richardson and Nicola Singleton.

Thanks are also due to John Flatley, Crime Surveys Programme Director, David Blunt, the Home Office Chief Statistician and Head of Profession for Statistics, and Bernard Silverman, the Chief Scientific Adviser, for their support and guidance during the preparation of this report.

Finally, we are grateful for the work of colleagues in the Communications Development Section.

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

## Further information

---

The dates of forthcoming publications are pre-announced and can be found via the UK National Statistics Publication Hub: <http://www.statistics.gov.uk/hub/index.html>

Copies of this and other British Crime Survey statistical bulletins are available from the Research Development Statistics internet site:  
<http://www.homeoffice.gov.uk/rds/bcs-publications.html>

For further information about the British Crime Survey, please email [crimestats.rds@homeoffice.gsi.gov.uk](mailto:crimestats.rds@homeoffice.gsi.gov.uk) or write to:

Home Office Statistics, 5<sup>th</sup> Floor, Peel Building, 2 Marsham Street, London, SW1P 4DF

### **Home Office Responsible Statistician**

David Blunt, Chief Statistician and Head of Profession for Statistics

Contact via [crimestats.rds@homeoffice.gsi.gov.uk](mailto:crimestats.rds@homeoffice.gsi.gov.uk)

<p>This statistical bulletin is a National Statistics output produced to the highest professional standards and free from political interference. It has been produced by statisticians working in the Home Office Statistics Unit. The governance arrangements in the Home Office for statistics were strengthened on 1 April 2008 to place the statistical teams under the direct line management of a Chief Statistician, who reports to the National Statistician with respect to all professional statistical matters.</p>
---

# Contents

---

Page

## Contents

### List of figures and tables

<b>Chapter 1</b>	<b>Introduction .....</b>	<b>1</b>
	<i>Jacqueline Hoare</i>	
	1.1 The BCS as a survey of drug use .....	1
	1.2 Classification of drugs.....	3
<b>Chapter 2</b>	<b>Extent and trends in illicit drug use .....</b>	<b>5</b>
	<i>Jacqueline Hoare</i>	
	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 Extent and trends in illicit drug use among 16 to 24 year olds .....	11
	2.6 Frequent drug use in the <i>last year</i> .....	14
	2.7 Age of onset of illicit drug use.....	15
<b>Chapter 3</b>	<b>Extent and trends in drug use by personal, household and lifestyle factors .....</b>	<b>29</b>
	<i>Andrew Britton</i>	
	3.1 Summary.....	29
	3.2 Introduction .....	30
	3.3 Extent and trends in illicit drug use by age group.....	30
	3.4 Extent and trends in illicit drug use by sex.....	32
	3.5 Extent and trends in illicit drug use by other personal, household and area characteristics and lifestyle factors.....	33

<b>Chapter 4</b>	<b>Polydrug and polysubstance use</b> .....	<b>51</b>
	<i>Jacqueline Hoare and Andrew Britton</i>	
	4.1 Summary .....	51
	4.2 Introduction .....	52
	4.3 Extent and trends in any polydrug use .....	53
	4.4 Extent of polysubstance use .....	54
	4.5 Likelihood of substance use among users of other substances .....	55
	4.6 Characteristics associated with polydrug or polysubstance use .....	56
<b>Chapter 5</b>	<b>New BCS measures of drug use</b> .....	<b>65</b>
	<i>Jacqueline Hoare</i>	
	5.1 Summary .....	65
	5.2 Introduction .....	66
	5.3 Extent of cannabis and ‘skunk’ use .....	67
	5.4 Extent of khat use and use of recently classified drugs.....	69
<b>Appendix 1</b>	<b>Technical notes</b> .....	<b>73</b>
<b>Appendix 2</b>	<b>Bibliography</b> .....	<b>75</b>
<b>Annex 1</b>	<b>Nationally representative estimates of illicit drug use by ethnicity, 2006/07–2008/09 BCS</b> .....	<b>77</b>
	<i>Jacqueline Hoare</i>	
	1 Introduction .....	77
	2 Findings.....	78
	3 Bibliography .....	82
<b>Annex 2</b>	<b>Nationally representative estimates of illicit drug use by self-reported sexual orientation, 2007/08 and 2008/09 BCS</b> .....	<b>93</b>
	<i>Jacqueline Hoare</i>	
	1 Introduction .....	93
	2 Findings.....	93

# List of figures and tables

---

## Chapter 1 Introduction

Table 1a Drugs included in the BCS and their classification under the Misuse of Drugs Act (as at time of publication)

Table 1b Composite drug variables, 2009/10 BCS

## Chapter 2 Extent and trends in illicit drug use

Figure 2.1 Proportion and numbers of 16 to 59 year olds reporting use of any drug or any Class A drug *ever*, in the *last year* and *last month*, 2009/10 BCS

Figure 2.2 Proportion of 16 to 59 year olds reporting use of the most prevalent drugs in the *last year*, 2009/10 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 2009/10 BCS

Figure 2.4 Proportion of 16 to 59 year olds reporting use of Class A drug groups in the *last year*, 1996 to 2009/10 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 2009/10 BCS

Figure 2.6 Proportion and number of 16 to 24 year olds reporting use of any drug or any Class A drug *ever*, in the *last year* and *last month*, 2009/10 BCS

Figure 2.7 Proportion and number of 16 to 24 year olds reporting use of the most prevalent drugs in the *last year*, 2009/10 BCS

Figure 2.8 Proportion of 16 to 24 year olds classified as frequent drug users, 2002/03 to 2009/10 BCS

Figure 2.9 The most common age at which *ever* in lifetime users of the most prevalent drugs reported first use, by age, 2009/10 BCS

Table 2.1 Proportion of 16 to 59 year olds reporting use of drugs *ever* in their lifetime, 1996 to 2009/10 BCS

Table 2.2 Proportion of 16 to 59 year olds reporting use of drugs in the *last year*, 1996 to 2009/10 BCS

Table 2.3 Proportion of 16 to 59 year olds reporting use of drugs in the *last month*, 1996 to 2009/10 BCS

Table 2.4 Estimates of numbers of illicit drug users, 16 to 59 year olds

Table 2.5 Proportion of any individual drug use or frequent drug use in the *last year* among 16 to 59 year old drug users

Table 2.6 Proportion of 16 to 24 year olds reporting use of drugs *ever* in their lifetime, 1996 to 2009/10 BCS

Table 2.7 Proportion of 16 to 24 year olds reporting use of drugs in the *last year*, 1996 to 2009/10 BCS

Table 2.8 Proportion of 16 to 24 year olds reporting use of drugs in the *last month*, 1996 to 2009/10 BCS

Table 2.9 Estimates of numbers of illicit drug users, 16 to 24 year olds

Table 2.10 Proportion of any individual drug use or frequent drug use in the *last year* among 16 to 24 year old drug users

Table 2.11 Most common (mode) and average (mean) age when 16 to 59 year olds who had *ever* reported taking cannabis, powder cocaine or ecstasy, reported first taking each type of drug, by personal characteristics

### Chapter 3 **Extent and trends in drug use by personal, household and lifestyle factors**

Figure 3.1 Proportion of 16 to 59 year olds reporting use of any drug or any Class A drug in the *last year* by age group, 2009/10 BCS

Figure 3.2 Proportion of 16 to 59 year olds reporting use of any drug in the *last year* by age group, 1996 to 2009/10 BCS

Figure 3.3 Proportion of adults reporting use of individual drugs in the last year by sex, 2009/10 BCS

Figure 3.4 Proportion of adults reporting use of any drug or any Class A drug in the *last year* by frequency of alcohol consumption in the past month, 2009/10 BCS

Figure 3.5 Proportion of adults reporting use of any drug or any Class A drug in the *last year* by ACORN type, 2009/10 BCS

Figure 3.6 Proportion of adults reporting use of individual drugs in the *last year* by frequency of nightclub visits in the past month, 2009/10 BCS

Table 3.1 Proportion of 16 to 59 year olds reporting use of illicit drugs in the *last year*, by personal characteristics

Table 3.2 Proportion of 16 to 59 year olds reporting use of illicit drugs in the *last year*, by household and area characteristics

Table 3.3 Proportion of 16 to 59 year olds reporting use of illicit drugs in the *last year* by age group, 1996 to 2009/10 BCS

Table 3.4 Proportion of 16 to 59 year olds reporting use of illicit drugs in the *last year* by sex, 1996 to 2009/10 BCS

Table 3.5 Proportion of 16 to 59 year olds reporting use of illicit drugs in the *last year* by marital status, 1996 to 2009/10 BCS

Table 3.6 Proportion of 16 to 59 year olds reporting use of illicit drugs in the *last year* by frequency of pub visits in the past month, 1998 to 2009/10 BCS

Table 3.7 Proportion of 16 to 59 year olds reporting use of illicit drugs in the *last year* by frequency of nightclub visits in the past month, 1998 to 2009/10 BCS

Table 3.8 Proportion of 16 to 59 year olds reporting use of illicit drugs in the *last year* by household income, 1998 to 2009/10 BCS

- Table 3.9 Proportion of 16 to 59 year olds reporting use of illicit drugs in the last year by ACORN classification, 2001/02 to 2009/10 BCS
- Table 3.10 Proportion of 16 to 59 year olds reporting use of illicit drugs in the last year by English region and Wales, 1996 to 2009/10 BCS
- Table 3.11 Explanatory factors associated with any illicit drug use in the *last year* among adults aged 16 to 59, using logistic regression

#### Chapter 4 Polydrug and polysubstance use among the general population

- Figure 4.1 Proportion of 16 to 59 year old drug users by number of drugs taken, 2009/10 BCS
- Figure 4.2 Proportion of 16 to 59 year old illicit polydrug users reporting type of drugs taken in the *last year*, 2009/10 BCS
- Figure 4.3 Proportion of 16 to 59 year old polysubstance users reporting type of substance taken in the *last year*, 2009/10 BCS
- Table 4.1 Prevalence and trends in the proportion of 16 to 59 year olds reporting use of any drug *ever*, in the *last year* and *last month*, by number of drugs or substances taken
- Table 4.2 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
- Table 4.3 Proportion of 16 to 59 year old illicit drug or alcohol users reporting use of other illicit drugs or alcohol in the *last year*
- Table 4.4 Proportion of frequent drug use in the *last year* among 16 to 59 year old drug users, by number of drugs taken
- Table 4.5 Proportion of 16 to 59 year olds reporting use of individual drugs or alcohol in the *last year*, as a proportion of adults taking more than one type of substance
- Table 4.6 Explanatory factors associated with polydrug use in the *last year* among adults aged 16 to 59, using logistic regression
- Table 4.7 Explanatory factors associated with polysubstance use in the *last year* among adults aged 16 to 59, using logistic regression

#### Chapter 5 New BCS measures of drug use

- Figure 5.1 Proportion of 16 to 59 year olds reporting use of cannabis and 'skunk' *ever*, in the *last year* and *last month*, 2009/10 BCS
- Figure 5.2 Proportion of 16 to 59 year olds reporting use of cannabis and 'skunk' in the *last year*, by age, 2009/10 BCS
- Table 5.1 Proportion of 16 to 59 year olds and 16 to 24 year olds reporting use of cannabis or 'skunk' *ever*, in the *last year* and in the *last month*
- Table 5.2 Types of cannabis used by 16 to 59 year old cannabis users *ever*, in the *last year* and in the *last month*

- Table 5.3 Types of cannabis used by 16 to 59 year old *last year* cannabis users, by number of types
- Table 5.4 Proportion of 16 to 59 year old cannabis users reporting use of 'skunk' in the *last year* by number and types of cannabis taken
- Table 5.5 Proportion of 16 to 59 year olds and 16 to 24 year olds reporting *last year* use of khat and recently classified drugs

### Appendix 1 Technical notes

- Table A1 Confidence intervals around the proportion of 16 to 59 year olds who took an illicit drug in the *last year*

### Annex 1 Nationally representative estimates of illicit drug use by ethnicity, 2006/07–2008/09 BCS

- Table A1.1 Proportion of 16 to 59 year olds reporting use of drugs in the *last year*, by ethnicity, 2006/07–2008/09 combined dataset
- Table A1.2 Age breakdown of 16 to 59 year olds by ethnicity
- Table A1.3 Proportion of 16 to 59 year olds reporting use of drugs in the *last year*, by ethnicity and sex
- Table A1.4 Proportion of 16 to 59 year olds reporting use of drugs in the *last year*, by ethnicity, 2003/04–2005/06 combined dataset
- Table A1.5 Proportion of 16 to 59 year olds reporting use of drugs in the *last year*, by ethnicity and country of birth
- Table A1.6 Proportion of 16 to 59 year olds reporting use of drugs *ever* in their lifetime, by ethnicity
- Table A1.7 Proportion of 16 to 59 year olds reporting use of drugs *ever* in their lifetime, by ethnicity and sex

Annex Table 1.1 Proportion of the 16 to 59 year old population within each ethnic group

Annex Table 1.2 Age-standardised proportion of 16 to 59 year olds reporting use of drugs in the *last year*, by ethnicity

### Annex 2 Nationally representative estimates of illicit drug use by self-reported sexual orientation, 2007/08 and 2008/09 BCS

- Table A2.1 Proportion of 16 to 59 year olds reporting use of drugs in the *last year*, by self-reported sexual orientation
- Table A2.2 Age breakdown of 16 to 59 year olds by self-reported sexual orientation
- Annex Table 2.1 Age-standardised proportion of 16 to 59 year olds reporting use of drugs in the *last year*, by self-reported sexual orientation

# 1 Introduction

---

*Jacqueline Hoare*

This annual statistical bulletin examines the extent and trends in illicit drug use among a nationally representative sample of 16 to 59 year olds (including a breakdown for young people aged 16 to 24) resident in households in England and Wales. The bulletin is based on results from the 2009/10 British Crime Survey (BCS); including comparisons with 2008/09 and trends since 1996.

This bulletin updates previously published findings on the characteristics and lifestyle factors associated with adults who have taken any illicit drugs, as well as presenting trends in drug use by key demographic factors since 1996. Updates of the extent and trends in polydrug<sup>1</sup> use are also published here, as are preliminary findings from new BCS measures of drug use.

## 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 generally complete the drugs module on the interviewer's laptop by themselves (CASI, computer-assisted self-interviewing) and, when complete, their answers are encrypted and cannot be retrieved by the interviewer. The use of self-completion 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 largely an economy measure, reflecting their very low prevalence rates for the use of illicit drugs).

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* (the month prior to interview). Use of drugs in the *last year* is deemed to be the best indicator to measure trends in recent drug use.

BCS estimates are based on a sample of the population which is considered large for a government survey and published figures and comparisons are considered to be robust (see Appendix 1 for more details). The survey has a high response rate: 76 per cent to the main survey and 93 per cent of those who were eligible for the self-completion module. Data are weighted to ensure figures are as representative of the population under study as possible ([see Section 8.2 of the User Guide to Home Office Crime Statistics](#)).

The figures in this report are based on interviews conducted between April 2009 and March 2010. The reference period for *last year* drug use (where respondents are asked about their drug use in the 12 months prior to interview) will range from April 2008 for the earliest interviews to March 2010 for the latest interviews.

As a validity check, the survey asks about use of a fictional drug (Semeron) which identifies those who may not be honest about their experiences of using illicit drugs; and the small number of respondents (16) who reported use of it were excluded from analyses.

The BCS is able to provide trends over time as the survey has included a comparable self-report module of questions on illicit drug use since 1996. Unless otherwise specified, in this bulletin any changes over time in BCS estimates that are described as differences are statistically significant ([see Section 8.1 of the User Guide](#)).

---

<sup>1</sup> Polydrug use constitutes two or more illicit drugs being taken in the *last year*.

Development of the questionnaire takes place on an annual basis and aims to reflect emerging issues. For example, questions about 'skunk' and the age at which cannabis, powder cocaine and ecstasy were *first* taken were added to the 2009/10 questionnaire and are reported on here. Changes made to the 2010/11 BCS include asking respondents about their perception of the availability and acceptability of taking specific illicit drugs; the age at which they *last* took cannabis, powder cocaine or ecstasy; and which drugs were taken together, the last time any drugs were taken. Findings from these new questions will be published in 2011.

### 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. 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>2</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.

Issues exist around willingness to report illicit drug use, even in a confidential manner. An unknown proportion of respondents may not report their behaviour honestly; hence estimates of prevalence in this bulletin may be considered lower estimates of the true level of illicit drug use within the general population, even for more commonly-used drugs.

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 or response to the survey, it is a consistent instrument deployed in the same manner for each round of the survey. Hence even if drug use estimates are lower than the true value, comparisons over time remain valid, assuming that unwillingness to report has remained at a similar level over time.

BCS data are a good and robust way to measure general population prevalence, but necessarily sit alongside other data sources in providing a comprehensive understanding of illicit drug use in England and Wales. By their very nature, self-report estimates of drug use within a general population sample survey are a measurement of what respondents intended, or believed, they have taken. In reality, particularly with changes in purity of drugs such as powder cocaine, those who have taken illicit drugs will not always be sure about what they have taken.

Although illicit drug use estimates from the BCS are based on a large sample survey, the relatively small number of *last year* users within the general population may limit analysis of users of individual types of drugs; caveats are provided where appropriate.

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).<sup>3</sup> The BCS child survey includes only a few questions on use of drugs<sup>4</sup> as there is already 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 Smoking, Drinking and Drug Use Survey among young people in England. Latest figures for 2009 are published simultaneously with this bulletin to provide an overall picture of drug use (see Fuller and Sanchez, 2010).

---

<sup>2</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).

<sup>3</sup> First results relating to victimisation among 10 to 15 year olds were published in June 2010.

<sup>4</sup> Cannabis use questions were included as analytical variables to contribute to the understanding of the links between risky behaviour and criminal victimisation among children, rather than as drug use prevalence measures.

## 1.2 CLASSIFICATION OF DRUGS

The Misuse of Drugs Act 1971 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. For more information relating to the measurement of these drugs [see Section 9.5 of the User Guide](#).

Drugs which have been recently classified under the Act, such as Spice and other cannabinoids, are not included in Table 1a because they are not presented within the overall extent of BCS drug misuse in this bulletin, but separately as preliminary findings.

**Table 1a Drugs included in the BCS and their classification under the Misuse of Drugs Act (as at time of publication)**

<b>Classification</b>	<b>Drug</b>
<b>Class A</b>	Powder cocaine 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)

Within this publication composite variables which amalgamate use of individual drugs are presented; the individual drug use variables included in the composite variables are outlined below (Table 1b).

**Table 1b Composite drug variables, 2009/10 BCS**

<b>Composite variable</b>	<b>Individual drug use variables included</b>
<b>Any cocaine</b>	Powder cocaine, 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>	Powder cocaine, Crack cocaine, Ecstasy, Heroin, LSD, Magic mushrooms, Methadone, Methamphetamine
<b>Any stimulant drug</b>	Powder cocaine, Crack cocaine, Ecstasy, Amphetamine, Amyl nitrite, Methamphetamine
<b>Any drug</b>	Amphetamines, Amyl nitrite, Anabolic steroids, Cannabis, Powder cocaine, Crack cocaine, Ecstasy, Glues, Heroin, Ketamine, LSD, Magic mushrooms, Methadone, Methamphetamine, Tranquillisers, unknown pills or powders, something unknown smoked, anything else thought/known to be a drug

## Conventions used in figures and tables

---

### 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 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 this is noted in the text.

## 2 Extent and trends in illicit drug use

---

Jacqueline Hoare

### 2.1 SUMMARY

The BCS provides estimates of illicit drug use among adults aged 16 to 59 within the general household population in England and Wales.

The 2009/10 BCS estimates that 8.6 per cent of adults had used **illicit drugs** (almost three million people) and that 3.1 per cent had used a **Class A drug** in the *last year* (around a million people).

Estimates from the 2009/10 BCS show that 3.3 per cent of adults aged 16 to 59 were defined as **frequent drug users** in the *last year* (that is, using a drug more than once a month on average in the *last year*), equivalent to around two in five *last year* drug users (41%).

As in previous years, **cannabis** was the most commonly used type of drug in the *last year*, followed by **powder cocaine**.

- Around one in 15 adults (6.6%) used cannabis in the *last year*, equating to around 2.2 million people.
- An estimated 2.4 per cent of adults reported use of powder cocaine in the *last year* which is approximately 0.8 million adults.

Since 1996 when BCS drug use measurement began, trends in levels of use among adults aged 16 to 59 demonstrate:

- *Last year* use of **any illicit drug** by 16 to 59 year olds is at its lowest level since measurement began, falling from 11.1 per cent in the 1996 BCS (and from 10.1% in 2008/09) to 8.6 per cent in the 2009/10 BCS, mainly due to successive declines in the use of cannabis since 2003/04.
- **Class A drug use** among adults aged 16 to 59 was lower in 2009/10 (3.1%) than 2008/09 (3.7%) and levels of *last year* Class A use are now at similar levels to 1996 (2.7%).
- Although the long-term trend displays relatively constant levels of *last year* **Class A drug use** overall, within this there were increases in *last year* cocaine use between the 1996 and 2009/10 BCS partly offset by a decrease over the same period in the use of hallucinogens.

Of the individual types of drug asked about, there were decreases in *last year* use of powder cocaine, amphetamines, cannabis, tranquillisers and amyl nitrite between 2008/09 and 2009/10; levels of *last year* usage remained at similar levels for the other types of drugs.

Among **young people aged 16 to 24**, around one in five had used one or more illicit drugs in the *last year* (20.0%, an estimated 1.3 million people). Use of any illicit drug among young people in the *last year* has fallen since 1996 (29.7%) and since 2008/09 (22.6%), in large part due to a decline in cannabis use.

Last published figures on the **age of first use** from the 2003/04 BCS showed that the most common age of onset for cannabis was 18 and for powder cocaine it was 20 years old; in 2009/10 this was slightly lower at 16 and 18 years respectively. The most common age at which ecstasy was first taken was 18 years in both 2003/04 and 2009/10.

### 2.2 INTRODUCTION

This chapter examines the extent of illicit drug use as measured by the 2009/10 BCS among adults aged 16 to 59 resident in households in England and Wales. Information is presented on types of illicit drugs used with a breakdown of Class A and non-Class A usage.

Estimates of prevalence rates and numbers of adults who reported use of illicit drugs are provided for three time periods:

- *ever*, at least once in a lifetime;
- at least once in the *last year*, that is, the year prior to interview;
- at least once in the *last month*, the month prior to interview.

Using estimates of *last year* drug use as the most reliable recent measure, trends in prevalence of use are presented since 1996 when comparable questions were first included in the BCS.

This chapter also presents the extent and trends in illicit drug use among young people aged 16 to 24. Between 2001/02 and 2008/09 the BCS included a boost sample of around 2,000 young adults. Although the young adult boost is no longer running, it is still possible to provide robust estimates for 16 to 24 year olds and to make comparisons to continue this time series<sup>1</sup> (see Appendix 1 and [Section 9.2 of the User Guide to Home Office Crime Statistics](#) for more information).

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

#### Overall extent of drug use among 16 to 59 year olds

The 2009/10 BCS estimates that around one in three people aged 16 to 59 (36.4%) had *ever* used illicit drugs, that is, almost 12 million people (out of the 32.4 million population aged 16 to 59 in England and Wales). Among 16 to 59 year olds, 8.6 per cent had used drugs in the *last year* (estimated at almost three million people) and one in 20 (5.0%) had done so in the *last month* (around 1.6 million) (Figure 2.1 and Tables 2.1 to 2.4).

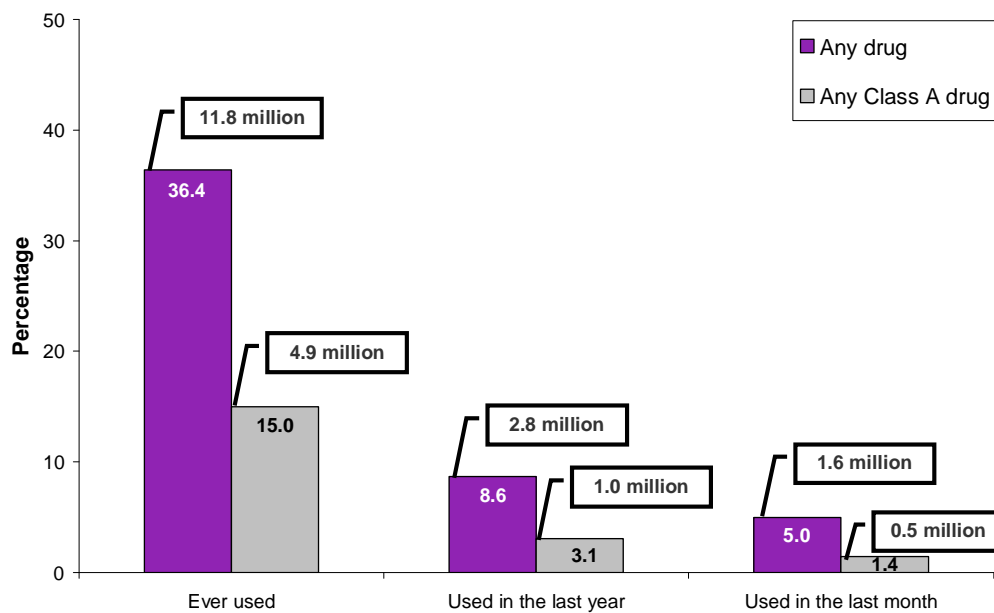
As would be expected, Class A drug use was less common:

- 15.0 per cent of adults had used a Class A drug at least once in their *lifetime* (an estimated five million people);
- 3.1 per cent had done so in the *last year* (around a million people); and
- 1.4 per cent had taken a Class A drug in the *last month* (just under half a million people).

---

<sup>1</sup> The smaller sample size without the young adult boost means the margin of error around the estimate is slightly wider (e.g. including the young adult boost, in the 2008/09 BCS an estimated 18.7% (+/-1.2%) of young people used cannabis in the *last year*; this compares with 18.8% (+/-1.5%) when the boost is excluded from analysis).

**Figure 2.1 Proportion and numbers of 16 to 59 year olds reporting use of any drug or any Class A drug ever, in the last year and last month, 2009/10 BCS**



### Extent of last year drug use among 16 to 59 year olds by type of drug

As in previous years, the 2009/10 BCS showed that cannabis was the drug most likely to be used by 16 to 59 year olds; around one in 15 adults (6.6%) had used it in the *last year*. This equates to around 2.2 million people (Figure 2.2 and Tables 2.2 and 2.4).

As in recent years, powder cocaine was the next most commonly used drug. An estimated 2.4 per cent of adults reported use of powder cocaine in the *last year*, equivalent to around 0.8 million adults. Use of ecstasy in the *last year* was estimated at 1.6 per cent, equating to 0.5 million people.

After cannabis, powder cocaine and ecstasy, the proportion of adults reporting *last year* use of other drugs was slightly lower.

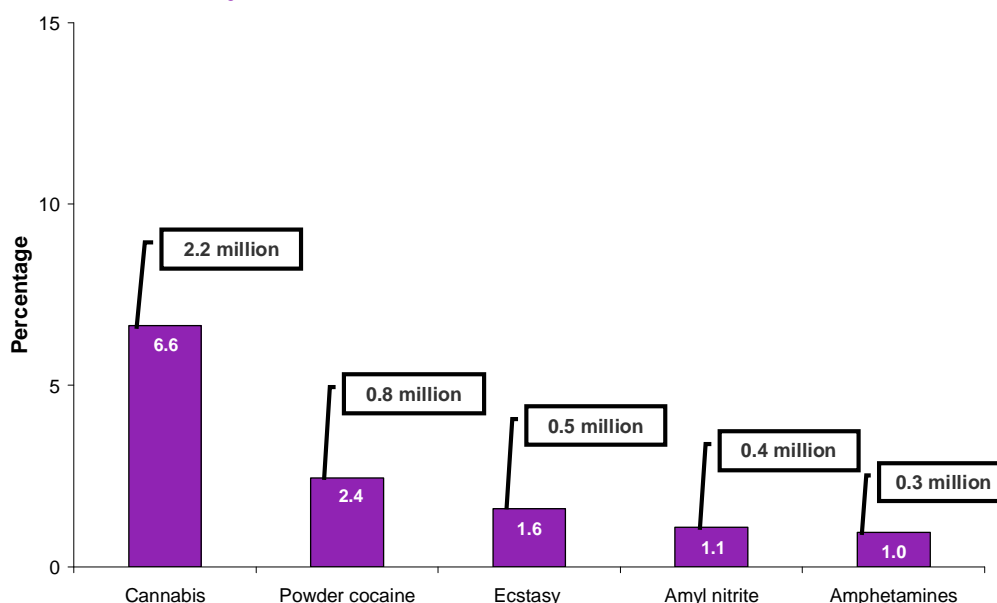
- Levels of amyl nitrite and amphetamine use were similar (1.1% and 1.0% respectively).
- Use of hallucinogens (LSD and magic mushrooms) was estimated at 0.5 per cent, as was use of ketamine.
- *Last year* use of tranquillisers<sup>2</sup> was estimated at 0.4 per cent.
- Prevalence of glues and anabolic steroids was 0.2 per cent.

Use of other more problematic drugs was lower still: heroin and methadone use in the *last year* was reported by 0.1 per cent of adults (opiates use overall was 0.2%) and methamphetamine use by less than 0.05 per cent.<sup>3</sup>

<sup>2</sup> Respondents are asked specifically whether they have taken tranquillisers not prescribed by a doctor.

<sup>3</sup> There is a low prevalence of use of drugs such as opiates within the general population; problematic drug users were estimated to account for one per cent of the population aged 15 to 64 in England (see Hay *et al.* (2006, 2007, 2008) and also [Section 9.1 in the User Guide to Home Office Crime Statistics](#) for more details).

**Figure 2.2 Proportion of 16 to 59 year olds reporting use of the most prevalent drugs in the *last year*, 2009/10 BCS**



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

This section reviews the key trends in reported use of illicit drugs in the *last year* among 16 to 59 year olds since BCS measurement of illicit drugs began in 1996, and compares latest figures with estimates from the 2008/09 BCS (see Box 2.1 for a summary of these trends). However, any changes identified since 2008/09 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 represents a real change in trend.<sup>4</sup>

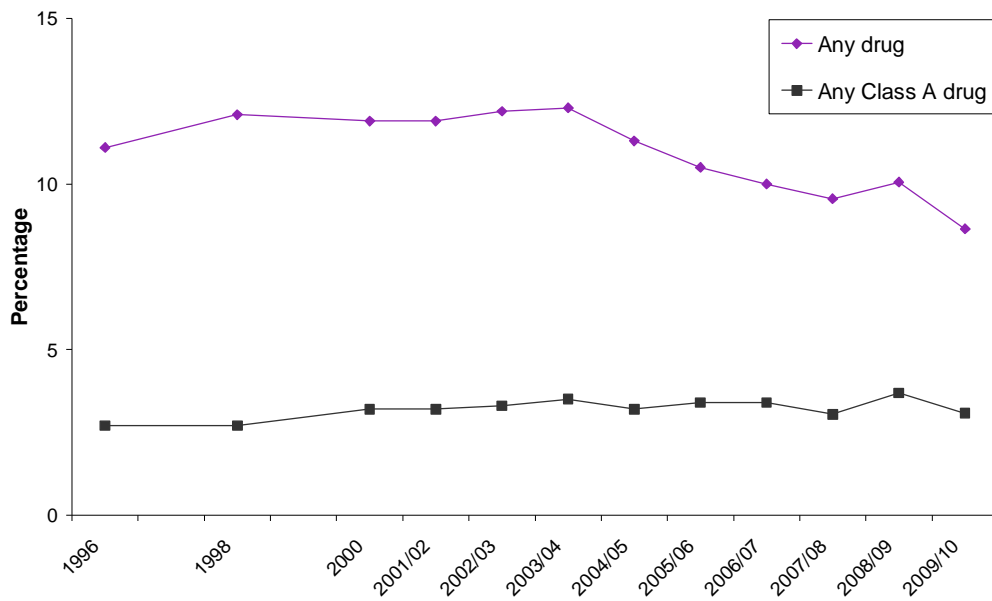
### Overall trends in *last year* drug use among 16 to 59 year olds

*Last year* use of any illicit drug is at its lowest level since measurement began, falling from 11.1 per cent in the 1996 BCS to 8.6 per cent in the 2009/10 BCS. This is due to declining levels since 2003/04 (12.3%), mainly reflecting the fall in use of cannabis (the most commonly used drug) in the same time period (Figure 2.3 and also Figure 2.5). At 8.6 per cent, the level of any drug use is also lower than in recent years, for example, the 2008/09 BCS (10.1%) and 2007/08 BCS (9.6%) (Table 2.2).

Class A drug use was lower in the 2009/10 BCS (3.1%) than in 2008/09 (3.7%) and levels of *last year* Class A use are now similar to 1996 (2.7%). Over the long-term period there were only a few statistically significant year-on-year changes: increases between 1998 (2.7%) and 2000 (3.2%) and then 2007/08 (3.0%) and 2008/09 (3.7%) have been offset by the latest fall meaning the overall trend is relatively flat (Figure 2.3 and Table 2.2).

<sup>4</sup> See Section 9.2 of the User Guide to Home Office Crime Statistics for more information on interpreting year-on-year changes in drug misuse estimates from the 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 2009/10 BCS

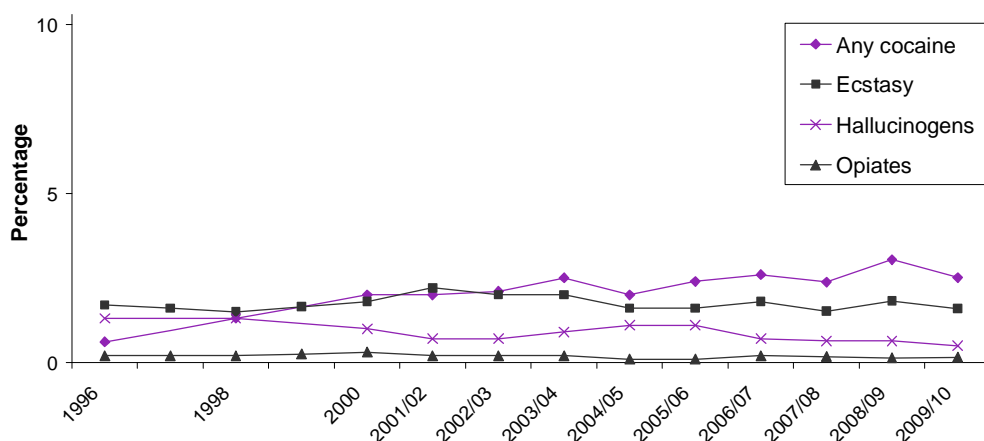


**Trends in *last year* drug use among 16 to 59 year olds by type of Class A drug**

However, different patterns exist for the individual types of Class A drugs. Although the long-term trend shows relatively similar levels of *last year* Class A drug use, there have been increases in *last year* cocaine use between 1996 and 2009/10 (powder cocaine from 0.6% to 2.4% and crack cocaine from 0.1% to 0.2%), partly offset by a decrease over the same period in the use of hallucinogens (LSD from 1.0% to 0.2% and magic mushrooms from 0.7% to 0.4%). Most of these changes took place early in this time period with fewer changes seen since 2001/02 (Figure 2.4 and Table 2.2).

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

**Figure 2.4** Proportion of 16 to 59 year olds reporting use of Class A drug groups in the *last year*, 1996 to 2009/10 BCS



More recently, between 2008/09 and 2009/10 no statistically significant changes were detected in the levels of *last year* use of any type of Class A drug, with the exception of a decrease in the prevalence of powder cocaine (and hence, any cocaine) usage, from 3.0 per cent to 2.4 per cent following an increase in the preceding year.

**Box 2.1 Summary of trends in *last year* drug use among 16 to 59 year olds**

**Between 1996 and 2009/10:**

Increase	Decrease	No statistically significant change
<ul style="list-style-type: none"> <li>• <b>Any cocaine</b></li> <li>• Cocaine powder</li> <li>• Crack cocaine</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>• LSD</li> <li>• Magic mushrooms</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>• Ecstasy</li> <li>• Heroin</li> <li>• Methadone</li> <li>• Tranquillisers</li> <li>• Anabolic steroids</li> <li>• Amyl nitrite</li> <li>• Glues</li> </ul>

**Between 2008/09 and 2009/10:**

Increase	Decrease	No statistically significant change
None	<ul style="list-style-type: none"> <li>• <b>Any drug</b></li> <li>• <b>Any Class A drug</b></li> <li>• <b>Any stimulant drug</b></li> <li>• <b>Any cocaine</b></li> <li>• <b>Any amphetamines</b></li> <li>• Powder cocaine</li> <li>• Amphetamines</li> <li>• Cannabis</li> <li>• Tranquillisers</li> <li>• Amyl nitrite</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Hallucinogens</b></li> <li>• <b>Opiates</b></li> <li>• Crack cocaine</li> <li>• Ecstasy</li> <li>• LSD</li> <li>• Magic mushrooms</li> <li>• Heroin</li> <li>• Methadone</li> <li>• Methamphetamine</li> <li>• Anabolic steroids</li> <li>• Ketamine</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 among 16 to 59 year olds by type of non-Class A drug**

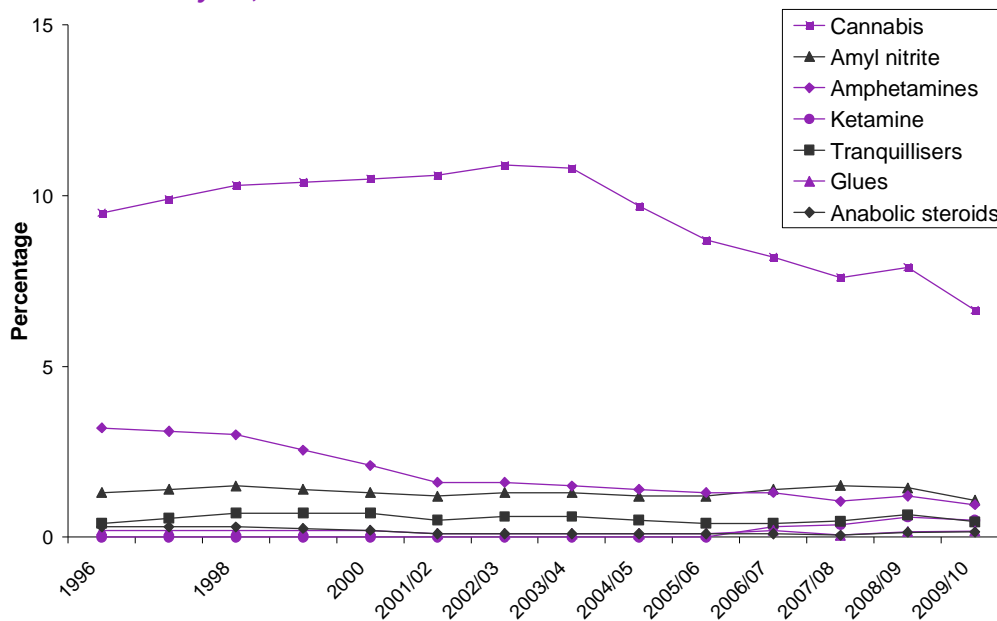
Among 16 to 59 year olds, there have been few statistically significant changes in levels of *last year* use of most non-Class A drugs since 1996. However, there were decreases over the long term in use of two of the more commonly used drugs, amphetamines and cannabis (Figure 2.5 and Table 2.2):

- amphetamine use decreased from 3.2 per cent in 1996 to 1.0 per cent in 2009/10; and
- cannabis use fell from 9.5 per cent in 1996 to 6.6 per cent in 2009/10, mainly due to falls since 2003/04.

Between the 2008/09 and 2009/10 BCS no significant increases in *last year* use of any non-Class A drug were found. The long-term falls seen among some non-Class A drug types were also reflected in the short term; use of amphetamines decreased from 1.2 per cent to 1.0 per cent and cannabis use from 7.9 to 6.6 per cent.

In addition, between the 2008/09 and 2009/10 BCS *last year* use of tranquillisers (from 0.7% to 0.4%) and amyl nitrite (1.4% to 1.1%) declined. There was no statistically significant change in the use of other non-class A drugs compared with levels found in the 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 2009/10 BCS



## 2.5 EXTENT AND TRENDS IN ILLICIT DRUG USE AMONG 16 TO 24 YEAR OLDS

This section reviews the key trends in reported use of illicit drugs in the *last year* among 16 to 24 year olds since BCS measurement began in 1996, and compares latest figures with estimates from the 2008/09 BCS (see Box 2.2 for a summary of these trends).

### Overall extent and trends in drug use among 16 to 24 year olds

The 2009/10 BCS estimates that around two in five young people (40.7%) have *ever* used illicit drugs, equating to around 2.7 million young adults out of the estimated population of 6.6 million in England and Wales. Around one in five had used one or more illicit drugs in the *last year* (20.0%, an estimated 1.3 million people) and around one in nine in the *last month* (11.6%, around 0.8 million people) (Figure 2.6 and Tables 2.6 to 2.9).

Not surprisingly, the use of Class A drugs was less common with 16.4 per cent of young people having *ever used* a Class A drug (1.1 million), 7.3 per cent having done so in the *last year* (0.5 million) and 3.7 per cent in the *last month* (0.2 million).

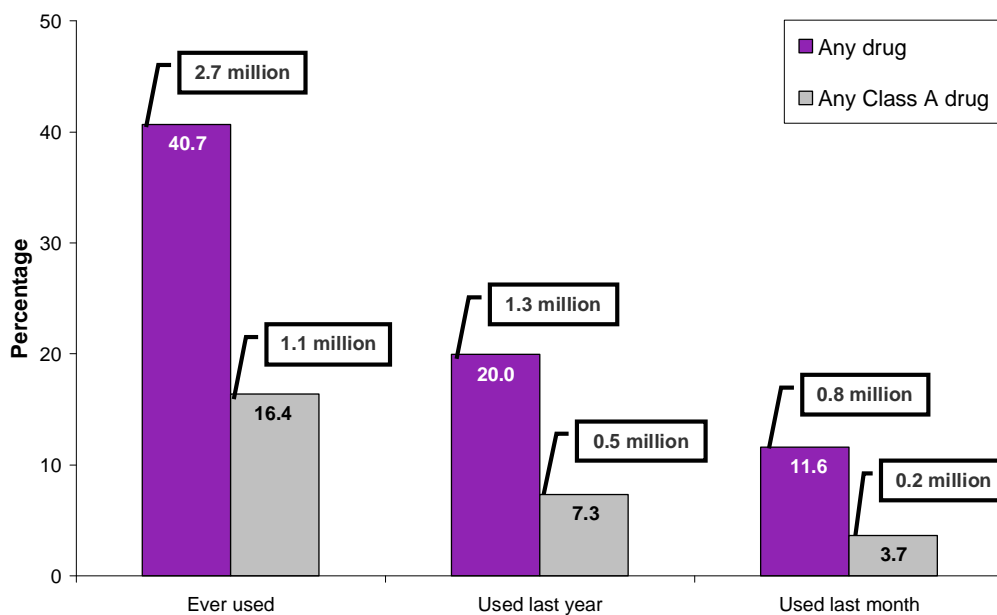
At 20.0 per cent in the 2009/10 BCS, *last year* use of any illicit drug among young people has fallen since 1996 (29.7%) and since 2008/09 (22.6%), in large part due to a slow decline in cannabis use throughout most of the decade. However, the use of any Class A drug among 16 to 24 year olds has remained at a similar level between 1996 (9.2%) and 2009/10 (7.3%)<sup>5</sup>; there was only one statistically significant year-on-year change, between the 2007/08 (6.9%) and 2008/09 BCS (8.1%)<sup>6</sup>.

This long-term trend can be understood by the decreases in ecstasy and hallucinogen use offset by an increase in cocaine use (see below). Most recently, the level of Class A drug use was not significantly different between 2008/09 and 2009/10 (8.1% and 7.3% respectively).

<sup>5</sup> Statistical significance is only reported here at the five per cent level; the test suggests at the ten per cent level there has been a decline in Class A drug use among young people since 1996. Tests of statistical significance are related to the sample size, and hence will be affected by the removal of the young adult boost in 2009/10.

<sup>6</sup> The increase reported between the 2007/08 and 2008/09 BCS may reflect sampling error inherent in surveys as this is the only year-on-year change detected throughout the long-term trend (see Sections 8.1 and 9.2 of the User Guide to Home Office Crime Statistics).

