

Drug Misuse Declared: Findings from the 2003/04 British Crime Survey

England and Wales

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Natalia Chivite-Matthews

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Summary

Overall summary

- This statistical bulletin considers the extent of illicit drug use among 16 to 59 year olds in England and Wales in 2003/04 and trends in drug use since 1996, based on data from the British Crime Survey. It particularly focuses on young people and changes since 1998, which marks the beginning of the Governments' Drugs Strategy. These data are used for monitoring the Home Office PSA (Public Sector Agreement) target 6.1. It also looks at geographical, socio-economic and lifestyle factors associated with drug use.
- The report shows that among young people, aged 16 to 24 years old, use of any drug has decreased significantly and Class A drug use has remained stable since 1998. Cocaine has become an increasingly popular choice among Class A users. For the 16 to 59 year old group, between 1998 and 2003/04, the use of 'Any drug' has remained stable and Class A drug use increased significantly. This increase is mainly due to a significant increase in the use of cocaine and ecstasy and an increase in the percentage of people aged 25 to 59 who take Class A drugs. The use of hallucinogens, particularly LSD, has decreased significantly.

Methods

- The British Crime Survey (BCS) is a large national survey of adults who live in a representative cross-section of private households in England and Wales. In addition to asking respondents about their experiences of crime, the BCS also asks about a number of other crime-related topics. Since 1996 the BCS has included a comparable self completion module of questions on illicit drug use.
- This statistical bulletin reports on the results of 24,422 respondents who completed the drugs module of the BCS and an extra 2,332 16 to 24 year olds who were also interviewed as part of the 2003/04 BCS. The response rate for the core BCS sample was 74% and 72% for the 16 to 24 year olds youth boost.

General population: extent of drug use and trends since 1996

Prevalence

- The 2003/04 BCS found that 35.6% of 16 to 59 year olds have used one or more illicit drugs in their lifetime, 12.3% used one or more illicit drugs in the last year (that is the year prior to interview) and 7.5% in the last month (see Chapter 2).
- The survey also shows that 13.4% of those aged 16 to 59 have used a Class A drug at least once in their lifetime, 3.5% used at least one Class A drug last year and 1.8% last month.

- Cannabis is the drug most likely to be used. The 2003/04 BCS indicates that 10.8% of 16 to 59 year olds used cannabis in the last year. Cocaine is the next most commonly used drug with 2.4% claiming to have used it in the last year. This is closely followed by ecstasy at 2% and amphetamines at 1.5%. Other drugs are more rarely used.

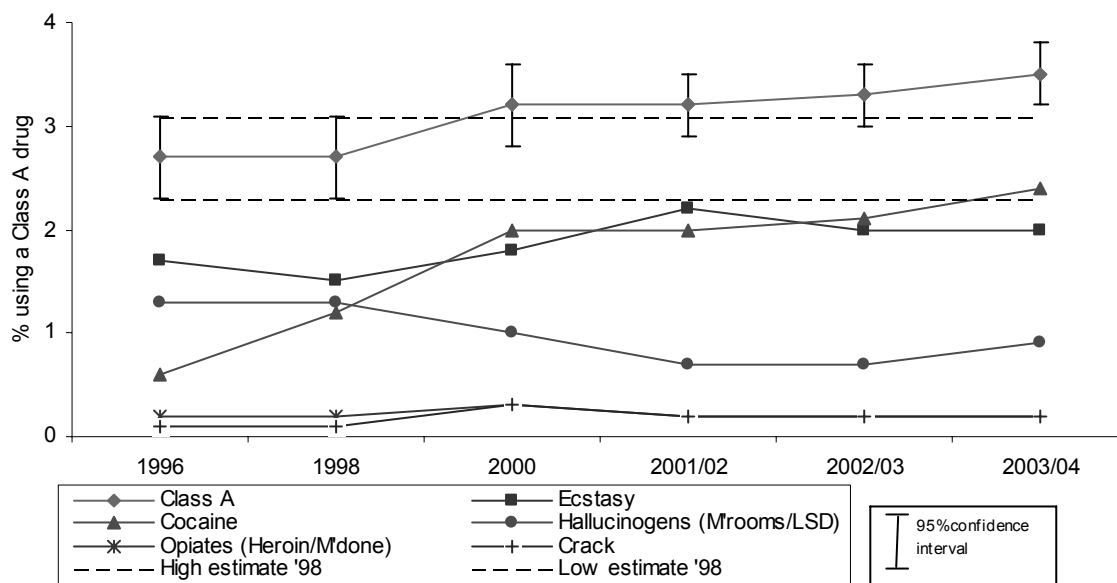
Estimated number of drug users

- It is estimated that there are over 11 million people aged 16 to 59 in England and Wales that have at some point used illicit drugs; just under 4 million have used drugs in the last year and over 2 million used them in the last month.
- It is also estimated that over 4 million people aged 16 to 59 have used Class A drugs in their lifetime; just over 1 million having used them in the last year and over 500 thousand in the last month.
- When looking at specific types of Class A drugs, the highest estimates for use are for cocaine and ecstasy and lowest estimates are for crack and opiates. It is estimated that just over