Figure 2.6 Proportion and number of 16 to 24 year olds reporting use of any drug or any Class A drug ever, in the last year and last month, 2009/10 BCS



**Box 2.2 Summary of trends in last year drug use among 16 to 24 year olds**

**Between 1996 and 2009/10:**

Increase	Decrease	No statistically significant change
<ul style="list-style-type: none"> <li>• <b>Any cocaine</b></li> <li>• Powder cocaine</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>• Magic mushrooms</li> <li>• Amphetamines</li> <li>• Cannabis</li> <li>• Amyl nitrite</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>• Heroin</li> <li>• Methadone</li> <li>• Tranquillisers</li> <li>• Anabolic steroids</li> <li>• Glues</li> </ul>

**Between 2008/09 and 2009/10:**

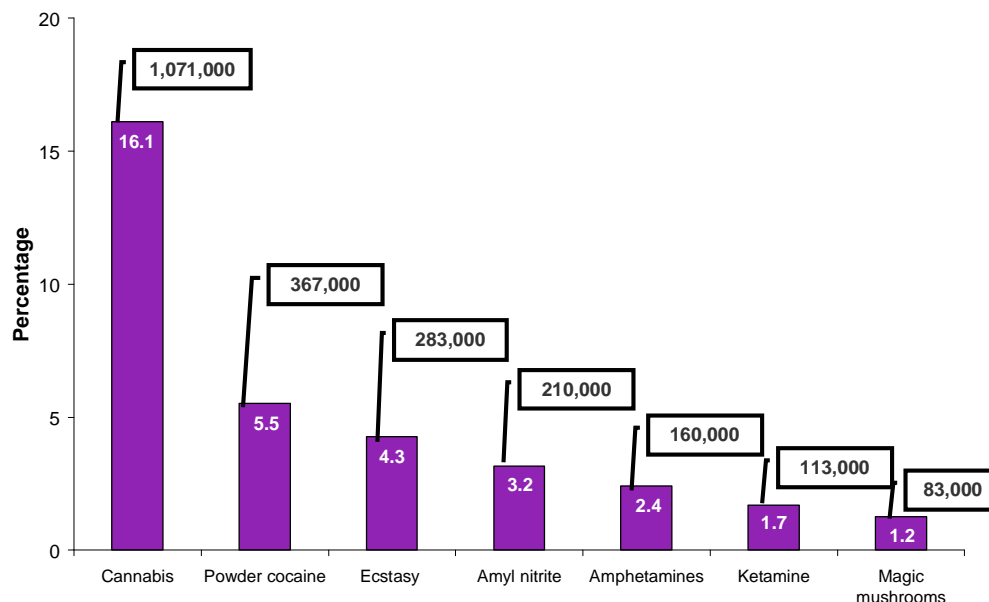
Increase	Decrease	No statistically significant change
<ul style="list-style-type: none"> <li>• <b>Opiates</b></li> <li>• Crack cocaine</li> <li>• Methadone</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Any drug</b></li> <li>• Cannabis</li> <li>• Amyl nitrite</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Any Class A drug</b></li> <li>• <b>Any stimulant drug</b></li> <li>• <b>Any cocaine</b></li> <li>• <b>Hallucinogens</b></li> <li>• <b>Any amphetamines</b></li> <li>• Powder cocaine</li> <li>• Ecstasy</li> <li>• LSD</li> <li>• Magic mushrooms</li> <li>• Heroin</li> <li>• Amphetamines</li> <li>• Methamphetamine</li> <li>• Tranquillisers</li> <li>• Anabolic steroids</li> <li>• Ketamine</li> <li>• Glues</li> </ul>

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

## Extent and trends in *last year* drug use among 16 to 24 year olds by type of drug

Cannabis remains the drug most likely to be used by young people; the 2009/10 BCS estimated that one in six young adults used cannabis in the *last year* (16.1%). This represents around 1.1 million young adults (Figure 2.7 and Tables 2.7 and 2.9).

**Figure 2.7** Proportion and number of 16 to 24 year olds reporting use of the most prevalent drugs in the *last year*, 2009/10 BCS



As in previous years, the 2009/10 BCS showed that powder cocaine was the next most commonly used drug with 5.5 per cent reporting use in the *last year*, representing 367,000 young adults. Another Class A drug, ecstasy, was the next most prevalent: 4.3 per cent of young people took ecstasy in the *last year* (283,000 young people).

The prevalence of amyl nitrite, amphetamines, ketamine and magic mushrooms *last year* use was lower (3.2%, 2.4%, 1.7% and 1.2% respectively).

Other drugs were very rarely used, with prevalence rates of one per cent or less: including tranquillisers<sup>7</sup> (0.8%), glues (0.7%), LSD (0.5%), anabolic steroids (0.4%) and opiates (0.3%), with methamphetamine (less than 0.05%) being the drug least likely to be used (Table 2.7).<sup>8</sup>

In the context of overall falls in young people taking illicit drugs in the *last year* since 1996, there has been a notable fall in cannabis use (from 26.0% to 16.1%), which represents a decline throughout most of the decade.

In addition *last year* use of ecstasy (6.6% to 4.3%), hallucinogens (5.3% to 1.5%) amphetamines (11.8% to 2.4%) and amyl nitrite (4.6% to 3.2%) have fallen since 1996 (Table 2.7).

Conversely, an increase in powder cocaine (and hence, any cocaine) was seen, from 1.3 per cent in 1996 to 5.5 per cent in the 2009/10 BCS, although most of this increase occurred between 1996 and 2000 (when prevalence was 5.2%).

<sup>7</sup> Respondents are asked specifically whether they have taken tranquillisers not prescribed by a doctor

<sup>8</sup> There is a low prevalence of use of drugs such as opiates among young adults in the general population (see Hay *et al.* (2006, 2007, 2008) and also [Section 9.1 in the User Guide to Home Office Crime Statistics](#) for more details.

Most recently, *last year* illicit drug use among young adults fell between the 2008/09 and 2009/10 BCS due to continuing falls in cannabis (18.7% to 16.1%) and amyl nitrite (4.4% to 3.2%) use. There were small but statistically significant increases among the least prevalent drugs, that is, crack cocaine (from 0.2% to 0.5%) and methadone (from less than 0.05% to 0.2%).

### 2.6 FREQUENT DRUG USE IN THE LAST YEAR

Overall prevalence estimates of drug use show the proportion of 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* have been asked of 16 to 24 year olds since the 2002/03 BCS; in the 2009/10 BCS these questions were extended to *all* adults aged 16 to 59.

In the context of this bulletin, frequent use is defined as using any illicit drug (either of the same or different type) more than once a month on average during the *last year*.

Estimates from the 2009/10 BCS show that 3.3 per cent of adults aged 16 to 59 were defined as frequent drug users in the *last year*. That is, around two in five *last year* drug users (41%) reported frequently using any drug (Tables 2.2 and 2.5).

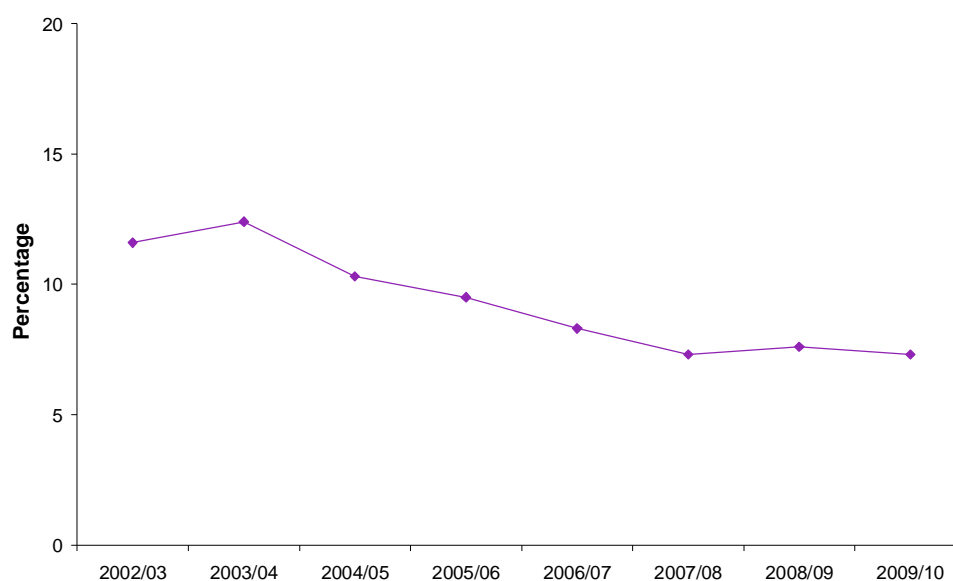
Frequent use of any illicit drug among 16 to 24 year olds is more than twice as high (7.3%) as for 16 to 59 year olds overall (3.3%), but similarly accounts for two in five *last year* users of any drug (40%) (Tables 2.7 and 2.10).

Cannabis was the drug most frequently taken in the *last year*: almost half of 16 to 59 year old cannabis users (45%) took the drug more than once a month during the *last year* (Table 2.5).

Cannabis also continues to be the drug most likely to be used frequently by young drug users; 43 per cent of cannabis users used the drug more than once a month during the *last year* (Table 2.10).

There has been a decrease in frequent drug use among 16 to 24 year olds since measurement began in 2002/03 (11.6%). The long-term decline reflects a general downward trend, but with the only statistically significant year-on-year fall occurring between the 2003/04 and 2004/05 BCS; there has been no statistically significant change since the 2006/07 BCS (8.3%, Figure 2.8 and Table 2.7).

**Figure 2.8 Proportion of 16 to 24 year olds classified as frequent drug users, 2002/03 to 2009/10 BCS**



## 2.7 AGE OF ONSET OF ILLICIT DRUG USE

This section focuses on the age of onset of illicit drug use and whether this has changed over time according to the BCS. Questions asked about the age at which respondents first took drugs indicate at which age people enter the population of drug users. These data could be used to contribute to estimating the incidence of drug use (the rate at which people enter the drug-using population) and effect on the size of the drug-using population. Questions asked in the 2010/11 BCS about age of desistance will then help inform the rate of leaving the drug-using population.

Interviews in the 2003/04 BCS included questions asking when respondents who had *ever* taken some of the illicit drugs, first took each of those drugs. In order to update these estimates, such questions were repeated in 2009/10, but only about the most prevalent drugs: cannabis, powder cocaine and ecstasy.

The 2003/04 BCS reported that among 16 to 59 year olds the most common age at which respondents started taking drugs was 18 (Chivite-Matthews *et al.*, 2005).<sup>9</sup> In 2003/04 the most common age of onset for both cannabis and ecstasy was 18, and for powder cocaine it was slightly higher at 20 years old.

The 2009/10 BCS shows a slightly changed picture, with the most commonly reported age for first taking cannabis being 16 years old, lower than in the 2003/04 BCS (18 years). Similarly, the age of onset of powder cocaine use has fallen between 2003/04 and 2009/10 (from 20 to 18 years). However, adults who had used ecstasy continued to report that, most commonly, they had first taken the drug at 18 years of age (2003/04 and 2009/10 BCS) (Table 2.11).<sup>10,11</sup>

These figures relate to 16 to 59 year olds overall, but it could be expected that there are differences in age of onset according to current age cohort. For example, the current generation of young people aged 16 to 24 may first take these drugs at a different age to when older people first used them. But comparisons should be made with the understanding that people in the younger age cohorts have not had the opportunity to start to use these drugs at older ages.

In addition, the reporting of when drugs were first taken is likely to be influenced by current age. Those who first took drugs many years previously may have problems in recalling the exact age at which certain drugs were first used. In addition, the drugs market will also play a part; for example, among 45 to 59 year olds, the later onset of ecstasy use (30 years old) is likely to be related to limited availability of that drug in their earlier years.

Figure 2.9 demonstrates that the commonest age for first taking cannabis, powder cocaine or ecstasy is indeed lower for younger people than for older people. In the 2009/10 BCS, the most common age for 20 to 24 year olds to report first having taken cannabis was 15 years old; the corresponding age for 35 to 59 year olds was 18 years (Table 2.11).

In the 2009/10 BCS, the most common age for 16 to 19 year olds to report first having taken cannabis was 15 years old; figures from the 2007 Smoking, Drinking and Drug Use Survey among young people in England show that among pupils whose first drug use was at age 15, three-quarters (73%) took cannabis (Fuller, 2008). Latest figures from the 2009 survey are published simultaneously with this publication and include information on the availability of drugs and experience of first use among 11 to 15 year olds (Fuller and Sanchez, 2010).

For powder cocaine and ecstasy use, current age was also a factor associated with age of drug use onset in the 2009/10 BCS. Among 20 to 24 year olds who had *ever* used powder cocaine, the most common age of first use was 18, lower than among 35 to 59 year olds (20

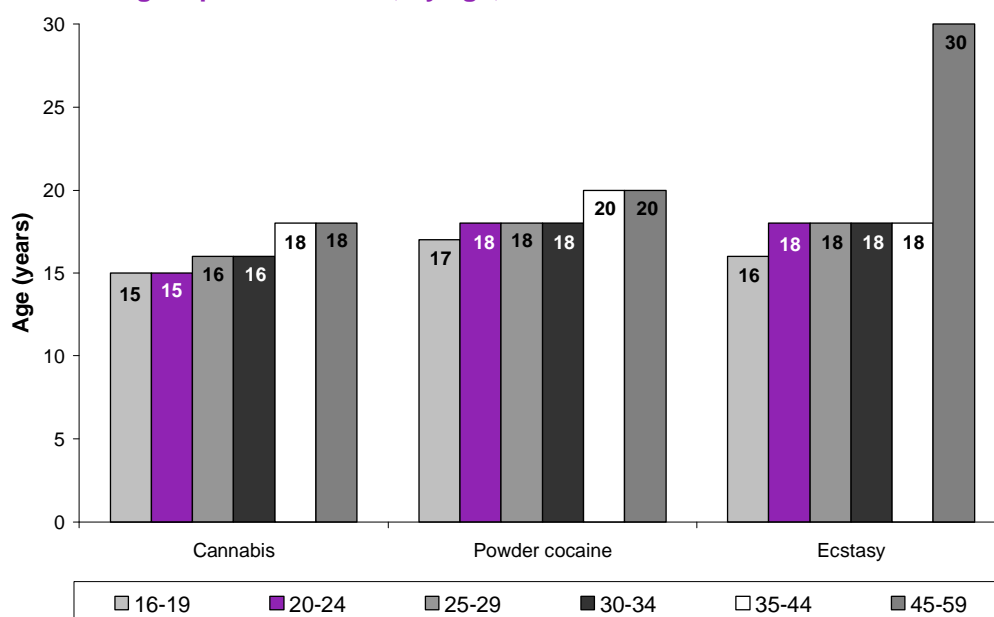
<sup>9</sup> The most common age is determined by the 'mode' of the distribution by age; that is, the majority age at which respondents reported first taking drugs. Analyses from 2003/04 were based on unweighted data.

<sup>10</sup> Consistent with the 2003/04 BCS, the age distribution was capped at seven years; respondents who reported first taking each drug at age six or less were excluded from these analyses.

<sup>11</sup> Data from the 2009/10 BCS have been weighted as standard. The value of the modes has not been significance tested between the two BCS years; the numbers are simply stated for comparison.

years). The difference between younger age groups was less marked for ecstasy use; 16 to 19 year olds most commonly reported first taking the drug at age 16, lower than the 18 years reported by 20 to 44 year olds (Figure 2.9 and Table 2.11).

**Figure 2.9 The most common age at which ever in lifetime users of the most prevalent drugs reported first use, by age, 2009/10 BCS**



Although figures from 2003/04 suggested that among women who had ever used cannabis, the most common age to first take the drug (16 years) was lower than for men (18 years), this difference was reversed in the 2009/10 BCS (women, 18 years; men, 16 years). However, there was no difference in the most common age of onset for powder cocaine or ecstasy use among men or women in either the 2003/04 or 2009/10 BCS.

- The most common age for men and women to first take powder cocaine was 20 in the 2003/04 BCS; in 2009/10 it was 18 years old for both groups.
- In both the 2003/04 and 2009/10 BCS, the commonest age of onset for ecstasy use among both men and women was 18 years.

In addition to age and sex, Table 2.11 presents the most common age (and also the average age<sup>12</sup>) of first drug use within different groups in the 16 to 59 year old population. These personal and lifestyle characteristics describe the respondent at time of interview, not at the time of their first drug use (although there will naturally be some overlap) and many of these characteristics will be associated with age (for example, marital status).

- Adults who were single or cohabiting at the time of interview reported a younger age of onset of cannabis use (16 years) than those who were married or had been married (both 18 years).
- Among respondents who were in employment when interviewed, an older age of onset was reported for cannabis, powder cocaine and ecstasy use than for those who were unemployed or economically inactive.

<sup>12</sup> Generally the pattern shown by the distribution of the mode and mean among different groups is similar, although the mean is often higher, suggesting a positively skewed distribution. Hence the mode has been presented in this text as the best and most consistent estimate among different groups of the population.

**Table 2.1 Proportion of 16 to 59 year olds reporting use of drugs ever in their lifetime, 1996 to 2009/10 BCS**

Percentages													England and Wales, BCS	
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09 <sup>1</sup>	2009/10	1996 to 2009/10	2008/09 to 2009/10
													<i>Statistically significant change</i>	
<b>Class A</b>														
Any cocaine	3.1	3.8	5.6	5.2	6.2	6.8	6.1	7.3	7.7	7.8	9.4	8.8	**↑	**↓
Powder cocaine	3.0	3.7	5.5	5.1	6.1	6.7	6.0	7.2	7.5	7.7	9.2	8.7	**↑	
Crack cocaine	0.7	0.7	1.1	0.7	0.9	0.9	0.8	0.9	1.0	0.9	1.0	1.2	**↑	
Ecstasy	3.8	4.2	5.3	5.9	6.6	6.9	6.7	7.2	7.3	7.6	8.6	8.3	**↑	
Hallucinogens	7.8	8.4	9.3	8.2	9.2	9.4	8.5	9.3	9.1	9.1	9.3	9.2	**↑	
LSD	5.4	5.6	6.2	5.4	5.9	6.1	5.1	5.5	5.4	5.2	5.5	5.3		
Magic mushrooms	5.3	6.0	7.0	6.1	6.8	7.1	6.5	7.3	7.1	6.9	7.4	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	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	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	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	11.7	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	11.5	**↑	
Methamphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.9	1.0	n/a	
<b>Class B</b>	23.5	26.8	29.5	28.9	30.6	30.8	29.7	29.8	30.1	30.4	31.1	30.6	**↑	
Cannabis	23.5	26.8	29.5	28.9	30.6	30.8	29.7	29.8	30.1	30.4	31.1	30.6	**↑	
<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	2.9		
<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	0.7	**↓	
Ketamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1.3	1.4	1.8	2.0	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	9.5	**↑	
Glues	2.3	2.5	2.7	2.3	2.4	2.1	2.2	2.4	2.4	2.3	2.4	2.3		
<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>15.0</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>18.2</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>36.4</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>	<i>26,199</i>		

1. BCS estimates from interviews in 2008/09 have been revised based on revised LFS microdata and may vary slightly from previously published estimates. See Sections 8.3 and 9.3 of the User Guide to Home Office Crime Statistics for more information.

2. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone plus methamphetamine since 2008/09 interviews.

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

4. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids, amyl nitrite, glues, any other pills/powders/drugs smoked plus 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 2009/10 BCS**

Percentages													England and Wales, BCS	
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09 <sup>1</sup>	2009/10	1996 to 2009/10	2008/09 to 2009/10
													<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	2.5	**↑	**↓
Powder cocaine	0.6	1.2	2.0	2.0	2.1	2.4	2.0	2.4	2.6	2.4	3.0	2.4	**↑	**↓
Crack cocaine	0.1	0.1	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.1	0.1	0.2	**↑	
Ecstasy	1.7	1.5	1.8	2.2	2.0	2.0	1.8	1.6	1.8	1.5	1.8	1.6		
Hallucinogens	1.3	1.3	1.0	0.7	0.7	0.9	1.1	1.1	0.7	0.6	0.6	0.5	**↓	
LSD	1.0	0.8	0.7	0.3	0.3	0.2	0.2	0.3	0.2	0.3	0.2	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	0.4	**↓	
Opiates	0.2	0.2	0.3	0.2	0.2	0.2	0.1	0.1	0.2	0.2	0.1	0.2		
Heroin	0.2	0.1	0.3	0.1	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	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	1.0	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	1.0	**↓	**↓
Methamphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.1	0.0	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	6.6	**↓	**↓
<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	0.4		**↓
<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	0.2		
Ketamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.3	0.4	0.6	0.5	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	1.1		**↓
Glues	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.2	0.2		
<b>Frequent drug use<sup>2</sup></b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>3.3</b>	<b>n/a</b>	
<b>Any Class A drug<sup>3</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>3.1</b>		**↓
<b>Any stimulant drug<sup>4</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>3.7</b>	**↓	**↓
<b>Any drug<sup>5</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>8.6</b>	**↓	**↓
<b>Unweighted base<sup>6</sup></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>29,631</b>	<b>28,819</b>	<b>28,331</b>	<b>28,232</b>	<b>26,014</b>		

1. BCS estimates from interviews in 2008/09 have been revised based on revised LFS microdata and may vary slightly from previously published estimates. See Sections 8.3 and 9.3 of the User Guide to Home Office Crime Statistics for more information.

2. Frequent use refers to use of any drug more than once a month in the past year. Questions on frequency of use have been completed by 16 to 59 year olds only since the 2009/10 BCS.

3. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone plus methamphetamine since 2008/09 interviews.

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

5. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids, amyl nitrite, glues, any other pills/powders/drugs smoked plus 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 2.3 Proportion of 16 to 59 year olds reporting use of drugs in the last month, 1996 to 2009/10 BCS**

Percentages													England and Wales, BCS	
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09 <sup>1</sup>	2009/10	1996 to 2009/10	2008/09 to 2009/10
<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	1.1	***↑	**↓
Powder cocaine	0.2	0.4	0.7	0.9	0.9	1.1	0.9	1.2	1.2	1.0	1.5	1.1	***↑	**↓
Crack cocaine	0.1	0.0	0.1	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	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	0.1	**↓	
LSD	0.3	0.1	0.1	0.1	0.1	0.1	0.0	0.1	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	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	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	0.1		
Methadone	0.1	0.1	0.0	0.1	0.1	0.0	0.0	0.1	0.1	0.1	0.0	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	0.4	0.3	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	0.3	**↓	
Methamphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.1	0.0	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	3.9	**↓	**↓
<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	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	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	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	0.4		
Glues	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1		
<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>1.4</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>2.5</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>5.0</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>	<i>25,977</i>		

1. BCS estimates from interviews in 2008/09 have been revised based on revised LFS microdata and may vary slightly from previously published estimates. See Sections 8.3 and 9.3 of the User Guide to Home Office Crime Statistics for more information.

2. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone plus methamphetamine since 2008/09 interviews.

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

4. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids, amyl nitrite, glues, any other pills/powders/drugs smoked plus 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 Section 9.2 of the User Guide for details).

**Table 2.4 Estimates of numbers of illicit drug users, 16 to 59 year olds**

Numbers <sup>1</sup> (000s)	England and Wales, 2009/10 BCS											
	Ever taken in lifetime				Taken in last year				Taken in last month			
	Estimate		Range		Estimate		Range		Estimate		Range	
<b>Class A</b>												
Any cocaine	<b>2,838</b>	2,708	–	2,973	<b>813</b>	742	–	889	<b>365</b>	319	–	418
Powder cocaine	<b>2,805</b>	2,676	–	2,939	<b>793</b>	723	–	868	<b>347</b>	302	–	399
Crack cocaine	<b>378</b>	331	–	432	<b>64</b>	46	–	88	<b>35</b>	23	–	54
Ecstasy	<b>2,692</b>	2,565	–	2,824	<b>517</b>	461	–	579	<b>203</b>	169	–	243
Hallucinogens	<b>2,969</b>	2,837	–	3,107	<b>161</b>	131	–	197	<b>42</b>	28	–	63
LSD	<b>1,713</b>	1,611	–	1,821	<b>59</b>	42	–	82	<b>25</b>	15	–	42
Magic mushrooms	<b>2,393</b>	2,273	–	2,518	<b>132</b>	105	–	166	<b>27</b>	17	–	45
Opiates	<b>283</b>	243	–	330	<b>50</b>	34	–	72	<b>38</b>	25	–	58
Heroin	<b>231</b>	195	–	274	<b>33</b>	21	–	52	<b>29</b>	18	–	47
Methadone	<b>141</b>	114	–	176	<b>32</b>	21	–	51	<b>23</b>	14	–	40
<b>Class A/B</b>												
Any amphetamine	<b>3,777</b>	3,629	–	3,931	<b>319</b>	276	–	369	<b>110</b>	86	–	141
Amphetamines	<b>3,724</b>	3,577	–	3,876	<b>308</b>	266	–	357	<b>106</b>	83	–	137
Methamphetamine	<b>309</b>	267	–	359	<b>16</b>	8	–	31	<b>6</b>	2	–	18
<b>Class B</b>												
Cannabis	<b>9,912</b>	9,697	–	10,129	<b>2,152</b>	2,038	–	2,272	<b>1,250</b>	1,162	–	1,344
<b>Class B/C</b>												
Tranquillisers	<b>948</b>	872	–	1,030	<b>145</b>	117	–	180	<b>73</b>	54	–	99
<b>Class C</b>												
Anabolic steroids	<b>226</b>	190	–	269	<b>50</b>	34	–	72	<b>19</b>	11	–	35
Ketamine	<b>656</b>	593	–	726	<b>159</b>	130	–	196	<b>79</b>	59	–	105
<b>Not Classified</b>												
Amyl nitrite	<b>3,091</b>	2,956	–	3,232	<b>351</b>	305	–	403	<b>115</b>	91	–	147
Glues	<b>739</b>	672	–	812	<b>57</b>	40	–	80	<b>17</b>	9	–	32
<b>Frequent drug use<sup>2</sup></b>	<b>n/a</b>	n/a	–	n/a	<b>1,053</b>	971	–	1,142	<b>n/a</b>	n/a	–	n/a
<b>Any Class A drug</b>	<b>4,859</b>	4,694	–	5,029	<b>995</b>	917	–	1,079	<b>468</b>	415	–	528
<b>Any stimulant drug</b>	<b>5,886</b>	5,707	–	6,069	<b>1,188</b>	1,103	–	1,280	<b>800</b>	731	–	876
<b>Any drug</b>	<b>11,776</b>	11,550	–	12,003	<b>2,800</b>	2,670	–	2,936	<b>1,611</b>	1,511	–	1,716

1. Numbers are derived by multiplying the prevalence rate by the 2009 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. Frequent use refers to use of any drug more than once a month in the past year.

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 Proportion of any individual drug use or frequent drug use in the *last year* among 16 to 59 year old drug users**

Percentages	England and Wales, 2009/10 BCS			
	Individual drug use <sup>1</sup>	Unweighted base <sup>2</sup>	Frequent drug use <sup>3</sup>	Unweighted base <sup>4</sup>
<b>Class A</b>				
Any cocaine	30	1,908	14	520
Powder cocaine	29	1,908	13	504
Crack cocaine	2	1,919	-	46
Ecstasy	19	1,913	6	308
Hallucinogens	6	1,922	10	95
LSD	2	1,921	-	36
Magic mushrooms	5	1,922	9	75
Opiates	2	1,919	-	36
Heroin	1	1,920	-	27
Methadone	1	1,921	-	23
<b>Class A/B</b>				
Any amphetamine	12	1,898	24	201
Amphetamines	11	1,901	25	194
Methamphetamine	1	1,911	-	14
<b>Class B</b>				
Cannabis	78	1,918	45	1,402
<b>Class B/C</b>				
Tranquillisers	5	1,921	35	95
<b>Class C</b>				
Anabolic steroids	2	1,920	-	33
Ketamine	6	1,914	18	92
<b>Not Classified</b>				
Amyl nitrite	13	1,919	11	193
Glues	2	1,922	-	24
<hr/>				
<b>Frequent drug use<sup>3</sup></b>	41	1,748	n/a	n/a
<b>Any Class A drug</b>	37	1,903	15	639
<b>Any stimulant drug</b>	44	1,897	16	757
<b>Any drug<sup>5</sup></b>	100	1,923	41	1,748

1. Figures may sum to more than 100 as more than one drug may have been taken in the *last year*.

2. Base is respondents who reported using *any* illicit drug in the *last year*.

3. Frequent use refers to use of any drug more than once a month in the *last year*. For any composite drug measure, frequent use refers to taking the same or different types of drugs more than once a month.

4. Base is respondents who reported use of each specific drug, or group of drugs, in the last year.

5. The unweighted base is lower for frequent drug use as respondents who do not provide a valid answer to frequency of use question are excluded from the analysis.

'-' indicates that data are not reported because the unweighted base is less than 50.

**Table 2.6 Proportion of 16 to 24 year olds reporting use of drugs ever in their lifetime, 1996 to 2009/10 BCS**

Percentages													England and Wales, BCS		
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09 <sup>1</sup>	2009/10	1996 to 2009/10	2008/09 to 2009/10	
														<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	11.7	***↑		
Powder cocaine	4.3	6.8	10.4	8.6	9.3	9.7	9.1	10.6	10.9	9.9	12.2	11.6	***↑		
Crack cocaine	1.7	1.5	2.3	1.2	1.4	1.6	1.1	1.3	1.4	0.7	1.1	1.5			
Ecstasy	11.7	10.8	11.7	12.1	12.5	11.3	10.8	10.4	10.3	9.2	9.9	10.0			
Hallucinogens	16.1	16.1	14.6	9.8	9.8	8.8	8.1	9.4	7.8	6.4	7.2	6.3	**↓		
LSD	13.1	12.3	11.4	7.0	6.1	4.8	3.5	3.7	3.2	2.4	2.5	2.4	**↓		
Magic mushrooms	9.8	11.2	10.2	6.5	7.1	7.0	7.0	8.3	7.0	5.6	6.3	5.7	**↓		
Opiates	1.2	1.7	1.7	1.1	1.0	1.3	0.7	0.8	0.7	0.6	0.6	0.7			
Heroin	0.9	0.9	1.6	0.8	0.8	1.1	0.6	0.5	0.7	0.4	0.4	0.5			
Methadone	0.4	1.2	0.6	0.6	0.4	0.7	0.3	0.4	0.3	0.3	0.2	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	10.1	10.0	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	9.6	**↓		
Methamphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.8	0.9	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	34.7	**↓		
<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	2.5	**↓		
<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	0.9			
Ketamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2.3	2.2	3.6	4.0	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	13.0	**↓		
Glues	5.9	6.2	6.9	5.5	4.5	3.2	3.6	3.6	3.7	3.0	3.2	3.0	**↓		
<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>16.4</b>	<b>**↓</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>21.6</b>	<b>**↓</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>	<b>40.7</b>	<b>**↓</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>	<i>3,429</i>			

1. BCS estimates from interviews in 2008/09 have been revised based on revised LFS microdata and may vary slightly from previously published estimates. See Sections 8.3 and 9.3 of the User Guide to Home Office Crime and Drug Statistics for more information.

2. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone plus methamphetamine since 2008/09 interviews.

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

4. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids, amyl nitrite, glues, any other pills/powders/drugs smoked plus 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. Between 2001/02 and 2008/09 the BCS sample included a young adult boost (see Section 9.2 of the User Guide for more information).

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

**Table 2.7 Proportion of 16 to 24 year olds reporting use of drugs in the last year, 1996 to 2009/10 BCS**

Percentages													England and Wales, BCS		
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09 <sup>1</sup>	2009/10	1996 to 2009/10	2008/09 to 2009/10	
														<i>Statistically significant change</i>	
<b>Class A</b>															
Any cocaine	1.4	3.2	5.4	5.1	5.2	5.4	5.1	5.9	6.1	5.1	6.6	5.6	**↑		
Powder cocaine	1.3	3.1	5.2	5.1	5.1	5.2	5.1	5.9	6.0	5.1	6.6	5.5	**↑		
Crack cocaine	0.2	0.3	0.9	0.5	0.5	0.4	0.1	0.4	0.4	0.2	0.2	0.5		**↑	
Ecstasy	6.6	5.1	5.6	6.8	5.8	5.5	4.9	4.3	4.8	3.9	4.4	4.3	**↓		
Hallucinogens	5.3	5.3	3.4	2.0	2.2	2.9	3.0	3.4	2.1	1.5	1.7	1.5	**↓		
LSD	4.5	3.2	2.5	1.2	0.9	0.9	0.5	0.9	0.7	0.7	0.8	0.5	**↓		
Magic mushrooms	2.3	3.9	2.4	1.5	1.9	2.7	3.0	3.0	1.7	1.3	1.5	1.2	**↓		
Opiates	0.4	0.8	0.8	0.3	0.2	0.5	0.2	0.2	0.2	0.2	0.0	0.3		**↑	
Heroin	0.4	0.3	0.8	0.3	0.2	0.4	0.2	0.2	0.2	0.1	0.0	0.1		**↑	
Methadone	0.1	0.6	0.1	0.0	0.2	0.3	0.0	0.1	0.1	0.1	0.0	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	2.7	2.4	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	2.4	**↓		
Methamphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.2	0.0	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	16.1	**↓	**↓	
<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	0.8			
<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	0.4			
Ketamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.8	0.9	1.9	1.7	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	3.2	**↓	**↓	
Glues	0.9	1.3	1.0	0.6	0.5	0.4	0.4	0.5	0.6	0.4	0.7	0.7			
<b>Frequent drug use<sup>2</sup></b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>11.6</b>	<b>12.4</b>	<b>10.3</b>	<b>9.5</b>	<b>8.3</b>	<b>7.3</b>	<b>7.6</b>	<b>7.3</b>	<b>**↓</b>		
<b>Any Class A drug<sup>3</sup></b>	<b>9.2</b>	<b>8.6</b>	<b>9.7</b>	<b>9.1</b>	<b>8.9</b>	<b>8.5</b>	<b>8.3</b>	<b>8.4</b>	<b>8.0</b>	<b>6.9</b>	<b>8.1</b>	<b>7.3</b>			
<b>Any stimulant drug<sup>4</sup></b>	<b>14.9</b>	<b>12.7</b>	<b>11.3</b>	<b>11.5</b>	<b>10.9</b>	<b>10.3</b>	<b>9.8</b>	<b>9.2</b>	<b>9.9</b>	<b>9.2</b>	<b>10.0</b>	<b>8.8</b>	<b>**↓</b>		
<b>Any drug<sup>5</sup></b>	<b>29.7</b>	<b>31.8</b>	<b>29.9</b>	<b>30.0</b>	<b>28.5</b>	<b>28.3</b>	<b>26.5</b>	<b>25.2</b>	<b>24.1</b>	<b>21.5</b>	<b>22.6</b>	<b>20.0</b>	<b>**↓</b>	<b>**↓</b>	
<i>Unweighted base<sup>6</sup></i>	<i>1,420</i>	<i>1,246</i>	<i>1,468</i>	<i>3,995</i>	<i>4,227</i>	<i>5,351</i>	<i>6,196</i>	<i>5,892</i>	<i>5,706</i>	<i>5,767</i>	<i>5,428</i>	<i>3,402</i>			

1. BCS estimates from interviews in 2008/09 have been revised based on revised LFS microdata and may vary slightly from previously published estimates. See Sections 8.3 and 9.3 of the User Guide to Home Office Crime Statistics for more information.

2. Frequent use refers to use of any drug more than once a month in the past year. Questions on frequency of use have been completed by 16 to 24 year olds since the 2002/03 BCS and long-term statistical significance of change is compared with 2002/03 rather than the 1996 BCS.

3. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone plus methamphetamine since 2008/09 interviews.

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

5. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquilisers, anabolic steroids, amyl nitrite, glues, any other pills/powders/drugs smoked plus 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. Between 2001/02 and 2008/09 the BCS sample included a young adult boost (see Section 9.2 of the User Guide for more information).

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

**Table 2.8 Proportion of 16 to 24 year olds reporting use of drugs in the last month, 1996 to 2009/10 BCS**

Percentages													England and Wales, BCS	
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09 <sup>1</sup>	2009/10	1996 to 2009/10	2008/09 to 2009/10
													<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	2.6	**↑	**↓
Powder cocaine	0.5	0.9	1.8	2.2	2.1	2.7	2.1	3.0	3.1	2.4	3.7	2.5	**↑	**↓
Crack cocaine	0.2	0.0	0.2	0.1	0.3	0.2	0.1	0.2	0.3	0.1	0.0	0.3		**↑
Ecstasy	2.9	2.2	3.2	3.5	2.7	2.6	1.9	2.0	2.5	1.4	1.5	1.9		
Hallucinogens	1.4	0.5	1.0	0.7	0.7	1.0	1.0	0.9	0.6	0.3	0.5	0.4	**↓	
LSD	1.1	0.4	0.6	0.4	0.3	0.4	0.2	0.2	0.3	0.1	0.2	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	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	0.2		
Heroin	0.1	0.2	0.3	0.2	0.2	0.3	0.1	0.1	0.2	0.0	0.0	0.1		
Methadone	0.1	0.5	0.0	0.0	0.1	0.1	0.0	0.1	0.1	0.0	0.0	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	1.0	0.7	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	0.7	**↓	
Methamphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.1	0.0	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	9.2	**↓	
<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	0.4		
<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	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	0.9	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	0.8		
Glues	0.2	0.6	0.4	0.3	0.1	0.2	0.1	0.2	0.3	0.1	0.3	0.1		
<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>3.7</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>5.0</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>	<b>11.6</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	3,382		

1. BCS estimates from interviews in 2008/09 have been revised based on revised LFS microdata and may vary slightly from previously published estimates. See Sections 8.3 and 9.3 of the User Guide to Home Office Crime Statistics for more information.

2. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone plus methamphetamine since 2008/09 interviews.

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

4. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquilisers, anabolic steroids, amyl nitrite, glues, any other pills/powders/drugs smoked plus 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. Between 2001/02 and 2008/09 the BCS sample included a young adult boost (see Section 9.2 of the User Guide for more information).

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 Section 9.2 of the User Guide for details).

**Table 2.9 Estimates of numbers of illicit drug users, 16 to 24 year olds**

Numbers <sup>1</sup> (000s)	England and Wales, 2009/10 BCS											
	Ever taken in lifetime				Taken in <i>last year</i>				Taken in <i>last month</i>			
	Estimate		Range		Estimate		Range		Estimate		Range	
<b>Class A</b>												
Any cocaine	<b>776</b>	695	–	866	<b>374</b>	317	–	440	<b>175</b>	137	–	223
Powder cocaine	<b>771</b>	690	–	860	<b>367</b>	311	–	432	<b>167</b>	130	–	214
Crack cocaine	<b>101</b>	73	–	140	<b>32</b>	18	–	57	<b>18</b>	8	–	39
Ecstasy	<b>665</b>	590	–	749	<b>283</b>	234	–	342	<b>126</b>	94	–	168
Hallucinogens	<b>419</b>	359	–	489	<b>99</b>	71	–	137	<b>28</b>	15	–	52
LSD	<b>159</b>	123	–	205	<b>36</b>	21	–	62	<b>15</b>	6	–	35
Magic mushrooms	<b>377</b>	320	–	444	<b>83</b>	58	–	118	<b>17</b>	8	–	37
Opiates	<b>49</b>	30	–	77	<b>18</b>	8	–	39	<b>11</b>	4	–	30
Heroin	<b>31</b>	17	–	55	<b>5</b>	1	–	21	-	-	–	-
Methadone	<b>25</b>	13	–	48	<b>13</b>	5	–	32	-	-	–	-
<b>Class A/B</b>												
Any amphetamine	<b>661</b>	586	–	745	<b>161</b>	125	–	208	<b>49</b>	31	–	78
Amphetamines	<b>637</b>	563	–	720	<b>160</b>	123	–	206	<b>47</b>	29	–	76
Methamphetamine	<b>58</b>	38	–	89	<b>3</b>	1	–	20	<b>2</b>	0	–	21
<b>Class B</b>												
Cannabis	<b>2,303</b>	2,178	–	2,431	<b>1,071</b>	976	–	1,172	<b>611</b>	538	–	692
<b>Class B/C</b>												
Tranquillisers	<b>166</b>	129	–	213	<b>56</b>	36	–	86	<b>25</b>	13	–	48
<b>Class C</b>												
Anabolic steroids	<b>63</b>	42	–	95	<b>27</b>	14	–	50	<b>11</b>	4	–	29
Ketamine	<b>267</b>	220	–	325	<b>113</b>	84	–	154	<b>59</b>	39	–	90
<b>Not Classified</b>												
Amyl nitrite	<b>863</b>	777	–	956	<b>210</b>	168	–	262	<b>52</b>	33	–	81
Glues	<b>199</b>	158	–	249	<b>44</b>	27	–	72	<b>9</b>	3	–	26
<b>Frequent drug use<sup>2</sup></b>	<b>n/a</b>	n/a	–	n/a	<b>485</b>	419	–	560	<b>n/a</b>	n/a	–	n/a
<b>Any Class A drug</b>	<b>1,088</b>	993	–	1,190	<b>488</b>	423	–	562	<b>244</b>	198	–	299
<b>Any stimulant drug</b>	<b>1,436</b>	1,329	–	1,548	<b>586</b>	514	–	666	<b>335</b>	282	–	399
<b>Any drug</b>	<b>2,704</b>	2,574	–	2,836	<b>1,326</b>	1,222	–	1,436	<b>772</b>	690	–	862

1. Numbers are derived by multiplying the prevalence rate by the 2009 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. Frequent use refers to use of any drug more than once a month in the past year.

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 2.10 Proportion of any individual drug use or frequent drug use in the *last year* among 16 to 24 year old drug users**

Percentages	England and Wales, 2009/10 BCS			
	Individual drug use <sup>1</sup>	Unweighted base <sup>2</sup>	Frequent drug use <sup>3</sup>	Unweighted base <sup>4</sup>
<b>Class A</b>				
Any cocaine	29	682	14	190
Powder cocaine	28	682	14	187
Crack cocaine	2	685	-	16
Ecstasy	22	682	7	133
Hallucinogens	8	689	13	49
LSD	3	688	-	22
Magic mushrooms	6	689	-	37
Opiates	1	688	-	7
Heroin	0	689	-	2
Methadone	1	688	-	5
<b>Class A/B</b>				
Any amphetamine	13	680	29	78
Amphetamines	12	680	28	77
Methamphetamine	0	682	-	3
<b>Class B</b>				
Cannabis	82	685	43	521
<b>Class B/C</b>				
Tranquillisers	4	688	-	27
<b>Class C</b>				
Anabolic steroids	2	688	-	16
Ketamine	9	685	20	58
<b>Not Classified</b>				
Amyl nitrite	16	686	3	86
Glues	3	688	-	19
<b>Frequent drug use<sup>3</sup></b>	40	614	n/a	n/a
<b>Any Class A drug</b>	38	678	14	245
<b>Any stimulant drug</b>	46	675	15	290
<b>Any drug<sup>5</sup></b>	100	689	40	614

1. Figures may sum to more than 100 as more than one drug may have been taken in the *last year*.

2. Base is respondents who reported using *any* illicit drug in the *last year*.

3. Frequent use refers to use of any drug more than once a month in the *last year*. For any composite drug measure, frequent use refers to taking the same or different types of drugs more than once a month.

4. Base is respondents who reported use of each specific drug, or group of drugs, in the *last year*.

5. The unweighted base is lower for frequent drug use as respondents who do not provide a valid answer to frequency of use question are excluded from the analysis.

'-' indicates that data are not reported because the unweighted base is less than 50.

Table 2.11 Most common (mode) and average (mean) age when 16 to 59 year olds who had ever reported taking cannabis, powder cocaine or ecstasy, reported first taking each type of drug, by personal characteristics

	England and Wales, 2009/10 BCS											
	Class A				Class B				Cannabis			
	Most common (Mode)	Average (Mean)	Range of mean	Unweighted base	Most common (Mode)	Average (Mean)	Range of mean	Unweighted base	Most common (Mode)	Average (Mean)	Range of mean	Unweighted base
<b>ALL ADULTS AGED 16 to 59</b>	<b>18</b>	<b>20.8</b>	<b>20.5 – 21.1</b>	<b>2,000</b>	<b>18</b>	<b>19.9</b>	<b>19.6 – 20.2</b>	<b>1,956</b>	<b>16</b>	<b>17.7</b>	<b>17.5 – 17.8</b>	<b>7,373</b>
<b>Age</b>												
16-19	17	16.2	15.9 – 16.6	116	16	15.8	15.4 – 16.2	101	15	14.9	14.7 – 15.1	421
20-24	18	18.0	17.6 – 18.3	284	18	17.5	17.1 – 17.9	241	15	15.5	15.3 – 15.7	742
25-29	18	19.6	19.2 – 19.9	372	18	18.5	18.1 – 18.8	376	16	16.4	16.2 – 16.6	1,034
30-34	18	21.0	20.5 – 21.4	390	18	19.7	19.3 – 20.2	438	16	16.9	16.7 – 17.1	1,217
35-44	20	23.6	23.0 – 24.2	564	18	21.3	20.9 – 21.8	634	18	18.9	18.6 – 19.1	2,214
45-59	20	24.8	23.7 – 25.9	274	30	29.6	28.2 – 31.1	166	18	20.6	20.2 – 20.9	1,745
<b>Sex</b>												
Men	18	20.8	20.5 – 21.1	1,202	18	19.8	19.5 – 20.1	1,220	16	17.5	17.3 – 17.7	4,090
Women	18	20.8	20.3 – 21.2	798	18	20.1	19.7 – 20.6	736	18	17.9	17.7 – 18.1	3,283
<b>Ethnic group</b>												
White	18	20.8	20.5 – 21.1	1,922	18	19.9	19.6 – 20.2	1,883	16	17.7	17.5 – 17.8	7,030
Non-White	20	20.9	19.7 – 22.2	78	18	20.0	19.0 – 21.0	73	18	17.2	16.6 – 17.8	339
<b>Marital status</b>												
Married	20	22.4	21.8 – 22.9	508	18	21.0	20.5 – 21.6	505	18	18.7	18.5 – 18.9	2,628
Cohabiting	18	20.7	20.1 – 21.2	439	18	19.7	19.2 – 20.2	450	16	17.4	17.1 – 17.6	1,327
Single	18	19.5	19.1 – 19.8	837	18	18.8	18.5 – 19.2	823	16	16.3	16.2 – 16.5	2,525
Separated/divorced/widowed	18	23.4	22.2 – 24.7	216	25	23.9	22.6 – 25.2	178	18	19.8	19.2 – 20.3	892
<b>Respondent's employment status</b>												
In employment	18	21.2	20.9 – 21.5	1,462	18	20.3	20.0 – 20.6	1,446	18	17.9	17.7 – 18.0	5,591
Unemployed	17	19.1	18.3 – 20.0	158	18	17.8	17.1 – 18.5	167	15	16.4	15.9 – 16.9	473
Economically inactive	17	19.9	19.2 – 20.5	376	16	19.4	18.6 – 20.1	340	16	17.2	16.8 – 17.5	1,296
<b>Respondent's occupation</b>												
Managerial & professional occupations	20	21.9	21.5 – 22.3	715	18	20.9	20.4 – 21.4	687	18	18.3	18.1 – 18.5	2,973
Intermediate occupations	18	21.3	20.7 – 21.9	400	18	20.5	19.9 – 21.1	380	18	18.1	17.8 – 18.4	1,390
Routine & manual occupations	18	20.1	19.7 – 20.6	715	18	19.3	18.8 – 19.7	719	16	17.2	17.0 – 17.5	2,374
Never worked & long-term unemployed	17	17.6	16.0 – 19.1	44	17	17.5	15.9 – 19.1	45	14	15.7	14.9 – 16.4	162
Full-time students	17	18.1	17.4 – 18.7	115	18	17.3	16.7 – 17.8	112	15	15.6	15.4 – 15.9	431
<b>Highest qualification</b>												
Degree or diploma	18	21.6	21.2 – 22.0	804	18	20.9	20.5 – 21.4	770	18	18.1	17.9 – 18.3	3,210
Apprenticeship or A/AS level	18	20.4	19.9 – 20.9	470	18	19.3	18.7 – 19.8	437	16	17.5	17.2 – 17.8	1,510
O level/GCSE	17	19.9	19.4 – 20.5	469	18	19.0	18.5 – 19.6	486	16	17.1	16.8 – 17.4	1,709
Other	24	22.4	20.6 – 24.3	44	17	19.7	18.0 – 21.5	45	16	17.4	16.5 – 18.3	169
No qualifications	18	20.0	19.0 – 21.0	213	18	19.2	18.3 – 20.1	218	15	17.4	16.9 – 17.9	771
<b>Long-standing illness or disability</b>												
Long-standing illness or disability	17	21.0	20.2 – 21.7	388	18	20.8	19.9 – 21.6	352	18	18.5	18.1 – 18.9	1,409
<i>Limits activities</i>	17	21.1	20.2 – 22.1	257	18	21.1	20.0 – 22.2	222	18	18.7	18.2 – 19.3	872
<i>Does not limit activities</i>	21	20.8	19.6 – 22.0	130	18	20.4	19.1 – 21.8	129	15	18.2	17.6 – 18.8	535
No long-standing illness or disability	18	20.7	20.5 – 21.0	1,611	18	19.8	19.5 – 20.0	1,604	16	17.5	17.4 – 17.6	5,959
<b>Number of visits to pub/wine bar in the evening during last month</b>												
None	18	21.0	20.4 – 21.6	493	18	20.4	19.8 – 21.0	492	18	17.9	17.7 – 18.2	2,208
1 to 3 visits	20	21.1	20.7 – 21.6	698	18	20.1	19.7 – 20.6	679	16	17.8	17.6 – 18.1	2,700
4 to 8 visits	18	20.8	20.3 – 21.3	544	18	19.7	19.2 – 20.2	526	16	17.5	17.2 – 17.7	1,747
9 or more visits	18	19.8	19.1 – 20.4	265	18	19.2	18.5 – 19.9	259	16	16.8	16.5 – 17.2	718
<b>Number of visits to club/disco during last month</b>												
None	20	21.4	21.1 – 21.8	1,428	18	20.4	20.0 – 20.7	1,420	18	18.1	17.9 – 18.2	5,820
1 to 3 visits	18	19.8	19.3 – 20.3	435	18	19.3	18.7 – 19.8	419	16	16.5	16.3 – 16.8	1,232
4 or more visits	18	18.7	18.0 – 19.5	137	18	18.0	17.0 – 19.0	117	16	16.1	15.8 – 16.5	321

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



# 3 Extent and trends in drug use by personal, household and lifestyle factors

---

Andrew Britton

## 3.1 SUMMARY

Measures of illicit drug use by age and sex in the 2009/10 BCS show that:

- Among adults aged 16 to 59, the level of any *last year* illicit drug use was highest among the **16 to 19 age group**, while *last year* Class A drug use was higher for **20 to 24 year olds** than all older age groups.
- Levels of use of any illicit drug use in the *last year* fell between 1996 and 2009/10 (from 11.1% to 8.6%); most of these falls in drug use have occurred in the **youngest age groups** where use is highest (16 to 29 year olds). For example, around one in three (31.6%) of 16 to 19 year olds used an illicit drug in the *last year* in 1996 compared with around one in five (22.3%) in 2009/10.
- Overall levels of *last year* Class A drug use were similar in the 1996 and 2009/10 BCS; however there were increases in levels of Class A drug use among those **aged 30 to 54** (for example, from 0.5% of 35 to 44 year olds in 1996 to 1.7% in 2009/10).
- **Men** reported higher levels (around twice as high) than **women** of *last year* use of any illicit drug and any Class A drug; this has been the case since the 1996 BCS.

In addition to variation by age and sex, illicit drug use varied by personal, household and area characteristics and lifestyle factors. For example, the 2009/10 BCS showed that:

- There is a clear relationship between **nightclub** and **pub visits** and illicit drug use; levels of drug use increased with increasing frequency of visits to a nightclub or pub. For example in 2009/10, adults not visiting a nightclub in the past month were less likely to have taken Class A drugs in the *last year* (1.7%) than those visiting four or more times (12.7%).
- Any illicit drug use in the *last year* increased as **frequency of alcohol consumption** increased; 3.9 per cent of adults who had not consumed alcohol in the last month had used any illicit drug in the *last year* compared with 12.2 per cent of those who consumed alcohol on three or more days per week. This relationship was even stronger for Class A drug use.
- Levels of use of any illicit drug (13.3%) or Class A drug (5.5%) were highest in areas that are classified as '**Urban Prosperity**' compared with all other areas.
- **Single** adults had higher levels of any drug or Class A drug use in the *last year* (17.0% and 6.4% respectively) in comparison with **all other marital groups** (for example, 3.0% and 0.8% were the equivalent figures for married adults).

Multivariate analysis was carried out to estimate how much the likelihood of *last year drug use* is increased or reduced according to different characteristics or behaviours, taking into account the fact that some variables may be interrelated. The analysis shows that those characteristics that contributed most to explaining the likelihood of *last year* drug use were **age, sex, frequency of alcohol consumption and marital status**.

### 3.2 INTRODUCTION

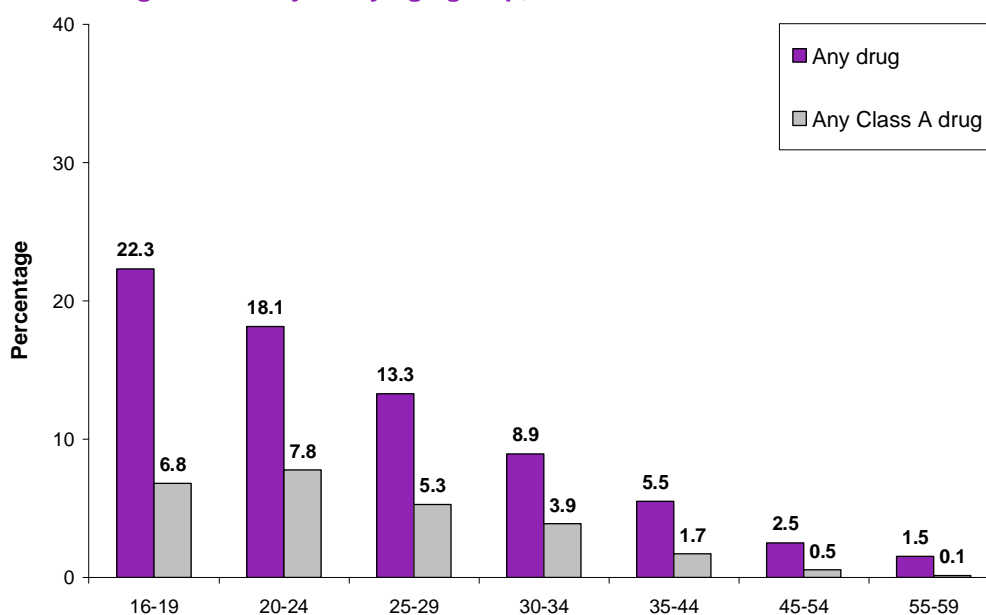
This chapter presents the levels of illicit drug use among adults aged 16 to 59 in the *last year* (that is, in the year prior to interview) by personal, household and area characteristics and lifestyle factors (for example, age, sex and household income; for definitions [see Section 7 of the User Guide to Home Office Crime Statistics](#)). Latest figures from the 2009/10 BCS are presented for the composite groups of any illicit drug or Class A drugs as well as the most prevalent types of drugs. As a new addition to this year's chapter, long-term trends are presented for these groups and types of drugs by key demographic and lifestyle characteristics.

### 3.3 EXTENT AND TRENDS IN ILLICIT DRUG USE BY AGE GROUP

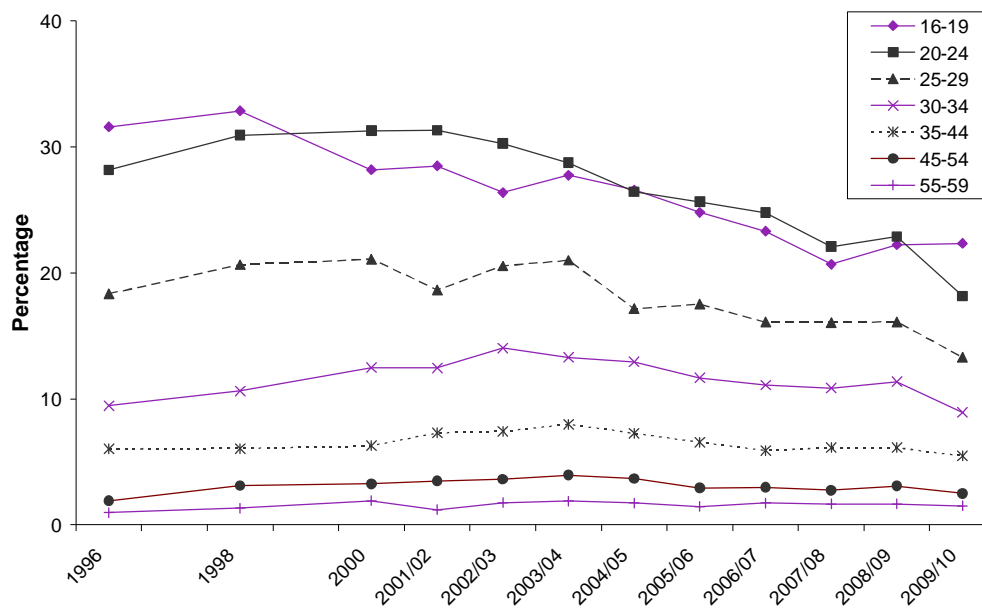
#### Overall extent and trends in illicit drug use by age group

As shown in previous years, the level of any *last year* illicit drug use was highest among the 16 to 19 age group (22.3%). Levels of illicit drug use then decreased with increasing age, from 18.1 per cent of those aged 20 to 24 to 1.5 per cent of 55 to 59 year olds (Figure 3.1 and Table 3.1).

**Figure 3.1 Proportion of 16 to 59 year olds reporting use of any drug or any Class A drug in the *last year* by age group, 2009/10 BCS**



Among adults aged 16 to 59, the use of any illicit drug in the *last year* fell between 1996 and 2009/10 (from 11.1% to 8.6%). This fall has been mainly driven by decreases in illicit drug use in the youngest age groups where use is highest (16 to 29 year olds). For example, in 1996 around one in three adults (31.6%) aged 16 to 19 reported illicit drug use while in 2009/10 this proportion was around one in five (22.3%). Among adults aged over 29, there was no statistically significant change in levels of *last year* drug use between 1996 and 2009/10 (Figure 3.2 and Table 3.3).

**Figure 3.2 Proportion of 16 to 59 year olds reporting use of any drug in the last year by age group, 1996 to 2009/10 BCS**

Among 16 to 59 year olds the level of Class A drug use was not statistically significantly different between the 1996 BCS and the 2009/10 BCS. Levels of *last year* Class A drug use decrease as age increases, but the peak for use is later than for any drug use, shifting to the 20 to 24 age group (Tables 3.1 and 3.3). In particular:

- Levels of Class A drug use in the *last year* among 20 to 24 year olds were higher in 2009/10 (7.8%) than all older age groups and this has been the case since the 1996 BCS.
- There was no statistically significant change in *last year* Class A drug use among the youngest age group (16 to 19 year olds) in the short (since 2008/09) or long term (since 1996), reflecting an increase in powder cocaine use offset by a reduction in the use of ecstasy.
- Levels of *last year* use of a Class A drug among adults aged 30 to 54 has increased since the 1996 BCS (for example, from 1.9% of 30 to 34 year olds in 1996 to 3.9% in the 2009/10 BCS).

### Extent and trends in types of drug use by age group

The fall in *last year* use of any illicit drug by 16 to 59 year olds between the 1996 and 2009/10 BCS (see Chapter 2 for more details) is in large part due to the gradual decline in cannabis use among 16 to 29 year olds. For example, *last year* use of cannabis among adults aged 16 to 19 fell from 27.0 per cent in 1996 to 18.5 per cent in 2009/10. Over the same period there were also falls in *last year* use of ecstasy, amphetamines and hallucinogens among 16 to 29 year olds (Tables 3.1 and 3.3).

Between the 1996 and the 2009/10 BCS powder cocaine use in the *last year* had increased among those aged 16 to 44 (for example, from 0.2% of 35 to 44 year olds to 1.4%). A particularly large increase in powder cocaine use among 16 to 19 year olds (from 0.7% to 4.6%) suggests a decrease in the age of onset (see Chapter 2). In 2009/10 levels of powder cocaine use in the *last year* were highest among 16 to 29 year olds (16 to 19: 4.6%, 20 to 24: 6.2%, 25 to 29: 4.6%)<sup>1</sup>, while in the 1996 BCS *last year* powder cocaine use was highest among those aged 20 to 29 (20 to 24: 1.7%, 25 to 29: 1.4%).

<sup>1</sup> The level of *last year* powder cocaine use among adults aged 30 to 34 (3.2%) was lower than for 20 to 24 year olds (6.2%) but not statistically significantly different from 16 to 19 or 25 to 29 year olds (both 4.6%).

Last year ecstasy use among adults aged 16 to 19 halved between 1996 and 2009/10 (from 6.2% to 3.5%). Although at a lower level, ecstasy use among 30 to 44 year olds has increased in the same period (for example, 30 to 34 year olds; 0.6% in 1996 to 2.0% in 2009/10). Those aged 20 to 24 reported the highest levels<sup>2</sup> of last year ecstasy use in both the 1996 BCS (6.9%) and the 2009/10 BCS (4.8%).

In 2009/10, levels of last year hallucinogen use were highest among adults aged 16 to 29 (16 to 19: 1.8%; 20 to 24: 1.2%; 25 to 29: 0.7%) and then decreased in the older age groups; the 1996 BCS showed a similar pattern. Between 1996 and 2009/10 levels of use have fallen considerably within the 16 to 24 age groups (for example, from 6.5% to 1.8% of 16 to 19 year olds) while no statistically significant change was detected for other age groups.

Again, a similar pattern was seen for levels of last year amphetamine use, with usage decreasing with increasing age in both the 1996 and 2009/10 BCS. The reduction in use of amphetamines among adults aged 16 to 34 over this period is one of the most prominent falls in levels of use of any of the individual drugs by age (for example, from 11.5% to 2.8% of 16 to 19 year olds between 1996 and 2009/10). Prevalence among 35 to 59 year olds has not shown a statistically significant change over time.

There is a clear pattern of large decreases in last year amphetamine and ecstasy use over time among people in the younger age groups alongside increases in powder cocaine use in the same age groups. This could suggest a change in the 'fashion' around the types of stimulant drugs used by young people, but may also relate to factors such as availability and price.

### 3.4 EXTENT AND TRENDS IN ILLICIT DRUG USE BY SEX

#### Overall extent and trends in illicit drug use by sex

Men continued to report higher levels than women of last year use of any illicit drug or Class A drugs in the 2009/10 BCS, a pattern which has been consistently demonstrated since the 1996 BCS (Tables 3.1 and 3.4).

In 2009/10 the level of last year illicit drug use among men (11.9%) was around twice as high as that for women (5.4%). There have been falls in the level of last year use among both men and women since the 1996 BCS (men: from 13.6% to 11.9%; women: from 8.6% to 5.4%) and since 2008/09 (men: 13.2%; women: 7.0%), hence the ratio between levels of use between the two groups has remained similar.

As in 1996, the 2009/10 BCS also showed that men (4.4%) were around twice as likely as women (1.8%) to have used Class A drugs in the last year. Levels of last year Class A drug use were similar in the 2009/10 BCS to levels in the 1996 BCS for both men (3.6%) and women (1.7%).

#### Extent and trends in types of drug use by sex

The pattern of men having higher last year illicit drug use overall compared with women can be seen for individual drugs as well. For example (Figure 3.3, Tables 3.1 and 3.4):

- Men were around twice as likely as women to have used powder cocaine in the last year in both 2009/10 (3.5% and 1.4% respectively) and 1996 (0.9% and 0.3% respectively).
- In 2009/10, men were twice as likely as women to have used cannabis in the last year (9.3% and 4.0% respectively) while in the 1996 BCS levels of last year cannabis use were also higher for men (11.5%) than women (7.3%).
- Prevalence of hallucinogen use is lower in the general population, but the gender difference still exists: last year use among men was more than three times higher than

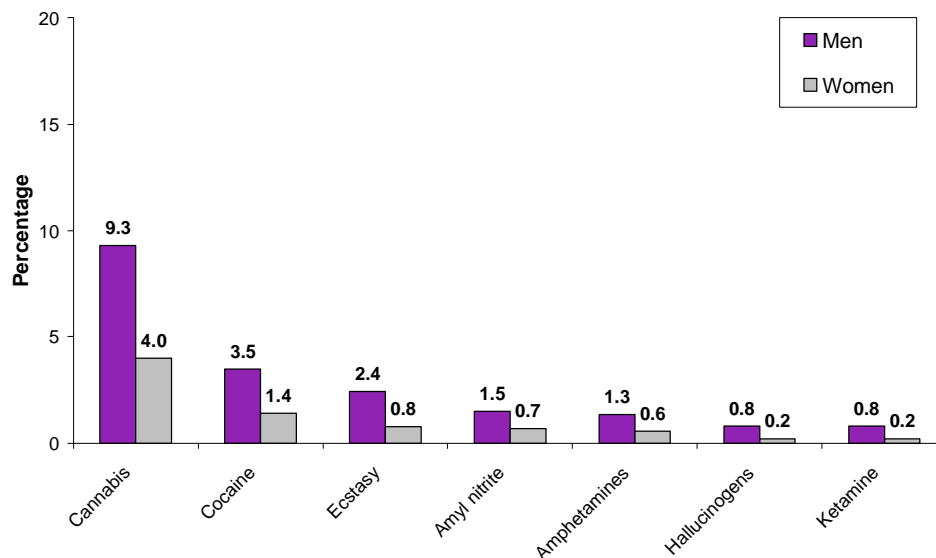
---

<sup>2</sup> Prevalence for 20 to 24 year olds (4.8%) was not statistically significantly different from that for 16 to 19 year olds (3.5%) in 2009/10.

for women in 2009/10 (0.8% and 0.2% respectively) and in 1996 (2.1% and 0.6% respectively).

- Last year ketamine use among men (0.8%) was around four times higher than for women (0.2%) according to the 2009/10 BCS.<sup>3</sup>

**Figure 3.3 Proportion of adults reporting use of individual drugs in the last year by sex, 2009/10 BCS**



### 3.5 EXTENT AND TRENDS IN ILLICIT DRUG USE BY OTHER PERSONAL, HOUSEHOLD AND AREA CHARACTERISTICS AND LIFESTYLE FACTORS

The BCS collects a rich set of information on the personal, household and area characteristics and lifestyle factors of respondents which can be used to explore variations in drug use (for definitions [see Section 7 of the User Guide to Home Office Crime Statistics](#)) (Tables 3.1, 3.2, 3.5 to 3.10).

Whilst these discrete relationships provide useful information, it should be noted that these factors often interact and caution should be taken when drawing conclusions; for example, marital status is strongly age-related and different ethnic groups have different age profiles. Box 3.1 and Annex 1 present analysis of a combined three-year BCS dataset which provided sufficient numbers to produce estimates of drug misuse within each ethnic group in the 16-fold classification.<sup>4</sup> This analysis includes age standardisation that adjusts the sample to take account of the varying age profiles of different ethnic groups. Analysis has also been carried out on a combined two-year BCS dataset to produce prevalence of illicit drug use by sexual orientation, again using age standardisation to adjust for the variance in age between groups (see Box 3.2 and Annex 2).

Using the 2009/10 BCS, logistic regression was carried out to identify which characteristics were independently associated with increased likelihood of *last year* drug use by controlling for interrelated characteristics (see Box 3.3 for more details).

<sup>3</sup> Questions on ketamine use were introduced into the 2006/07 BCS so long term comparisons are not available.

<sup>4</sup> The ethnic group question on the BCS is taken from: Harmonised Concepts and Questions for Social Data Sources. Primary Standards. Ethnic Group. <http://www.statistics.gov.uk/about/data/harmonisation/downloads/P3.pdf>

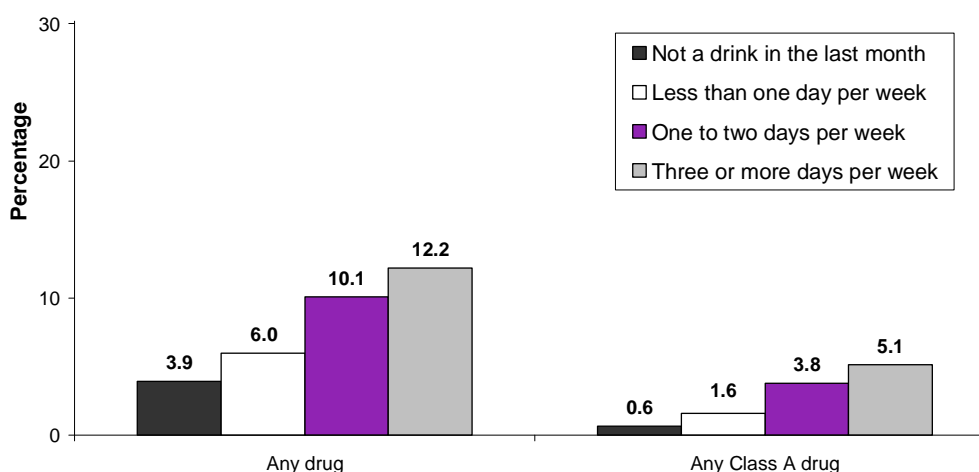
## Overall illicit drug use by other personal, household and area characteristics and lifestyle factors

In the 2009/10 BCS, single adults were most likely to have taken any drug or any Class A drug in the *last year*; for example *last year* Class A drug use was higher for single adults (6.4%) compared with either cohabiting (4.4%) or married adults (0.8%). Single adults had the highest level of Class A drug use in both the 1996 and 2009/10 BCS, despite a fall in the proportion of single adults reporting *last year* Class A drug use (from 8.1% in 1996) and increases in usage among married people (from 0.3% to 0.8%) and cohabiting adults (from 2.6% to 4.4%) (Tables 3.1 and 3.5).

It has been consistently shown over time that adults who visited a nightclub or pub had higher levels of *last year* drug use (that is, use of any illicit or a Class A drug). There was a clear linear relationship between nightclub and pub visits and drug use; for example in 2009/10, those not visiting a nightclub in the last month were less likely to have taken a Class A drug in the *last year* (1.7%) than those who went to a nightclub one to three times in the last month (9.1%) or those visiting four or more times (12.7%) (Tables 3.1, 3.6 and 3.7).

As frequency of alcohol consumption increased, so did *last year* drug use prevalence rates among adults age 16 to 59.<sup>5</sup> Of those adults who had not drunk any alcohol in the last month, 3.9 per cent reported *last year* use of any illicit drug, lower than the 12.2 per cent of those who drank alcohol on three or more days per week in the last month. However, there appears to be a stronger relationship between alcohol consumption and Class A drug use: 0.6 per cent of those who did not drink in the last month had used a Class A drug in the *last year* compared with 5.1 per cent of adults who drank three or more times a week (Figure 3.4 and Table 3.1).

**Figure 3.4 Proportion of adults reporting use of any drug or any Class A drug in the *last year* by frequency of alcohol consumption in the past month, 2009/10 BCS**



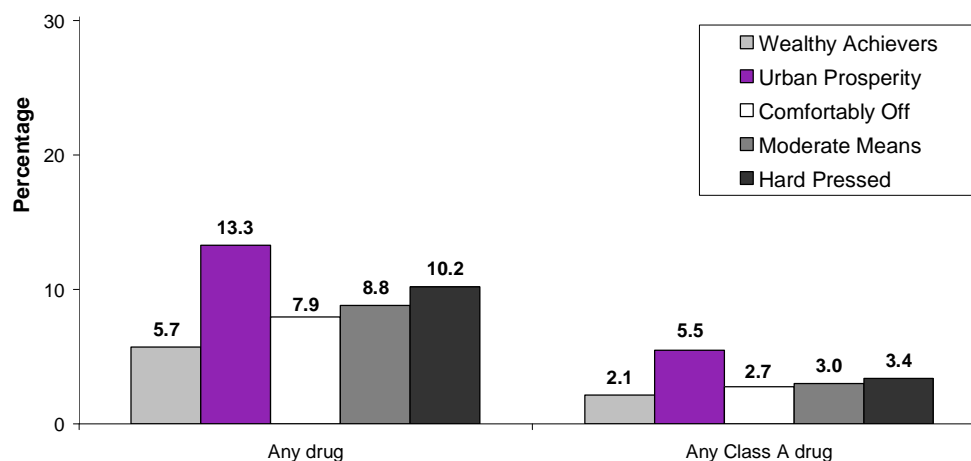
Other factors related to drug use include area type and income. Adults living in 'Urban Prosperity' areas had the highest levels of any drug use (22.4%) and Class A drug use (8.5%) in the 2009/10 BCS, this was also the case in the 2001/02 BCS.<sup>6</sup> Adults in 'Hard Pressed' areas had the second highest level of any *last year* illicit drug use (10.2%) compared with the other area types (the pattern was less clear for *last year* Class A drug use) (Figure 3.5, Tables 3.2 and 3.9).

<sup>5</sup> Questions about frequency of alcohol consumption were previously only asked of 16 to 30 year olds but in the 2009/10 BCS were extended to 59 year olds; hence analysis of the association between alcohol consumption and drug use is presented for the first time for all adults aged 16 to 59.

<sup>6</sup> See Section 7.2 of the User Guide to Home Office Crime Statistics for definitions of ACORN categories; comparison is made with 2001/02 when categories were last revised.

Adults living in a household in the lowest income group (£10,000 or less) had the highest levels of any *last year* drug (12.4%) and *last year* Class A drug use (4.0%) compared with all other income groups (for example, compared with 7.1% and 2.9% of adults living in a household with an income of £50,000 or more). Similar to the general population trend there was no statistically significant change in *last year* Class A drug use for most income groups between the 1998 BCS<sup>7</sup> and the 2009/10 BCS, whereas any illicit drug use fell for most income groups (driven by decreases in cannabis use) (Tables 3.2 and 3.8).<sup>8</sup>

**Figure 3.5 Proportion of adults reporting use of any drug or any Class A drug in the last year by ACORN type, 2009/10 BCS**



In the 2009/10 BCS, adults from a White ethnic group (9.0%) generally had higher levels of any drug use than those from a non-White background (that is, ethnic groups other than White) (Table 3.1). Separate analysis on a combined three-year BCS dataset (2006/07–2008/09) produced drug use prevalence estimates for each of the ethnic groups in the 16-fold classification; these estimates are based on larger sample sizes and also take into consideration the varying age profiles of different ethnic groups (see Box 3.1).

### Box 3.1 Nationally representative estimates of illicit drug use by ethnicity, 2006/07–2008/09 BCS

Annex 1 provides estimates from the combined three-year BCS dataset (2006/07, 2007/08, 2008/09) on the prevalence of illicit drug use among each ethnic group by type of drug.

- Adults from **Mixed** ethnic backgrounds were more likely to have taken any drug in the *last year*.
- Adults from the **Asian or Asian British** group generally had the lowest levels of *last year* drug use.
- Levels of *last year* drug use among adults from a **Black or Black British** background were lower than those in **White** or **Mixed** groups, and higher than **Asian or Asian British**. Within the **Black or Black British** group; adults from a Black-Caribbean background had higher levels of cannabis and hence any drug use in the *last year* than Black-African adults.
- Prevalence of Class A drug use was highest among **White** and **Mixed** ethnic groups.

Age standardisation adjusts rates to take into account the age profile of the population under study and when applied to these drug-use rates means that many of the differences observed between groups disappear. This suggests that age, not ethnicity, is a driver of differences between some groups (see Box A1.1 in Annex 1 for more information).

<sup>7</sup> Income categories are not directly comparable between the 1996 and 2009/10 BCS.

<sup>8</sup> Comparisons of drug use by household income levels do not take into account changes in income distribution or inflation across this time period.

Levels of *last year* any drug or Class A drug use were higher for adults who were unemployed compared with those in employment or economically inactive. For example, 7.1 per cent of adults who were unemployed used a Class A drug in the *last year* compared with 2.8 per cent of those who were employed and 3.0 per cent of those who were economically inactive.

Any drug and Class A drug use in the *last year* varied across area and household types according to the 2009/10 BCS; however it is likely that some findings reflect differences in the age profile of the different groups (Table 3.2).

- Higher levels of any drug or Class A drug use in the *last year* were seen among adults living in urban compared with rural areas; for example, 9.1 per cent of adults in urban areas had taken an illicit drug in the *last year* compared with 6.9 per cent of those in rural areas.
- Adults living in households with no children had higher rates of *last year* use of any drug or a Class A drug (10.2% and 3.8% respectively) than those in households with children (for example, 6.3% and 2.0% respectively for adults living in households with adults and child(ren)).
- Use of any drug or a Class A drug in the *last year* was highest amongst adults living in private-rented accommodation. For example, levels of Class A drug use for adults who lived in private-rented accommodation (5.4%) were higher than for those in owner-occupied properties (2.1%) and socially-rented accommodation (3.8%).

There were no obvious patterns in any *last year* drug use across the English regions or Wales in the 2009/10 BCS. However, between 1996 and 2009/10, *last year* powder cocaine use increased and amphetamine use decreased in all the regions of England and Wales. For example, across this period use of powder cocaine in the *last year* rose from 1.7 per cent to 3.0 per cent in London, while use of amphetamines fell from 2.7 per cent to 0.5 per cent (Tables 3.2 and 3.10).

### Box 3.2 Nationally representative estimates of illicit drug use by self-reported sexual orientation, 2007/08 and 2008/09 BCS

The report in Annex 2 provided estimates from the combined two-year data (2007/08 and 2008/09) on the prevalence of illicit drug use by sexual orientation. In summary:

- Compared with **heterosexual** adults, **gay or bisexual** adults were more likely to have taken any drug or any Class A drug in the *last year*.
- Higher prevalence of *last year* drug use among **gay or bisexual** adults was found across most drug types: powder cocaine, ecstasy, hallucinogens, amphetamines, cannabis, tranquillisers, ketamine and amyl nitrite.
- Comparing **gay/bisexual** men with **heterosexual** men, use of any drug in the *last year* was around three times higher while *last year* use of any drug among **gay/bisexual** women was around four times higher than for **heterosexual** women.

Levels of illicit drug use are known to be higher among younger adults. Age standardisation adjusts rates to take into account the age profile of the population under study; 33 per cent of **heterosexual** adults were aged between 16 and 29, whereas 53 per cent of **gay/bisexual** adults were in the same age bracket.

When age standardisation is applied to drug-use rates most of the variations observed between groups remain after controlling for the differing age distributions. This indicates that levels of drug use are relatively higher among **gay or bisexual** adults than **heterosexual** adults and these variations in drug use cannot be explained purely in terms of different age profiles of the two groups (see Box A2.1 in Annex 2 for more information).

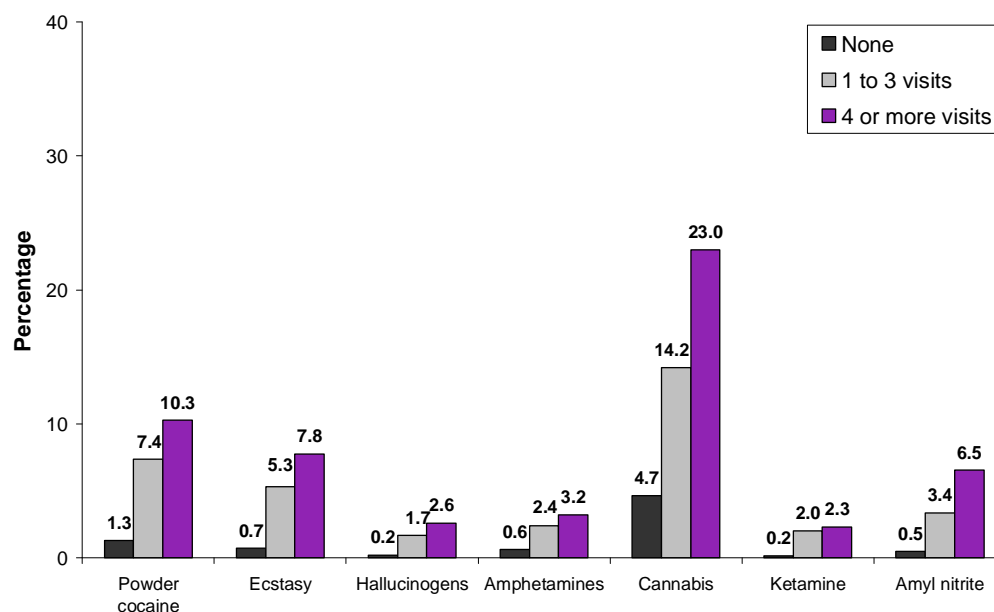
## Type of drug use by personal, household and area characteristics and lifestyle factors

As in previous years, there was also variation in the extent and trends of *last year* use of individual drugs by personal, household and area characteristics and lifestyle factors (Tables 3.1, 3.2 and 3.5 to 3.10).

Single adults aged 16 to 59 were most likely to have taken powder cocaine (5.0%) in the *last year* compared with all other marital status groups (for example, 0.7% of married people). Single adults have reported the highest level of *last year* powder cocaine use since the 1996 BCS. Over this period most of the marital status groups, including single adults, have seen levels of use increase. For example, 0.9 per cent of adults who were cohabiting reported *last year* powder cocaine use in 1996, compared with 3.5 per cent in 2009/10 (Tables 3.1 and 3.5).

There is a clear relationship between nightclub and pub visits and drug use, with higher usage levels for all drug types with increasing frequency of visits. For example, *last year* use of amphetamines was higher for those going to a nightclub four or more times in the past month (3.2%) compared with those not going at all (0.6%). This relationship also holds true in earlier years (although levels of amphetamine use were considerably higher across all groups); for example, in 1998<sup>9</sup>, a higher proportion of adults (16.6%) who visited a club four or more times in the past month reported *last year* amphetamine use than those who did not visit a club at all (1.5%) (Figure 3.6, Tables 3.1 and 3.7).

**Figure 3.6 Proportion of adults reporting use of individual drugs in the *last year* by frequency of nightclub visits in the past month, 2009/10 BCS**



Area type and income are factors related to use of individual types of drugs. *Last year* powder cocaine prevalence was higher in areas classified as 'Urban Prosperity' compared with all other area types in the 2009/10 BCS. Among adults living in 'Wealthy Achievers' and 'Hard Pressed' areas levels of powder cocaine use in the *last year* have increased from relatively low levels in the 2001/02 BCS (for example, 'Wealthy Achievers' usage increased from 0.9% in 2001/02 to 1.8% in 2009/10). With levels of use in other areas showing no statistically significant change over the long term, there is less of a discrepancy in *last year* powder cocaine use between different area types in the 2009/10 BCS compared with the 2001/02 BCS (Tables 3.2 and 3.9).

<sup>9</sup> The comparison is made with the 1998 BCS when the question was introduced.

*Last year* cannabis use in the 2009/10 BCS was higher among adults living in households with an income of less than £10,000 (9.3%) compared with any other income group (for example, households with an income of £10,000 to less than £20,000, 6.5%). This is a change from the pattern in 1998 when adults living in households with an income of less than £10,000 (14.1%) and also those in households with an income of £50,000 or more (12.3%) had the highest levels of *last year* cannabis use; the current pattern reflects large falls in cannabis use among adults in households in the highest income group (from 12.3% to 5.2%) (Tables 3.8).<sup>10</sup>

In the 2009/10 BCS, there were few statistically significant differences in levels of *last year* powder cocaine use across the household income groups. Between 1998 and 2009/10 levels of *last year* powder cocaine use have increased for all income groups with the exception of the highest income group (for example, from 0.9% to 1.5% of adults in households with an income of £10,000 to less than £20,000).

### **Box 3.3 Analysis of the factors associated with any *last year* drug use among adults aged 16 to 59, 2009/10 BCS**

Logistic regression can be used to estimate how much the likelihood of any *last year* drug use is increased or reduced according to different characteristics or behaviours, taking into account the fact that some variables may be interrelated. Although logistic regression can be used to explore associations between variables, it does not necessarily imply causation and results should be treated as indicative rather than conclusive.

Logistic regression shows that the characteristics that contribute most to explaining the likelihood of any *last year* drug use are **age**, **sex**, frequency of **alcohol consumption** and **marital status**. However, other variables such as having a long-term illness or disability, the number of visits to a nightclub in the past month, housing tenure and number of visits to a pub in the past month were also important (Table 3.11).

The model shows that adults who were **young** (aged 16 to 19) had significantly higher odds of using any illicit drug in the *last year* compared with all older age groups. Adults who were **married** had lower odds of using any drug in the *last year* compared with all other groups. Further analysis shows that in fact there was no statistically significant difference in the odds of *last year* drug use for **single** adults compared with those who were cohabiting or previously married (that is, separated, divorced or widowed).

Adults who **did not drink alcohol at all** had lower odds of illicit drug use than those who consumed alcohol at least once a week on average in the last month. Compared with those who did not drink at all, the odds were similar for adults who drank on less than a day a week, suggesting that frequent alcohol consumption has the greatest association with using an illicit drug in the *last year*.

Logistic regression performed previously (Hoare, 2009) suggested that frequency of pub visits was a strong indicator of any *last year* drug use. With the introduction of questions relating to frequency of alcohol consumption in the 2009/10 BCS, it is clear that alcohol consumption, regardless of the venue, is the more important indicator of *last year* drug use.

<sup>10</sup> Comparisons of drug use by household income levels do not take into account changes in income distribution or inflation across this time period.

**Box 3.3 Analysis of the factors associated with any *last year* drug use among adults aged 16 to 59, 2009/10 BCS (cont.)**

Once other variables, particularly age and alcohol consumption, are controlled for, the effect of certain other characteristics on the prevalence of any *last year* drug use becomes clearer. For example, when viewed in isolation, household income appeared to be a strong indicator of the level of any *last year* drug use but the influence was reduced within the logistic regression model. This would suggest that it is the underlying characteristics of those people belonging to certain household income groups (for example, marital status) and not income itself that is the important factor. Similarly, there was an apparent difference in levels of *last year* drug use between adults living in an urban rather than a rural area (Table 3.2); however, the logistic regression model suggests that area type is masking other, more important, underlying characteristics.

The model from the 2009/10 BCS can be used to examine the relative likelihood of any *last year* illicit drug use for adults with different characteristics. For example, assuming all other characteristics in the model are the same:

- An 18 year old single man was around **seven times** as likely to have taken an illicit drug in the *last year* than a 52 year old married man.
- An 18 year old single man with a high frequency of alcohol consumption (3 times or more a week), who frequently visited pubs (9 or more times in the past month) and clubs (4 or more times in the past month) was around **three times** as likely to have taken an illicit drug in the *last year* than an 18 year old single man with low frequency of alcohol consumption (less than a day a week), who didn't visit pubs or clubs in the past month.

For more information on the methodology and interpretation of the logistic regression presented here [see Section 8.4 of the User Guide to Home Office Crime Statistics](#).

Table 3.1 Proportion of 16 to 59 year olds reporting use of illicit drugs<sup>1</sup> in the last year, by personal characteristics<sup>2</sup>

Percentages	England and Wales, 2009/10 BCS										
	Class A			Class A/B	Class B	Class C	Not classified	Any Class A drug <sup>3</sup>	Any stimulant drug <sup>4</sup>	Any drug <sup>5</sup>	Unweighted base <sup>6</sup>
	Powder cocaine	Ecstasy	Hallucinogens	Amphetamines	Cannabis	Ketamine	Amyl nitrite				
<b>Age</b>											
16-19	4.6	3.5	1.8	2.8	18.5	1.7	3.3	6.8	8.3	22.3	1,481
20-24	6.2	4.8	1.2	2.1	14.3	1.7	3.1	7.8	9.2	18.1	1,921
25-29	4.6	2.3	0.7	1.3	9.9	0.5	1.3	5.3	5.9	13.3	2,562
30-34	3.2	2.0	0.4	0.8	6.3	0.2	0.9	3.9	4.5	8.9	2,896
35-44	1.4	0.7	0.2	0.7	3.8	0.2	0.5	1.7	2.2	5.5	7,305
45-54	0.4	0.2	0.1	0.2	2.1	0.0	0.2	0.5	0.6	2.5	6,701
55-59	0.1	0.1	0.0	0.0	1.1	0.0	0.1	0.1	0.3	1.5	3,148
<b>Sex</b>											
Men	3.5	2.4	0.8	1.3	9.3	0.8	1.5	4.4	5.1	11.9	11,815
Women	1.4	0.8	0.2	0.6	4.0	0.2	0.7	1.8	2.2	5.4	14,199
<b>Ethnic group</b>											
White	2.7	1.8	0.5	1.1	7.0	0.5	1.2	3.4	4.0	9.0	23,796
Non-White	0.7	0.2	0.1	0.1	4.1	0.1	0.1	0.9	1.0	5.8	2,205
<i>Mixed</i>	2.2	1.0	0.6	0.4	13.0	0.6	0.0	3.2	3.6	15.9	255
<i>Asian/ Asian British</i>	0.6	0.1	0.0	0.0	1.9	0.1	0.1	0.6	0.7	3.8	971
<i>Black/ Black British</i>	0.5	0.0	0.0	0.1	6.4	0.1	0.0	0.6	0.7	7.1	597
<i>Chinese/ Other</i>	0.6	0.1	0.3	0.0	2.8	0.0	0.2	0.8	0.9	4.5	382
<b>Marital status</b>											
Married	0.7	0.3	0.1	0.2	2.2	0.1	0.1	0.8	0.9	3.0	11,759
Cohabiting	3.5	2.1	0.7	1.5	7.9	0.3	1.6	4.4	5.1	10.8	3,399
Single	5.0	3.6	1.1	1.9	13.4	1.3	2.4	6.4	7.7	17.0	7,319
Separated	1.2	0.3	0.2	0.5	4.7	0.0	0.4	1.5	2.0	5.9	961
Divorced	0.8	0.5	0.3	0.7	4.4	0.1	0.4	1.1	1.8	5.6	2,254
Widowed	0.2	0.1	0.0	0.0	2.7	0.0	0.0	0.2	0.2	2.7	318
<b>Respondent's employment status</b>											
In employment	2.4	1.5	0.4	0.8	5.7	0.4	1.0	2.8	3.4	7.6	19,676
Unemployed	4.7	3.9	1.5	2.5	15.1	1.1	1.7	7.1	7.9	17.9	1,238
Economically inactive	2.1	1.5	0.5	1.3	7.9	0.6	1.2	3.0	3.6	10.4	5,051
<i>Student</i>	3.7	3.4	1.1	1.8	14.1	1.5	2.9	5.4	6.4	18.3	1,005
<i>Looking after family/home</i>	0.9	0.2	0.1	0.5	2.6	0.1	0.2	1.1	1.4	4.0	1,869
<i>Long-term/temporarily sick/ill</i>	1.4	0.9	0.5	2.0	7.0	0.2	0.7	2.8	3.5	9.7	1,375
<i>Retired</i>	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.8	387
<i>Other inactive</i>	3.4	2.0	0.6	1.3	12.3	0.4	0.0	4.0	4.4	14.1	415
<b>Respondent's occupation</b>											
Managerial & professional occupations	1.7	1.0	0.3	0.4	4.2	0.2	0.7	2.0	2.4	5.7	9,446
Intermediate occupations	2.1	1.0	0.2	0.4	5.2	0.3	0.9	2.4	3.0	7.1	5,116
Routine & manual occupations	2.9	2.0	0.7	1.6	7.5	0.6	1.0	3.8	4.4	9.5	9,024
Never worked & long-term unemployed	2.6	1.3	0.6	1.5	7.4	0.5	0.5	2.9	3.6	9.7	731
Full-time students	3.8	3.3	1.3	1.6	14.9	1.6	3.1	5.2	6.5	18.6	1,564
<b>Highest qualification</b>											
Degree or diploma	2.2	1.6	0.3	0.7	5.4	0.3	1.0	2.8	3.2	7.2	10,092
Apprenticeship or A/AS level	3.4	2.2	0.8	1.1	8.2	0.9	2.0	4.0	5.2	10.7	4,975
O level/GCSE	2.6	1.7	0.5	1.2	7.7	0.6	1.0	3.4	3.9	9.8	6,391
Other	1.9	1.0	1.0	1.5	4.5	0.1	0.3	2.7	3.0	6.6	809
No qualifications	1.5	0.6	0.4	1.0	6.6	0.1	0.3	2.1	2.5	8.2	3,730
<b>Long-standing illness or disability</b>											
Long-standing illness or disability	2.1	1.2	0.5	1.4	7.0	0.4	1.0	3.0	3.6	9.3	4,752
<i>Limits activities</i>	1.6	0.9	0.4	1.4	7.2	0.3	0.6	2.9	3.1	9.5	2,989
<i>Does not limit activities</i>	2.8	1.5	0.6	1.4	6.7	0.6	1.6	3.2	4.2	8.9	1,759
No long-standing illness or disability	2.5	1.7	0.5	0.9	6.6	0.5	1.1	3.1	3.7	8.5	21,247
<b>Number of evening visits to pub/wine bar in past month</b>											
None	0.7	0.4	0.3	0.6	4.0	0.2	0.3	1.1	1.3	5.0	10,465
1 to 3 visits	1.9	1.1	0.3	0.7	5.4	0.3	0.7	2.4	2.8	7.0	8,985
4 to 8 visits	4.4	3.1	0.6	1.3	10.0	0.9	2.5	5.3	6.8	13.7	4,909
9 or more visits	9.2	6.0	2.1	3.0	18.0	1.8	3.6	11.0	12.1	22.2	1,653
<b>Number of visits to nightclub in past month</b>											
None	1.3	0.7	0.2	0.6	4.7	0.2	0.5	1.7	2.0	6.0	22,395
1 to 3 visits	7.4	5.3	1.7	2.4	14.2	2.0	3.4	9.1	10.6	18.7	2,918
4 or more visits	10.3	7.8	2.6	3.2	23.0	2.3	6.5	12.7	16.1	30.3	698
<b>Perception of people using or dealing drugs</b>											
Very/fairly big problem	3.1	2.0	0.7	1.5	9.0	0.6	1.4	4.0	4.9	11.4	7,090
Not a problem	2.3	1.5	0.4	0.7	5.8	0.4	1.0	2.8	3.3	7.7	18,098
<b>Experience of crime in the last year</b>											
Victim of any BCS crime	4.0	2.8	0.8	1.9	10.1	0.8	1.9	5.1	6.0	12.9	6,348
Not victim of BCS crime	1.9	1.2	0.4	0.6	5.5	0.4	0.8	2.4	2.9	7.2	19,666
<b>Frequency of alcohol consumption during the past month</b>											
Not a drink in the last month	0.3	0.3	0.2	0.5	3.0	0.2	0.2	0.6	0.8	3.9	2,955
Less than a day a week	1.1	0.9	0.2	0.5	4.6	0.2	0.6	1.6	2.0	6.0	8,092
1-2 days a week	3.2	2.0	0.5	0.9	7.6	0.8	1.6	3.8	4.6	10.1	7,859
3 or more days a week	4.2	2.5	0.9	1.7	9.6	0.6	1.5	5.1	5.9	12.2	6,949
<b>ALL ADULTS AGED 16 to 59</b>	<b>2.4</b>	<b>1.6</b>	<b>0.5</b>	<b>1.0</b>	<b>6.6</b>	<b>0.5</b>	<b>1.1</b>	<b>3.1</b>	<b>3.7</b>	<b>8.6</b>	<b>26,014</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. See Section 7.3 of the User Guide to Home Office Crime Statistics for definitions of personal characteristics.

3. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone plus methamphetamine since 2008/09 interviews.

4. 'Any stimulant drug' comprises powder cocaine, crack cocaine, ecstasy, amphetamines, methamphetamine and amyl nitrite.

5. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, ketamine, heroin, methadone, amphetamines, methamphetamine, cannabis, tranquilisers, anabolic steroids, amyl nitrite, glues, any other pills/powders/drugs smoked.

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 3.2 Proportion of 16 to 59 year olds reporting use of illicit drugs<sup>1</sup> in the last year, by household and area characteristics<sup>2</sup>

Percentages	England and Wales, 2009/10 BCS											
	Class A			Class A/B	Class B	Class C	Not classified		Any Class A drug <sup>3</sup>	Any stimulant drug <sup>4</sup>	Any drug <sup>5</sup>	Unweighted base <sup>6</sup>
	Powder cocaine	Ecstasy	Hallucinogens	Amphetamines	Cannabis	Ketamine	Amyl nitrite					
<b>Structure of household</b>												
Single adult & child(ren)	2.1	0.9	0.3	1.3	6.2	0.2	0.5		2.5	3.1	8.0	2,023
Adults & child(ren)	1.6	0.7	0.3	0.6	4.6	0.1	0.5		2.0	2.4	6.3	8,734
Adult(s) & no children	3.0	2.2	0.6	1.1	7.9	0.7	1.5		3.8	4.5	10.2	15,257
<b>Household income</b>												
Less than £10,000	2.7	1.8	1.0	2.0	9.3	0.8	1.6		4.0	5.4	12.4	2,706
£10,000 less than £20,000	1.5	1.1	0.3	0.9	6.5	0.4	0.6		2.1	2.7	8.7	3,979
£20,000 less than £30,000	2.3	1.4	0.3	0.6	5.6	0.5	0.8		2.9	3.1	6.9	3,791
£30,000 less than £40,000	1.9	1.5	0.6	0.8	6.2	0.2	0.9		2.7	3.0	8.0	3,380
£40,000 less than £50,000	2.2	1.4	0.1	0.5	5.1	0.4	0.8		2.4	2.8	7.0	2,440
£50,000 or more	2.6	1.4	0.3	0.5	5.2	0.3	1.0		2.9	3.6	7.1	5,138
<b>Tenure</b>												
Owner occupiers	1.7	1.1	0.3	0.5	4.3	0.3	0.7		2.1	2.5	5.8	16,988
Social renters	2.9	1.2	0.7	1.6	8.9	0.2	0.9		3.8	4.5	11.6	3,995
Private renters	4.4	3.4	1.0	1.9	11.9	1.3	2.1		5.4	6.4	15.0	4,970
<b>Accommodation type</b>												
Houses	2.3	1.5	0.4	0.9	6.2	0.5	1.0		2.8	3.3	7.9	22,341
Detached	1.5	0.8	0.2	0.2	4.6	0.2	0.5		1.8	2.0	5.5	6,051
Semi-detached	2.0	1.3	0.4	0.8	5.8	0.4	1.2		2.5	3.2	7.7	8,313
Terraced	3.2	2.1	0.6	1.4	7.8	0.7	1.2		3.8	4.5	10.0	7,977
Flats/maisonettes	3.7	2.7	0.9	1.6	9.7	0.8	1.6		5.1	6.0	13.5	3,215
<b>ACORN category</b>												
Wealthy Achievers	1.8	1.1	0.3	0.4	4.6	0.4	0.7		2.1	2.4	5.7	6,939
Urban Prosperity	4.5	3.2	0.8	1.2	9.5	1.0	2.0		5.5	6.3	13.3	2,331
Comfortably Off	2.0	1.4	0.5	0.9	6.4	0.4	1.0		2.7	3.3	7.9	7,219
Moderate Means	2.4	1.7	0.4	1.3	6.3	0.4	1.2		3.0	3.9	8.8	4,183
Hard Pressed	2.7	1.4	0.6	1.2	8.0	0.4	0.8		3.4	3.8	10.2	5,286
<b>Output area classification</b>												
Blue collar communities	2.3	1.2	0.5	1.3	7.7	0.3	1.0		3.0	3.9	9.5	4,684
City living	5.1	4.2	1.2	2.4	10.7	1.4	3.6		7.2	9.1	15.9	1,286
Countryside	1.5	0.8	0.3	0.7	5.3	0.4	0.7		1.9	2.4	6.6	3,601
Prospering suburbs	1.7	1.3	0.3	0.5	4.7	0.5	0.9		2.1	2.5	5.8	5,859
Constrained by circumstances	3.0	1.6	1.0	1.6	7.7	0.4	1.0		3.9	4.5	10.7	2,498
Typical traits	2.5	1.6	0.4	0.8	6.5	0.4	1.0		3.0	3.5	8.2	5,838
Multicultural	2.9	1.9	0.4	0.6	7.4	0.6	0.8		3.3	3.6	10.2	2,248
<b>Area type</b>												
Urban	2.6	1.7	0.5	1.0	6.9	0.5	1.2		3.2	3.9	9.1	19,693
Rural	1.9	1.1	0.5	0.8	5.5	0.3	0.8		2.5	2.9	6.9	6,321
<b>Level of physical disorder</b>												
High	3.3	2.1	1.3	2.3	9.0	0.5	1.3		4.3	4.6	11.0	1,617
Not high	2.4	1.6	0.4	0.9	6.5	0.5	1.1		3.0	3.6	8.5	24,152
<b>Living environment deprivation index</b>												
20% most deprived output areas	2.6	1.5	0.6	1.5	7.7	0.4	1.0		3.4	3.9	10.0	4,776
Other output areas	2.5	1.6	0.5	0.8	6.4	0.5	1.2		3.1	3.8	8.5	14,131
20% least deprived output areas	2.0	1.5	0.5	0.7	6.4	0.6	0.9		2.7	3.1	7.7	5,042
<b>English region and Wales</b>												
England	2.5	1.6	0.5	0.9	6.6	0.5	1.1		3.1	3.7	8.6	23,949
North East	3.6	1.9	0.7	1.7	7.1	1.1	2.1		4.5	5.3	8.9	1,807
North West	3.2	2.3	0.8	1.7	8.0	0.7	1.8		4.0	5.3	10.4	3,032
Yorkshire and the Humber	1.9	1.2	0.6	0.7	6.3	0.7	1.0		2.4	3.1	8.5	2,406
East Midlands	2.4	1.4	0.5	0.8	6.4	0.4	1.0		3.1	3.3	8.4	2,887
West Midlands	1.8	0.9	0.2	0.7	5.1	0.2	1.0		2.2	2.8	6.9	2,583
East of England	2.3	1.3	0.3	0.9	6.4	0.5	0.5		2.7	3.1	7.7	3,402
London	3.0	1.8	0.3	0.5	6.8	0.5	0.8		3.5	3.9	9.4	2,193
South East	2.4	1.8	0.7	0.9	7.1	0.5	1.0		3.0	3.5	9.0	2,916
South West	1.8	1.4	0.5	1.0	6.1	0.2	1.4		2.7	3.1	7.6	2,723
Wales	2.4	1.8	0.4	1.1	6.7	0.2	0.9		2.9	3.8	9.1	2,065
<b>ALL ADULTS AGED 16 to 59</b>	<b>2.4</b>	<b>1.6</b>	<b>0.5</b>	<b>1.0</b>	<b>6.6</b>	<b>0.5</b>	<b>1.1</b>		<b>3.1</b>	<b>3.7</b>	<b>8.6</b>	<b>26,014</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. See Sections 7.1 and 7.2 of the User Guide to Home Office Crime Statistics for definitions of area and household characteristics.

3. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone plus methamphetamine since 2008/09 interviews.

4. 'Any stimulant drug' comprises powder cocaine, crack cocaine, ecstasy, amphetamines, methamphetamine and amyl nitrite.

5. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, ketamine, heroin, methadone, amphetamines, methamphetamine, cannabis, tranquilisers, anabolic steroids, amyl nitrite, glues, any other pills/powders/drugs smoked.

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 59 year olds reporting use of illicit drugs in the last year by age group, 1996 to 2009/10 BCS

Percentages	England and Wales, BCS												1996 to 2009/10		2008/09 to 2009/10	
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	1996 to 2009/10	2008/09 to 2009/10	Statistically significant change	
<b>Powder cocaine</b>	<b>0.6</b>	<b>1.2</b>	<b>2.0</b>	<b>2.0</b>	<b>2.1</b>	<b>2.4</b>	<b>2.0</b>	<b>2.4</b>	<b>2.6</b>	<b>2.4</b>	<b>3.0</b>	<b>2.4</b>	**↑	**↓		
16-19 <sup>1</sup>	0.7	1.2	4.0	2.6	3.0	3.9	3.5	3.9	3.3	3.5	5.0	4.6	**↑			
20-24 <sup>1</sup>	1.7	4.8	6.3	7.1	6.8	6.3	6.4	7.6	8.3	6.3	7.9	6.2	**↑			
25-29	1.4	3.1	5.2	4.8	4.5	6.4	2.9	4.7	5.8	5.5	7.1	4.6	**↑	**↓		
30-34	0.8	0.8	2.1	2.0	3.0	3.0	2.4	2.9	3.4	2.9	4.4	3.2	**↑	**↓		
35-44	0.2	0.5	0.4	0.9	0.9	1.4	1.0	1.4	1.2	1.3	1.3	1.4	**↑			
45-54	0.1	0.2	0.1	0.2	0.1	0.3	0.3	0.2	0.4	0.3	0.3	0.4				
55-59	0.1	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.2	0.0	0.1				
<b>Ecstasy</b>	<b>1.7</b>	<b>1.5</b>	<b>1.8</b>	<b>2.2</b>	<b>2.0</b>	<b>2.0</b>	<b>1.8</b>	<b>1.6</b>	<b>1.8</b>	<b>1.5</b>	<b>1.8</b>	<b>1.6</b>				
16-19 <sup>1</sup>	6.2	4.1	5.0	4.8	3.9	4.5	4.0	3.0	3.3	3.0	3.7	3.5	**↓			
20-24 <sup>1</sup>	6.9	5.9	6.1	8.3	7.4	6.3	5.6	5.4	6.1	4.7	5.0	4.8				
25-29	2.3	2.6	4.7	4.7	4.3	4.8	3.1	3.7	3.5	3.3	4.0	2.3		**↓		
30-34	0.6	0.9	1.6	1.6	2.6	1.8	2.1	2.1	1.9	1.6	2.2	2.0	**↑			
35-44	0.2	0.3	0.2	0.7	0.6	0.8	0.6	0.6	0.5	0.7	0.5	0.7	**↑			
45-54	0.1	0.0	0.0	0.2	0.0	0.1	0.2	0.0	0.3	0.1	0.2	0.2				
55-59	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1				
<b>Hallucinogens</b>	<b>1.3</b>	<b>1.3</b>	<b>1.0</b>	<b>0.7</b>	<b>0.7</b>	<b>0.9</b>	<b>1.1</b>	<b>1.1</b>	<b>0.7</b>	<b>0.6</b>	<b>0.6</b>	<b>0.5</b>	**↓			
16-19 <sup>1</sup>	6.5	5.2	3.4	1.8	1.4	3.0	2.4	3.1	1.8	1.3	1.2	1.8	**↓			
20-24 <sup>1</sup>	4.4	5.4	3.4	2.2	2.9	2.9	3.5	3.6	2.4	1.7	2.0	1.2	**↓			
25-29	1.5	1.7	1.8	1.5	1.3	1.7	1.5	1.7	1.3	1.3	1.2	0.7				
30-34	0.7	0.5	0.6	0.5	0.6	0.6	1.0	1.1	0.8	0.5	0.4	0.4				
35-44	0.1	0.1	0.2	0.3	0.1	0.3	0.4	0.4	0.2	0.3	0.2	0.2				
45-54	0.2	0.0	0.2	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1				
55-59	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0				
<b>Amphetamines</b>	<b>3.2</b>	<b>3.0</b>	<b>2.1</b>	<b>1.6</b>	<b>1.6</b>	<b>1.5</b>	<b>1.4</b>	<b>1.3</b>	<b>1.3</b>	<b>1.0</b>	<b>1.2</b>	<b>1.0</b>	**↓	**↓		
16-19 <sup>1</sup>	11.5	9.5	6.1	4.2	2.7	3.4	2.8	2.7	2.5	2.0	2.3	2.8	**↓			
20-24 <sup>1</sup>	12.1	10.2	6.3	5.6	4.6	4.5	3.6	3.8	4.4	2.7	2.9	2.1	**↓	**↓		
25-29	4.2	5.7	4.2	3.1	2.9	3.2	2.5	2.7	2.3	1.7	2.3	1.3	**↓	**↓		
30-34	1.6	2.0	2.1	1.4	2.5	1.7	1.9	1.6	1.4	1.2	1.5	0.8	**↓	**↓		
35-44	0.7	0.7	0.6	0.7	0.8	0.8	0.7	0.9	0.6	0.8	0.7	0.7				
45-54	0.2	0.3	0.2	0.1	0.2	0.3	0.3	0.2	0.2	0.2	0.2	0.2				
55-59	0.3	0.0	0.2	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0				
<b>Cannabis</b>	<b>9.5</b>	<b>10.3</b>	<b>10.5</b>	<b>10.6</b>	<b>10.9</b>	<b>10.8</b>	<b>9.7</b>	<b>8.7</b>	<b>8.2</b>	<b>7.6</b>	<b>7.9</b>	<b>6.6</b>	**↓	**↓		
16-19 <sup>1</sup>	27.0	28.5	25.5	25.9	24.2	24.9	23.9	21.8	20.3	17.2	18.3	18.5	**↓	**↓		
20-24 <sup>1</sup>	24.9	27.9	28.2	28.5	27.8	25.7	23.4	21.2	21.5	18.7	19.1	14.3	**↓	**↓		
25-29	15.9	17.9	18.5	16.0	18.4	18.4	14.5	14.8	13.1	12.8	12.1	9.9	**↓	**↓		
30-34	7.8	9.0	10.7	11.2	12.1	11.8	10.7	9.4	8.5	8.7	8.2	6.3	**↓	**↓		
35-44	4.7	4.8	5.5	6.1	6.4	6.8	6.0	5.2	4.5	4.5	4.6	3.8	**↓	**↓		
45-54	1.4	2.2	2.6	3.0	3.2	3.3	3.1	2.5	2.2	2.1	2.4	2.1	**↑			
55-59	0.5	0.5	1.0	0.8	1.3	1.6	1.4	1.1	1.1	1.0	1.1	1.1				
<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>3.1</b>		**↓		
16-19 <sup>1</sup>	9.6	8.0	8.7	6.3	6.0	7.3	6.4	6.3	5.3	5.4	6.8	6.8				
20-24 <sup>1</sup>	8.9	9.1	10.5	11.4	11.2	9.6	9.9	10.3	10.3	8.0	9.1	7.8				
25-29	3.9	5.3	7.1	6.8	7.0	8.3	4.9	6.9	6.8	6.4	8.4	5.3		**↓		
30-34	1.9	1.5	3.3	3.2	4.3	3.9	4.0	4.3	4.0	3.8	5.2	3.9	**↑	**↓		
35-44	0.5	0.7	0.6	1.5	1.3	1.7	1.6	1.8	1.5	1.7	1.7	1.7	**↑			
45-54	0.2	0.3	0.3	0.4	0.2	0.4	0.5	0.3	0.6	0.5	0.5	0.5	**↑			
55-59	0.2	0.0	0.2	0.1	0.1	0.0	0.1	0.1	0.0	0.3	0.2	0.1				
<b>Any drug<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>	<b>8.6</b>	**↓	**↓		
16-19 <sup>1</sup>	31.6	32.9	28.2	28.5	26.4	27.7	26.6	24.8	23.3	20.7	22.2	22.3	**↓	**↓		
20-24 <sup>1</sup>	28.2	30.9	31.3	31.3	30.3	28.7	26.4	25.6	24.8	22.1	22.9	18.1	**↓	**↓		
25-29	18.3	20.6	21.1	18.6	20.5	21.0	17.1	17.5	16.1	16.1	16.1	13.3	**↓	**↓		
30-34	9.5	10.6	12.5	12.5	14.0	13.3	12.9	11.7	11.1	10.9	11.4	8.9	**↓	**↓		
35-44	6.0	6.1	6.3	7.3	7.4	8.0	7.3	6.6	5.9	6.1	6.1	5.5				
45-54	1.9	3.1	3.2	3.5	3.6	4.0	3.7	2.9	3.0	2.7	3.1	2.5				
55-59	1.0	1.3	1.9	1.2	1.8	1.9	1.7	1.5	1.7	1.7	1.7	1.5				
<b>Unweighted bases<sup>4</sup></b>																
16-19 <sup>1</sup>	554	477	645	1,944	2,000	2,617	3,092	2,898	2,754	2,817	2,686	1,481				
20-24 <sup>1</sup>	861	769	823	2,051	2,227	2,734	3,104	2,994	2,952	2,950	2,742	1,921				
25-29	1,503	1,210	1,442	2,065	2,215	2,216	2,624	2,704	2,793	2,820	2,774	2,562				
30-34	1,648	1,543	1,858	2,818	3,237	3,191	3,620	3,688	3,376	3,334	3,191	2,896				
35-44	2,679	2,640	3,479	5,582	6,684	6,840	8,129	8,628	8,326	8,194	8,136	7,305				
45-54	2,379	2,251	3,085	4,706	5,346	5,708	6,595	6,984	6,987	6,863	6,988	6,701				
55-59	1,070	919	1,439	2,323	2,935	3,198	3,731	3,962	3,687	3,443	3,519	3,148				
<b>All aged 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>29,631</b>	<b>28,819</b>	<b>28,331</b>	<b>28,232</b>	<b>26,014</b>				

1. 16 to 19 and 20 to 24 year old figures include the young adult boost sample between 2001/02 and 2008/09 (see Section 9.2 of the User Guide to Home Office Crime Statistics); where this is applied, figures given for all 16 to 59 year olds exclude the young adult boost.

2. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone and also methamphetamine since 2008/09.

3. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquilisers, anabolic steroids, amyl nitrite, glues, any other pills/powders/drugs smoked and also ketamine since 2006/07 and methamphetamine since 2008/09.

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

Table 3.4 Proportion of 16 to 59 year olds reporting use of illicit drugs in the *last year* by sex, 1996 to 2009/10 BCS

Percentages	England and Wales, BCS													1996 to 2008/09 to 2009/10	
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	1996 to 2009/10	2008/09 to 2009/10	
														<i>Statistically significant change</i>	
<b>Powder cocaine</b>	<b>0.6</b>	<b>1.2</b>	<b>2.0</b>	<b>2.0</b>	<b>2.1</b>	<b>2.4</b>	<b>2.0</b>	<b>2.4</b>	<b>2.6</b>	<b>2.4</b>	<b>3.0</b>	<b>2.4</b>	**↑	**↓	
Men	0.9	1.7	2.8	3.0	3.0	3.4	2.9	3.3	3.6	3.4	4.2	3.5	**↑	**↓	
Women	0.3	0.8	1.1	1.0	1.1	1.4	1.2	1.5	1.6	1.3	1.8	1.4	**↑	**↓	
<b>Ecstasy</b>	<b>1.7</b>	<b>1.5</b>	<b>1.8</b>	<b>2.2</b>	<b>2.0</b>	<b>2.0</b>	<b>1.8</b>	<b>1.6</b>	<b>1.8</b>	<b>1.5</b>	<b>1.8</b>	<b>1.6</b>			
Men	2.3	1.9	2.6	3.2	2.9	2.8	2.5	2.2	2.6	2.2	2.6	2.4			
Women	1.1	1.0	1.0	1.1	1.0	1.1	1.1	1.0	1.0	0.8	1.1	0.8		**↓	
<b>Hallucinogens</b>	<b>1.3</b>	<b>1.3</b>	<b>1.0</b>	<b>0.7</b>	<b>0.7</b>	<b>0.9</b>	<b>1.1</b>	<b>1.1</b>	<b>0.7</b>	<b>0.6</b>	<b>0.6</b>	<b>0.5</b>	**↓		
Men	2.1	1.8	1.6	1.1	1.0	1.2	1.6	1.5	1.2	1.0	0.9	0.8	**↓		
Women	0.6	0.8	0.4	0.2	0.3	0.5	0.6	0.6	0.3	0.3	0.3	0.2	**↓		
<b>Amphetamines</b>	<b>3.2</b>	<b>3.0</b>	<b>2.1</b>	<b>1.6</b>	<b>1.6</b>	<b>1.5</b>	<b>1.4</b>	<b>1.3</b>	<b>1.3</b>	<b>1.0</b>	<b>1.2</b>	<b>1.0</b>	**↓	**↓	
Men	4.2	3.9	2.8	2.2	2.0	2.0	1.8	1.8	1.8	1.4	1.7	1.3	**↓		
Women	2.2	2.1	1.4	0.9	1.1	1.1	0.9	0.9	0.8	0.7	0.8	0.6	**↓	**↓	
<b>Cannabis</b>	<b>9.5</b>	<b>10.3</b>	<b>10.5</b>	<b>10.6</b>	<b>10.9</b>	<b>10.8</b>	<b>9.7</b>	<b>8.7</b>	<b>8.2</b>	<b>7.6</b>	<b>7.9</b>	<b>6.6</b>	**↓	**↓	
Men	11.5	13.4	13.2	13.6	14.1	13.9	12.4	11.7	11.1	10.3	10.6	9.3	**↓	**↓	
Women	7.3	7.2	7.7	7.6	7.6	7.5	7.0	5.9	5.5	4.9	5.2	4.0	**↓	**↓	
<b>Any Class A drug<sup>1</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>3.1</b>		**↓	
Men	3.6	3.6	4.6	4.7	4.8	4.8	4.5	4.7	4.8	4.4	5.1	4.4		**↓	
Women	1.7	1.7	1.9	1.7	1.8	2.1	1.9	2.1	2.0	1.7	2.3	1.8		**↓	
<b>Any drug<sup>2</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>8.6</b>	**↓	**↓	
Men	13.6	15.6	15.0	15.2	15.6	15.7	14.3	13.7	13.2	12.8	13.2	11.9	**↓	**↓	
Women	8.6	8.5	8.8	8.7	8.7	8.8	8.3	7.4	6.9	6.3	7.0	5.4	**↓	**↓	
<i>Unweighted bases<sup>3</sup></i>															
Male	4,902	4,333	5,940	9,105	10,603	11,055	12,711	13,446	13,248	13,120	12,919	11,815			
Female	5,792	5,476	6,831	10,868	12,754	13,142	15,495	16,185	15,566	15,211	15,313	14,199			
<b>All aged 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>29,631</b>	<b>28,819</b>	<b>28,331</b>	<b>28,232</b>	<b>26,014</b>			

1. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone and also methamphetamine since 2008/09.

2. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids, amyl nitrite, glues, any other pills/powders/drugs smoked and also ketamine since 2006/07 and methamphetamine since 2008/09.

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

Table 3.5 Proportion of **16 to 59 year olds** reporting use of illicit drugs in the *last year* by marital status, 1996 to 2009/10 BCS

Percentages	England and Wales, BCS												1996 to 2009/10		
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2009/10	2008/09 to 2009/10	Statistically significant change
<b>Powder cocaine</b>	<b>0.6</b>	<b>1.2</b>	<b>2.0</b>	<b>2.0</b>	<b>2.1</b>	<b>2.4</b>	<b>2.0</b>	<b>2.4</b>	<b>2.6</b>	<b>2.4</b>	<b>3.0</b>	<b>2.4</b>	<b>2.4</b>	**†	**†
Married	0.2	0.3	0.3	0.5	0.4	0.7	0.5	0.6	0.5	0.6	0.7	0.7	0.7	**†	
Cohabiting	0.9	1.8	4.8	4.2	4.0	4.0	3.4	3.3	3.3	3.7	4.5	3.5	3.5	**†	
Single	1.5	3.2	4.5	4.4	4.8	5.4	4.6	5.6	6.2	5.0	6.4	5.0	5.0	**†	**†
Separated	0.1	0.1	1.6	1.1	1.4	0.9	0.8	1.5	1.9	1.3	2.4	1.2	1.2	**†	
Divorced	0.6	0.6	0.6	1.0	1.0	1.0	0.6	1.0	0.8	0.8	1.5	0.8	0.8		
Widowed	0.4	3.0	0.6	0.0	0.4	0.0	0.0	0.3	0.3	0.7	0.5	0.2	0.2		
<b>Ecstasy</b>	<b>1.7</b>	<b>1.5</b>	<b>1.8</b>	<b>2.2</b>	<b>2.0</b>	<b>2.0</b>	<b>1.8</b>	<b>1.6</b>	<b>1.8</b>	<b>1.5</b>	<b>1.8</b>	<b>1.6</b>	<b>1.6</b>		
Married	0.2	0.1	0.2	0.3	0.4	0.3	0.3	0.3	0.2	0.2	0.3	0.3	0.3		
Cohabiting	1.5	2.8	3.9	4.0	2.8	2.7	2.8	2.2	2.3	2.3	2.4	2.1	2.1		
Single	5.3	4.0	4.6	5.4	5.0	5.1	4.4	3.8	4.5	3.5	4.2	3.6	3.6	**†	**†
Separated	1.1	0.6	0.8	0.8	0.8	1.2	0.7	1.0	1.1	0.6	1.7	0.3	0.3		**†
Divorced	0.7	0.4	1.0	1.8	0.9	0.8	0.8	0.9	0.3	0.4	0.8	0.5	0.5		
Widowed	1.0	1.4	0.6	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.3	0.1	0.1		
<b>Hallucinogens</b>	<b>1.3</b>	<b>1.3</b>	<b>1.0</b>	<b>0.7</b>	<b>0.7</b>	<b>0.9</b>	<b>1.1</b>	<b>1.1</b>	<b>0.7</b>	<b>0.6</b>	<b>0.6</b>	<b>0.5</b>	<b>0.5</b>	**†	
Married	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.1	0.1	0.1	0.1	0.1		
Cohabiting	0.7	2.6	1.4	0.8	1.0	1.4	1.5	1.1	1.0	0.8	0.5	0.7	0.7		
Single	4.4	3.6	2.6	1.8	1.7	2.3	2.8	2.8	1.8	1.5	1.6	1.1	1.1	**†	**†
Separated	1.0	0.1	1.2	0.4	0.2	0.2	0.8	0.4	0.7	0.6	0.1	0.2	0.2		
Divorced	0.4	0.2	0.6	0.7	0.0	0.4	0.3	0.3	0.1	0.4	0.3	0.3	0.3		
Widowed	1.0	0.0	0.6	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.0		
<b>Amphetamines</b>	<b>3.2</b>	<b>3.0</b>	<b>2.1</b>	<b>1.6</b>	<b>1.6</b>	<b>1.5</b>	<b>1.4</b>	<b>1.3</b>	<b>1.3</b>	<b>1.0</b>	<b>1.2</b>	<b>1.0</b>	<b>1.0</b>	**†	**†
Married	0.4	0.5	0.5	0.4	0.5	0.4	0.4	0.3	0.3	0.2	0.2	0.2	0.2		
Cohabiting	3.6	5.7	3.7	2.0	2.9	2.5	1.6	1.8	1.7	1.6	1.9	1.5	1.5	**†	**†
Single	9.2	7.8	4.9	3.8	3.2	3.5	3.2	3.1	3.1	2.1	2.4	1.9	1.9	**†	**†
Separated	1.4	2.6	0.7	2.0	1.1	1.5	2.1	0.8	0.8	0.5	0.8	0.5	0.5		
Divorced	3.1	1.3	2.0	1.4	1.2	1.0	0.7	0.7	0.6	1.0	1.3	0.7	0.7	**†	**†
Widowed	1.0	3.0	0.6	0.0	0.4	0.8	0.0	0.0	0.0	0.7	0.1	0.0	0.0		
<b>Cannabis</b>	<b>9.5</b>	<b>10.3</b>	<b>10.5</b>	<b>10.6</b>	<b>10.9</b>	<b>10.8</b>	<b>9.7</b>	<b>8.7</b>	<b>8.2</b>	<b>7.6</b>	<b>7.9</b>	<b>6.6</b>	<b>6.6</b>	**†	**†
Married	2.6	3.0	3.5	3.4	3.7	4.1	3.4	2.9	2.6	2.1	2.3	2.2	2.2		
Cohabiting	14.0	17.3	18.1	17.1	16.6	15.9	13.8	12.2	10.5	10.6	10.0	7.9	7.9	**†	**†
Single	23.1	23.8	22.3	22.9	23.1	21.8	20.3	18.2	17.6	15.5	16.7	13.4	13.4	**†	**†
Separated	9.2	9.9	9.9	8.5	8.8	7.5	8.9	8.2	6.2	5.7	5.5	4.7	4.7	**†	**†
Divorced	6.5	7.9	8.9	9.0	8.7	8.7	6.8	6.4	4.7	5.8	4.7	4.4	4.4		
Widowed	1.2	5.0	2.8	2.4	3.1	4.0	2.0	2.5	1.8	4.4	2.2	2.7	2.7		
<b>Any Class A drug<sup>1</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>3.1</b>	<b>3.1</b>		**†
Married	0.3	0.4	0.5	0.7	0.7	0.8	0.8	0.8	0.7	0.7	0.9	0.8	0.8	**†	**†
Cohabiting	2.6	4.9	6.6	5.9	5.5	5.6	5.1	4.5	4.6	4.4	5.0	4.4	4.4	**†	**†
Single	8.1	7.1	7.9	7.4	8.1	8.1	7.5	8.0	8.0	6.6	8.0	6.4	6.4	**†	**†
Separated	1.7	0.6	2.4	1.8	1.6	1.9	1.9	1.7	2.2	1.7	2.6	1.5	1.5		
Divorced	1.4	1.2	1.6	2.8	1.6	1.8	1.4	1.5	1.0	1.4	1.8	1.1	1.1		
Widowed	1.0	3.0	0.6	0.0	0.6	0.1	0.0	0.3	0.3	0.7	0.5	0.2	0.2		
<b>Any drug<sup>2</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>8.6</b>	<b>8.6</b>	**†	**†
Married	3.4	3.9	4.2	4.1	4.5	4.7	4.0	3.5	3.4	2.8	3.1	3.0	3.0		
Cohabiting	15.4	19.7	19.6	19.1	18.7	18.4	16.6	14.6	13.1	13.5	12.9	10.8	10.8	**†	**†
Single	26.7	27.5	25.2	25.4	25.4	24.7	23.4	21.7	20.9	19.2	20.8	17.0	17.0	**†	**†
Separated	10.5	11.4	12.3	10.1	9.9	9.1	9.7	9.0	7.4	7.3	6.8	5.9	5.9	**†	**†
Divorced	9.9	9.5	10.4	10.2	9.8	10.0	8.5	7.4	5.9	7.0	6.6	5.6	5.6	**†	**†
Widowed	1.2	6.3	4.9	4.0	3.8	5.4	2.2	3.7	2.6	5.8	2.9	2.7	2.7		
<i>Unweighted bases<sup>3</sup></i>															
Married	5,484	4,932	6,581	10,337	11,734	12,005	13,892	14,215	13,600	13,121	13,000	11,759	11,759		
Cohabiting	980	913	1,321	1,841	2,270	2,537	3,068	3,435	3,424	3,559	3,602	3,399	3,399		
Single	2,708	2,474	3,030	5,001	5,931	6,203	7,190	7,745	7,793	7,864	7,767	7,319	7,319		
Separated	361	376	464	731	908	875	1,069	1,062	1,009	1,003	1,021	961	961		
Divorced	935	918	1,143	1,728	2,111	2,179	2,557	2,735	2,561	2,430	2,447	2,254	2,254		
Widowed	224	195	227	329	387	390	427	434	419	346	386	318	318		
<b>All aged 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>29,631</b>	<b>28,819</b>	<b>28,331</b>	<b>28,232</b>	<b>26,014</b>	<b>26,014</b>		

1. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone and also methamphetamine since 2008/09.

2. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquilisers, anabolic steroids, amyl nitrite, glues, any

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

**Table 3.6 Proportion of 16 to 59 year olds reporting use of illicit drugs in the last year by frequency of pub visits in the past month, 1998<sup>1</sup> to 2009/10 BCS**

Percentages	England and Wales, BCS												1998 to 2009/10		
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	1998 to 2009/10	2008/09 to 2009/10	
															Statistically significant change
<b>Powder cocaine</b>	<b>0.6</b>	<b>1.2</b>	<b>2.0</b>	<b>2.0</b>	<b>2.1</b>	<b>2.4</b>	<b>2.0</b>	<b>2.4</b>	<b>2.6</b>	<b>2.4</b>	<b>3.0</b>	<b>2.4</b>			**↓
None	n/a	0.3	0.6	0.5	0.4	0.7	0.4	0.6	0.6	0.7	1.0	0.7			**↑
1 to 3 visits	n/a	0.6	1.1	1.2	1.4	1.6	1.5	1.6	1.6	1.5	2.0	1.9			**↑
4 to 8 visits	n/a	1.6	2.4	2.8	3.3	3.5	3.5	3.7	4.2	4.0	5.1	4.4			**↑
9 or more visits	n/a	5.6	7.6	6.8	7.3	8.3	6.7	9.0	10.1	8.5	12.5	9.2			**↑
<b>Ecstasy</b>	<b>1.7</b>	<b>1.5</b>	<b>1.8</b>	<b>2.2</b>	<b>2.0</b>	<b>2.0</b>	<b>1.8</b>	<b>1.6</b>	<b>1.8</b>	<b>1.5</b>	<b>1.8</b>	<b>1.6</b>			
None	n/a	0.4	0.7	0.7	0.5	0.4	0.5	0.4	0.4	0.5	0.5	0.4			
1 to 3 visits	n/a	0.7	1.2	1.1	1.5	1.2	1.4	1.1	1.1	0.8	1.1	1.1			
4 to 8 visits	n/a	2.2	2.5	3.1	3.2	2.8	2.7	2.4	2.8	3.0	2.8	3.1			
9 or more visits	n/a	5.6	6.0	7.9	5.8	7.4	6.0	5.7	7.4	5.0	9.2	6.0			**↓
<b>Hallucinogens</b>	<b>1.3</b>	<b>1.3</b>	<b>1.0</b>	<b>0.7</b>	<b>0.7</b>	<b>0.9</b>	<b>1.1</b>	<b>1.1</b>	<b>0.7</b>	<b>0.6</b>	<b>0.6</b>	<b>0.5</b>			**↓
None	n/a	0.5	0.5	0.2	0.1	0.3	0.4	0.2	0.2	0.2	0.2	0.3			
1 to 3 visits	n/a	0.7	0.6	0.3	0.4	0.6	0.8	0.8	0.4	0.5	0.4	0.3			
4 to 8 visits	n/a	1.7	1.3	0.9	0.9	1.4	1.9	1.4	1.4	0.8	0.9	0.6			**↓
9 or more visits	n/a	4.9	2.9	2.6	2.6	2.8	3.1	4.2	2.5	2.5	2.8	2.1			**↓
<b>Amphetamines</b>	<b>3.2</b>	<b>3.0</b>	<b>2.1</b>	<b>1.6</b>	<b>1.6</b>	<b>1.5</b>	<b>1.4</b>	<b>1.3</b>	<b>1.3</b>	<b>1.0</b>	<b>1.2</b>	<b>1.0</b>			**↓
None	n/a	0.9	0.6	0.8	0.7	0.6	0.4	0.5	0.6	0.5	0.6	0.6			
1 to 3 visits	n/a	2.1	1.6	0.9	1.2	1.2	1.2	1.2	0.8	0.8	0.7	0.7			**↓
4 to 8 visits	n/a	4.7	2.8	2.1	1.9	1.8	1.8	1.8	2.2	1.4	1.5	1.3			**↓
9 or more visits	n/a	9.7	6.7	5.0	4.8	5.1	4.5	3.9	4.3	3.6	5.6	3.0			**↓
<b>Cannabis</b>	<b>9.5</b>	<b>10.3</b>	<b>10.5</b>	<b>10.6</b>	<b>10.9</b>	<b>10.8</b>	<b>9.7</b>	<b>8.7</b>	<b>8.2</b>	<b>7.6</b>	<b>7.9</b>	<b>6.6</b>			**↓
None	n/a	4.5	4.6	4.9	4.9	5.5	4.7	3.9	3.8	3.9	4.2	4.0			
1 to 3 visits	n/a	7.9	8.8	8.5	9.1	9.1	8.1	7.3	6.9	5.9	6.3	5.4			**↓
4 to 8 visits	n/a	14.1	13.5	14.0	15.0	14.3	14.6	12.3	11.9	11.6	12.3	10.0			**↓
9 or more visits	n/a	30.0	26.9	26.8	26.9	25.6	23.4	23.2	22.0	19.5	21.8	18.0			**↓
<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>3.1</b>			**↓
None	n/a	1.0	1.3	1.0	1.0	1.2	1.0	1.0	1.0	1.0	1.3	1.1			
1 to 3 visits	n/a	1.6	2.0	1.9	2.2	2.4	2.5	2.5	2.2	2.1	2.6	2.4			**↑
4 to 8 visits	n/a	3.5	4.3	4.4	5.0	5.4	5.1	4.8	5.5	5.1	6.0	5.3			**↑
9 or more visits	n/a	9.8	10.7	11.1	10.7	10.7	10.0	12.0	12.0	10.1	14.3	11.0			**↓
<b>Any drug<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>	<b>8.6</b>			**↓
None	n/a	5.5	5.5	5.6	5.9	6.5	5.5	4.9	4.9	4.8	5.5	5.0			
1 to 3 visits	n/a	9.8	10.2	9.7	10.2	10.5	9.5	8.9	8.2	7.6	8.1	7.0			**↓
4 to 8 visits	n/a	16.3	15.3	15.7	16.5	16.3	16.6	14.8	14.9	14.6	15.5	13.7			**↓
9 or more visits	n/a	33.1	29.8	29.8	29.9	28.6	27.6	26.9	25.9	24.1	26.8	22.2			**↓
<i>Unweighted bases<sup>4</sup></i>															
None	n/a	3,684	4,361	6,742	8,085	8,404	10,154	10,883	10,600	10,587	11,101	10,465			
1 to 3 visits	n/a	3,318	4,578	7,119	8,365	8,570	10,156	9,924	9,790	9,439	9,535	8,985			
4 to 8 visits	n/a	1,906	2,532	4,035	4,611	4,887	5,418	6,123	5,931	6,011	5,638	4,909			
9 or more visits	n/a	900	1,300	2,074	2,293	2,334	2,474	2,700	2,492	2,292	1,955	1,653			
<b>All aged 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>29,631</b>	<b>28,819</b>	<b>28,331</b>	<b>28,232</b>	<b>26,014</b>			

1. The question on pub visits was first introduced in the 1998 BCS, as a result, no data are available for 1996.

2. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone and also methamphetamine since 2008/09.

3. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquilisers, anabolic steroids, amyl nitrite, glues, any other pills/powders/drugs smoked and also ketamine since 2006/07 and methamphetamine since 2008/09.

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

Table 3.7 Proportion of 16 to 59 year olds reporting use of illicit drugs in the *last year* by frequency of nightclub visits in the past month, 1998<sup>1</sup> to 2009/10 BCS

Percentages	England and Wales, BCS												1998 to 2009/10		
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2009/10	2009/10	2009/10
															Statistically significant change
<b>Powder cocaine</b>	<b>0.6</b>	<b>1.2</b>	<b>2.0</b>	<b>2.0</b>	<b>2.1</b>	<b>2.4</b>	<b>2.0</b>	<b>2.4</b>	<b>2.6</b>	<b>2.4</b>	<b>3.0</b>	<b>2.4</b>			**↓
None	n/a	0.6	1.1	0.9	1.0	1.3	0.9	1.3	1.3	1.2	1.7	1.3			**↓
1 to 3 visits	n/a	2.8	4.4	5.8	4.7	5.1	6.1	6.0	6.5	6.2	7.1	7.4			**↑
4 or more visits	n/a	6.7	8.1	7.6	10.0	11.9	8.8	12.2	14.5	11.2	14.7	10.3			**↓
<b>Ecstasy</b>	<b>1.7</b>	<b>1.5</b>	<b>1.8</b>	<b>2.2</b>	<b>2.0</b>	<b>2.0</b>	<b>1.8</b>	<b>1.6</b>	<b>1.8</b>	<b>1.5</b>	<b>1.8</b>	<b>1.6</b>			
None	n/a	0.7	0.8	0.9	0.9	0.7	0.8	0.8	0.8	0.7	0.9	0.7			
1 to 3 visits	n/a	3.4	4.5	5.6	5.2	4.9	5.0	4.1	4.7	3.9	4.6	5.3			**↑
4 or more visits	n/a	7.9	10.4	11.3	9.2	12.6	8.0	8.5	11.0	8.3	10.5	7.8			
<b>Hallucinogens</b>	<b>1.3</b>	<b>1.3</b>	<b>1.0</b>	<b>0.7</b>	<b>0.7</b>	<b>0.9</b>	<b>1.1</b>	<b>1.1</b>	<b>0.7</b>	<b>0.6</b>	<b>0.6</b>	<b>0.5</b>			**↓
None	n/a	0.7	0.6	0.3	0.3	0.5	0.5	0.6	0.4	0.3	0.4	0.2			**↓
1 to 3 visits	n/a	2.4	2.0	1.5	1.6	1.9	3.5	2.6	1.8	1.2	1.5	1.7			
4 or more visits	n/a	8.2	3.9	3.7	3.7	4.4	4.3	5.7	4.3	4.5	3.2	2.6			**↓
<b>Amphetamines</b>	<b>3.2</b>	<b>3.0</b>	<b>2.1</b>	<b>1.6</b>	<b>1.6</b>	<b>1.5</b>	<b>1.4</b>	<b>1.3</b>	<b>1.3</b>	<b>1.0</b>	<b>1.2</b>	<b>1.0</b>			**↓
None	n/a	1.5	1.0	0.8	0.9	0.8	0.8	1.0	0.8	0.6	0.7	0.6			**↓
1 to 3 visits	n/a	6.9	5.0	3.4	3.7	3.2	3.1	2.4	2.5	2.2	2.8	2.4			**↓
4 or more visits	n/a	16.6	10.9	6.9	6.0	8.1	6.5	5.1	7.7	5.3	5.6	3.2			**↓
<b>Cannabis</b>	<b>9.5</b>	<b>10.3</b>	<b>10.5</b>	<b>10.6</b>	<b>10.9</b>	<b>10.8</b>	<b>9.7</b>	<b>8.7</b>	<b>8.2</b>	<b>7.6</b>	<b>7.9</b>	<b>6.6</b>			**↓
None	n/a	6.5	6.7	6.6	7.1	7.1	6.2	5.9	5.3	5.1	5.4	4.7			**↓
1 to 3 visits	n/a	23.1	21.8	22.9	23.4	22.1	21.6	19.3	18.7	17.4	16.7	14.2			**↓
4 or more visits	n/a	36.9	34.9	33.4	32.6	32.8	32.5	30.2	30.8	23.8	27.4	23.0			**↓
<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>3.1</b>			**↓
None	n/a	1.4	1.7	1.4	1.7	1.8	1.6	1.9	1.8	1.7	2.1	1.7			**↓
1 to 3 visits	n/a	5.8	7.3	8.4	7.9	7.9	9.2	8.0	8.5	7.9	8.6	9.1			**↑
4 or more visits	n/a	13.7	14.2	14.7	15.4	16.7	12.9	16.6	17.4	13.8	16.9	12.7			
<b>Any drug<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>	<b>8.6</b>			**↓
None	n/a	7.9	7.6	7.5	8.0	8.2	7.3	7.1	6.6	6.4	6.8	6.0			**↓
1 to 3 visits	n/a	26.4	25.5	25.9	26.0	24.9	25.3	23.0	22.4	21.6	21.4	18.7			**↓
4 or more visits	n/a	41.1	38.3	37.4	36.3	38.3	36.8	35.8	36.8	31.4	34.2	30.3			**↓
<i>Unweighted bases<sup>4</sup></i>															
None	n/a	8,203	10,569	16,432	19,285	20,023	23,750	25,233	24,511	24,126	24,293	22,395			
1 to 3 visits	n/a	1,243	1,712	2,741	3,127	3,240	3,492	3,406	3,375	3,308	3,091	2,918			
4 or more visits	n/a	363	490	798	942	933	962	992	927	895	848	698			
<b>All aged 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>29,631</b>	<b>28,819</b>	<b>28,331</b>	<b>28,232</b>	<b>26,014</b>			

1. The question on nightclub visits was first introduced in the 1998 BCS, as a result, no data are available for 1996.

2. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone and also methamphetamine since 2008/09.

3. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquilisers, anabolic steroids, amyl nitrite, glues, any other pills/powders/drugs smoked and also ketamine since 2006/07 and methamphetamine since 2008/09.

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

Table 3.8 Proportion of 16 to 59 year olds reporting use of illicit drugs in the last year by household income<sup>1</sup>, 1998<sup>2</sup> to 2009/10 BCS

Percentages	England and Wales, BCS												1998 to 2009/10		2008/09 to 2009/10	
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	1998 to 2009/10	2008/09 to 2009/10	Statistically significant change	
<b>Powder cocaine</b>	<b>0.6</b>	<b>1.2</b>	<b>2.0</b>	<b>2.0</b>	<b>2.1</b>	<b>2.4</b>	<b>2.0</b>	<b>2.4</b>	<b>2.6</b>	<b>2.4</b>	<b>3.0</b>	<b>2.4</b>	**↑	**↓		
Less than £10,000	n/a	1.5	3.0	1.9	2.0	2.4	2.7	3.1	3.3	3.3	2.6	2.7	**↑			
£10,000 less than £20,000	n/a	0.9	1.3	1.4	1.2	2.6	1.5	1.6	2.5	2.5	2.4	1.5	**↑	**↓		
£20,000 less than £30,000	n/a	0.9	1.2	1.6	1.8	1.7	1.3	1.9	2.0	2.0	2.6	2.3	**↑			
£30,000 less than £50,000	n/a	1.0	1.6	2.0	2.4	2.5	1.7	2.3	2.5	2.5	2.8	2.0	**↑	**↓		
£50,000 or more	n/a	2.5	4.4	3.0	2.8	2.7	3.1	2.6	2.8	2.8	3.8	2.6		**↓		
<b>Ecstasy</b>	<b>1.7</b>	<b>1.5</b>	<b>1.8</b>	<b>2.2</b>	<b>2.0</b>	<b>2.0</b>	<b>1.8</b>	<b>1.6</b>	<b>1.8</b>	<b>1.5</b>	<b>1.8</b>	<b>1.6</b>				
Less than £10,000	n/a	2.1	3.2	2.8	3.0	2.2	3.6	2.7	2.4	2.4	1.6	1.8				
£10,000 less than £20,000	n/a	1.1	1.3	2.1	1.4	2.0	1.0	1.4	1.5	1.5	1.2	1.1				
£20,000 less than £30,000	n/a	1.1	1.1	1.4	1.9	1.3	1.5	1.2	1.3	1.3	1.5	1.4				
£30,000 less than £50,000	n/a	1.2	1.6	1.6	1.9	1.7	1.4	1.5	1.6	1.6	1.8	1.4				
£50,000 or more	n/a	1.5	2.2	2.9	1.9	2.1	1.9	1.2	1.7	1.7	2.2	1.4		**↓		
<b>Hallucinogens</b>	<b>1.3</b>	<b>1.3</b>	<b>1.0</b>	<b>0.7</b>	<b>0.7</b>	<b>0.9</b>	<b>1.1</b>	<b>1.1</b>	<b>0.7</b>	<b>0.6</b>	<b>0.6</b>	<b>0.5</b>	**↓			
Less than £10,000	n/a	1.8	1.9	0.7	0.9	1.2	2.3	1.7	0.7	0.7	0.6	1.0				
£10,000 less than £20,000	n/a	0.8	0.7	0.6	0.3	0.9	0.9	0.7	0.9	0.9	0.5	0.3	**↓			
£20,000 less than £30,000	n/a	0.9	0.3	0.6	0.5	0.7	0.9	0.7	0.5	0.5	0.4	0.3	**↓			
£30,000 less than £50,000	n/a	1.3	0.8	0.4	0.8	0.7	0.7	0.9	0.8	0.8	0.9	0.4	**↓	**↓		
£50,000 or more	n/a	1.6	1.7	0.7	0.8	0.6	1.3	1.0	0.6	0.6	0.4	0.3	**↓			
<b>Amphetamines</b>	<b>3.2</b>	<b>3.0</b>	<b>2.1</b>	<b>1.6</b>	<b>1.6</b>	<b>1.5</b>	<b>1.4</b>	<b>1.3</b>	<b>1.3</b>	<b>1.0</b>	<b>1.2</b>	<b>1.0</b>	**↓	**↓		
Less than £10,000	n/a	4.6	5.0	3.0	3.2	2.9	2.6	3.3	1.9	1.9	2.2	2.0	**↓			
£10,000 less than £20,000	n/a	2.7	1.5	1.6	1.3	2.1	1.2	1.2	1.6	1.6	1.3	0.9	**↓			
£20,000 less than £30,000	n/a	2.4	1.7	1.3	1.2	1.1	1.1	1.1	1.0	1.0	1.1	0.6	**↓	**↓		
£30,000 less than £50,000	n/a	2.4	1.5	0.9	1.5	1.2	1.3	1.1	1.0	1.0	1.1	0.7	**↓			
£50,000 or more	n/a	1.8	1.7	1.2	1.5	1.0	1.1	0.7	0.8	0.8	0.8	0.5	**↓			
<b>Cannabis</b>	<b>9.5</b>	<b>10.3</b>	<b>10.5</b>	<b>10.6</b>	<b>10.9</b>	<b>10.8</b>	<b>9.7</b>	<b>8.7</b>	<b>8.2</b>	<b>7.6</b>	<b>7.9</b>	<b>6.6</b>	**↓	**↓		
Less than £10,000	n/a	14.1	14.9	13.1	14.4	13.9	14.2	12.3	10.5	10.5	11.8	9.3	**↓	**↓		
£10,000 less than £20,000	n/a	8.4	9.0	10.9	9.8	10.6	8.4	9.3	8.1	8.1	7.4	6.5	**↓			
£20,000 less than £30,000	n/a	9.0	8.4	8.2	9.4	8.7	8.3	7.3	6.8	6.8	6.7	5.6	**↓			
£30,000 less than £50,000	n/a	8.5	10.0	8.8	10.5	9.7	8.6	7.6	7.0	7.0	6.6	5.7	**↓			
£50,000 or more	n/a	12.3	11.4	9.7	11.6	11.0	9.4	7.3	7.5	7.5	6.9	5.2	**↓	**↓		
<b>Any Class A drug<sup>3</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>3.1</b>		**↓		
Less than £10,000	n/a	3.6	5.6	4.1	4.8	3.9	5.8	5.0	4.4	4.4	3.7	4.0				
£10,000 less than £20,000	n/a	1.9	2.3	2.8	2.2	3.3	2.5	2.8	3.2	3.2	2.7	2.1				
£20,000 less than £30,000	n/a	1.9	1.8	2.3	3.0	2.4	2.4	2.9	2.5	2.5	3.1	2.9	**↑			
£30,000 less than £50,000	n/a	2.4	2.9	2.8	3.2	3.4	2.4	3.0	3.2	3.2	3.6	2.6		**↓		
£50,000 or more	n/a	3.6	4.8	4.1	3.7	3.8	3.9	3.2	3.2	3.2	4.2	2.9		**↓		
<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>8.6</b>	**↓	**↓		
Less than £10,000	n/a	16.7	17.5	15.1	16.4	15.7	16.2	15.2	12.6	12.6	15.0	12.4	**↓	**↓		
£10,000 less than £20,000	n/a	9.5	10.3	12.0	11.3	12.2	10.0	11.0	9.9	9.9	9.0	8.7				
£20,000 less than £30,000	n/a	10.7	9.7	9.7	10.6	9.9	9.8	8.7	8.7	8.7	8.4	6.9	**↓	**↓		
£30,000 less than £50,000	n/a	9.9	11.0	10.3	11.6	11.3	9.9	9.2	8.9	8.9	8.7	7.6	**↓	**↓		
£50,000 or more	n/a	14.4	12.5	11.4	13.1	12.1	11.0	9.2	8.9	8.9	9.2	7.1	**↓	**↓		
<i>Unweighted bases<sup>5</sup></i>																
Less than £10,000	n/a	2,184	2,093	2,642	3,091	2,965	3,134	3,382	3,284	3,284	2,790	2,706				
£10,000 less than £20,000	n/a	2,706	3,272	3,701	4,230	4,053	4,517	4,614	4,489	4,489	3,926	3,979				
£20,000 less than £30,000	n/a	2,006	2,766	3,722	4,273	4,205	4,897	4,563	4,607	4,607	4,265	3,791				
£30,000 less than £50,000	n/a	1,616	2,565	4,246	4,934	5,300	6,711	7,298	7,053	7,053	7,027	5,820				
£50,000 or more	n/a	674	1,254	1,956	2,512	3,051	3,735	4,198	4,492	4,492	5,165	5,138				
<b>All aged 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>29,631</b>	<b>28,819</b>	<b>28,331</b>	<b>28,232</b>	<b>26,014</b>				

1. See Section 7.2 of the User Guide to Home Office Crime Statistics for definitions of household income groups. Groups were made consistent with earlier years in order to provide a longer trends and as a result are different from other groupings in this bulletin.

2. Income categories used in 1996 are irreconcilable with the categories used in the rest of the table and, as a result, have been excluded.

3. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone and also methamphetamine since 2008/09.

4. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquilisers, anabolic steroids, amyl nitrite, glues, any other pills/powders/drugs smoked and also ketamine since 2006/07 and methamphetamine since 2008/09.

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

Table 3.9 Proportion of 16 to 59 year olds reporting use of illicit drugs in the last year by ACORN<sup>1</sup> classification, 2001/02<sup>2</sup> to 2009/10 BCS

Percentages	England and Wales, BCS												2001/02 to 2008/09 to 2009/10	
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2001/02 to 2008/09	2008/09 to 2009/10
													Statistically significant change	
<b>Powder cocaine</b>	<b>0.6</b>	<b>1.2</b>	<b>2.0</b>	<b>2.0</b>	<b>2.1</b>	<b>2.4</b>	<b>2.0</b>	<b>2.4</b>	<b>2.6</b>	<b>2.4</b>	<b>3.0</b>	<b>2.4</b>	**↑	**↓
Wealthy Achievers	n/a	n/a	n/a	0.9	1.2	1.5	1.0	1.5	1.7	1.5	1.9	1.8	**↑	
Urban Prosperity	n/a	n/a	n/a	5.6	5.6	6.1	4.4	4.8	4.9	4.2	6.4	4.5		**↓
Comfortably Off	n/a	n/a	n/a	1.6	1.7	2.1	1.8	2.3	2.5	2.3	2.5	2.0		
Moderate Means	n/a	n/a	n/a	2.1	1.9	2.1	2.1	2.3	2.3	2.4	2.8	2.4		
Hard Pressed	n/a	n/a	n/a	1.6	1.7	2.2	2.3	2.4	2.7	2.5	3.4	2.7	**↑	
<b>Ecstasy</b>	<b>1.7</b>	<b>1.5</b>	<b>1.8</b>	<b>2.2</b>	<b>2.0</b>	<b>2.0</b>	<b>1.8</b>	<b>1.6</b>	<b>1.8</b>	<b>1.5</b>	<b>1.8</b>	<b>1.6</b>		
Wealthy Achievers	n/a	n/a	n/a	1.0	1.1	1.1	0.8	0.9	1.0	0.8	1.2	1.1		
Urban Prosperity	n/a	n/a	n/a	6.2	4.2	4.6	3.7	2.7	4.4	3.4	4.3	3.2	**↓	
Comfortably Off	n/a	n/a	n/a	1.8	1.5	1.6	1.3	1.4	1.6	1.3	1.3	1.4		
Moderate Means	n/a	n/a	n/a	1.9	1.9	2.2	2.1	1.7	1.4	1.3	1.9	1.7		
Hard Pressed	n/a	n/a	n/a	2.0	2.5	1.9	2.5	1.8	1.8	1.8	1.8	1.4	**↓	
<b>Hallucinogens</b>	<b>1.3</b>	<b>1.3</b>	<b>1.0</b>	<b>0.7</b>	<b>0.7</b>	<b>0.9</b>	<b>1.1</b>	<b>1.1</b>	<b>0.7</b>	<b>0.6</b>	<b>0.6</b>	<b>0.5</b>	**↓	
Wealthy Achievers	n/a	n/a	n/a	0.3	0.5	0.5	0.7	0.7	0.5	0.3	0.6	0.3		**↓
Urban Prosperity	n/a	n/a	n/a	1.4	1.7	2.1	2.8	2.2	1.6	1.1	1.4	0.8		
Comfortably Off	n/a	n/a	n/a	0.5	0.4	0.9	0.9	1.0	0.6	0.6	0.5	0.5		
Moderate Means	n/a	n/a	n/a	0.8	0.7	0.8	1.1	0.7	0.7	0.4	0.7	0.4		
Hard Pressed	n/a	n/a	n/a	0.8	0.5	0.7	1.0	1.1	0.7	0.9	0.4	0.6		
<b>Amphetamines</b>	<b>3.2</b>	<b>3.0</b>	<b>2.1</b>	<b>1.6</b>	<b>1.6</b>	<b>1.5</b>	<b>1.4</b>	<b>1.3</b>	<b>1.3</b>	<b>1.0</b>	<b>1.2</b>	<b>1.0</b>	**↓	**↓
Wealthy Achievers	n/a	n/a	n/a	0.7	0.9	0.8	0.5	0.6	0.6	0.6	0.7	0.4		
Urban Prosperity	n/a	n/a	n/a	2.5	2.6	1.8	2.4	1.9	2.1	1.2	1.3	1.2	**↓	
Comfortably Off	n/a	n/a	n/a	1.5	1.1	1.5	1.1	1.2	1.3	1.0	0.8	0.9	**↓	
Moderate Means	n/a	n/a	n/a	1.7	1.9	1.6	1.8	1.6	1.2	1.0	1.8	1.3		
Hard Pressed	n/a	n/a	n/a	2.1	2.2	2.4	1.9	2.0	1.9	1.6	1.9	1.2	**↓	**↓
<b>Cannabis</b>	<b>9.5</b>	<b>10.3</b>	<b>10.5</b>	<b>10.6</b>	<b>10.9</b>	<b>10.8</b>	<b>9.7</b>	<b>8.7</b>	<b>8.2</b>	<b>7.6</b>	<b>7.9</b>	<b>6.6</b>	**↓	**↓
Wealthy Achievers	n/a	n/a	n/a	7.4	7.9	7.6	6.9	6.2	5.8	5.1	5.3	4.6	**↓	
Urban Prosperity	n/a	n/a	n/a	20.0	19.7	18.4	15.3	13.3	13.9	11.6	14.1	9.5	**↓	**↓
Comfortably Off	n/a	n/a	n/a	8.5	9.5	10.0	8.4	7.9	7.1	7.1	7.1	6.4	**↓	
Moderate Means	n/a	n/a	n/a	11.0	11.3	10.4	10.6	9.7	7.8	7.7	7.6	6.3	**↓	**↓
Hard Pressed	n/a	n/a	n/a	11.6	10.8	11.7	11.3	9.7	9.7	8.8	8.8	8.0	**↓	
<b>Any Class A drug<sup>3</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>3.1</b>		**↓
Wealthy Achievers	n/a	n/a	n/a	1.6	1.9	2.2	1.6	2.2	2.0	1.9	2.4	2.1		
Urban Prosperity	n/a	n/a	n/a	8.5	7.8	7.8	6.2	6.4	6.8	5.4	7.6	5.5	**↓	**↓
Comfortably Off	n/a	n/a	n/a	2.5	2.6	3.1	2.6	3.0	3.1	2.9	3.0	2.7		
Moderate Means	n/a	n/a	n/a	3.2	3.6	3.1	3.8	3.3	3.0	3.1	3.5	3.0		
Hard Pressed	n/a	n/a	n/a	3.2	3.3	3.4	4.1	3.8	3.7	3.3	4.1	3.4		
<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>8.6</b>	**↓	**↓
Wealthy Achievers	n/a	n/a	n/a	8.4	8.7	8.7	7.7	7.4	7.0	6.5	6.6	5.7	**↓	
Urban Prosperity	n/a	n/a	n/a	22.4	21.5	20.7	18.1	16.1	17.1	14.2	17.9	13.3	**↓	**↓
Comfortably Off	n/a	n/a	n/a	9.5	10.8	11.5	10.0	9.4	8.7	8.9	9.1	7.9	**↓	**↓
Moderate Means	n/a	n/a	n/a	12.7	12.7	12.1	12.2	11.4	9.7	9.8	9.7	8.8	**↓	
Hard Pressed	n/a	n/a	n/a	13.1	12.5	13.5	13.3	12.0	11.9	11.2	11.4	10.2	**↓	
<i>Unweighted bases<sup>5</sup></i>														
Wealthy Achievers	n/a	n/a	n/a	4,966	5,743	6,229	7,411	7,615	7,476	7,251	7,493	6,939		
Urban Prosperity	n/a	n/a	n/a	1,647	2,075	2,112	2,149	2,724	2,443	2,434	2,446	2,331		
Comfortably Off	n/a	n/a	n/a	5,962	6,906	7,187	8,475	9,581	8,886	8,730	8,047	7,219		
Moderate Means	n/a	n/a	n/a	3,157	3,738	3,561	4,312	4,334	4,232	4,285	4,560	4,183		
Hard Pressed	n/a	n/a	n/a	4,182	4,835	5,056	5,793	5,306	5,709	5,563	5,598	5,286		
<b>All aged 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>29,631</b>	<b>28,819</b>	<b>28,331</b>	<b>28,232</b>	<b>26,014</b>		

1. See Section 7.1 of the User Guide to Home Office Crime Statistics for definitions of ACORN classifications.

2. ACORN classifications were changed in 2001 and the two sets are irreconcilable, as a result, data pre-2001 are not presented.

3. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone and also methamphetamine since 2008/09.

4. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquilisers, anabolic steroids, amyl nitrite, glues, any other pills/powders/drugs smoked and also ketamine since 2006/07 and methamphetamine since 2008/09.

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





## 4 Polydrug and polysubstance use

---

Jacqueline Hoare and Andrew Britton

### 4.1 SUMMARY

The figures presented in this chapter from the 2009/10 BCS provide the most recent estimates of **polydrug** (i.e. two or more illicit drugs being taken in the *last year*) and **polysubstance use** (i.e. having taken two or more types of illicit drugs or at least one illicit drug and alcohol in the *last year*).

Similar to previous years, findings from the 2009/10 BCS show an overall prevalence rate of 3.3 per cent for **polydrug use** in the *last year* among adults aged 16 to 59. The estimate of **polysubstance use** was 8.1 per cent, equivalent to around one in 12 adults having used two or more substances at any time during the year prior to interview.

Of the adults who used any illicit drug in the *last year*, two out of five (39%) reported using more than one type of drug. Thus the majority of adults (61%) who had used an illicit drug in the *last year* had used only one drug.

As shown previously and in line with the pattern for the general population, **cannabis** was drug most commonly used by *last year* polydrug users (83% had taken it in the *last year*). **Powder cocaine** was the next most commonly used drug in the *last year* among polydrug users (65%), while 46 per cent took **ecstasy** and around a quarter (26%) took **amphetamines** in the *last year*.

Cannabis users who had also used another illicit drug in the *last year* were more likely to be **frequent users** of cannabis (54%), than those who had solely taken cannabis in the *last year*, of whom 38 per cent used cannabis frequently. However, six per cent of polydrug users who used amyl nitrite were frequent users compared with 21 per cent of those who had only used amyl nitrite in the *last year*.

Conditional prevalence figures give an indication of the likelihood of taking alcohol or types of drugs by each type of substance taken.

- Among users of individual types of drugs, prevalence of *last year* cannabis use ranged from 56 per cent (among amyl nitrite users) to 88 per cent (among hallucinogen users).
- While 72 per cent of adult powder cocaine users also reported taking cannabis in the *last year*, a much lower proportion (27%) of cannabis users also used powder cocaine.

The majority of 16 to 59 year old adults drank alcohol in the last year (87.2%) so conditional prevalence of drug use among alcohol users will be similar to levels of prevalence within the general population.

Multivariate analysis was carried out to estimate how much the likelihood of *last year* **polydrug use** is increased or reduced according to different characteristics or behaviours, taking into account the fact that some variables may be interrelated. The analysis shows that those characteristics that contributed most to explaining the likelihood of *last year* polydrug use were the number of **visits to a nightclub** in the past month, **age**, and frequency of **alcohol consumption** in the *last month*.

### 4.2 INTRODUCTION

Generally, BCS drug use reports (and the preceding chapters in this bulletin) present levels of use of at least one illicit drug, with no detail about how many different drugs have been taken during a specified period of time (for example, in the *last year*). Estimates from the BCS on polydrug use (that is, two or more illicit drugs being taken in the *last year*) were last published in Hoare (2009).

The 2009/10 BCS included self-reported alcohol consumption in the *last year* among adults aged 16 to 59.<sup>1</sup> Although alcohol is not an illicit substance, and is widely used in the general population, there is concern about consumption of alcohol with the use of illicit drugs; hence this chapter presents updated polydrug use figures with an additional emphasis on *last year* polysubstance use (i.e. taking two or more types of illicit drugs or at least one illicit drug and alcohol).<sup>2</sup> Tobacco use is commonly considered part of polysubstance use, but questions on tobacco are not asked on the BCS and thus cannot be included here.

The concept of polydrug or polysubstance use can be considered in terms of more than one drug or substance being taken at the same time (simultaneous use) or more than one drug or substance 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 currently possible to derive this level of detail from self-report data from the BCS. Data presented here from the 2009/10 BCS reflect a measure of *concurrent* use since it is not known whether drugs were taken at the same time.

Some of the reasons for polydrug use include: maximising 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); or to replace one drug with another due to market pressures such as availability or price (for example, switching from ecstasy to cocaine).

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. For example, when alcohol is used with cocaine, a compound called cocaethylene is produced in the body which can enhance the user's experience but increases the risk of liver and heart disease, strokes, epilepsy and sudden death.

There is also concern about a range of possible social consequences, such as violence and aggression. Thus, further understanding about the likelihood of polydrug use, the types of drugs taken, and the types of people taking more than one illicit drug, serves to improve information available for policy making, particularly with regard to prevention and treatment.

Questions introduced into the 2010/11 BCS ask about the types of drugs used (if more than one) the last time drugs were taken, and whether alcohol was also consumed. It is envisaged that findings relating to simultaneous polydrug or polysubstance use will be published in 2011.

The figures presented in this chapter provide the most recent estimates of polydrug and polysubstance use from the 2009/10 BCS alongside information on the types of drugs most commonly used.

---

<sup>1</sup> Previously these data were collected only from 16 to 24 year olds on the BCS.

<sup>2</sup> Polysubstance use is only presented in the *last year* as data are only collected about alcohol consumption in the 12 months prior to interview.

### 4.3 EXTENT AND TRENDS IN ANY POLYDRUG USE

#### Overall extent and trends in any polydrug use

Findings from the 2009/10 BCS presented earlier in this bulletin show that around one in three adults (36.4%) had *ever* used illicit drugs, 8.6 per cent had used drugs in the *last year* and 5.0 per cent had done so in the *last month* (Tables 2.1 to 2.3).

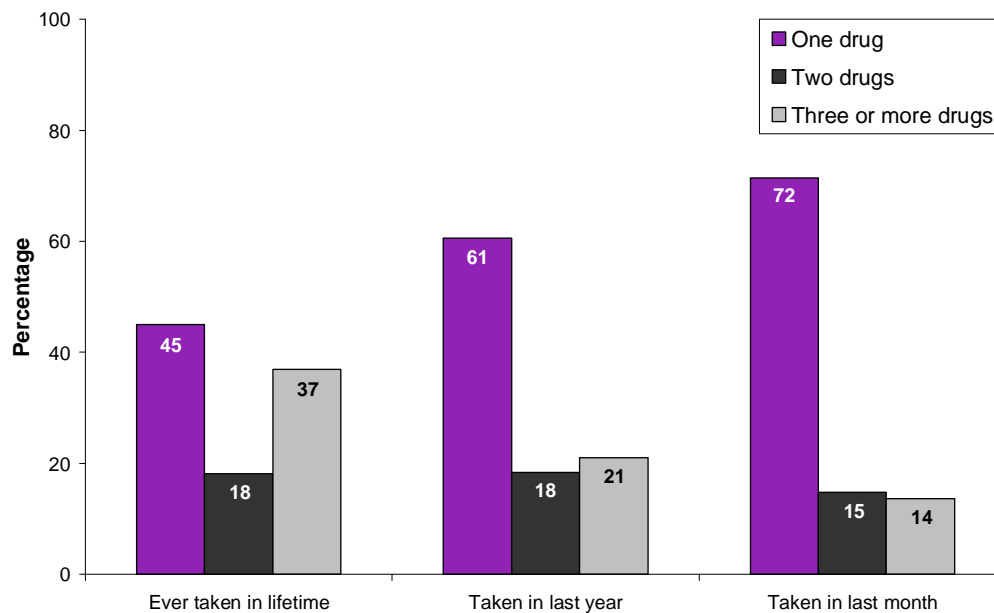
Latest figures from the 2009/10 BCS show that the proportion of adults aged 16 to 59 who reported polydrug use (that is, use of more than one illicit drug) *ever*, in the *last year* or in the *last month* were as follows (Table 4.1).

- Around one in five adults (19.7%) have *ever* taken more than one illicit drug.
- 3.3 per cent reported polydrug use within the *last year*.
- 1.4 per cent used more than one illicit drug in the *last month*.

In recent years there have been few statistically significant changes in the levels of polydrug use *ever*, in the *last year* or in the *last month*.

Two out of five adults (39%) who used any illicit drug in the *last year* reported using more than one type of drug, comprising 18 per cent who used two drugs and 21 per cent who used three or more (Figure 4.1 and Table 4.1).

**Figure 4.1 Proportion of 16 to 59 year old drug users by number of drugs taken, 2009/10 BCS**



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

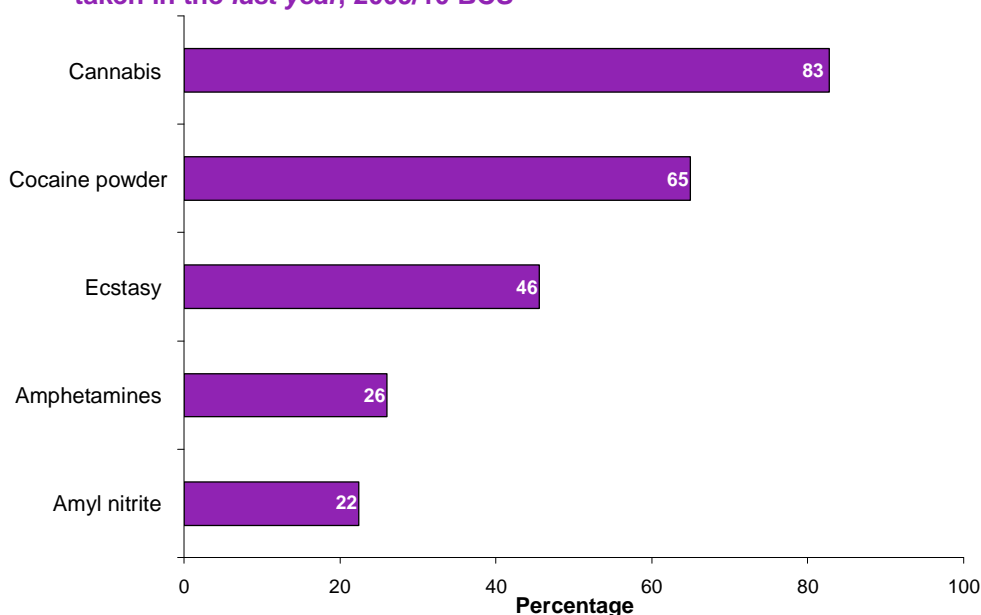
Six in ten adults (61%) who had used an illicit drug in the *last year* only used one drug; three-quarters of these were cannabis users (75%, data not shown).

As shown previously and in line with the pattern for the general population, cannabis was drug most commonly used by *last year* polydrug users (83% had taken it in the *last year*). Nevertheless, over half of cannabis users (58%) did not use other drugs (Tables 4.2 and 4.3).

Powder cocaine was the next most commonly used drug in the *last year* among polydrug users (65%), while 46 per cent took ecstasy and around a quarter (26%) took amphetamines in the *last year*, reflecting their relative prevalence rates. For these types of drugs, unlike

cannabis, the majority of users used at least one other drug as well (mainly cannabis or stimulant drugs) (Figure 4.2).

**Figure 4.2 Proportion of 16 to 59 year old illicit polydrug users<sup>1</sup> reporting type of drugs taken in the *last year*, 2009/10 BCS**



1. The overall prevalence of illicit polydrug use was 3.3 per cent among adults aged 16 to 59.

### Frequent drug use among polydrug users

Frequency of use is an important component of polydrug use as it provides more understanding about the nature of such use. Questions on frequency of drug use in the *last year* were asked of adults aged 16 to 59 in the 2009/10 BCS. Around two in five *last year* drug users (41%) reported frequently using any drug (see Section 2.6). The number of respondents who had taken two or more illicit drugs and were also frequent users (that is, more than once a month) in the *last year* is relatively low, hence reliable estimates can only be provided for the most prevalent drugs.

Cannabis users who had also used another illicit drug in the *last year* were more likely to be frequent users of cannabis (54%), than those who had solely taken cannabis in the *last year*, of whom 38 per cent used cannabis frequently.

However, six per cent of polydrug users who used amyl nitrite were frequent users compared with 21 per cent of those who had only used amyl nitrite in the *last year*. There was no statistically significant difference in levels of frequent cocaine use among powder cocaine users who took one, or more than one, illicit drug in the *last year* (11% and 13% respectively) (Table 4.4).

### 4.4 EXTENT OF POLYSUBSTANCE USE

Information on self-reported alcohol use was asked of adults aged 16 to 59 in the 2009/10 BCS for the first time<sup>3</sup>; these questions on alcohol use only relate to consumption in the *last year*, hence figures relating to alcohol and polysubstance use also refer to *last year* use.

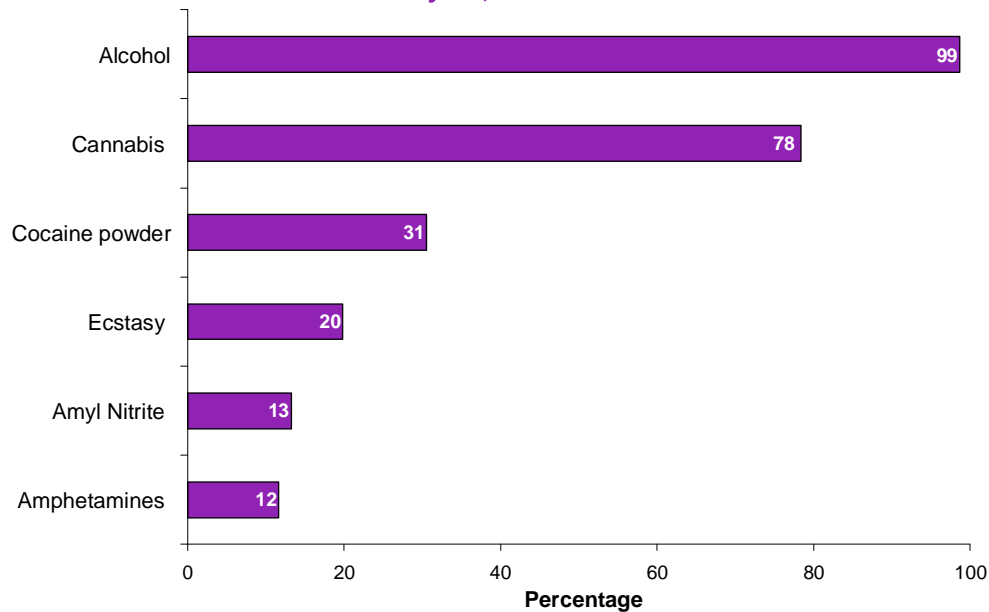
Levels of polysubstance use are expected to be higher than polydrug use as alcohol is not an illicit substance, and is widely used within the general population: 87.2 per cent of adults reported drinking alcohol in the *last year* (Table 4.3).

<sup>3</sup> Previously these data were collected only from 16 to 24 year olds on the BCS.

Overall prevalence for polydrug use was 3.3 per cent according to the 2009/10 BCS; once alcohol was included, the level of polysubstance use was 8.1 per cent. This means around one in 12 adults used two or more substances at any time during the year prior to interview (Table 4.1).

Nearly all polysubstance users reported taking alcohol in the *last year* (99%). Following the pattern of drug use in the general population, the next most commonly used substances were cannabis (78%) and powder cocaine (31%) (Figure 4.3 and Table 4.5).

**Figure 4.3 Proportion of 16 to 59 year old polysubstance users<sup>1</sup> reporting type of substance taken in the *last year*, 2009/10 BCS**



1. The overall prevalence of polysubstance use was 8.1 per cent among adults aged 16 to 59.

#### 4.5 LIKELIHOOD OF SUBSTANCE USE AMONG USERS OF OTHER SUBSTANCES

Conditional prevalence figures give an indication of the likelihood of taking alcohol or types of drugs by each type of substance 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 4.3).

For example, from the 2009/10 BCS, overall prevalence for *last year* cannabis use among adults aged 16 to 59 was around seven per cent (Tables 2.2 and 2.5). Among users of individual types of drugs, prevalence of *last year* cannabis use ranged from 56 per cent (among amyl nitrite users) to 88 per cent (among hallucinogen users).

Conditional prevalence rates also provide information on the reciprocal relationships (these are similar to those found from the 2008/09 BCS), for example:

- While 72 per cent of adult powder cocaine users also reported taking cannabis in the *last year*, a much lower proportion (27%) of cannabis users also used powder cocaine.

The majority of 16 to 59 year old adults drank alcohol in the past year (87.2%) so conditional prevalence of drug use among alcohol users will be similar to levels of prevalence within the general population. Of *last year* alcohol users, around seven per cent had also taken cannabis, around three per cent used powder cocaine and around two per cent took ecstasy.

Among takers of the other most prevalent substances, the most commonly taken substances were:

- Of *last year* cannabis users (6.6% of the population): the majority also drank alcohol (94%), around a quarter used powder cocaine (27%), one in five used ecstasy (18%), and around one in ten took amphetamines or amyl nitrite (11% and 9% respectively).
- Of *last year* powder cocaine users (2.4% of the population): the vast majority also drank alcohol (98%), around three-quarters used cannabis (72%), half used ecstasy (51%), a quarter took amphetamines (25%), and one in five (19%) took amyl nitrite.

### 4.6 CHARACTERISTICS ASSOCIATED WITH POLYDRUG OR POLYSUBSTANCE USE

Levels of illicit drug use varied according to personal, household and lifestyle characteristics (for definitions see [Section 7 of the User Guide to Home Office Crime Statistics](#)). This variation was investigated relating to polydrug users using the 2008/09 BCS (see Section 5.6 in Hoare, 2009).

Age was noted as a key factor associated with polydrug use; drug users aged between 16 and 34 were most likely to have used more than one type of drug in the *last year*. Men were more likely than women to be *last year* polydrug users, and the proportion of adult drug users who used more than one type of drug increased with increasing frequency of pub and club visits.

Many of these characteristics will be closely associated (for example age and club visits), so caution is needed in the interpretation of the effect of these different characteristics when viewed in isolation. Further analysis using logistic regression can be used to control for interrelated characteristics and to identify which characteristics were independently associated with likelihood of *last year* polydrug or polysubstance use; see Box 4.1 for more details.

#### **Box 4.1 Analysis of the prevalence of *last year* polydrug use and polysubstance use among adults aged 16 to 59 using logistic regression, 2009/10 BCS**

Logistic regression can be used to estimate how much the likelihood of *last year* polydrug or polysubstance use is increased or reduced according to different characteristics or behaviours, taking into account the fact that some variables may be interrelated. Although logistic regression can be used to explore associations between variables, it does not necessarily imply causation and results should be treated as indicative rather than conclusive.

#### **Logistic regression analysis of *last year* polydrug use (Table 4.6)**

Logistic regression shows that those characteristics that contributed most to explaining the likelihood of *last year* polydrug use were the number of **visits to a nightclub** in the past month, **age**, and frequency of **alcohol consumption** in the last month. However, other variables such as sex, having a long-term illness or disability, and ethnicity were also important. These characteristics were broadly similar to those found to be associated with any *last year* illicit drug use (see Box 3.3 in Chapter 3) with the clear exception being that the frequency of night club visits takes on greater importance.

The model shows that the odds of being a *last year* polydrug user were higher for those adults who **visited nightclubs at all** in the past month compared with those who didn't. **Young adults** (16 to 19 year olds) had higher odds of being a *last year* polydrug user compared with all older age groups.

#### Box 4.1 Analysis of the prevalence of *last year* polydrug use and polysubstance use among adults aged 16 to 59 using logistic regression, 2009/10 BCS (cont.)

Adults who **did not drink alcohol at all** had lower odds than those who consumed alcohol at least once a week on average in the last month. Compared with those who did not drink at all, the odds were similar for adults who drank on less than a day a week, suggesting that frequent alcohol consumption has the greatest association with being a polydrug user.

A similar pattern is evident for pub visits: adults who did not visit pubs in the last month had lower odds than those who visited four or more times, but similar odds compared with those going between one and three times. Logistic regression carried out previously suggested that frequency of pub visits was a strong indicator of *last year* polydrug use (Hoare, 2009). With the introduction of questions relating to frequency of alcohol consumption in the 2009/10 BCS, it is clear that alcohol consumption, regardless of the venue, is the more important indicator of *last year* polydrug use.

The model can be used to examine the relative likelihood of *last year* polydrug use for people with different demographic characteristics. For example, assuming all other characteristics in the model remain constant:

- A 24 year old single man was **15 times** as likely to have been a polydrug user in the *last year* than a 48 year old married man.
- A 19 year old single man with a high frequency of alcohol consumption (3 days or more a week), who frequently visited pubs (9 or more times in the past month) and clubs (4 or more times in the past month) was **twice** as likely to have been a polydrug user in the *last year* than another 19 year old single man who had a low frequency of alcohol consumption (less than a day a week), and didn't visit pubs or clubs (none in the past month).

#### Logistic regression analysis of *last year* polysubstance use (Table 4.7)

The logistic regression shows that those characteristics that contributed most to explaining the likelihood of *last year* polysubstance use were **age**, the number of **visits to a pub** in the past month, and **sex**. However, other variables such as housing tenure, ethnicity and marital status were also important.

Naturally, there is a large amount of overlap between the characteristics that are important in understanding polydrug and polysubstance use; however, the level of importance of each characteristic changes considerably between the models. Age is the only important characteristic that was common between the polydrug and polysubstance use models.

The main difference between the two models is that alcohol consumption was excluded from the polysubstance model as it was one of the substances under investigation. Hence, pub visits increased in importance within the model, as would be expected since alcohol is the most commonly taken substance among polysubstance users, and often consumed in pubs.

This model can be used to examine the relative prevalence of *last year* polysubstance use for adults with different demographic characteristics. For example, assuming all other characteristics in the model are the same:

- A 23 year old cohabiting woman who frequently visited pubs (9 or more times in the past month) or clubs (4 or more times in the past month) was about **four times** as likely to have used more than one substance in the *last year* compared with another 23 year old cohabiting woman who didn't visit pubs or clubs at all in the past month.

For more information on the methodology and interpretation of logistic regression presented here see [Section 8.4 of the User Guide to Home Office Crime Statistics](#).

**Table 4.1 Prevalence and trends in the proportion of 16 to 59 year olds reporting use of any drug ever, in the last year and last month, by number of drugs or substances taken**

Percentages	England and Wales, BCS											
	2006/07			2007/08			2008/09			2009/10		
	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	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	19.7	3.3	1.4
<b>Two or more substances<sup>2</sup></b>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	8.1	n/a
<i>Unweighted base</i>	29,144	29,144	29,144	28,688	28,688	28,688	28,604	28,604	28,604	26,500	26,500	26,500
<b>Any illicit drug use<sup>1</sup></b>												
One drug	45	62	71	45	63	74	43	60	72	45	61	72
Two drugs	19	16	15	20	18	14	19	19	16	18	18	15
Three or more drugs	36	22	14	36	19	13	38	21	12	37	21	14
<i>Unweighted base – illicit drug users</i>	10,333	2,545	1,489	10,397	2,438	1,379	10,472	2,463	1,421	9,498	1,923	1,102
<b>Any substance use<sup>2</sup></b>												
One substance	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	91	n/a
Two substances	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	5	n/a
Three or more substances	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4	n/a
<i>Unweighted base – substance users</i>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	23,473	n/a

1. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids, amyl nitrite, glues, any other pills/powders/drugs smoked plus ketamine since 2006/07 interviews and methamphetamine since 2008/09 interviews.

2. 'Any substance' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, methamphetamine, cannabis, tranquillisers, anabolic steroids, ketamine, amyl nitrite, glues, any other pills/powders/drugs smoked plus alcohol. Alcohol use is asked about in the last 12 months, hence polysubstance use figures are presented for last year use only.

**Table 4.2 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>**

Percentages	England and Wales, BCS			
	2006/07	2007/08	2008/09	2009/10
<b>Class A</b>				
Cocaine powder	61	57	66	65
Crack cocaine	5	4	4	6
Ecstasy	47	42	44	46
LSD	7	8	6	5
Magic mushrooms	17	14	13	12
Heroin	4	3	2	3
Methadone	3	4	2	3
<b>Class A/B</b>				
Amphetamines	33	27	28	26
Methamphetamine	n/a	n/a	3	2
<b>Class B</b>				
Cannabis	88	89	88	83
<b>Class B/C</b>				
Tranquillisers	8	10	13	10
<b>Class C</b>				
Anabolic steroids	2	1	2	3
Ketamine	8	10	14	14
<b>Not Classified</b>				
Amyl nitrite	29	32	28	22
Glues	5	2	4	4
<i>Unweighted base<sup>2</sup></i>	900	819	913	731

1. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, methamphetamine, cannabis, tranquillisers, anabolic steroids, ketamine, amyl nitrite, glues, any other pills/powders/drugs smoked.

2. Base numbers relate to cannabis use. Bases for other drug measures will be similar.

Table 4.3 Proportion of 16 to 59 year old illicit drug or alcohol users reporting use of other illicit drugs or alcohol in the last year

England and Wales, 2009/10 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	Powder cocaine	Crack cocaine	Ecstasy	Hallucinogens	Opiates	Any amphetamines	Amphetamines	Methamphetamine	Cannabis	Tranquillisers	Anabolic steroids	Ketamine	Amyl nitrite	Glues			Alcohol
Any cocaine	2.5	-	98	8	50	12	4	27	26	2	72	8	3	15	19	3	97	-	555
Powder cocaine	2.4	-	-	6	51	12	3	27	25	2	72	8	3	15	19	3	98	11	539
Crack cocaine	0.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	55
Ecstasy	1.6	78	78	6	-	20	2	36	34	2	73	12	3	26	23	5	97	5	337
Hallucinogens	0.5	62	61	10	64	-	7	47	44	5	88	25	2	38	27	11	94	-	118
Opiates	0.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43
Any amphetamines	1.0	69	66	11	58	24	5	-	97	5	75	20	3	22	25	8	93	-	241
Amphetamines	1.0	68	66	11	57	23	4	-	-	2	76	20	3	23	26	8	93	9	233
Methamphetamine	0.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15
Cannabis	6.6	27	27	2	18	7	2	11	11	1	-	4	1	6	9	2	94	58	1,491
Tranquillisers	0.4	47	43	15	43	28	14	43	43	2	64	-	5	21	21	6	90	24	121
Anabolic steroids	0.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	36
Ketamine	0.5	78	77	7	85	39	2	45	44	2	86	19	4	-	29	6	93	3	101
Amyl nitrite	1.1	43	43	3	34	12	1	22	22	1	56	9	2	13	-	5	98	31	220
Glues	0.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	32
Alcohol	87.2	3	3	0	2	1	0	1	1	0	7	0	0	1	1	0	-	-	23,335

1. The conditional prevalence rates of composite drug use measures are not presented. '-' in the shaded rows indicates that data are not reported because the number of users is less than 50.

2. This only includes illicit drugs; alcohol is not included as prevalence is so high that it would mask the relationship between illicit drugs.

**Table 4.4 Proportion of frequent drug use<sup>1</sup> in the *last year* among 16 to 59 year old drug users, by number of drugs taken**

Percentages	England and Wales, 2009/10 BCS					
	One drug	<i>Unweighted base<sup>2</sup></i>	Two or more drugs	<i>Unweighted base<sup>2</sup></i>	Total	<i>Unweighted base<sup>2</sup></i>
<b>Class A</b>						
Powder cocaine	11	65	13	439	13	504
Crack cocaine	-	0	-	46	-	46
Ecstasy	-	20	6	288	6	308
LSD	-	0	-	36	-	36
Magic mushrooms	-	3	9	72	9	75
Heroin	-	0	-	27	-	27
Methadone	-	2	-	21	-	23
<b>Class A/B</b>						
Amphetamines	-	12	24	182	25	194
Methamphetamine	-	0	-	14	-	14
<b>Class B</b>						
Cannabis	38	836	54	566	45	1,402
<b>Class B/C</b>						
Tranquillisers	-	28	33	67	35	95
<b>Class C</b>						
Anabolic steroids	-	10	-	23	-	33
Ketamine	-	2	18	90	18	92
<b>Not Classified</b>						
Amyl nitrite	21	60	6	133	11	193
Glues	-	3	-	21	-	24

1. Frequent use refers to use of any drug more than once a month in the past year (see the User Guide for more details).

2. Base is respondents who reported use of each specific drug in the *last year* by number of drugs taken.

'-' indicates that data are not reported because the unweighted base is less than 50.

**Table 4.5 Proportion of 16 to 59 year olds reporting use of individual drugs or alcohol in the *last year*, as a proportion of adults taking more than one type of substance<sup>1</sup>**

<b>Percentages</b>	<b>England and Wales, 2009/10 BCS</b>
<b>Class A</b>	
Cocaine powder	31
Crack cocaine	2
Ecstasy	20
LSD	2
Magic mushrooms	5
Heroin	1
Methadone	1
<b>Class A/B</b>	
Amphetamines	12
Methamphetamine	1
<b>Class B</b>	
Cannabis	78
<b>Class B/C</b>	
Tranquillisers	5
<b>Class C</b>	
Anabolic steroids	2
Ketamine	6
<b>Not Classified</b>	
Amyl Nitrite	13
Glues	2
Alcohol	99
<i>Unweighted base<sup>2</sup></i>	<i>1,817</i>

1. 'Any substance' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, methamphetamine, cannabis, tranquillisers, anabolic steroids, ketamine, amyl nitrite, glues, any other pills/powders/drugs smoked plus alcohol.

2. Base numbers relate to cannabis use. Bases for other drug measures will be similar.

Table 4.6 Explanatory factors associated with polydrug<sup>1</sup> use in the last year among adults aged 16 to 59, using logistic regression

Dependent variable: Respondent used two or more illicit drugs (polydrug use) in the 12 months prior to interview; yes (1), no (0)<sup>2</sup>

England and Wales, 2009/10 BCS

Iteration 1			Iteration 2			Iteration 3					Variables <sup>5</sup>
<i>β</i> -coefficient	p-value <sup>3</sup>	Odds ratio <sup>4</sup>	<i>β</i> -coefficient	p-value <sup>3</sup>	Odds ratio <sup>4</sup>	<i>β</i> -coefficient	Standard error	p-value <sup>3</sup>	Odds ratio <sup>4</sup>	Confidence interval	
-4.71	<b>0.000</b>	1.00	-6.44	<b>0.000</b>	1.00	-6.72		<b>0.000</b>	1.00		Constant
											Age**
											16 - 19
-0.14	<b>0.176</b>	0.87	-0.32	<b>0.006</b>	0.73	-0.51	0.12	<b>0.000</b>	0.60	0.47 - 0.75	20 - 24
-0.74	<b>0.000</b>	0.48	-0.76	<b>0.000</b>	0.47	-0.76	0.15	<b>0.000</b>	0.47	0.35 - 0.63	25 - 29
-1.10	<b>0.000</b>	0.33	-0.90	<b>0.000</b>	0.40	-0.82	0.17	<b>0.000</b>	0.44	0.32 - 0.61	30 - 34
-1.90	<b>0.000</b>	0.15	-1.48	<b>0.000</b>	0.23	-1.34	0.17	<b>0.000</b>	0.26	0.19 - 0.36	35 - 44
-3.31	<b>0.000</b>	0.04	-2.73	<b>0.000</b>	0.07	-2.65	0.23	<b>0.000</b>	0.07	0.05 - 0.11	45 - 59
											Sex**
1.06	<b>0.000</b>	2.88	0.99	<b>0.000</b>	2.68	0.79	0.08	<b>0.000</b>	2.21	1.87 - 2.61	Male
		1.00			1.00				1.00		Female
											Long-standing illness or disability**
											Long-standing illness or disability – limiting
0.62	<b>0.000</b>	1.86	0.64	<b>0.000</b>	1.89	0.75	0.14	<b>0.000</b>	2.12	1.60 - 2.82	Long-standing illness or disability – non-limiting
0.49	<b>0.000</b>	1.64	0.48	<b>0.001</b>	1.62	0.55	0.15	<b>0.000</b>	1.74	1.31 - 2.32	No long-standing illness or disability
		1.00			1.00				1.00		Ethnic group**
1.89	<b>0.000</b>	6.62	1.95	<b>0.000</b>	7.06	1.49	0.22	<b>0.000</b>	4.44	2.86 - 6.90	White
		1.00			1.00				1.00		Non-White
											Accommodation type**
											Detached
			0.31	<b>0.020</b>	1.36	0.32	0.13	<b>0.019</b>	1.37	1.05 - 1.78	Semi-detached
			0.57	<b>0.000</b>	1.76	0.54	0.14	<b>0.000</b>	1.71	1.30 - 2.26	Terraced house
			0.75	<b>0.000</b>	2.11	0.72	0.16	<b>0.000</b>	2.06	1.50 - 2.84	Flats/maisonettes
											Respondent's marital status**
					1.00				1.00		Married
			0.76	<b>0.000</b>	2.14	0.64	0.15	<b>0.000</b>	1.89	1.42 - 2.51	Cohabiting
			0.99	<b>0.000</b>	2.69	0.70	0.14	<b>0.000</b>	2.01	1.52 - 2.67	Single
			0.79	<b>0.000</b>	2.21	0.56	0.22	<b>0.011</b>	1.76	1.14 - 2.71	Previously married (Separated/Divorced/Widowed)
											Respondent's employment status**
					1.00				1.00		In employment
			0.49	<b>0.000</b>	1.64	0.58	0.13	<b>0.000</b>	1.79	1.38 - 2.33	Unemployed
			-0.19	<b>0.117</b>	0.83	0.01	0.12	0.955	1.01	0.79 - 1.29	Economically inactive
											Respondent's occupation**
					1.00				1.00		Managerial and professional occupations
			0.34	<b>0.009</b>	1.40	0.35	0.13	<b>0.008</b>	1.42	1.10 - 1.84	Intermediate occupations
			0.50	<b>0.000</b>	1.66	0.57	0.12	<b>0.000</b>	1.77	1.40 - 2.24	Routine and manual occupations
			-0.38	<b>0.146</b>	0.68	-0.17	0.27	0.531	0.85	0.50 - 1.43	Never worked and long-term unemployed
			0.28	<b>0.085</b>	1.33	0.32	0.17	<b>0.053</b>	1.38	1.00 - 1.91	Full-time students
											Total household income**
					1.00				1.00		Less than £10,000
			-0.56	<b>0.001</b>	0.57	-0.58	0.17	<b>0.001</b>	0.56	0.40 - 0.79	£10,000 less than £20,000
			-0.04	<b>0.785</b>	0.96	-0.07	0.17	0.674	0.93	0.67 - 1.29	£20,000 less than £30,000
			-0.03	<b>0.882</b>	0.97	-0.11	0.18	0.517	0.89	0.63 - 1.26	£30,000 less than £40,000
			0.02	<b>0.903</b>	1.02	-0.02	0.19	0.920	0.98	0.67 - 1.43	£40,000 less than £50,000
			0.20	<b>0.215</b>	1.23	0.04	0.17	0.815	1.04	0.74 - 1.45	£50,000 or more
			-0.13	<b>0.353</b>	0.88	-0.19	0.15	0.181	0.82	0.62 - 1.09	Not stated/not enough information
											Highest qualification**
			0.27	<b>0.061</b>	1.32	0.10	0.15	0.517	1.10	0.82 - 1.48	Degree or diploma
			0.24	<b>0.083</b>	1.28	-0.02	0.15	0.918	0.99	0.74 - 1.31	Apprenticeship or A/AS level
			0.17	<b>0.208</b>	1.19	0.07	0.14	0.624	1.07	0.82 - 1.41	O level/GCSE
			0.12	<b>0.613</b>	1.13	0.23	0.25	0.346	1.26	0.78 - 2.05	Other
					1.00				1.00		None
											Tenure**
					1.00				1.00		Owner occupiers
			0.15	<b>0.258</b>	1.16	0.32	0.14	<b>0.020</b>	1.37	1.05 - 1.79	Social renters
			0.11	<b>0.230</b>	1.11	0.14	0.09	0.124	1.15	0.96 - 1.38	Private renters
											Area type
											Urban
			-0.06	<b>0.545</b>	0.94	-0.03	0.11	0.815	0.98	0.79 - 1.20	Rural
					1.00				1.00		ACORN category**
											Wealthy Achiever
			0.37	<b>0.013</b>	1.45	0.17	0.15	0.265	1.19	0.88 - 1.60	Urban Prosperity
			-0.02	<b>0.894</b>	0.98	-0.02	0.13	0.904	0.98	0.77 - 1.27	Comfortably Off
			-0.07	<b>0.653</b>	0.94	-0.07	0.15	0.626	0.93	0.69 - 1.25	Moderate Means
			-0.11	<b>0.443</b>	0.89	-0.16	0.15	0.274	0.85	0.63 - 1.14	Hard Pressed
											Level of physical disorder
			0.270	<b>0.270</b>	1.16	0.21	0.14	0.122	1.23	0.95 - 1.61	High
			0.14	<b>0.270</b>	1.00				1.00		Not high
											Number of visits to a nightclub in last month**
											None
						0.79	0.09	<b>0.000</b>	2.20	1.82 - 2.64	Less than once a week
						0.76	0.13	<b>0.000</b>	2.14	1.64 - 2.77	Once a week or more often
											Frequency of alcohol consumption in the last month**
											Not a drink in the last month
						0.17	0.22	0.444	1.18	0.77 - 1.80	Less than a day a week
						0.64	0.22	<b>0.003</b>	1.90	1.25 - 2.91	1-2 days a week
						1.22	0.22	<b>0.000</b>	3.38	2.21 - 5.16	3 or more days a week
											Number of evening visits to pub/wine bar in last month
											None
						0.10	0.12	0.415	1.10	0.87 - 1.40	1 to 3 visits
						0.26	0.13	<b>0.046</b>	1.30	1.00 - 1.68	4 to 8 visits
						0.49	0.15	<b>0.001</b>	1.63	1.21 - 2.18	9 or more visits
											Unweighted base <sup>6</sup>
		25,503			25,503						25,503
		0.169			0.203						0.250
		6230.570 (df=9)			6004.895 (df=36)**						5690.108 (df=44)**

1. Polydrug use is defined as two or more illicit drugs being taken within the last year (not necessarily at the same time) out of the following: powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, ketamine, heroin, methadone, amphetamines, methamphetamine, cannabis, tranquilisers, anabolic steroids, amyl nitrite, glue, any other pills/powders/drugs smoked.  
2. Estimates may be biased due to the skewed frequency distribution of the dependent variable; 97.2% of respondents had not used more than one illicit drug in the last year.  
3. Where variables or categories are statistically significant at the 95% confidence level (p<0.05) values are highlighted in bold. Categories in italics are those which were used as reference categories.  
4. Odds ratios of greater than one indicate relatively higher odds compared with the reference category in that variable; less than one indicates relatively lower odds.  
5. \*\*\* Denotes a statistical significant impact of that variable on the dependent variable.  
6. The unweighted base includes all respondents resident in households in England and Wales who accepted the self-completion module and gave a valid response to all questions included in the model.  
7. The Nagelkerke R square indicates which model has the highest model fit. The higher the value the better the model predicts the outcome.  
8. The -2 log-likelihood (-2LL) is a measure implying what remains unexplained by the model. If the -2LL difference exceeds a critical value that model explains the dependent variable significantly better than the model from the previous iteration (indicated by \*\*).  
9. See Section 7 of the User Guide to Home Office Crime Statistics for definitions of personal, household and area characteristics.

Table 4.7 Explanatory factors associated with polysubstance<sup>1</sup> use in the last year among adults aged 16 to 59, using logistic regression

Dependent variable: Respondent used two or more types of illicit drug or at least one illicit drug and alcohol (polysubstance use) in the 12 months prior to interview; yes (1), no (0)<sup>2</sup>

England and Wales, 2009/10 BCS

Iteration 1			Iteration 2			Iteration 3					Variables <sup>3</sup>
$\beta$ -coefficient	p-value <sup>4</sup>	Odds ratio <sup>4</sup>	$\beta$ -coefficient	p-value <sup>4</sup>	Odds ratio <sup>4</sup>	$\beta$ -coefficient	Standard error	p-value <sup>4</sup>	Odds ratio <sup>4</sup>	Confidence interval	
-3.02			-4.45			-4.48					Constant
	<b>0.000</b>	1.00		<b>0.000</b>	1.00			<b>0.000</b>	1.00		Age**
											16 - 19
-0.21	<b>0.004</b>	0.81	-0.32	<b>0.000</b>	0.72	-0.50	0.09	<b>0.000</b>	0.60	0.51 - 0.72	20 - 24
-0.61	<b>0.000</b>	0.54	-0.58	<b>0.000</b>	0.56	-0.58	0.10	<b>0.000</b>	0.56	0.46 - 0.68	25 - 29
-1.08	<b>0.000</b>	0.34	-0.84	<b>0.000</b>	0.43	-0.74	0.12	<b>0.000</b>	0.48	0.38 - 0.60	30 - 34
-1.67	<b>0.000</b>	0.19	-1.26	<b>0.000</b>	0.28	-1.09	0.11	<b>0.000</b>	0.34	0.27 - 0.42	35 - 44
-2.78	<b>0.000</b>	0.06	-2.22	<b>0.000</b>	0.11	-2.08	0.13	<b>0.000</b>	0.12	0.10 - 0.16	45 - 59
	<b>0.000</b>			<b>0.000</b>				<b>0.000</b>			Sex**
0.96	<b>0.000</b>	2.61	0.91	<b>0.000</b>	2.49	0.81	0.05	<b>0.000</b>	2.25	2.02 - 2.50	Male
		1.00			1.00				1.00		Female
	<b>0.000</b>			<b>0.000</b>				<b>0.000</b>			Long-standing illness or disability**
0.70	<b>0.000</b>	2.02	0.66	<b>0.000</b>	1.94	0.71	0.09	<b>0.000</b>	2.03	1.69 - 2.43	Long-standing illness or disability – limiting
0.34	<b>0.001</b>	1.41	0.33	<b>0.001</b>	1.39	0.35	0.10	<b>0.001</b>	1.42	1.16 - 1.74	Long-standing illness or disability – non-limiting
		1.00			1.00				1.00		No long-standing illness or disability
	<b>0.000</b>			<b>0.000</b>				<b>0.000</b>			Ethnic group**
1.17	<b>0.000</b>	3.22	1.23	<b>0.000</b>	3.42	0.94	0.11	<b>0.000</b>	2.57	2.08 - 3.16	White
		1.00			1.00				1.00		Non-White
				<b>0.000</b>				<b>0.000</b>			Respondent's marital status**
					1.00				1.00		Married
			0.58	<b>0.000</b>	1.79	0.49	0.09	<b>0.000</b>	1.63	1.37 - 1.93	Cohabiting
			0.88	<b>0.000</b>	2.42	0.61	0.09	<b>0.000</b>	1.84	1.56 - 2.18	Single
			0.60	<b>0.000</b>	1.82	0.41	0.13	<b>0.002</b>	1.50	1.16 - 1.94	Previously married (Separated/Divorced/Widowed)
				<b>0.000</b>				<b>0.000</b>			Tenure**
					1.00				1.00		Owner occupiers
			0.27	<b>0.002</b>	1.31	0.38	0.09	<b>0.000</b>	1.47	1.24 - 1.75	Social renters
			0.23	<b>0.000</b>	1.25	0.24	0.06	<b>0.000</b>	1.27	1.12 - 1.43	Private renters
				<b>0.000</b>				<b>0.001</b>			Accommodation type**
					1.00				1.00		Detached
			0.12	0.159	1.13	0.10	0.09	0.242	1.11	0.93 - 1.31	Semi-detached
			0.31	<b>0.001</b>	1.36	0.28	0.09	<b>0.002</b>	1.32	1.11 - 1.58	Terraced house
			0.37	<b>0.000</b>	1.45	0.34	0.11	<b>0.002</b>	1.40	1.14 - 1.73	Flats/maisonettes
				<b>0.000</b>				<b>0.000</b>			Respondent's employment status**
					1.00				1.00		In employment
			0.44	<b>0.000</b>	1.56	0.54	0.10	<b>0.000</b>	1.72	1.43 - 2.07	Unemployed
			-0.10	0.234	0.91	0.08	0.08	0.336	1.08	0.92 - 1.27	Economically inactive
				<b>0.000</b>				<b>0.000</b>			Respondent's occupation**
					1.00				1.00		Managerial and professional occupations
			0.22	<b>0.006</b>	1.25	0.24	0.08	<b>0.004</b>	1.27	1.08 - 1.49	Intermediate occupations
			0.21	<b>0.005</b>	1.24	0.25	0.08	<b>0.001</b>	1.28	1.10 - 1.49	Routine and manual occupations
			-0.60	<b>0.001</b>	0.55	-0.46	0.18	<b>0.010</b>	0.63	0.45 - 0.89	Never worked and long-term unemployed
			0.11	0.317	1.12	0.13	0.11	0.234	1.14	0.92 - 1.42	Full-time students
				<b>0.000</b>				<b>0.001</b>			ACORN category**
					1.00				1.00		Wealthy Achiever
			0.47	<b>0.000</b>	1.60	0.38	0.10	<b>0.000</b>	1.46	1.19 - 1.79	Urban Prosperity
			0.16	0.053	1.18	0.17	0.09	<b>0.050</b>	1.18	1.00 - 1.40	Comfortably Off
			0.03	0.744	1.03	0.04	0.10	0.699	1.04	0.85 - 1.27	Moderate Means
			0.17	0.079	1.19	0.16	0.10	0.099	1.18	0.97 - 1.43	Hard Pressed
				<b>0.000</b>				<b>0.002</b>			Total household income**
					1.00				1.00		Less than £10,000
			-0.07	0.495	0.93	-0.08	0.11	0.446	0.92	0.74 - 1.14	£10,000 less than £20,000
			-0.08	0.506	0.93	-0.12	0.12	0.307	0.89	0.71 - 1.12	£20,000 less than £30,000
			0.22	0.058	1.25	0.16	0.12	0.174	1.17	0.93 - 1.48	£30,000 less than £40,000
			0.14	0.262	1.15	0.08	0.13	0.538	1.08	0.84 - 1.40	£40,000 less than £50,000
			0.29	<b>0.011</b>	1.34	0.16	0.12	0.169	1.17	0.93 - 1.48	£50,000 or more
			-0.07	0.464	0.93	-0.14	0.10	0.168	0.87	0.71 - 1.06	Not stated/not enough information
					0.491			0.083			Highest qualification
			0.06	0.497	1.07	-0.06	0.10	0.502	0.94	0.78 - 1.13	Degree or diploma
			-0.01	0.900	0.99	-0.21	0.09	<b>0.023</b>	0.81	0.67 - 0.97	Apprenticeship or A/AS level
			0.01	0.930	1.01	-0.04	0.09	0.617	0.96	0.81 - 1.14	O level/GCSE
			-0.21	0.207	0.81	-0.16	0.17	0.347	0.85	0.61 - 1.19	Other
					1.00				1.00		None
					0.352						Level of physical disorder
			-0.09	0.352	0.92	-0.04	0.10	0.652	0.96	0.79 - 1.15	High
					1.00				1.00		Not high
					0.831			0.694			Area type
			-0.02	0.831	0.98	-0.03	0.07	0.694	0.97	0.84 - 1.12	Urban
					1.00				1.00		Rural
								<b>0.000</b>			Number of evening visits to pub/wine bar in last month**
									1.00		None
						0.35	0.07	<b>0.000</b>	1.42	1.23 - 1.64	1 to 3 visits
						0.80	0.08	<b>0.000</b>	2.22	1.91 - 2.60	4 to 8 visits
						1.09	0.09	<b>0.000</b>	2.98	2.48 - 3.58	9 or more visits
								<b>0.000</b>			Number of visits to a nightclub in last month**
									1.00		None
						0.43	0.06	<b>0.000</b>	1.54	1.36 - 1.75	Less than once a week
						0.59	0.10	<b>0.000</b>	1.80	1.49 - 2.17	Once a week or more often
											Unweighted base <sup>5</sup>
		25.677			25.677						0.230
		0.170			0.201						
		12285.780 (df=9)			11923.005 (df=39)**				11578.106 (df=44)**		

1. Polysubstance use<sup>1</sup> is defined as two or more types of illicit drugs or one illicit drug and alcohol being taken within the last year (not necessarily at the same time) out of the following: powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, ketamine, heroin, methadone, amphetamines, methamphetamine, cannabis, tranquilisers, anabolic steroids, amyl nitrite, glue, any other pills/powders/drugs smoked.  
2. The parameter estimates might be biased due to the skewed frequency distribution of the response variable; 93.1% of respondents have not used more than one substance in the last year.  
3. Where variables or categories are statistically significant at the 95% confidence level (p<0.05) values are highlighted in bold. Categories in italics are those which were used as reference categories.  
4. Odds ratios of greater than one indicate relatively higher odds compared with the reference category in that variable; less than one indicates relatively lower odds.  
5. \*\*\* denotes a statistical significant impact of that variable on the dependent variable.  
6. The unweighted base includes all respondents resident in households in England and Wales who accepted the self-completion module and gave a valid response to all questions included in the model.  
7. The Nagelkerke R square indicates which model has the highest model fit. The higher the value the better the model predicts the outcome.  
8. The -2 log-likelihood (-2LL) is a measure implying what remains unexplained by the model. If the -2LL difference exceeds a critical value that model explains the dependent variable significantly better than the model from the previous iteration (indicated by \*\*).  
9. See Section 7 of the User Guide to Home Office Crime Statistics for definitions of personal, household and area characteristics.

## 5 New BCS measures of drug use

---

Jacqueline Hoare

### 5.1 SUMMARY

There is a demand for more statistical evidence on general population prevalence of different types of drugs in a relatively fast-changing market. The BCS has adapted to this demand by the adding new questions; findings from questions added to the 2009/10 BCS are as follows.

The 2009/10 BCS estimates that around one in eight (12.3%) adults have *ever* taken ‘**skunk**’ (a stronger form of herbal cannabis), 3.2 per cent have done so in the *last year* and 2.1 per cent in the *last month*. These levels are around half those of overall cannabis use in the same time periods.

A higher proportion of more recent users of cannabis reported taking **herbal cannabis** (71% in the *last year*; 74% in the last month) than among those who had *ever* taken cannabis (50%). The opposite could be seen for cannabis resin whereas levels of cannabis oil use remained consistent across the time periods.

The majority of *last year* cannabis users took one type of cannabis only (71%) and three-quarters (76%) of these used **herbal cannabis**.

Just over half (56%) of those who reported *last year* use of herbal cannabis also reported having taken ‘**skunk**’, the more potent form of herbal cannabis. Looking at use by number of types of cannabis taken showed:

- Of the majority of adults who had taken herbal cannabis solely in the *last year* (76% of *last year* cannabis users), two in five also reported that they had taken ‘**skunk**’ (42%).
- Among those using two or more types of cannabis in the last year, the proportion of herbal cannabis users who had taken ‘**skunk**’ was higher at 83 per cent.

More recently there have been concerns about the use of substances that were legal until classification under the Misuse of Drugs Act in December 2009: Spice (and other cannabinoids), Benzylpiperazine (BZP) and gamma-Butyrolactone/gamma-Hydroxybutyrate (GBL/GHB). Preliminary findings based on questions added to the BCS in October 2009 show that:

- 0.4 per cent of adults aged 16 to 59 reported *last year* use of Spice (or another cannabinoid);
- 0.5 per cent of 16 to 59 year olds reported use of BZP in the *last year*; and
- usage of GBL/GHB in the *last year* was estimated at 0.1 per cent of adults.

Around 0.2 per cent of adults in the general population reported *last year* use of khat.

### 5.2 INTRODUCTION

A major strength of the BCS is in providing consistent general population prevalence data over time, having done so in a comparable way since 1996. However, there is also a demand for more statistical evidence on general population prevalence of different types of drugs in a relatively fast-changing market.

An example where the BCS has responded to the measurement of different types of drugs with the addition of new questions was in response to concerns about increased use of ketamine, a Class C drug. Questions were added into the 2006/07 BCS and figures showed that *last year* use among young people aged 16 to 24 almost doubled between 2007/08 and 2008/09 (from 0.9% to 1.9%, Table 2.7).

More recently, to understand the level of use of methamphetamine in the general population, questions were added to the 2008/09 BCS after concerns about increased usage of 'crystal meth'. The BCS provided information that level of methamphetamine use among 16 to 59 year olds was at a similar level (0.1%) to the other Class A-classified drugs of heroin and methadone (both 0.1%, Table 2.2).

While cannabis use among the general population has been well documented using the BCS, concerns have been raised in recent years about more users moving towards the stronger strains of herbal cannabis generally referred to using the generic term 'skunk'. Strong herbal cannabis<sup>1</sup> (including 'skunk') has on average two or three times more of the active ingredient THC (tetrahydrocannabinol) than traditionally imported cannabis.<sup>2</sup>

Interest in the types of cannabis being used relates to possible health harms associated with increased levels of THC combined with lower levels of cannabidiol, and the belief that herbal cannabis (including its stronger forms) has a greater share of the cannabis market. Use of 'skunk' has previously been included within the overall BCS measure of cannabis use<sup>3</sup>, but new questions in 2009/10 sought to identify its prevalence and usage separately for the first time using the BCS. In addition, questions were included to ask specifically which types of cannabis were taken, that is:

- Herbal cannabis (including 'skunk'): made from the dried leaves and flowering parts of the female plant and resembles tightly packed dried herbs.
- Cannabis resin: black or brown lump made from the resin of the plant.
- Cannabis oil: a sticky, dark honey-coloured oil made by separating the resin from the cannabis plant using various solvents.

In 2009, concerns became more prominent about the then legal substances of Spice (and other cannabinoids),<sup>4</sup> Benzylpiperazine (BZP)<sup>5</sup> and gamma-Butyrolactone/gamma-Hydroxybutyrate (GBL/GHB)<sup>6</sup>. Questions on *last year* use of these substances were added to the BCS in October 2009. Subsequently, legislation was passed to control Spice and other

---

<sup>1</sup> The terms 'sinsemilla' and 'homegrown' also refer to stronger forms of cannabis, but the term 'skunk' has been included in the BCS as a generic reference to herbal cannabis with stronger potency. The potency of herbal cannabis varies; not all herbal cannabis can be defined as 'skunk'.

<sup>2</sup> Information from [www.talktofrank.com](http://www.talktofrank.com).

<sup>3</sup> When asked about use of cannabis, respondents are prompted to include use of 'skunk'; however until the addition of these new questions in 2009/10 it was not possible to separate 'skunk' use from cannabis use overall.

<sup>4</sup> Spice is a brand name of, and generic slang for, a herbal mixture laced with synthetic cannabinoids (a group of substances that are structurally related to THC, the active ingredient in cannabis). There are a number of products marketed under the 'Spice' brand — these include, but are not limited to: Spice Silver, Spice Gold, Spice Diamond, Spice Arctic Synergy, Spice Tropical Synergy, Spice Egypt, EcSess, Devil's Weed, Amsterdam Gold.

<sup>5</sup> BZP is a drug with euphoric and stimulant properties with effects similar to those produced by amphetamines. Street names include, but are not limited to: Party Pills, Fast Lane, Silver Bullet, Smiley's, Happy Pills, Pep, Pep Love, Pep Twisted, Pep Stoned, A2, Legal E, Legal X, Frenzy, Nemesis, ESP, Cosmic Kelly, Rapture, Charge, Blast, Euphoria.

<sup>6</sup> GHB (an intoxicant and a date rape drug) has been controlled under the Misuse of Drugs Act as a Class C drug since 2003. GBL is not active in its own right but is a substance that is converted to GHB by enzymes found in the blood and has a faster onset of effects than GHB itself. Street names include GBH, Liquid Ecstasy, Liquid E, GBL, 1,4-BD. The question includes both GBL and GHB due to the similarity of these drugs and the belief that respondents may not know/be able to tell the difference in which was being used.

cannabinoids (Class B), BZP and GBL (both Class C) under the Misuse of Drugs Act (December 2009).

A question was also added to the BCS in October 2009 to establish the level of khat<sup>7</sup> use within the general population.

In this latest development of the BCS, questions were included only about *last year* use as this is the most reliable measure of recent use and the longevity of these drugs in the market is not yet certain. Preliminary estimates of general population use of these substances are reported based on six months worth of data. As this is the first time the data have been collected, no comparisons in levels of use can be made.<sup>8</sup>

Following the recent announcement of the classification of naphyrone (also known as NRG-1) as a Class B drug, future development of the BCS will naturally consider whether questions about this drug should be added.

### 5.3 EXTENT OF CANNABIS AND 'SKUNK' USE

Cannabis is the most widely used of all the illicit drugs covered by the BCS. Around 6.6 per cent of 16 to 59 year olds took cannabis in the *last year* which equates to an estimated 2.2 million adults. Among adults reporting use of any illicit drug in the *last year*, around three-quarters took cannabis. Almost half of cannabis users are defined as frequent users, that is, they had used the drug more than once a month in the *last year* (see Chapter 2).

In the 2009/10 BCS respondents who said they had *ever* taken cannabis, or had done so in the *last year* or the *last month*, were asked whether they had taken herbal cannabis, cannabis resin or cannabis oil in the same time frame. Cannabis users were also asked questions separately about whether they had taken 'skunk'.

Cannabis users may not be able to tell whether a particular sample of 'skunk' actually has a higher potency than an equal amount of traditional herbal cannabis because the potencies of different products overlap substantially, so these data refer to what respondents *believed* they were taking rather than what they were necessarily taking.

#### Extent of 'skunk' use among 16 to 59 year olds

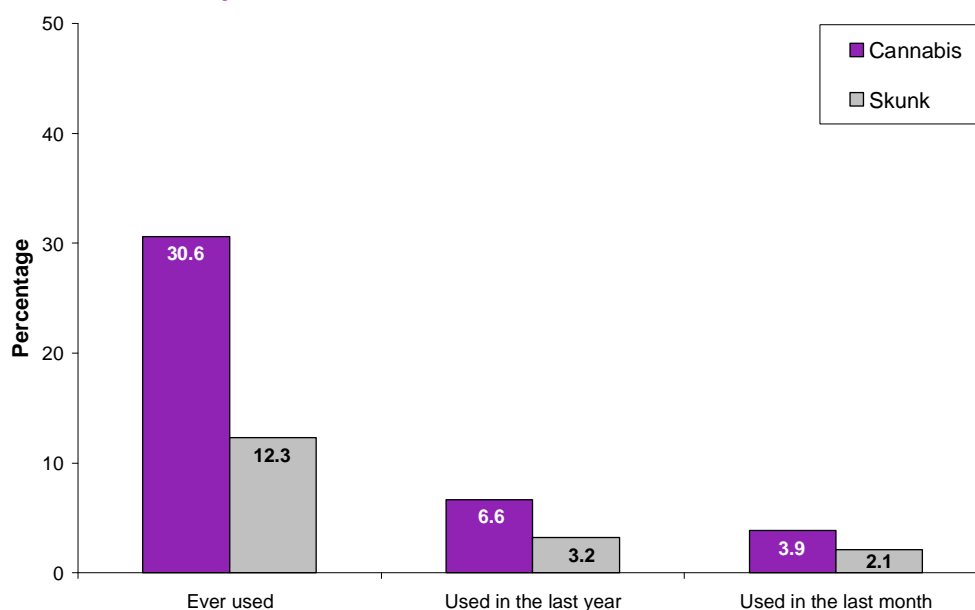
Based on the newly-introduced questions, the 2009/10 BCS estimates that around one in eight (12.3%) adults have *ever* taken 'skunk', 3.2 per cent have done so in the *last year* and 2.1 per cent in the *last month*. The proportions who report using 'skunk' are around half those reporting using cannabis overall in the same time periods (Figure 5.1 and Table 5.1).

---

<sup>7</sup> Khat (Qat, Quat, Chat, Quaat) contains the alkaloid cathinone, an amphetamine-like stimulant which causes excitement, lack of appetite and euphoria, but has been classified by the World Health Organisation as a drug of abuse that can produce mild to moderate psychological dependence.

<sup>8</sup> In addition, it is not possible to evaluate levels of use of these substances before and after classification under the Misuse of Drugs Act as insufficient data are available, and by asking about respondents' use of drugs in the *last year*, it is not clear whether respondents were taking the drug before or after classification.

**Figure 5.1** Proportion of 16 to 59 year olds reporting use of cannabis and 'skunk' ever, in the *last year* and *last month*, 2009/10 BCS



### Types of cannabis used by 16 to 59 year old cannabis users

A higher proportion of more recent users of cannabis reported taking herbal cannabis (71% in the *last year*, 74% in the *last month*) than among those who had *ever* taken cannabis (50%). There was a contrasting picture with regard to cannabis resin: half of adults who had ever taken cannabis had used resin (49%) but the proportions were lower among more recent users. The proportion of cannabis users taking cannabis oil remained consistent across the time periods (Table 5.2).

This apparent move towards herbal cannabis being more commonly used may reflect a choice among users, but also, and perhaps more likely, may reflect availability in the market.<sup>9</sup> A Home Office commissioned study into cannabis potency in 2008 found that the proportion of herbal cannabis among illegal drugs seized by the police has increased markedly in recent years, from an estimated 30 per cent in 2002 to 55 per cent in 2004/05 (Hardwick and King, 2008). Laboratory examination showed that 80 per cent of the samples under study were herbal cannabis: of these, 97 per cent had been grown by intensive methods.

It should be noted that about a quarter of adults (26%) who had *ever* taken cannabis said they didn't know what type of cannabis it was. As expected, this proportion decreased for more recent users, with only one in ten of *last month* cannabis users (11%) reporting that they did not know the type of cannabis they had taken.<sup>10</sup>

Among *last year* users, the majority of adults who took cannabis used only one type of cannabis (71%). The most common type of cannabis used was the herbal variety; three-quarters (76%) of *last year* users who took only one type of cannabis, used herbal cannabis (Tables 5.2 and 5.3).

Among adults using two or more types of cannabis in the *last year*, almost all had used herbal cannabis and cannabis resin (both 98%). A quarter of those who had taken more than one type of cannabis (25%) reported using cannabis oil in the *last year*.

<sup>9</sup> The latest *Druglink* (DrugScope's magazine) Street Drug Trends survey suggests that the market is being dominated by high-yield, low-grade, skunk. The survey is of 70 drug and alcohol services, drug action teams (DATs), police forces and service user groups in 20 UK towns and cities and was carried out in July and August 2009. <http://www.drugscope.org.uk/Documents/PDF/SepOct09DSDaily.pdf>

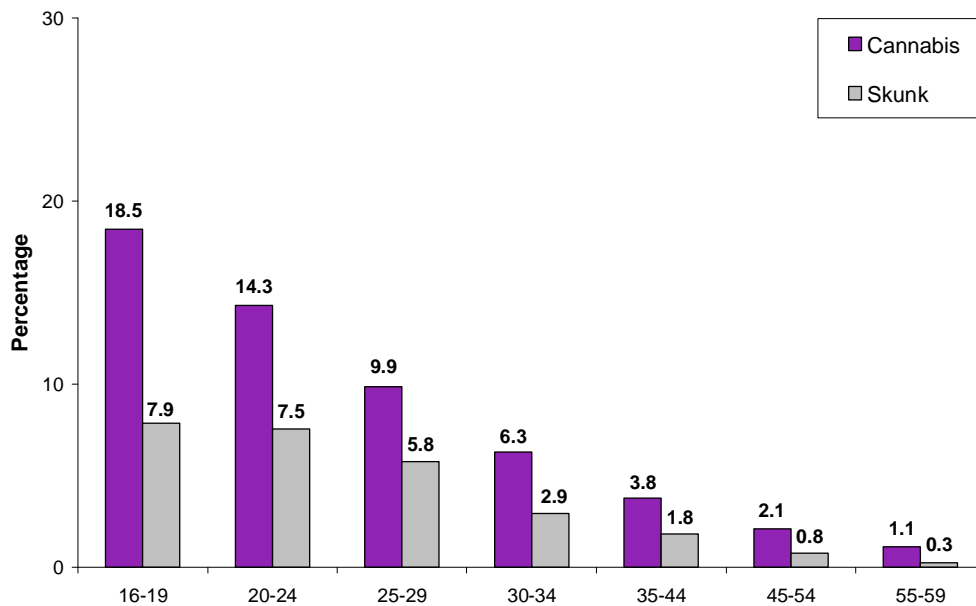
<sup>10</sup> Examining the consistency of responses suggests that some cannabis users are not clear about what type of cannabis they have taken: one in five (19%) *last year* cannabis users who took 'skunk' said they had not taken herbal cannabis in the last year (data not shown).

Just over half (56%) of those who reported *last year* use of herbal cannabis also reported having taken 'skunk', the more potent form of herbal cannabis. Of the majority of adults who had taken herbal cannabis solely in the *last year* (76%), two in five also reported that they had taken 'skunk' (42%). Among those using two or more types of cannabis in the last year, the proportion of herbal cannabis users who had taken 'skunk' was higher at 83 per cent (Tables 5.3 and 5.4).

### Extent of 'skunk' use among 16 to 24 year olds

The 2009/10 BCS estimates that around 18.0 per cent young adults have *ever* taken 'skunk', 7.7 per cent have done so in the *last year* and 4.9 per cent in the *last month*. As expected, the prevalence of 'skunk' use among young people aged 16 to 24 is higher than for all older adults (aged 25 to 59), but the proportion reporting use of 'skunk' was similar with around half those reporting using cannabis in the same time periods (Figure 5.2 and Table 5.1).

**Figure 5.2 Proportion of 16 to 59 year olds reporting use of cannabis and 'skunk' in the last year, by age, 2009/10 BCS**



## 5.4 EXTENT OF KHAT USE AND USE OF RECENTLY CLASSIFIED DRUGS

Of the drugs recently included in the 2009/10 BCS, levels of use among 16 to 59 year olds were as follows (Table 5.5):

- 0.4 per cent of adults aged 16 to 59 reported *last year* use of Spice (or another cannabinoid).
- 0.5 per cent of 16 to 59 year olds reported use of BZP in the *last year*.
- Usage of GBL/GHB, in the *last year* was estimated at 0.1 per cent of adults.
- Around 0.2 per cent of adults reported *last year* use of khat.

These preliminary findings are also presented for young people aged 16 to 24. As expected, for the drugs that were recently classified levels of use were higher among young adults than older adults (25 to 59 year olds) (Table 5.5):

- 1.2 per cent of adults aged 16 to 24 reported *last year* use of Spice (or another cannabinoid), higher than the 0.1 per cent of older adults.

## Drug Misuse Declared: Findings from the 2009/10 British Crime Survey

---

- 1.4 per cent of 16 to 24 year olds reported use of BZP in the *last year* compared with 0.2 per cent of adults aged 25 to 59.
- *Last year* use of GBL/GHB was estimated to be at 0.5 per cent of young adults (among 25 to 59 year olds less than 0.05% reported use).

There was no statistically significant difference detected in khat use in the *last year* among young adults (16 to 24: 0.5%) compared with older adults (25 to 59: 0.1%) (Table 5.5).

**Table 5.1 Proportion of 16 to 59 year olds and 16 to 24 year olds reporting use of cannabis or 'skunk' ever, in the *last year* and *last month***

Percentages	England and Wales, 2009/10 BCS		
	Ever taken in lifetime	Taken in <i>last year</i>	Taken in <i>last month</i>
<b>Among adults aged 16 to 59</b>			
Cannabis	30.6	6.6	3.9
Skunk	12.3	3.2	2.1
<i>Unweighted base</i>	26,334	26,303	26,304
<b>Among adults aged 16 to 24</b>			
Cannabis	34.7	16.1	9.2
Skunk	18.0	7.7	4.9
<i>Unweighted base</i>	3,446	3,439	3,435

**Table 5.2 Types of cannabis used by 16 to 59 year old cannabis users ever, in the *last year* and *last month***

Percentages	England and Wales, 2009/10 BCS		
	Ever taken in lifetime	Taken in <i>last year</i>	Taken in <i>last month</i>
Herbal cannabis	50	71	74
Cannabis resin	49	38	37
Cannabis oil	8	6	5
Don't know	26	15	11
<i>Unweighted base - cannabis users</i> <sup>1</sup>	7,859	1,472	859
One type	65	71	74
Two or more types	35	29	26
<i>Unweighted base - users where type of cannabis known (excludes don't know)</i>	5,828	1,289	778

1. Responses may add to more than 100 as more than one response possible.

**Table 5.3 Types of cannabis used by 16 to 59 year old last year cannabis users, by number of types**

Percentages	England and Wales, 2009/10 BCS	
	One type of cannabis	Two or more types of cannabis <sup>1</sup>
Herbal cannabis	76	98
Cannabis resin	23	98
Cannabis oil	0	25
<i>Unweighted base - users where type of cannabis known</i>	925	364

1. Responses add to more than 100 as more than one response possible.

**Table 5.4 Proportion of 16 to 59 year old cannabis users reporting use of 'skunk' in the last year by number and types of cannabis taken**

Percentages	England and Wales, 2009/10 BCS	
	Skunk used in last year	Unweighted base
<b>One type of cannabis taken<sup>1</sup></b>		
Herbal cannabis used in last year	42	646
Cannabis resin used in last year	33	270
<b>Two or more types of cannabis taken</b>		
Herbal cannabis used in last year	83	354
Cannabis resin used in last year	83	360
Cannabis oil used in last year	91	86
<b>Any type of cannabis taken</b>		
Herbal cannabis used in last year	56	1,000
Cannabis resin used in last year	65	630
Cannabis oil used in last year	90	88

1. Cannabis oil not presented due to low base numbers for those taking only one type of cannabis.

**Table 5.5 Proportion of 16 to 59 year olds and 16 to 24 year olds reporting last year use of khat and recently classified drugs<sup>1</sup>**

Percentages	England and Wales, 2009/10 BCS		
	Adults aged 16 to 59		
	All	Adults aged 16 to 24	Adults aged 25 to 59
Spice (and other cannabinoids)	0.4	1.2	0.1
BZP	0.5	1.4	0.2
GBL/GHB	0.1	0.5	0.0
Khat	0.2	0.5	0.1
<i>Unweighted base<sup>2</sup></i>	12,994	1,706	11,288

1. Recently classified drugs presented here comprise Spice (and other cannabinoids), Benzylpiperazine (BZP) and gamma-Butyrolactone/gamma-Hydroxybutyric acid (GBL/GHB).

2. Base numbers relate to Spice use. Bases for other drug measures will be similar.

# Appendix 1: Technical notes

---

## 1. BCS SAMPLE SIZE FOR 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 (for more information about the BCS [see Section 2 of the User Guide to Home Office Crime Statistics](#)).

Any sample survey is a small-scale representation of the population from which it is drawn and 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 the population figures are estimated to lie, known as the confidence interval (see Table A1 and [Section 8.1 of the User Guide](#) for more details).

In the 2009/10 BCS there was a nationally representative achieved sample of 44,559 adults based on a response rate of 76 per cent. Of those adults who completed the main survey, 28,406 were aged between 16 and 59 years old and therefore eligible to respond to the self-completion section. 22,983 adults agreed to take part in the self-completion module, 1,890 adults refused, and 3,533 agreed that the interviewer would respond to the section on their behalf, resulting in 26,516 adults providing responses to the drug misuse questions. Of those, 16 respondents reported taking the fictional drug 'Semeron' (and hence were excluded from analyses) leaving an achieved sample of 26,500 respondents, and a 93 per cent response rate to the self-completion section.

Between the 2001/02 and 2008/09 BCS the survey included a boost sample of young adults in order to be able to improve the accuracy of illicit drug use estimates among 16 to 24 year olds. Drug use estimates among young people will continue to be produced using data from core sample only; sample sizes are presented here for information about the size of the 16 to 24 year old sample without the young adult boost. Of all the young people who completed the main survey, 3,666 were 16 to 24 years old. 3,231 young people agreed to take part in the self-completion module, 191 refused, and 244 agreed that the interviewer would respond to the section on their behalf, resulting in 3,475 young people providing responses to the drug misuse questions. Of those, five respondents reported taking the fictional drug 'Semeron', leaving an achieved sample of 3,470 respondents, and a 95 per cent response rate to the self-completion section.

Statistical significance reported within this bulletin is at the 5 per cent level; tests of statistical significance are related to the sample size, and hence will be affected by the reduction in numbers without the young adult boost ([see Section 9.3 of the User Guide](#) for more details).

**Table A1 Confidence intervals around the proportion of 16 to 59 year olds who took an illicit drug in the last year**

Percentages and numbers	England and Wales, 2009/10 BCS		
	Estimate	Range	Number of users
<b>Class A</b>			
Any cocaine	2.5	2.3 - 2.7	555
Powder cocaine	2.4	2.2 - 2.7	539
Crack cocaine	0.2	0.1 - 0.3	55
Ecstasy	1.6	1.4 - 1.8	337
Hallucinogens	0.5	0.4 - 0.6	118
LSD	0.2	0.1 - 0.2	45
Magic mushrooms	0.4	0.3 - 0.5	95
Opiates	0.2	0.1 - 0.2	43
Heroin	0.1	0.1 - 0.1	32
Methadone	0.1	0.1 - 0.1	28
<b>Class A/B</b>			
Any amphetamine	1.0	0.8 - 1.1	241
Amphetamines	1.0	0.8 - 1.1	233
Methamphetamine	0.0	0.0 - 0.1	15
<b>Class B</b>			
Cannabis	6.6	6.3 - 7.0	1,491
<b>Class B/C</b>			
Tranquillisers	0.4	0.4 - 0.5	121
<b>Class C</b>			
Anabolic steroids	0.2	0.1 - 0.2	36
Ketamine	0.5	0.4 - 0.6	101
<b>Not Classified</b>			
Amyl Nitrite	1.1	0.9 - 1.2	220
Glues	0.2	0.1 - 0.2	32
<hr/>			
<b>Any Class A drug</b>	<b>3.1</b>	<b>2.8 - 3.3</b>	<b>681</b>
<b>Any stimulant drug</b>	<b>3.7</b>	<b>3.4 - 3.9</b>	<b>811</b>
<b>Any drug</b>	<b>8.6</b>	<b>8.2 - 9.1</b>	<b>1,923</b>
<hr/>			
<i>Unweighted base<sup>1</sup></i>	26,014		

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

## Appendix 2: Bibliography

---

**Aust, R. and Smith, N.** (2003) *Ethnicity and drug use: key findings from the 2001/2002 British Crime Survey*. Home Office Findings 209. London: Home Office.

<http://www.homeoffice.gov.uk/rds/pdfs2/r209.pdf>

**Chivite-Matthews, N., Richardson, A., O'Shea, J., Becker, J., Owen, N., Roe, S. and Condon, J.** (2005) *Drug Misuse Declared: Findings from the 2003/04 British Crime Survey*. Home Office Statistical Bulletin 04/05. London: Home Office.

<http://www.homeoffice.gov.uk/rds/pdfs05/hosb0405.pdf>

**Fuller, E.** (Ed.) (2008) *Drug use, smoking and, drinking among young people in England in 2007*. The Health and Social Care Information Centre, Leeds.

<http://ic.nhs.uk/pubs/sdd07fullreport>

**Fuller, E. and Sanchez, M.** (Eds.) (2010) *Smoking, drinking and drug use among young people in England in 2009*. The Health and Social Care Information Centre, Leeds.

<http://ic.nhs.uk/pubs/sdd09fullreport>

**Hardwick, S. and King, L.** (2008). *Home Office Cannabis Potency Study*. Home Office Scientific Development Branch. London: Home Office.

**Hay, G., Gannon, M., MacDougall, J., Millar, T., Williams, K., Eastwood, C. and McKeganey, N.** (2008). *National and regional estimates of the prevalence of opiate use and/or crack cocaine use 2006/07: a summary of key findings*. Home Office Research Report 9. London: Home Office.

<http://www.homeoffice.gov.uk/rds/pdfs08/horr09.pdf>

**Hay, G., Gannon, M., MacDougall, J., Millar, T., Eastwood, C. and McKeganey, N.** (2007). *National and regional estimates of the prevalence of opiate use and/or crack cocaine use 2005/06: a summary of key findings*. Home Office Online Report 21/07. London: Home Office.

<http://www.homeoffice.gov.uk/rds/pdfs07/rdsolr2107.pdf>

**Hay, G., Gannon, M., MacDougall, J., Millar, T., Eastwood, C. and McKeganey, N.** (2006). *Local and national estimates of the prevalence of opiate use and/or crack cocaine use 2004/05* in Singleton, N., Murray, R. and Tinsley, L. (Eds.) *Measuring different aspects of problem drug use: methodological developments*. Home Office Online Report 16/06. London: Home Office.

<http://www.homeoffice.gov.uk/rds/pdfs06/rdsolr1606.pdf>

**Hoare, J.** (2009) *Drug Misuse Declared: Findings from the 2008/09 British Crime Survey*. Home Office Statistical Bulletin 12/09. London: Home Office.

<http://www.homeoffice.gov.uk/rds/pdfs09/hosb1209.pdf>

**Hoare, J. and Flatley, J.** (2008) *Drug Misuse Declared: Findings from the 2007/08 British Crime Survey*. Home Office Statistical Bulletin 13/08. London: Home Office.

<http://www.homeoffice.gov.uk/rds/pdfs08/hosb1308.pdf>

**Home Office** (2010) *User Guide to Home Office Crime Statistics*. London: Home Office.

<http://www.homeoffice.gov.uk/rds/pdfs10/crimestats-userguide.pdf>

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/bcs-publications.html>



# Annex 1: Nationally representative estimates of illicit drug use by ethnicity, 2006/07–2008/09 BCS

---

*Jacqueline Hoare*

## 1 INTRODUCTION

The British Crime Survey (BCS) is a nationally representative survey in which people resident in households in England and Wales are asked about their experiences of crime and attitudes to crime-related issues, such as the police and criminal justice system, and perceptions of crime and anti-social behaviour. The BCS also includes a self-completion module for respondents aged 16 to 59 which enables more sensitive questions to be asked, including illicit drug use.

Ethnic background<sup>1</sup> details are collected from all respondents by asking them to choose one of the following ethnic groups from a show card:

### **White**

- British
- Irish
- Any other White background

### **Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background

### **Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

### **Black or Black British**

- Caribbean
- African
- Any other Black background

### **Chinese or other ethnic group**

- Chinese
- Any other ethnic group

Questions on illicit drug use are asked if the respondent agrees to the self-completion module (whether they respond themselves, or request that the interviewer completes the module on their behalf). Not all respondents provide answers to the ethnicity question or to all the drug use questions (although item non-response is low).

The BCS is used to provide general population estimates of illicit drug use prevalence in England and Wales. Estimates are routinely broken down by the high level (5-fold) ethnic group classification highlighted in bold in the list above (Hoare and Moon, 2010; Hoare, 2009; Hoare and Flatley, 2008). More detailed figures on drug use using the full ethnic breakdown have not been published since the 2001/02 BCS (Aust and Smith, 2003), and even then robust figures could only be produced for cannabis, any Class A drug or any illicit drug use.

Typically, just over 2,000 out of the 28,000 respondents that agreed to do the self-completion module in each year identified themselves as being from a background other than White. Due to this relatively small number, and to be able to provide robust estimates of individual drug use among all minority ethnic groups, data from the 2006/07, 2007/08 and 2008/09 BCS have been combined.

---

<sup>1</sup> The ethnic group question on the BCS is taken from: Harmonised Concepts and Questions for Social Data Sources. Primary Standards. Ethnic Group. <http://www.statistics.gov.uk/about/data/harmonisation/downloads/P3.pdf>

The achieved sample of those who provided sufficient information to calculate 'any drug use' in the *last year* from the combined three-year BCS dataset (2006/07, 2007/08, 2008/09) was 85,383. This comprises 78,352 respondents who identified themselves as **White** (88%), 696 who reported being of **Mixed** (1%) ethnic background, 3,203 who described themselves as **Asian or Asian British** (6%), 1,992 as **Black or Black British** (3%) and 1,140 as **Chinese or other** (2%) ethnic group. For a full breakdown of the proportion of adults within ethnic groups in this population, see Annex Table 1.1.

Estimates have been produced for use of illicit drugs *ever*, and in the *last year*, although the commentary focuses on *last year* drug use as this is the best indicator available to measure patterns of recent drug use. Prevalence estimates for *last year* drug use among ethnic groups have also been produced from another combined three-year BCS dataset (2003/04, 2004/05, 2005/06) to provide a comparison over time.

## 2 FINDINGS

### 2.1 Prevalence of drug use in the *last year* by ethnicity

- Adults from **Mixed** ethnic backgrounds were more likely to have taken any drug in the *last year*.
- Adults from the **Asian or Asian British** group generally had the lowest levels of *last year* drug use.
- Levels of *last year* drug use among adults from a **Black or Black British** background were lower than those in **White** or **Mixed** groups, and higher than **Asian or Asian British**. Within the **Black or Black British** group adults from a Black-Caribbean background had higher levels of cannabis and hence any drug use in the *last year* than Black-African adults.
- Prevalence of Class A drug use was highest among **White** and **Mixed** ethnic groups.

Those from **Mixed** ethnic backgrounds generally had the highest level of any drug use in the *last year* (17.6%), compared with all other ethnic groups<sup>2</sup>, with adults identifying as Mixed-White/Black Caribbean having the highest levels of drug use (24.4%, compared with, for example, White-British, 10.5%) (Table A1.1).

The clear driver for the overall prevalence of drug use being higher among **Mixed** ethnic groups was cannabis use; this group had a higher prevalence (14.8%) than any other group, for example, compared with adults from a **White** background (8.4%). The general pattern within the different **Mixed** ethnic groups was that Mixed-White/Black Caribbean adults had the highest level of *last year* cannabis use (19.8%), though the difference between this group and other Mixed ethnic groups did not reach statistical significance (likely due to the small number of respondents in each group).

While drug use was higher overall for the **Mixed** ethnic group compared with adults from a **White** background, there was no difference between the groups when looking at some individual drug types (Table A1.1).

- While prevalence of Class A drug use was also high among the **Mixed** ethnic group (4.8% took a Class A drug in the *last year*), this was not significantly different to that in the **White** ethnic group (3.7%).
- The level of powder cocaine use among both the **Mixed** and **White** ethnic groups was also higher than for other ethnic groups. For example, 6.0 per cent of adults from the Mixed-White/Black Caribbean group had taken powder cocaine in the last year, compared with 0.7 per cent from an Asian-Indian or 0.3 per cent from an Asian-Pakistani background.

<sup>2</sup> It should be noted that although the high prevalence of illicit drug use (17.6%) means around one in six adults of **Mixed** ethnic origin took drugs in the last year, this represents only one per cent of the population overall.

- This was also true for *last year* ecstasy use with **Mixed** and **White** ethnic groups reporting highest level of use (although the differences were less pronounced); 1.9 per cent of White-British adults took ecstasy in the *last year* compared with all groups from **Asian or Asian British** (0.1%), **Black or Black British** (0.4%), and **Chinese or other** (0.4%) ethnic backgrounds.

Adults from the **Asian or Asian British** group generally had the lowest levels of any drug use in the *last year* and levels were similar among those identifying as Asian-Indian (2.7%), Asian-Pakistani (2.9%) or Asian-Bangladeshi (2.6%).

Within the **Black or Black British** group, those from a Black-Caribbean background had higher levels of cannabis and hence any drug use in the *last year* (7.9% and 8.7% respectively) than adults with a Black-African background (2.7% and 3.5% respectively).

The higher level of drug use among adults from a **Mixed** ethnic group may reflect the younger age profile of individuals in this group. While overall around one-third of the 16 to 59 year old population in this analysis (mean age 37.4) was aged between 16 and 29, the equivalent proportion for the **Mixed** ethnic group (mean age 30.5) was over half. As levels of illicit drug use are known to be higher among younger adults<sup>3</sup>, the age profile of the different ethnic groups is likely to have an effect on drug use estimates for adults within those groups; this will be most notable for adults identifying themselves as being of **Mixed** background who have the lowest average age (Table A1.2). See Box A1.1 for further details.

### Box A1.1 Age standardised prevalence of drug use in the *last year* by ethnicity

Age standardisation adjusts rates to take into account the age profile of the population under study and is regularly used in the analysis of morbidity and mortality statistics. This is because the age structure of the population could directly affect statistics such as mortality rates; it may be that a high number of deaths in an area could be due, at least in part, to a large ageing population. In a similar way, drug use rates are known to be higher among younger adults, and also among men, hence high levels of drug use among ethnic groups may be explained, at least in part, by the age and sex profile of the group.

The age-standardised rates are provided in Annex Table 1.2 as an indication of comparable levels across different groups. Due to the difference in age profile between the ethnic groups, and the known gender difference in drug use, age-standardised estimates of drug use prevalence within sex were created.

Standardising the drug use rates in this way results in some of the differences observed between groups disappearing, which suggests that in these cases age, not ethnicity, is the key driver of differences between groups.

- Using standardised rates, *last year* prevalence of any drug use among adults from a **White** and **Mixed** ethnic background were similar, unlike the general population estimates where adults from a **Mixed** background were more likely to have taken illicit drugs.
- Also, the high level of drug use among the Mixed-White/Black Caribbean group is no longer evident in comparison with all the **White** and **Mixed** ethnic groups, for example, Mixed-White/Asian.
- In the general population estimates, adults from a **Mixed** ethnic group had higher *last year* levels of cannabis use; however, age-standardised rates showed that levels of use were similar between adults from a **White** or **Mixed** ethnic background.

There is less of an effect on the patterns of Class A drug use when rates are adjusted for age; levels are relatively similar to the general population rates. This reflects that it is the high level of cannabis use (a Class B drug) among younger adults that is the key driver of differences in overall drug use.

<sup>3</sup> See Chapters 3 and 4 in Hoare (2009).

### 2.2 Prevalence of drug use in the *last year* by ethnicity and sex

- Among adults from a **White** or **Asian or Asian British** background, men were more likely to be *last year* drug users than women.
- Men from a **White, Black or Black British** or **Asian or Asian British** ethnic group were more likely to have taken cannabis in the *last year* than women from the same group.

Prevalence of *last year* drug use is known to be around twice as high for men as for women aged 16 to 59 within the general population (for example, Hoare, 2009). Since adults from a **White** background make up the vast majority of the population (88%), as expected, there is a clear gender difference in illicit drug use among adults of **White** ethnic origin (men, 14.0%; women, 7.0%). This also holds true amongst the larger **White** ethnic groups (Table A1.3).

- Levels of *last year* drug use among men from White-British and White-other backgrounds (14.0% and 14.8% respectively) were higher than for women (7.0% and 6.9% respectively).
- For adults identifying as White-British, men had higher levels of *last year* drug use than women for all individual drug types (no doubt in part due to the large sample size of this group).

Among **Asian or Asian British** adults, men also had a higher level of *last year* use of any drug compared with women (4.0% and 1.8% respectively) and specifically within that group:

- Men of Asian-Pakistani and Asian-other backgrounds (4.3% and 6.7% respectively) were more likely to have taken any drug in the *last year* compared with women in the same groups (1.3% and 0.8% respectively).

The gender difference in use of drugs among **Asian or Asian British** adults reflects differences in cannabis use; 3.2 per cent of men were *last year* users compared with 1.2 per cent of women among the different **Asian or Asian British** ethnic groups:

- Men identifying as Asian-Pakistani or Asian-other (3.2% and 4.9% respectively) had higher levels of *last year* cannabis use compared with women within the same ethnic groups (0.7% and 0.6% respectively).

Unlike the pattern in the general population where *last year* drug use is higher for men than women, no gender differences were detected for the other ethnic groups: **Mixed, Black or Black British**, and **Chinese or other** (1%, 3% and 2% of the population respectively).

However, there was a gender difference among **Black or Black British** adults for cannabis use: 6.5 per cent of men took cannabis in the *last year*, compared with 3.8 per cent of women. Among men who identified as Black-African, 4.4 per cent used cannabis in the *last year*, higher than the 1.2 per cent of women from the same ethnic group; there was no statistically significant gender difference between Black-Caribbean men and women.

### Box A1.2 Comparison of *last year* drug use among ethnic groups over time

Between the 2003/04 and 2008/09 BCS, *last year* drug use among adults aged 16 to 59 decreased, mainly driven by a reduction in the use of cannabis. Class A drug use remained stable between 2003/04 and 2008/09. Within this stable trend there was a fall in the use of hallucinogens which was offset by an increase in powder cocaine use. Use of amphetamines also fell across this period.

Using the BCS combined three-year dataset (2006/07, 2007/08 and 2008/09), recent drug use estimates are provided for each ethnic group. Comparing estimates from this dataset with estimates from the preceding three-year BCS dataset (2003/04, 2004/05 and 2005/06) enables an evaluation of whether drug use behaviour has changed within ethnic group over this period. The proportion of adults within the ethnic groups remains similar between the two datasets (Annex Table 1.1).

Comparison of the two datasets shows a similar pattern to the general trend described above. *Last year* use of any drug fell (mainly driven by falls in cannabis use) among **White, Asian or Asian British** and **Black or Black British** adults (Tables A1.1 and A1.4).

- Among adults from a **White** background, there was a decrease among both White-British (11.8% to 10.5%) and White-Irish (13.7% to 9.1%).
- Within the **Asian or Asian British** group, there was a fall in drug use among adults from an Asian-Indian group (4.8% to 2.7%).
- Among **Black or Black British** adults, Black-Caribbean adults showed a fall (13.9% to 8.7%).

There was no change in the overall levels of drug use among adults identifying as **Mixed** or **Chinese or other** ethnic group.

No change over time was seen in overall Class A drug use among adults from any ethnic background, reflecting the general trend. Not surprisingly, there was an increase in powder cocaine use among adults from a **White** background (who make up the majority of the population). More specifically:

- Among all adults from a **White** background, the increase in powder cocaine use was only specifically seen for those in the White-British ethnic group (2.4% to 2.9%).

## 2.3 Comparison of drug use in the *last year* by country of birth

Adults from a **White** or **Mixed** ethnic background had the highest levels of illicit drug use, so for these groups the country of birth was used to see if there was any difference between levels of use among those who were born in the UK, and those who immigrated into the UK<sup>4</sup>.

Among the **White** group there were no differences in use of any drug or any Class A drug in the *last year* when comparing adults who were born in the UK and those who were not. There were some small yet statistically significant differences for individual drugs (Table A1.5).

- The level of amphetamine use was higher among adults born in the UK (1.4%) compared with non-UK adults (0.9%).
- Amyl nitrite use was higher among UK adults than non-UK adults (1.6% and 1.1% respectively).

For adults who identified as being from a **Mixed** ethnic background, drug use tended to be higher among those who were born in the UK, compared with those who were not.

<sup>4</sup> All respondents were asked in which country they were born and any response can be given, although the coded responses are limited to: UK, British; English; Scottish; Welsh; Northern Irish; Irish (Republic); and Other. As such, it is not possible to identify respondents solely from England and Wales (where the BCS is carried out), so a composite variable was created which establishes country of birth as either UK, or non-UK.

- Use of any drug in the *last year* was more than twice as high for adults from a **Mixed** ethnic background who were born in the UK (21.0%) compared with those who were born outside the UK (8.5%). This also held true for Class A drug use, which was around four times higher (6.0% compared with 1.5%).
- Powder cocaine and cannabis use was notably higher among UK-born adults from the **Mixed** ethnicity group (5.0% and 17.7% respectively) compared with those not born in the UK (1.0% and 7.0% respectively).

Again, these differences are likely to be largely attributable to the differences in age between these groups. Three in five of the 16-59 year old population of **Mixed** ethnic background who were born in the UK were aged between 16 and 29 years (60%) compared with a third (33%) of those who were born outside the UK (data not shown).

### 2.4 Prevalence of drug use ever by ethnicity

Although not commented on here, prevalence of illicit drug use *ever* among adults age 16 to 59 is presented here by ethnicity and sex (Tables A1.6 and A1.7).

## 3 BIBLIOGRAPHY

**Aust, R. and Smith, N.** (2003) *Ethnicity and drug use: key findings from the 2001/2002 British Crime Survey*. Home Office Findings 209. London: Home Office.  
<http://www.homeoffice.gov.uk/rds/pdfs2/r209.pdf>

**Hoare, J. and Moon, D.** (2010) *Drug Misuse Declared: Findings from the 2009/10 British Crime Survey*. Home Office Statistical Bulletin 13/10. London: Home Office.  
<http://www.homeoffice.gov.uk/rds/pdfs10/hosb1310.pdf>

**Hoare, J.** (2009) *Drug Misuse Declared: Findings from the 2008/09 British Crime Survey*. Home Office Statistical Bulletin 12/09. London: Home Office.  
<http://www.homeoffice.gov.uk/rds/pdfs09/hosb1209.pdf>

**Hoare, J. and Flatley, J.** (2008) *Drug Misuse Declared: Findings from the 2007/08 British Crime Survey*. Home Office Statistical Bulletin 13/08. London: Home Office.  
<http://www.homeoffice.gov.uk/rds/pdfs08/hosb1308.pdf>

Table A1.1 Proportion of 16 to 59 year olds reporting use of drugs in the last year, by ethnicity, 2006/07–2008/09 combined dataset

	Three-year combined dataset (2006/07, 2007/08 & 2008/09 BCS)																				Total	
	White				Mixed					Asian or Asian British					Black or Black British				Chinese or other			
	All	British	Irish	Other White background	All	White and Black Caribbean	White and Black African	White and Asian	Any other Mixed background	All	Indian	Pakistani	Bangladeshi	Other Asian background	All	Caribbean	African	Other Black background	All	Chinese		Other ethnic group
<b>Class A</b>																						
Any cocaine	2.9	2.9	2.0	2.5	3.9	6.0	4.6	3.3	1.7	0.6	0.7	0.3	0.0	1.0	1.0	1.2	0.8	1.7	1.1	1.4	0.9	<b>2.7</b>
Powder cocaine	2.9	2.9	2.0	2.5	3.9	6.0	4.6	3.3	1.7	0.6	0.7	0.3	0.0	1.0	1.0	1.2	0.8	1.7	1.0	1.4	0.9	<b>2.7</b>
Crack cocaine	0.2	0.2	0.0	0.1	0.6	1.3	0.0	0.8	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.2	<b>0.2</b>
Ecstasy	1.9	1.9	0.8	1.8	2.9	4.1	3.0	2.0	2.3	0.1	0.0	0.1	0.0	0.5	0.4	0.4	0.3	0.9	0.4	0.0	0.5	<b>1.7</b>
Hallucinogens	0.7	0.7	0.2	0.8	0.5	0.6	0.2	1.2	0.0	0.1	0.0	0.1	0.0	0.1	0.1	0.2	0.0	0.7	0.2	0.0	0.3	<b>0.7</b>
LSD	0.3	0.3	0.0	0.3	0.1	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	<b>0.3</b>
Magic mushrooms	0.6	0.6	0.2	0.6	0.5	0.6	0.2	1.2	0.0	0.1	0.0	0.1	0.0	0.1	0.1	0.2	0.0	0.7	0.2	0.0	0.3	<b>0.6</b>
Opiates	0.2	0.2	0.0	0.1	0.2	0.3	0.5	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.3	0.0	0.4	<b>0.2</b>
Heroin	0.1	0.1	0.0	0.1	0.2	0.3	0.5	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.3	0.0	0.4	<b>0.1</b>
Methadone	0.1	0.1	0.0	0.1	0.2	0.3	0.5	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.2	<b>0.1</b>
<b>Class A/B</b>																						
Amphetamines	1.3	1.3	1.0	1.0	1.0	0.7	0.2	2.2	0.7	0.1	0.0	0.0	0.0	0.2	0.1	0.1	0.0	0.9	0.2	0.0	0.3	<b>1.2</b>
<b>Class B</b>																						
Cannabis	8.4	8.4	7.3	8.6	14.8	19.8	13.8	11.8	12.3	2.3	2.1	2.0	2.5	3.0	5.0	7.9	2.7	5.4	4.2	2.8	4.8	<b>7.9</b>
<b>Class B/C</b>																						
Tranquillisers	0.6	0.6	0.3	0.5	0.7	0.1	0.5	0.5	1.6	0.0	0.1	0.0	0.0	0.0	0.1	0.1	0.1	0.7	0.1	0.0	0.1	<b>0.5</b>
<b>Class C</b>																						
Anabolic steroids	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	<b>0.1</b>
Ketamine	0.4	0.4	0.3	0.5	0.7	0.4	0.0	1.2	0.8	0.1	0.1	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	<b>0.4</b>
<b>Not Classified</b>																						
Amyl nitrite	1.6	1.6	1.6	0.9	1.4	1.7	2.2	0.7	1.3	0.1	0.1	0.1	0.0	0.0	0.2	0.3	0.1	0.7	0.6	0.9	0.4	<b>1.4</b>
Glues	0.2	0.2	0.1	0.2	0.2	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.9	0.0	<b>0.2</b>
<b>Any Class A drug<sup>1</sup></b>	<b>3.7</b>	<b>3.7</b>	<b>2.2</b>	<b>3.3</b>	<b>4.8</b>	<b>7.0</b>	<b>5.4</b>	<b>4.4</b>	<b>2.3</b>	<b>0.6</b>	<b>0.7</b>	<b>0.4</b>	<b>0.0</b>	<b>1.1</b>	<b>1.1</b>	<b>1.4</b>	<b>0.8</b>	<b>2.4</b>	<b>1.3</b>	<b>1.4</b>	<b>1.3</b>	<b>3.4</b>
<b>Any stimulant drug<sup>2</sup></b>	<b>4.5</b>	<b>4.6</b>	<b>2.8</b>	<b>3.8</b>	<b>5.1</b>	<b>8.0</b>	<b>4.8</b>	<b>3.7</b>	<b>3.1</b>	<b>0.7</b>	<b>0.8</b>	<b>0.4</b>	<b>0.0</b>	<b>1.2</b>	<b>1.2</b>	<b>1.5</b>	<b>0.8</b>	<b>2.5</b>	<b>1.7</b>	<b>2.3</b>	<b>1.5</b>	<b>4.1</b>
<b>Any drug<sup>3</sup></b>	<b>10.5</b>	<b>10.5</b>	<b>9.1</b>	<b>10.9</b>	<b>17.6</b>	<b>24.4</b>	<b>15.0</b>	<b>13.6</b>	<b>14.9</b>	<b>3.0</b>	<b>2.7</b>	<b>2.9</b>	<b>2.6</b>	<b>4.1</b>	<b>5.8</b>	<b>8.7</b>	<b>3.5</b>	<b>6.2</b>	<b>5.7</b>	<b>5.0</b>	<b>6.0</b>	<b>9.9</b>
<i>Unweighted base<sup>4</sup></i>	<i>78,352</i>	<i>74,285</i>	<i>545</i>	<i>3,522</i>	<i>696</i>	<i>228</i>	<i>117</i>	<i>175</i>	<i>176</i>	<i>3,203</i>	<i>1,528</i>	<i>784</i>	<i>271</i>	<i>620</i>	<i>1,992</i>	<i>865</i>	<i>1,027</i>	<i>100</i>	<i>1,140</i>	<i>322</i>	<i>818</i>	<b><i>85,383</i></b>

1. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone.

2. 'Any stimulant drug' comprises powder cocaine, crack cocaine, ecstasy, amphetamines and amyl nitrite.

3. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquilisers, anabolic steroids, ketamine, amyl nitrite, glues, any other pills/powders/drugs smoked.

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

Table A1.2 Age breakdown of 16 to 59 year olds by ethnicity

Percentages	Three-year combined dataset (2006/07, 2007/08 & 2008/09 BCS)																					
	White				Mixed					Asian or Asian British					Black or Black British				Chinese or other			Total
	All	British	Irish	Other White background	All	White and Black Caribbean	White and Black African	White and Asian	Any other Mixed background	All	Indian	Pakistani	Bangladeshi	Other Asian background	All	Caribbean	African	Other Black background	All	Chinese	Other ethnic group	
<b>Age</b>																						
16-19	9	9	4	4	19	27	9	17	16	12	11	15	13	8	9	10	8	11	7	7	7	9
20-24	11	11	9	14	20	22	18	19	19	15	15	16	18	11	9	8	11	7	15	21	13	11
25-29	10	10	11	21	14	14	18	12	13	16	14	19	20	14	14	12	16	19	14	20	12	11
30-34	10	10	13	17	13	10	20	14	11	16	15	15	20	19	12	9	13	19	15	13	16	11
35-39	12	12	11	13	14	9	16	18	15	13	12	13	14	16	18	15	20	15	13	11	14	12
40-44	13	13	14	9	8	7	6	6	12	10	11	7	8	12	17	17	18	9	13	11	14	13
45-49	12	12	14	9	6	5	6	5	9	7	8	7	4	9	11	15	8	13	9	6	11	12
50-54	11	11	12	7	3	2	5	5	3	7	9	4	2	6	6	9	4	5	8	7	8	10
55-59	11	11	11	6	3	4	2	5	3	5	6	3	1	5	4	6	2	3	5	4	6	10
<b>All 16-59</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Mean age (sd)</b>	<b>37.8</b> (12.52)	<b>38.0</b> (12.60)	<b>39.3</b> (11.74)	<b>34.7</b> (10.76)	<b>30.5</b> (11.02)	<b>28.5</b> (11.22)	<b>31.7</b> (9.84)	<b>31.2</b> (11.53)	<b>31.6</b> (10.72)	<b>33.2</b> (11.24)	<b>34.4</b> (11.83)	<b>31.2</b> (10.66)	<b>30.1</b> (9.00)	<b>34.8</b> (10.80)	<b>35.4</b> (10.65)	<b>37.0</b> (11.50)	<b>34.2</b> (9.80)	<b>34.1</b> (10.31)	<b>35.0</b> (11.24)	<b>32.9</b> (11.16)	<b>35.9</b> (11.16)	<b>37.4</b> (12.44)
<i>Unweighted base</i>	79,271	75,126	559	3,586	718	237	119	178	184	3,254	1,550	795	279	630	2,020	878	1,039	103	1,160	327	833	86,423

Table A1.3 Proportion of 16 to 59 year olds reporting use of drugs in the last year, by ethnicity and sex

	Three-year combined dataset (2006/07, 2007/08 & 2008/09 BCS)																				Total	
	White				Mixed					Asian or Asian British					Black or Black British				Chinese or other			
	All	British	Irish	Other White background	All	White and Black Caribbean	White and Black African	White and Asian	Any other Mixed background	All	Indian	Pakistani	Banglad-eshi	Other Asian background	All	Caribbean	African	Other Black background	All	Chinese		Other ethnic group
<b>Men</b>																						
<b>Class A</b>																						
Any cocaine	4.1	4.2	3.7	3.6	3.9	6.1	2.3	4.9	1.7	0.8	0.8	0.5	0.0	1.6	0.8	1.4	0.2	4.1	1.4	1.3	1.4	3.8
Powder cocaine	4.1	4.1	3.7	3.6	3.9	6.1	2.3	4.9	1.7	0.8	0.8	0.5	0.0	1.6	0.8	1.4	0.2	4.1	1.3	1.3	1.3	3.7
Crack cocaine	0.3	0.3	0.0	0.1	1.3	3.1	0.0	1.4	0.0	0.1	0.2	0.0	0.0	0.0	0.1	0.2	0.0	0.0	0.3	0.0	0.4	0.2
Ecstasy	2.7	2.7	1.6	2.6	3.2	4.8	1.5	2.9	2.9	0.2	0.0	0.3	0.0	0.9	0.5	0.7	0.2	2.1	0.3	0.0	0.4	2.4
Hallucinogens	1.1	1.2	0.3	1.1	0.8	1.3	0.4	1.4	0.0	0.1	0.0	0.3	0.0	0.1	0.2	0.4	0.0	0.0	0.4	0.0	0.5	1.0
LSD	0.5	0.5	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.3	0.4
Magic mushrooms	0.9	1.0	0.3	0.9	0.8	1.3	0.4	1.4	0.0	0.1	0.0	0.3	0.0	0.1	0.2	0.4	0.0	0.0	0.4	0.0	0.5	0.9
Opiates	0.3	0.3	0.0	0.3	0.2	0.7	0.0	0.0	0.0	0.1	0.2	0.0	0.0	0.0	0.1	0.0	0.0	2.1	0.6	0.0	0.8	0.2
Heroin	0.2	0.2	0.0	0.1	0.2	0.7	0.0	0.0	0.0	0.1	0.2	0.0	0.0	0.0	0.1	0.0	0.0	2.1	0.5	0.0	0.7	0.2
Methadone	0.2	0.2	0.0	0.3	0.2	0.7	0.0	0.0	0.0	0.1	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.4	0.2
<b>Class A/B</b>																						
Amphetamines	1.8	1.9	2.2	1.1	1.7	1.7	0.0	2.9	1.5	0.1	0.0	0.0	0.0	0.4	0.2	0.2	0.0	2.1	0.2	0.0	0.3	1.6
<b>Class B</b>																						
Cannabis	11.4	11.4	9.7	11.9	17.2	26.6	14.3	13.4	13.2	3.2	2.5	3.2	3.9	4.9	6.5	9.2	4.4	8.8	5.2	3.5	5.8	10.7
<b>Class B/C</b>																						
Tranquillisers	0.7	0.7	0.5	0.5	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6
<b>Class C</b>																						
Anabolic steroids	0.2	0.2	0.3	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2
Ketamine	0.7	0.7	0.7	0.7	0.9	0.0	0.0	1.4	1.7	0.1	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6
<b>Not Classified</b>																						
Amyl nitrite	2.3	2.3	2.9	1.7	0.9	1.0	0.0	1.3	0.8	0.1	0.1	0.3	0.1	0.0	0.3	0.8	0.0	0.0	0.1	0.0	0.1	2.0
Glues	0.2	0.2	0.2	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2
<b>Any Class A drug<sup>1</sup></b>	<b>5.2</b>	<b>5.3</b>	<b>4.2</b>	<b>4.7</b>	<b>5.0</b>	<b>7.0</b>	<b>2.8</b>	<b>6.3</b>	<b>2.9</b>	<b>0.9</b>	<b>0.8</b>	<b>0.8</b>	<b>0.0</b>	<b>1.8</b>	<b>1.0</b>	<b>1.8</b>	<b>0.2</b>	<b>4.1</b>	<b>1.7</b>	<b>1.3</b>	<b>1.8</b>	<b>4.8</b>
<b>Any stimulant drug<sup>2</sup></b>	<b>6.3</b>	<b>6.4</b>	<b>4.9</b>	<b>5.5</b>	<b>5.2</b>	<b>7.9</b>	<b>2.4</b>	<b>4.9</b>	<b>4.5</b>	<b>1.0</b>	<b>1.0</b>	<b>0.8</b>	<b>0.1</b>	<b>2.0</b>	<b>1.0</b>	<b>1.9</b>	<b>0.2</b>	<b>4.1</b>	<b>1.6</b>	<b>1.3</b>	<b>1.7</b>	<b>5.7</b>
<b>Any drug<sup>3</sup></b>	<b>14.0</b>	<b>14.0</b>	<b>12.1</b>	<b>14.8</b>	<b>19.6</b>	<b>28.2</b>	<b>14.5</b>	<b>15.5</b>	<b>17.6</b>	<b>4.0</b>	<b>2.8</b>	<b>4.3</b>	<b>4.0</b>	<b>6.7</b>	<b>7.2</b>	<b>10.5</b>	<b>4.7</b>	<b>8.8</b>	<b>6.4</b>	<b>6.3</b>	<b>6.5</b>	<b>13.1</b>
<i>Unweighted base<sup>4</sup></i>	<i>35,996</i>	<i>34,121</i>	<i>244</i>	<i>1,631</i>	<i>290</i>	<i>76</i>	<i>52</i>	<i>92</i>	<i>70</i>	<i>1,651</i>	<i>769</i>	<i>404</i>	<i>143</i>	<i>335</i>	<i>787</i>	<i>327</i>	<i>425</i>	<i>35</i>	<i>562</i>	<i>145</i>	<i>417</i>	<i>39,286</i>
<b>Women</b>																						
<b>Class A</b>																						
Any cocaine	1.7	1.7	0.4	1.3	3.9	5.9	6.4	1.4	1.7	0.3	0.6	0.0	0.0	0.2	1.2	1.1	1.4	0.0	0.7	1.5	0.4	1.6
Cocaine powder	1.7	1.7	0.4	1.3	3.9	5.9	6.4	1.4	1.7	0.3	0.6	0.0	0.0	0.2	1.2	1.1	1.4	0.0	0.7	1.5	0.4	1.6
Crack cocaine	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Ecstasy	1.1	1.1	0.1	0.9	2.6	3.5	4.3	0.9	1.7	0.0	0.1	0.0	0.0	0.0	0.3	0.1	0.4	0.0	0.4	0.0	0.6	1.0
Hallucinogens	0.3	0.3	0.0	0.5	0.2	0.0	0.0	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	1.1	0.0	0.0	0.0	0.3
LSD	0.1	0.1	0.0	0.2	0.2	0.0	0.0	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Magic mushrooms	0.3	0.3	0.0	0.4	0.2	0.0	0.0	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	1.1	0.0	0.0	0.0	0.3
Opiates	0.1	0.1	0.0	0.0	0.1	0.0	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Heroin	0.1	0.1	0.0	0.0	0.1	0.0	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Methadone	0.1	0.1	0.0	0.0	0.1	0.0	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
<b>Class A/B</b>																						
Amphetamines	0.9	0.9	0.0	1.0	0.4	0.0	0.3	1.5	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.4	0.8
<b>Class B</b>																						
Cannabis	5.4	5.5	5.0	5.3	12.7	14.9	13.4	10.0	11.5	1.2	1.8	0.7	0.6	0.6	3.8	7.0	1.2	3.1	3.2	2.1	3.6	5.2
<b>Class B/C</b>																						
Tranquillisers	0.4	0.4	0.1	0.4	1.3	0.2	0.9	1.1	3.1	0.0	0.0	0.0	0.0	0.0	0.2	0.2	0.1	1.2	0.1	0.0	0.2	0.4
<b>Class C</b>																						
Anabolic steroids	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Ketamine	0.2	0.2	0.0	0.2	0.5	0.8	0.0	0.9	0.0	0.2	0.3	0.0	0.0	0.2	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.2
<b>Not Classified</b>																						
Amyl nitrite	0.9	1.0	0.5	0.2	1.9	2.2	4.0	0.0	1.7	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	1.2	1.1	1.8	0.7	0.9
Glues	0.1	0.1	0.0	0.1	0.4	1.1	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.5	1.8	0.0	0.1
<b>Any Class A drug<sup>1</sup></b>	<b>2.1</b>	<b>2.2</b>	<b>0.4</b>	<b>1.9</b>	<b>4.6</b>	<b>7.0</b>	<b>7.5</b>	<b>2.3</b>	<b>1.7</b>	<b>0.3</b>	<b>0.6</b>	<b>0.0</b>	<b>0.0</b>	<b>0.2</b>	<b>1.3</b>	<b>1.1</b>	<b>1.4</b>	<b>1.2</b>	<b>1.0</b>	<b>1.5</b>	<b>0.7</b>	<b>2.0</b>
<b>Any stimulant drug<sup>2</sup></b>	<b>2.7</b>	<b>2.8</b>	<b>0.9</b>	<b>2.1</b>	<b>4.9</b>	<b>8.1</b>	<b>6.7</b>	<b>2.3</b>	<b>1.7</b>	<b>0.4</b>	<b>0.7</b>	<b>0.0</b>	<b>0.0</b>	<b>0.2</b>	<b>1.3</b>	<b>1.1</b>	<b>1.4</b>	<b>1.3</b>	<b>1.9</b>	<b>3.3</b>	<b>1.3</b>	<b>2.6</b>
<b>Any drug<sup>3</sup></b>	<b>7.0</b>	<b>7.0</b>	<b>6.3</b>	<b>6.9</b>	<b>15.8</b>	<b>21.6</b>	<b>15.4</b>	<b>11.4</b>	<b>12.5</b>	<b>1.8</b>	<b>2.6</b>	<b>1.3</b>	<b>0.6</b>	<b>0.8</b>	<b>4.7</b>	<b>7.5</b>	<b>2.4</b>	<b>4.4</b>	<b>4.9</b>	<b>3.6</b>	<b>5.5</b>	<b>6.7</b>
<i>Unweighted base<sup>4</sup></i>	<i>42,356</i>	<i>40,164</i>	<i>301</i>	<i>1,891</i>	<i>406</i>	<i>152</i>	<i>65</i>	<i>83</i>	<i>106</i>	<i>1,552</i>	<i>759</i>	<i>380</i>	<i>128</i>	<i>285</i>	<i>1,205</i>	<i>538</i>	<i>602</i>	<i>65</i>	<i>578</i>	<i>177</i>	<i>401</i>	<i>46,097</i>

1. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone.

2. 'Any stimulant drug' comprises powder cocaine, crack cocaine, ecstasy, amphetamines and amyl nitrite.

3. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquilisers, anabolic steroids, ketamine, amyl nitrite, glues, any other pills/powders/drugs smoked.

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

Table A1.4 Proportion of 16 to 59 year olds reporting use of drugs in the last year, by ethnicity, 2003/04–2005/06 combined dataset

	Three-year combined dataset (2003/04, 2004/05 & 2005/06 BCS)																				Total	
	White				Mixed				Asian or Asian British					Black or Black British				Chinese or other				
	All	British	Irish	Other White background	All	White and Black Caribbean	White and Black African	White and Asian	Any other Mixed background	All	Indian	Pakistani	Banglad-eshi	Other Asian background	All	Caribbean	African	Other Black background	All	Chinese		Other ethnic group
<b>Class A</b>																						
Any cocaine	2.4	2.4	3.3	2.7	4.2	2.9	4.8	5.2	4.7	0.7	0.5	1.0	1.3	0.1	1.1	1.4	0.6	2.5	1.6	1.0	1.8	<b>2.3</b>
Powder cocaine	2.4	2.4	3.3	2.7	4.2	2.9	4.8	5.2	4.7	0.6	0.5	0.8	1.3	0.1	0.9	1.0	0.6	2.5	1.6	1.0	1.8	<b>2.3</b>
Crack cocaine	0.1	0.1	0.0	0.2	0.0	0.1	0.0	0.0	0.0	0.2	0.0	0.6	0.0	0.0	0.3	0.6	0.0	0.0	0.2	0.6	0.0	<b>0.1</b>
Ecstasy	1.9	1.8	3.0	2.8	1.9	3.0	1.7	1.3	1.2	0.5	0.6	0.2	0.0	0.8	0.5	0.8	0.2	0.0	1.3	0.6	1.5	<b>1.8</b>
Hallucinogens	1.1	1.1	1.4	1.4	1.9	0.7	3.3	2.8	1.7	0.2	0.5	0.1	0.0	0.0	0.1	0.2	0.1	0.0	0.9	0.0	1.2	<b>1.0</b>
LSD	0.3	0.2	0.9	0.4	0.1	0.1	0.0	0.3	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	<b>0.2</b>
Magic mushrooms	1.0	1.0	0.5	1.1	1.8	0.6	3.3	2.8	1.7	0.2	0.5	0.0	0.0	0.0	0.1	0.2	0.1	0.0	0.9	0.0	1.2	<b>1.0</b>
Opiates	0.2	0.2	0.5	0.2	0.3	0.9	0.0	0.0	0.0	0.1	0.0	0.2	0.0	0.0	0.1	0.1	0.0	0.0	0.1	0.0	0.1	<b>0.1</b>
Heroin	0.1	0.1	0.5	0.2	0.3	0.9	0.0	0.0	0.0	0.1	0.0	0.2	0.0	0.0	0.1	0.1	0.0	0.0	0.1	0.0	0.1	<b>0.1</b>
Methadone	0.1	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	<b>0.1</b>
<b>Class A/B</b>																						
Amphetamines	1.5	1.6	1.1	1.4	1.1	1.9	0.9	0.5	0.8	0.1	0.1	0.2	0.0	0.0	0.3	0.6	0.1	0.0	0.6	0.0	0.8	<b>1.4</b>
<b>Class B</b>																						
Cannabis	10.2	10.1	11.6	10.6	14.5	17.5	14.8	13.8	11.4	3.4	4.0	2.9	0.6	4.1	8.0	13.2	3.6	11.9	5.5	2.8	6.4	<b>9.7</b>
<b>Class B/C</b>																						
Tranquillisers	0.5	0.5	0.9	0.6	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.2	0.0	0.1	0.1	0.1	0.2	0.0	0.2	0.0	0.3	<b>0.5</b>
<b>Class C</b>																						
Anabolic steroids	0.1	0.1	0.0	0.1	0.3	0.3	0.0	0.9	0.0	0.1	0.1	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	<b>0.1</b>
<b>Not Classified</b>																						
Amyl nitrite	1.3	1.3	0.3	1.6	1.8	1.3	3.7	0.3	2.6	0.1	0.0	0.0	0.0	0.3	0.2	0.2	0.2	0.0	0.7	0.0	1.0	<b>1.2</b>
Glues	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.2	0.0	0.0	0.2	0.0	0.3	0.0	0.0	0.0	0.0	<b>0.1</b>
<b>Any Class A drug<sup>1</sup></b>	<b>3.6</b>	<b>3.5</b>	<b>5.3</b>	<b>4.2</b>	<b>6.0</b>	<b>4.8</b>	<b>8.1</b>	<b>6.6</b>	<b>6.0</b>	<b>1.2</b>	<b>1.3</b>	<b>1.1</b>	<b>1.3</b>	<b>1.0</b>	<b>1.1</b>	<b>1.6</b>	<b>0.6</b>	<b>2.5</b>	<b>2.2</b>	<b>1.1</b>	<b>2.6</b>	<b>3.4</b>
<b>Any stimulant drug<sup>2</sup></b>	<b>4.2</b>	<b>4.2</b>	<b>5.5</b>	<b>4.9</b>	<b>5.6</b>	<b>4.8</b>	<b>7.6</b>	<b>5.2</b>	<b>6.0</b>	<b>1.1</b>	<b>1.1</b>	<b>1.0</b>	<b>1.3</b>	<b>1.3</b>	<b>1.3</b>	<b>1.9</b>	<b>0.8</b>	<b>2.5</b>	<b>2.4</b>	<b>1.1</b>	<b>2.9</b>	<b>4.0</b>
<b>Any drug<sup>3</sup></b>	<b>11.9</b>	<b>11.8</b>	<b>13.7</b>	<b>12.6</b>	<b>16.2</b>	<b>20.3</b>	<b>16.9</b>	<b>15.2</b>	<b>11.4</b>	<b>4.3</b>	<b>4.8</b>	<b>3.9</b>	<b>2.2</b>	<b>4.5</b>	<b>9.0</b>	<b>13.9</b>	<b>4.7</b>	<b>13.2</b>	<b>6.8</b>	<b>3.4</b>	<b>8.1</b>	<b>11.4</b>
<i>Unweighted base<sup>4</sup></i>	<i>76,223</i>	<i>72,489</i>	<i>632</i>	<i>3,102</i>	<i>610</i>	<i>225</i>	<i>84</i>	<i>147</i>	<i>154</i>	<i>2,557</i>	<i>1,232</i>	<i>704</i>	<i>196</i>	<i>425</i>	<i>1,630</i>	<i>738</i>	<i>816</i>	<i>76</i>	<i>1,004</i>	<i>250</i>	<i>754</i>	<b><i>82,024</i></b>

1. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone.

2. 'Any stimulant drug' comprises powder cocaine, crack cocaine, ecstasy, amphetamines and amyl nitrite.

3. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids, ketamine, amyl nitrite, glues, any other pills/powders/drugs smoked.

**Table A1.5 Proportion of 16 to 59 year olds reporting use of drugs in the *last year*, by ethnicity and country of birth**

Country of birth	Three-year combined dataset (2006/07, 2007/08 & 2008/09 BCS)					
	White			Mixed		
	All	UK	Non-UK	All	UK	Non-UK
<b>Class A</b>						
Any cocaine	2.9	2.9	3.0	3.9	5.0	1.0
Powder cocaine	2.9	2.9	3.0	3.9	5.0	1.0
Crack cocaine	0.2	0.2	0.1	0.6	0.8	0.0
Ecstasy	1.9	1.9	2.1	2.9	3.4	1.4
Hallucinogens	0.7	0.7	1.0	0.5	0.6	0.1
LSD	0.3	0.3	0.4	0.1	0.1	0.0
Magic mushrooms	0.6	0.6	0.8	0.5	0.6	0.1
Opiates	0.2	0.2	0.2	0.2	0.2	0.0
Heroin	0.1	0.1	0.1	0.2	0.2	0.0
Methadone	0.1	0.1	0.1	0.2	0.2	0.0
<b>Class A/B</b>						
Amphetamines	1.3	1.4	0.9	1.0	1.4	0.0
<b>Class B</b>						
Cannabis	8.4	8.3	9.3	14.8	17.7	7.0
<b>Class B/C</b>						
Tranquillisers	0.6	0.6	0.4	0.7	0.8	0.4
<b>Class C</b>						
Anabolic steroids	0.1	0.1	0.1	0.0	0.0	0.0
Ketamine	0.4	0.4	0.6	0.7	0.6	0.8
<b>Not Classified</b>						
Amyl nitrite	1.6	1.6	1.1	1.4	1.7	0.6
Glues	0.2	0.1	0.3	0.2	0.3	0.0
<hr/>						
<b>Any Class A drug<sup>1</sup></b>	<b>3.7</b>	<b>3.6</b>	<b>3.9</b>	<b>4.8</b>	<b>6.0</b>	<b>1.5</b>
<b>Any stimulant drug<sup>2</sup></b>	<b>4.5</b>	<b>4.5</b>	<b>4.3</b>	<b>5.1</b>	<b>6.4</b>	<b>1.4</b>
<b>Any drug<sup>3</sup></b>	<b>10.5</b>	<b>10.4</b>	<b>11.5</b>	<b>17.6</b>	<b>21.0</b>	<b>8.5</b>
<hr/>						
<i>Unweighted base<sup>4</sup></i>	<i>78,348</i>	<i>73,984</i>	<i>4,364</i>	<i>696</i>	<i>501</i>	<i>195</i>

1. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone.

2. 'Any stimulant drug' comprises powder cocaine, crack cocaine, ecstasy, amphetamines and amyl nitrite.

3. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids, ketamine, amyl nitrite, glues, any other pills/powders/drugs smoked.

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

Table A1.6 Proportion of 16 to 59 year olds reporting use of drugs ever in their lifetime, by ethnicity

	Three-year combined dataset (2006/07, 2007/08 & 2008/09 BCS)																				Total	
	White				Mixed				Asian or Asian British					Black or Black British			Chinese or other					
	All	British	Irish	Other White background	All	White and Black Caribbean	White and Black African	White and Asian	Any other Mixed background	All	Indian	Pakistani	Bangladeshi	Other Asian background	All	Caribbean	African	Other Black background	All	Chinese		Other ethnic group
<b>Class A</b>																						
Any cocaine	8.9	9.0	10.9	7.9	11.5	13.3	9.8	10.1	11.5	2.1	2.2	1.7	1.2	2.7	2.5	3.1	2.0	3.4	3.3	2.7	3.5	8.3
Powder cocaine	8.8	8.8	10.9	7.8	11.3	12.8	9.8	10.1	11.5	2.0	2.1	1.7	0.6	2.7	2.4	2.9	1.9	3.4	3.2	2.7	3.3	8.1
Crack cocaine	1.0	1.0	0.1	1.1	2.0	3.8	1.1	1.8	0.8	0.4	0.5	0.1	1.0	0.0	0.4	0.6	0.1	1.4	0.7	0.6	0.7	1.0
Ecstasy	8.5	8.5	9.0	8.8	10.7	11.6	9.5	11.0	10.2	1.6	1.7	1.5	1.0	2.0	2.2	3.0	1.5	2.0	2.6	0.8	3.4	7.8
Hallucinogens	10.0	10.1	12.1	8.8	10.0	8.5	8.8	10.4	12.1	1.7	1.7	1.5	0.7	2.4	1.8	2.1	1.4	3.9	4.0	3.3	4.3	9.2
LSD	5.9	5.9	5.1	5.1	5.5	4.9	4.4	4.7	7.5	0.6	0.6	0.6	0.4	0.5	1.1	1.4	0.8	1.4	2.2	1.3	2.6	5.4
Magic mushrooms	7.8	7.9	9.5	7.2	8.3	6.4	6.3	9.8	10.2	1.4	1.3	1.4	0.7	2.3	1.1	1.3	0.7	3.1	3.1	3.1	3.1	7.2
Opiates	0.9	0.9	0.9	0.9	1.3	1.8	1.2	1.5	0.6	0.2	0.3	0.1	0.0	0.2	0.3	0.4	0.2	0.8	1.1	1.4	0.9	0.8
Heroin	0.7	0.8	0.9	0.6	1.2	1.4	1.2	1.5	0.6	0.2	0.3	0.1	0.0	0.1	0.3	0.4	0.2	0.8	0.7	0.5	0.8	0.7
Methadone	0.4	0.4	0.4	0.6	0.4	0.8	0.5	0.5	0.0	0.1	0.3	0.1	0.0	0.1	0.1	0.0	0.0	0.8	0.6	1.0	0.5	0.4
<b>Class A/B</b>																						
Amphetamines	13.0	13.2	13.7	9.4	14.1	19.0	11.2	12.0	12.2	2.5	2.5	2.3	2.1	3.0	3.3	4.0	2.6	5.0	4.5	2.0	5.5	11.9
<b>Class B</b>																						
Cannabis	32.6	32.7	36.3	31.4	41.1	50.4	35.2	33.3	40.7	8.7	8.5	7.0	9.1	11.5	16.8	25.2	9.9	20.1	16.4	10.7	18.8	30.5
<b>Class B/C</b>																						
Tranquillisers	3.2	3.3	3.7	2.9	3.6	2.1	2.4	6.0	3.8	0.5	0.4	0.4	0.0	1.0	0.9	0.9	0.9	2.2	1.3	0.5	1.6	3.0
<b>Class C</b>																						
Anabolic steroids	0.6	0.6	0.6	0.6	0.8	1.3	0.0	1.8	0.0	0.1	0.3	0.1	0.0	0.0	0.4	0.5	0.3	0.0	0.2	0.0	0.3	0.6
Ketamine	1.6	1.6	1.5	1.8	1.7	1.1	0.0	3.2	1.9	0.3	0.3	0.1	0.0	0.6	0.5	0.5	0.5	0.0	0.6	0.5	0.6	1.5
<b>Not Classified</b>																						
Amyl nitrite	10.3	10.5	8.5	6.1	10.6	16.9	8.4	8.5	6.5	1.2	1.4	0.6	0.0	2.2	1.3	2.5	0.4	2.1	2.9	3.5	2.7	9.3
Glues	2.5	2.6	3.0	1.3	3.4	5.5	3.6	1.9	2.3	0.7	0.4	1.1	1.5	0.4	0.5	0.7	0.3	1.9	1.4	2.3	1.0	2.4
<b>Any Class A drug<sup>1</sup></b>	<b>15.7</b>	<b>15.7</b>	<b>18.9</b>	<b>15.4</b>	<b>18.3</b>	<b>19.8</b>	<b>16.8</b>	<b>16.4</b>	<b>19.1</b>	<b>3.4</b>	<b>3.7</b>	<b>2.8</b>	<b>2.0</b>	<b>4.3</b>	<b>4.2</b>	<b>5.2</b>	<b>3.4</b>	<b>4.9</b>	<b>6.3</b>	<b>5.7</b>	<b>6.6</b>	<b>14.5</b>
<b>Any stimulant drug<sup>2</sup></b>	<b>19.8</b>	<b>20.0</b>	<b>22.4</b>	<b>16.2</b>	<b>21.3</b>	<b>29.0</b>	<b>16.6</b>	<b>17.8</b>	<b>18.5</b>	<b>4.2</b>	<b>4.5</b>	<b>3.5</b>	<b>2.8</b>	<b>5.1</b>	<b>5.7</b>	<b>7.0</b>	<b>4.6</b>	<b>6.7</b>	<b>7.6</b>	<b>5.4</b>	<b>8.5</b>	<b>18.2</b>
<b>Any drug<sup>3</sup></b>	<b>38.4</b>	<b>38.5</b>	<b>43.0</b>	<b>36.7</b>	<b>48.2</b>	<b>61.5</b>	<b>40.6</b>	<b>36.8</b>	<b>47.5</b>	<b>12.3</b>	<b>12.5</b>	<b>11.0</b>	<b>10.7</b>	<b>14.5</b>	<b>20.4</b>	<b>29.0</b>	<b>13.5</b>	<b>22.3</b>	<b>21.9</b>	<b>15.5</b>	<b>24.4</b>	<b>36.1</b>
<i>Unweighted base<sup>4</sup></i>	<i>78,796</i>	<i>74,693</i>	<i>553</i>	<i>3,550</i>	<i>707</i>	<i>234</i>	<i>119</i>	<i>176</i>	<i>178</i>	<i>3,224</i>	<i>1,537</i>	<i>788</i>	<i>272</i>	<i>627</i>	<i>2,002</i>	<i>870</i>	<i>1,030</i>	<i>102</i>	<i>1,147</i>	<i>323</i>	<i>824</i>	<i>85,876</i>

1. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone.

2. 'Any stimulant drug' comprises powder cocaine, crack cocaine, ecstasy, amphetamines and amyl nitrite.

3. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids, ketamine, amyl nitrite, glues, any other pills/powders/drugs smoked.

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

Table A1.7 Proportion of 16 to 59 year olds reporting use of drugs ever in their lifetime, by ethnicity and sex

	Three-year combined dataset (2006/07, 2007/08 & 2008/09 BCS)																				Total	
	White				Mixed					Asian or Asian British					Black or Black British			Chinese or other				
	All	British	Irish	Other White background	All	White and Black Caribbean	White and Black African	White and Asian	Any other Mixed background	All	Indian	Pakistani	Bangladeshi	Other Asian background	All	Caribbean	African	Other Black background	All	Chinese		Other ethnic group
<b>Men</b>																						
<b>Class A</b>																						
Any cocaine	12.0	12.1	16.2	10.8	11.6	12.4	8.4	13.9	10.2	2.6	2.5	2.4	1.4	3.9	2.3	3.8	0.9	5.8	3.6	2.2	4.2	11.0
Powder cocaine	11.9	11.9	16.2	10.8	11.6	12.4	8.4	13.9	10.2	2.5	2.4	2.3	0.3	3.9	2.1	3.4	0.9	5.8	3.4	2.2	3.9	10.8
Crack cocaine	1.4	1.4	0.2	1.6	2.9	6.5	0.9	3.3	0.0	0.5	0.7	0.2	1.1	0.0	0.6	1.1	0.2	2.1	0.8	0.3	1.0	1.3
Ecstasy	11.4	11.4	11.9	10.9	13.0	13.5	7.1	16.1	12.5	2.0	1.9	2.1	1.1	2.7	3.1	4.4	2.0	3.8	2.3	0.6	3.0	10.4
Hallucinogens	14.1	14.3	17.5	11.2	12.6	12.8	10.1	14.3	12.0	1.8	1.8	1.6	0.6	3.0	2.8	3.7	2.0	3.8	4.3	4.3	4.3	12.8
LSD	8.6	8.7	8.9	6.5	7.0	8.2	3.3	4.5	10.2	0.7	0.8	0.8	0.0	0.8	1.6	2.6	0.9	2.1	2.1	0.3	2.8	7.7
Magic mushrooms	11.2	11.3	13.1	9.6	11.0	10.1	9.5	14.0	9.8	1.5	1.2	1.3	0.6	2.8	1.8	2.3	1.4	1.7	3.7	4.3	3.5	10.2
Opiates	1.3	1.3	1.6	1.3	2.5	4.3	1.3	2.6	1.3	0.3	0.5	0.1	0.0	0.2	0.1	0.0	0.1	2.1	1.1	0.3	1.5	1.2
Heroin	1.1	1.1	1.4	0.9	2.3	3.4	1.3	2.6	1.3	0.3	0.5	0.1	0.0	0.2	0.1	0.0	0.1	2.1	1.1	0.3	1.5	1.0
Methadone	0.6	0.6	0.6	0.9	0.8	1.8	0.0	0.9	0.0	0.2	0.5	0.1	0.0	0.0	0.1	0.0	0.1	2.0	0.6	0.3	0.7	0.6
<b>Class A/B</b>																						
Amphetamines	16.2	16.5	17.9	11.2	14.2	16.7	12.5	13.1	13.8	3.0	3.0	2.5	2.8	3.9	4.5	5.5	3.5	7.8	5.7	2.5	7.0	14.8
<b>Class B</b>																						
Cannabis	38.9	39.0	45.9	36.1	44.6	55.3	40.0	36.9	44.1	11.4	9.8	9.9	13.5	16.2	23.8	35.4	16.0	18.1	19.9	14.1	22.2	36.4
<b>Class B/C</b>																						
Tranquillisers	3.7	3.7	3.5	3.3	3.9	2.1	2.6	7.8	2.6	0.4	0.5	0.1	0.0	0.8	0.8	0.6	0.8	2.1	1.4	1.0	1.6	3.4
<b>Class C</b>																						
Anabolic steroids	1.1	1.1	1.2	1.2	1.0	0.8	0.0	2.6	0.0	0.2	0.4	0.2	0.0	0.0	0.7	1.0	0.5	0.0	0.4	0.0	0.6	1.0
Ketamine	2.4	2.4	1.9	2.7	2.3	0.7	0.0	3.7	3.9	0.4	0.3	0.3	0.0	0.8	0.5	0.9	0.3	0.0	0.1	0.0	0.2	2.2
<b>Not Classified</b>																						
Amyl nitrite	13.6	13.9	10.1	8.9	13.0	23.4	7.6	11.5	6.8	1.6	1.6	0.9	0.1	3.5	1.7	3.5	0.3	2.1	2.8	3.5	2.5	12.3
Glues	3.4	3.5	5.4	1.3	4.5	8.3	6.5	2.8	1.3	0.7	0.6	0.2	2.5	0.5	0.3	0.4	0.1	2.9	1.5	2.0	1.3	3.1
<b>Any Class A drug<sup>1</sup></b>	<b>20.5</b>	<b>20.5</b>	<b>24.7</b>	<b>19.6</b>	<b>19.6</b>	<b>20.5</b>	<b>15.7</b>	<b>23.7</b>	<b>16.7</b>	<b>4.1</b>	<b>4.0</b>	<b>3.4</b>	<b>2.7</b>	<b>6.1</b>	<b>5.1</b>	<b>6.5</b>	<b>4.0</b>	<b>5.8</b>	<b>6.4</b>	<b>5.5</b>	<b>6.8</b>	<b>18.7</b>
<b>Any stimulant drug<sup>2</sup></b>	<b>24.6</b>	<b>24.8</b>	<b>28.0</b>	<b>20.5</b>	<b>23.7</b>	<b>31.7</b>	<b>16.6</b>	<b>23.1</b>	<b>19.8</b>	<b>5.2</b>	<b>5.1</b>	<b>4.3</b>	<b>4.0</b>	<b>7.0</b>	<b>7.2</b>	<b>8.6</b>	<b>5.9</b>	<b>9.8</b>	<b>8.6</b>	<b>5.1</b>	<b>10.0</b>	<b>22.5</b>
<b>Any drug<sup>3</sup></b>	<b>44.8</b>	<b>45.0</b>	<b>52.9</b>	<b>41.7</b>	<b>49.0</b>	<b>58.3</b>	<b>45.2</b>	<b>42.6</b>	<b>48.0</b>	<b>15.7</b>	<b>14.9</b>	<b>14.3</b>	<b>15.5</b>	<b>19.6</b>	<b>26.7</b>	<b>37.5</b>	<b>19.4</b>	<b>22.1</b>	<b>26.5</b>	<b>19.2</b>	<b>29.5</b>	<b>42.1</b>
<i>Unweighted base<sup>4</sup></i>	<i>36,231</i>	<i>34,338</i>	<i>249</i>	<i>1,644</i>	<i>295</i>	<i>78</i>	<i>53</i>	<i>93</i>	<i>71</i>	<i>1,661</i>	<i>775</i>	<i>405</i>	<i>143</i>	<i>338</i>	<i>793</i>	<i>332</i>	<i>426</i>	<i>35</i>	<i>568</i>	<i>146</i>	<i>422</i>	<i>39,548</i>
<b>Women</b>																						
<b>Class A</b>																						
Any cocaine	5.9	6.0	6.2	4.9	11.3	13.9	11.0	5.7	12.7	1.4	1.8	0.9	0.9	1.1	2.7	2.6	2.8	1.8	2.9	3.3	2.7	5.6
Powder cocaine	5.8	5.8	6.1	4.8	11.0	13.1	11.0	5.7	12.7	1.4	1.8	0.9	0.9	1.1	2.7	2.5	2.8	1.8	2.9	3.2	2.7	5.4
Crack cocaine	0.6	0.6	0.0	0.5	1.2	1.8	1.2	0.0	1.5	0.3	0.4	0.0	0.9	0.0	0.2	0.3	0.0	1.0	0.6	1.0	0.4	0.6
Ecstasy	5.7	5.7	6.3	6.6	8.7	10.1	11.5	5.2	8.1	1.2	1.5	0.8	0.9	1.2	1.5	2.0	1.2	0.8	2.9	1.0	3.8	5.3
Hallucinogens	6.0	6.0	7.2	6.4	7.8	5.4	7.9	5.9	12.1	1.5	1.7	1.4	0.9	1.8	1.0	0.9	0.8	4.0	3.7	2.3	4.2	5.6
LSD	3.3	3.3	1.7	3.7	4.2	2.4	5.3	4.9	5.1	0.4	0.4	0.3	0.9	0.2	0.7	0.6	0.7	1.0	2.3	2.3	2.3	3.0
Magic mushrooms	4.5	4.5	6.1	4.7	5.9	3.6	3.7	5.1	10.6	1.4	1.5	1.4	0.9	1.7	0.6	0.7	0.2	4.0	2.4	1.8	2.7	4.2
Opiates	0.5	0.5	0.4	0.5	0.2	0.0	1.2	0.2	0.0	0.1	0.1	0.0	0.0	0.1	0.4	0.6	0.3	0.0	1.0	2.6	0.3	0.5
Heroin	0.4	0.4	0.4	0.4	0.2	0.0	1.2	0.2	0.0	0.0	0.1	0.0	0.0	0.0	0.4	0.6	0.3	0.0	0.2	0.8	0.0	0.4
Methadone	0.2	0.2	0.2	0.2	0.1	0.0	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.7	1.8	0.3	0.2
<b>Class A/B</b>																						
Amphetamines	9.9	10.0	9.9	7.6	14.0	20.7	10.2	10.8	10.6	1.9	1.9	2.0	1.1	1.9	2.4	2.9	1.8	3.1	3.1	1.5	3.8	9.1
<b>Class B</b>																						
Cannabis	26.5	26.5	27.7	26.5	37.9	46.9	31.3	29.1	37.5	5.6	7.1	3.6	3.0	5.5	11.4	18.0	4.9	21.4	12.5	7.1	14.9	24.8
<b>Class B/C</b>																						
Tranquillisers	2.8	2.8	3.9	2.6	3.3	2.2	2.2	3.8	4.8	0.6	0.4	0.8	0.0	1.2	1.1	1.1	0.9	2.2	1.1	0.0	1.5	2.6
<b>Class C</b>																						
Anabolic steroids	0.1	0.1	0.0	0.1	0.7	1.6	0.0	0.9	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.1
Ketamine	0.8	0.8	1.2	0.8	1.1	1.4	0.0	2.7	0.0	0.2	0.3	0.0	0.0	0.2	0.4	0.2	0.7	0.0	1.1	1.0	1.1	0.8
<b>Not Classified</b>																						
Amyl nitrite	7.0	7.2	7.0	3.4	8.4	12.1	9.0	5.1	6.2	0.7	1.1	0.3	0.0	0.4	1.0	1.7	0.4	2.0	3.0	3.4	2.8	6.4
Glues	1.7	1.8	0.8	1.2	2.5	3.5	1.2	0.9	3.2	0.6	0.1	2.1	0.0	0.2	0.7	0.9	0.4	1.2	1.3	2.6	0.8	1.6
<b>Any Class A drug<sup>1</sup></b>	<b>11.0</b>	<b>11.0</b>	<b>13.7</b>	<b>11.1</b>	<b>17.1</b>	<b>19.3</b>	<b>17.6</b>	<b>8.0</b>	<b>21.4</b>	<b>2.6</b>	<b>3.4</b>	<b>2.0</b>	<b>0.9</b>	<b>2.1</b>	<b>3.6</b>	<b>4.2</b>	<b>3.0</b>	<b>4.2</b>	<b>6.2</b>	<b>5.8</b>	<b>6.4</b>	<b>10.3</b>
<b>Any stimulant drug<sup>2</sup></b>	<b>15.1</b>	<b>15.3</b>	<b>17.3</b>	<b>11.8</b>	<b>19.3</b>	<b>27.0</b>	<b>16.7</b>	<b>11.6</b>	<b>17.3</b>	<b>3.0</b>	<b>3.8</b>	<b>2.5</b>	<b>1.1</b>	<b>2.7</b>	<b>4.5</b>	<b>5.9</b>	<b>3.4</b>	<b>4.5</b>	<b>6.4</b>	<b>5.7</b>	<b>6.7</b>	<b>14.0</b>
<b>Any drug<sup>3</sup></b>	<b>32.1</b>	<b>32.1</b>	<b>33.9</b>	<b>31.6</b>	<b>47.4</b>	<b>63.8</b>	<b>36.8</b>	<b>30.1</b>	<b>47.0</b>	<b>8.3</b>	<b>9.9</b>	<b>7.1</b>	<b>3.8</b>	<b>7.8</b>	<b>15.6</b>	<b>23.1</b>	<b>8.6</b>	<b>22.5</b>	<b>16.6</b>	<b>11.6</b>	<b>18.7</b>	<b>30.2</b>
<i>Unweighted base<sup>4</sup></i>	<i>42,565</i>	<i>40,355</i>	<i>304</i>	<i>1,906</i>	<i>412</i>	<i>156</i>	<i>66</i>	<i>83</i>	<i>107</i>	<i>1,563</i>	<i>762</i>	<i>383</i>	<i>129</i>	<i>289</i>	<i>1,209</i>	<i>538</i>	<i>604</i>	<i>67</i>	<i>579</i>	<i>177</i>	<i>402</i>	<i>46,328</i>

1. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone.

2. 'Any stimulant drug' comprises powder cocaine, crack cocaine, ecstasy, amphetamines and amyl nitrite.

3. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquilisers, anabolic steroids, ketamine, amyl nitrite, glues, any other pills/powders/drugs smoked.

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

**Annex Table 1.1 Proportion of the 16 to 59 year old population within each ethnic group**

Percentages	BCS	
	2003/04- 2005/06 BCS	2006/07- 2008/09 BCS
<b>White</b>	<b>90</b>	<b>88</b>
White-British	85	83
White-Irish	1	1
White-Other White background	4	5
<b>Mixed</b>	<b>1</b>	<b>1</b>
Mixed-White and Black Caribbean	0	0
Mixed-White and Black African	0	0
Mixed-White and Asian	0	0
Mixed-Any other mixed background	0	0
<b>Asian or Asian British</b>	<b>5</b>	<b>6</b>
Asian or Asian British-Indian	2	3
Asian or Asian British-Pakistani	1	2
Asian or Asian British-Bangladeshi	0	1
Asian or Asian British-Other Asian background	1	1
<b>Black or Black British</b>	<b>3</b>	<b>3</b>
Black or Black British-Caribbean	1	1
Black or Black British-African	1	2
Black or Black British-Other Black background	0	0
<b>Chinese or Other</b>	<b>2</b>	<b>2</b>
Chinese	0	0
Other ethnic group	1	1
<b>ALL ADULTS AGED 16 to 59</b>	<b>100</b>	<b>100</b>

1. Data from the 2003/04, 2004/05 and 2005/06 BCS have been combined; as have data from the 2006/07, 2007/08 and 2008/09 BCS.

Annex Table 1.2 Age-standardised<sup>1</sup> proportion of 16 to 59 year olds reporting use of drugs in the last year, by ethnicity

Percentages	Three-year combined dataset (2006/07, 2007/08 & 2008/09 BCS)																					Total
	White				Mixed					Asian or Asian British					Black or Black British			Chinese or other				
	All	British	Irish	Other White background	All	White and Black Caribbean	White and Black African	White and Asian	Any other Mixed background	All	Indian	Pakistani	Bangladeshi	Other Asian background	All	Caribbean	African	Other Black background	All	Chinese	Other ethnic group	
<b>Class A</b>																						
Any cocaine	3.0	3.1	2.5	2.0	2.8	4.6	2.7	2.8	0.9	0.6	0.6	0.5	0.0	0.9	0.9	1.2	0.6	1.2	1.0	1.3	0.9	2.8
Powder cocaine	3.0	3.1	2.5	2.0	2.8	4.6	2.7	2.8	0.9	0.6	0.6	0.5	0.0	0.9	0.9	1.2	0.6	1.2	0.9	1.3	0.8	2.8
Crack cocaine	0.2	0.2	0.0	0.1	0.4	0.8	0.0	0.6	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.2	0.2
Ecstasy	1.9	2.0	0.8	1.3	1.8	2.5	1.5	1.4	1.6	0.1	0.0	0.1	0.0	0.5	0.3	0.4	0.2	0.6	0.3	0.0	0.5	1.8
Hallucinogens	0.8	0.8	0.1	0.5	0.4	0.8	0.1	0.6	0.0	0.0	0.0	0.1	0.0	0.1	0.1	0.2	0.0	0.3	0.2	0.0	0.3	0.7
LSD	0.3	0.3	0.0	0.2	0.1	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.3
Magic mushrooms	0.6	0.6	0.1	0.4	0.4	0.8	0.1	0.6	0.0	0.0	0.0	0.1	0.0	0.1	0.1	0.2	0.0	0.3	0.2	0.0	0.3	0.6
Opiates	0.2	0.2	0.0	0.2	0.2	0.4	0.2	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.3	0.0	0.4	0.2
Heroin	0.1	0.1	0.0	0.1	0.2	0.4	0.2	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.3	0.0	0.4	0.1
Methadone	0.1	0.1	0.0	0.1	0.2	0.4	0.2	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.2	0.1
<b>Class A/B</b>																						
Amphetamines	1.4	1.4	1.6	0.7	0.7	0.4	0.1	1.6	0.5	0.0	0.0	0.0	0.0	0.2	0.1	0.1	0.0	0.6	0.2	0.0	0.3	1.2
<b>Class B</b>																						
Cannabis	8.6	8.7	8.9	7.5	10.5	13.5	9.7	8.2	9.6	1.9	1.7	1.5	1.5	2.9	4.8	7.7	2.6	4.5	3.8	2.5	4.3	8.0
<b>Class B/C</b>																						
Tranquillisers	0.6	0.6	0.2	0.5	0.5	0.2	0.2	0.4	1.2	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0	1.4	0.1	0.0	0.1	0.5
<b>Class C</b>																						
Anabolic steroids	0.1	0.1	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Ketamine	0.5	0.5	0.3	0.3	0.4	0.2	0.0	0.8	0.4	0.1	0.1	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.4
<b>Not Classified</b>																						
Amyl nitrite	1.7	1.7	2.2	0.9	0.8	1.2	1.0	0.3	0.8	0.1	0.1	0.1	0.0	0.0	0.2	0.3	0.0	1.2	0.7	1.4	0.4	1.5
Glues	0.2	0.2	0.3	0.3	0.1	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	1.4	0.0	0.2
<b>Any Class A drug<sup>2</sup></b>	<b>3.8</b>	<b>3.9</b>	<b>2.7</b>	<b>2.7</b>	<b>3.4</b>	<b>5.0</b>	<b>3.1</b>	<b>3.4</b>	<b>1.7</b>	<b>0.6</b>	<b>0.6</b>	<b>0.6</b>	<b>0.0</b>	<b>1.0</b>	<b>1.0</b>	<b>1.4</b>	<b>0.6</b>	<b>1.5</b>	<b>1.3</b>	<b>1.3</b>	<b>1.3</b>	<b>3.5</b>
<b>Any stimulant drug<sup>3</sup></b>	<b>4.7</b>	<b>4.8</b>	<b>3.2</b>	<b>3.2</b>	<b>3.6</b>	<b>5.9</b>	<b>2.8</b>	<b>3.0</b>	<b>2.2</b>	<b>0.7</b>	<b>0.7</b>	<b>0.6</b>	<b>0.0</b>	<b>1.1</b>	<b>1.0</b>	<b>1.4</b>	<b>0.6</b>	<b>2.4</b>	<b>1.8</b>	<b>2.7</b>	<b>1.4</b>	<b>4.3</b>
<b>Any drug<sup>4</sup></b>	<b>10.8</b>	<b>10.8</b>	<b>11.0</b>	<b>9.7</b>	<b>12.7</b>	<b>16.4</b>	<b>11.3</b>	<b>10.1</b>	<b>11.7</b>	<b>2.5</b>	<b>2.2</b>	<b>2.4</b>	<b>1.6</b>	<b>4.1</b>	<b>5.5</b>	<b>8.4</b>	<b>3.2</b>	<b>6.0</b>	<b>5.1</b>	<b>4.2</b>	<b>5.4</b>	<b>10.1</b>
<b>Unweighted base<sup>5</sup></b>	<b>78,352</b>	<b>74,285</b>	<b>545</b>	<b>3,522</b>	<b>696</b>	<b>228</b>	<b>117</b>	<b>175</b>	<b>176</b>	<b>3,203</b>	<b>1,528</b>	<b>784</b>	<b>271</b>	<b>620</b>	<b>1,992</b>	<b>865</b>	<b>1,027</b>	<b>100</b>	<b>1,140</b>	<b>322</b>	<b>818</b>	<b>85,383</b>

1. The combined BCS dataset was age-standardised using five-year age groups within sex (with the exception of 50-59 due to low numbers in these cells) for each of the 16 ethnic groups, so that the proportion within each age and sex group was equivalent to the profile of the 16 to 59 year old population. See Box A1.1 for an explanation of the effect of the standardised drug use rates.

2. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone.

3. 'Any stimulant drug' comprises cocaine powder, crack cocaine, ecstasy, amphetamines and amyl nitrite.

4. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids, ketamine, amyl nitrite, glues, any other pills/powders/drugs smoked.

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



## Annex 2: Nationally representative estimates of illicit drug use by self-reported sexual orientation, 2007/08 and 2008/09 BCS

---

Jacqueline Hoare

### 1 INTRODUCTION

The British Crime Survey (BCS) is a nationally representative survey that includes a self-completion module asked of 16 to 59 year olds. This enables more sensitive topics to be covered, such as questions relating to illicit drug use. Since the 2007/08 survey the self-completion module has included an additional question asking respondents about their sexual orientation.

The BCS provides general population estimates of illicit drug use prevalence in England and Wales. BCS drug use figures are commonly reported by both personal and household demographic characteristics<sup>1</sup> and now, for the first time, the BCS can be used to provide estimates of illicit drug use in the *last year* by self-reported sexual orientation.<sup>2</sup> Other surveys have tended to be restricted to the lesbian, gay, bisexual or transgender communities, rather than surveying these groups as part of a nationally representative sample of the general population.

### 2 FINDINGS

Within this analysis, 98 per cent of respondents reported that they were heterosexual or straight; one per cent gay or lesbian and one per cent bisexual (with an almost equal split by gender). Analysis presented here combines adults who identified as being gay or lesbian with those who were bisexual; two per cent of the population in total (data not shown).

Compared with heterosexual adults, gay or bisexual adults were more likely to have taken any drug (10.0% and 32.8% respectively) or any Class A drug (3.6% and 11.1% respectively) in the *last year* (Table A2.1).

This higher prevalence of *last year* drug use among gay or bisexual adults was found across most drug types: powder cocaine, ecstasy, hallucinogens, amphetamines, cannabis, tranquilisers, ketamine and amyl nitrite.

The higher level of illicit drug use among gay/bisexual adults may be due, at least in part, to the younger age profile of individuals identifying themselves as in this group. Around one-third of the heterosexual population included in this analysis (mean age 36.8) was aged between 16 and 29; the proportion of the gay or bisexual population (mean age 31.5) in this age band was around half (Table A2.2). As levels of illicit drug use are known to be higher among younger adults<sup>3</sup>, the age profile may have an effect on drug use estimates for gay or bisexual adults. See Box A2.1 for further details.

Levels of *last year* drug use among gay/bisexual adults remain higher than heterosexual adults when making a comparison by gender; 38.2 per cent of gay/bisexual men and 26.9 per cent of gay/bisexual women were *last year* drug users compared with 13.3 per cent of heterosexual men and 6.8 per cent of heterosexual women (Table A2.1).

- Comparing gay/bisexual men with heterosexual men, use of any drug in the *last year* is around three times higher (38.2% and 13.3% respectively). This reflected higher levels of use of the majority of individual drugs asked about: powder cocaine, ecstasy,

---

<sup>1</sup> See for example, Hoare, J. (2009) *Drug Misuse Declared: Findings from the 2008/09 British Crime Survey*. Home Office Statistical Bulletin 12/09. London: Home Office. <http://www.homeoffice.gov.uk/rds/pdfs09/hosb1209.pdf>

<sup>2</sup> The sexual orientation question on the BCS does not ask respondents if they identify as transgender.

<sup>3</sup> See Chapters 3 and 4 in Hoare, J. (2009) *Drug Misuse Declared: Findings from the 2008/09 British Crime Survey*. Home Office Statistical Bulletin 12/09. London: Home Office. <http://www.homeoffice.gov.uk/rds/pdfs09/hosb1209.pdf>.

hallucinogens, amphetamines, cannabis, tranquillisers, ketamine and amyl nitrite. The greatest difference was detected in the use of amyl nitrite<sup>4</sup> in the *last year* by gay/bisexual and heterosexual men (23.7% and 1.8% respectively).

- *Last year* use of any drug among gay/bisexual women was around four times higher than for heterosexual women (26.9% and 6.8% respectively). Among individual drugs, *last year* prevalence of powder cocaine, ecstasy, hallucinogens, amphetamines, cannabis and amyl nitrite was higher among gay/bisexual females than heterosexual females.

### **Box A2.1 Age standardised prevalence of drug use in the *last year* by sexual orientation**

Age-standardisation adjusts rates to take into account the age profile of the population under study and is regularly used in the analysis of morbidity and mortality statistics. This is because the age structure of the population could directly affect statistics such as mortality rates; it may be that a high number of deaths in an area could be due, at least in part, to a large ageing population. In a similar way, drug use rates are known to be higher among younger adults, and also among men, hence high levels of drug use among gay or bisexual adults may be explained, at least in part, by the age and sex profile of the group.

The age-standardised rates are provided in Annex Table 2.1 as an indication of comparable levels across different groups. Due to the difference in age profile between the different sexual orientation groups, age-standardised estimates of drug use prevalence within sex were created.

Standardising the drug use rates in this way shows that most of the variations observed between groups remain after controlling for the differing age distributions, indicating that levels of drug use are relatively higher among gay or bisexual adults than heterosexual adults.

Differences in levels of drug use between heterosexual and gay/bisexual women are partly attributable to an even clearer difference in age profile between these groups in this analysis; 32 per cent of heterosexual females were aged between 16 and 29, whereas 62 per cent of gay/bisexual females were in the same age bracket (Table A2.2).<sup>5</sup>

Overall prevalence of drug use among men in the general population is around twice as high as for women; thus, heterosexual men had higher levels of *last year* drug use than heterosexual women for all drug types.<sup>6</sup> In contrast, there was more similarity in levels of drug use when comparing gay/bisexual men and women (Table A2.1).

- The statistically significant differences seen in *last year* use of illicit drugs were that gay or bisexual men had higher levels of *last year* use of magic mushrooms (men: 4.1 per cent, women: 0.8 per cent) and amyl nitrite<sup>4</sup> (men: 23.7%; women: 6.0%).

<sup>4</sup> Amyl nitrite is well known as an aid to anal intercourse.

<sup>5</sup> The difference is slightly less marked for men: 34 per cent of heterosexual men are aged between 16 and 29 compared with 45 per cent of gay/bisexual men.

<sup>6</sup> No statistically significant differences were found for opiate use or glues, likely in part due to the low prevalence of these drugs within this population.

## TECHNICAL NOTES

Around 500 out of the 25,000 self-completion respondents in each year identified themselves as gay, lesbian or bisexual. Due to this relatively small number, data from the 2007/08 and 2008/09 BCS have been combined to provide more robust estimates of use of individual drug types<sup>7</sup> by sexual orientation and also gender. Figures and commentary are based on analysis of respondents' drug use in the *last year*.

The sexual orientation question is only asked if respondents complete the module on the laptop themselves, not if they agree to an interviewer completing the survey on their behalf (7,625 cases) or, of course, if they refuse to complete the module (3,633). And as with any self-completion survey, respondents can choose not to answer a particular question; in 423 cases respondents answered "don't know" and 1,167 "don't wish to answer". In total, around 985 adults aged 16 to 59 identified themselves as gay, lesbian or bisexual out of the total 46,672 adults who provided self-report information about their sexual orientation.<sup>8</sup>

Again, not all respondents provide answers to all the drug use questions (although item non-response is low); hence the combined achieved sample of those who responded to the sexual orientation question and also provided sufficient information to calculate the prevalence of any illicit drug use in the *last year* was 46,052.

---

<sup>7</sup> The BCS has asked about methamphetamine use since 2008/09; as this question was not asked in 2007/08 this combined dataset does not include methamphetamine as an individual drug type.

<sup>8</sup> The relatively small numbers of respondents identifying themselves as gay, lesbian or bisexual, alongside the numbers who were unable or refused to answer the question on sexual orientation, means that drug use estimates by sexual orientation should be treated with some caution.

Table A2.1 Proportion of 16 to 59 year olds reporting use of drugs in the *last year*, by self-reported sexual orientation

Percentages	Two-year combined dataset (2007/08 & 2008/09 BCS)						All aged 16-59 reporting sexual orientation
	Heterosexual or straight			Gay or bisexual			
	All	Male	Female	All	Male	Female	
<b>Class A</b>							
Any cocaine	2.9	4.1	1.7	8.1	8.4	7.7	3.0
Cocaine powder	2.9	4.1	1.7	7.9	8.2	7.6	3.0
Crack cocaine	0.1	0.2	0.1	0.7	1.1	0.2	0.2
Ecstasy	1.7	2.5	1.0	7.0	7.9	6.0	1.9
Hallucinogens	0.6	0.9	0.3	3.5	4.6	2.3	0.7
LSD	0.2	0.4	0.1	2.1	2.3	1.9	0.3
Magic mushrooms	0.5	0.7	0.3	2.5	4.1	0.8	0.5
Opiates	0.1	0.2	0.1	0.5	0.8	0.1	0.1
Heroin	0.1	0.1	0.0	0.5	0.8	0.1	0.1
Methadone	0.1	0.1	0.1	0.4	0.7	0.1	0.1
<b>Class A/B</b>							
Amphetamines	1.1	1.5	0.7	4.6	4.1	5.3	1.2
<b>Class B</b>							
Cannabis	8.1	11.0	5.2	21.3	19.7	23.0	8.3
<b>Class B/C</b>							
Tranquillisers	0.5	0.7	0.4	2.2	2.7	1.7	0.6
<b>Class C</b>							
Anabolic steroids	0.1	0.2	0.0	0.6	0.9	0.3	0.1
Ketamine	0.5	0.6	0.3	2.6	3.6	1.6	0.5
<b>Not Classified</b>							
Amyl nitrite	1.4	1.8	1.0	15.2	23.7	6.0	1.7
Glues	0.1	0.2	0.1	0.8	0.8	0.8	0.1
<b>Any Class A drug<sup>1</sup></b>	<b>3.6</b>	<b>5.1</b>	<b>2.1</b>	<b>11.1</b>	<b>12.6</b>	<b>9.4</b>	<b>3.7</b>
<b>Any stimulant drug<sup>2</sup></b>	<b>4.3</b>	<b>5.9</b>	<b>2.7</b>	<b>20.8</b>	<b>29.0</b>	<b>11.8</b>	<b>4.7</b>
<b>Any drug<sup>3</sup></b>	<b>10.0</b>	<b>13.3</b>	<b>6.8</b>	<b>32.8</b>	<b>38.2</b>	<b>26.9</b>	<b>10.5</b>
<i>Unweighted base<sup>4</sup></i>	<i>45,088</i>	<i>20,575</i>	<i>24,513</i>	<i>964</i>	<i>502</i>	<i>462</i>	<i>46,052</i>

1. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone.

2. 'Any stimulant drug' comprises powder cocaine, crack cocaine, ecstasy, amphetamines and amyl nitrite.

3. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids, ketamine, amyl nitrite, glues, any other pills/powders/drugs smoked.

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

Table A2.2 Age breakdown of 16 to 59 year olds by self-reported sexual orientation

Percentages	Two-year combined dataset (2007/08 & 2008/09 BCS)						All aged 16-59 reporting sexual orientation
	Heterosexual or straight			Gay or bisexual			
	All	Male	Female	All	Male	Female	
<b>Age</b>							
16-19	10	10	10	14	12	17	10
20-24	12	12	11	22	18	27	12
25-29	11	11	11	16	14	18	11
30-34	11	11	11	10	11	9	11
35-39	12	12	12	10	11	9	12
40-44	13	13	13	10	13	7	13
45-49	12	12	12	8	9	6	12
50-54	10	10	10	6	6	5	10
55-59	9	9	10	3	5	2	9
<b>All 16-59</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Mean age</b>	<b>36.8</b>	<b>36.6</b>	<b>37.0</b>	<b>31.5</b>	<b>33.3</b>	<b>29.6</b>	<b>37.2</b>
(sd)	(12.4)	(12.4)	(12.4)	(11.5)	(11.7)	(11.0)	(12.4)
<i>Unweighted base</i>	45,655	20,871	24,784	984	511	473	46,639

**Annex Table 2.1 Age-standardised<sup>1</sup> proportion of 16 to 59 year olds reporting use of drugs in the last year, by self-reported sexual orientation**

Percentages	Two-year combined dataset (2007/08 & 2008/09 BCS)						
	Heterosexual or straight			Gay or bisexual			All aged 16-59 reporting sexual orientation
	All	Male	Female	All	Male	Female	
<b>Class A</b>							
Any cocaine	2.9	4.2	1.7	6.3	7.4	5.1	3.0
Cocaine powder	2.9	4.1	1.7	6.1	7.2	4.9	3.0
Crack cocaine	0.1	0.2	0.1	0.7	1.0	0.3	0.2
Ecstasy	1.8	2.5	1.0	5.2	6.5	3.7	1.8
Hallucinogens	0.6	0.9	0.3	2.7	3.8	1.5	0.7
LSD	0.2	0.4	0.1	1.5	1.8	1.2	0.3
Magic mushrooms	0.5	0.7	0.3	2.0	3.4	0.4	0.5
Opiates	0.1	0.2	0.1	0.5	0.8	0.2	0.1
Heroin	0.1	0.1	0.0	0.5	0.7	0.2	0.1
Methadone	0.1	0.1	0.1	0.5	0.7	0.2	0.1
<b>Class A/B</b>							
Amphetamines	1.1	1.5	0.7	3.6	3.6	3.6	1.2
<b>Class B</b>							
Cannabis	8.1	11.0	5.2	17.9	18.2	17.5	8.3
<b>Class B/C</b>							
Tranquillisers	0.6	0.7	0.4	2.1	2.9	1.3	0.6
<b>Class C</b>							
Anabolic steroids	0.1	0.2	0.0	0.6	0.7	0.4	0.1
Ketamine	0.5	0.6	0.3	2.0	3.0	0.8	0.5
<b>Not Classified</b>							
Amyl nitrite	1.4	1.8	1.0	13.2	22.1	3.6	1.6
Glues	0.1	0.2	0.1	0.6	0.6	0.5	0.1
<b>Any Class A drug<sup>2</sup></b>	<b>3.6</b>	<b>5.1</b>	<b>2.1</b>	<b>8.9</b>	<b>11.0</b>	<b>6.6</b>	<b>3.7</b>
<b>Any stimulant drug<sup>3</sup></b>	<b>4.3</b>	<b>5.9</b>	<b>2.8</b>	<b>17.9</b>	<b>26.8</b>	<b>8.2</b>	<b>4.6</b>
<b>Any drug<sup>4</sup></b>	<b>10.1</b>	<b>13.3</b>	<b>6.9</b>	<b>28.7</b>	<b>36.0</b>	<b>20.7</b>	<b>10.5</b>
<i>Unweighted base<sup>5</sup></i>	<i>45,088</i>	<i>20,575</i>	<i>24,513</i>	<i>964</i>	<i>502</i>	<i>462</i>	<i>46,052</i>

1. The combined BCS dataset was age-standardised using five-year age groups within sex (with the exception of 50-59 due to low numbers in these cells) for each of the sexual orientation groups, so that the proportion within each age and sex group was equivalent to the profile of the 16 to 59 year old population. See Box A2.1 for an explanation of the effect of the standardised drug use rates.

2. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone.

3. 'Any stimulant drug' comprises powder cocaine, crack cocaine, ecstasy, amphetamines and amyl nitrite.

4. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids, ketamine, amyl nitrite, glues, any other pills/powders/drugs smoked.

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

# Research Development and Statistics: 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 the 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.

---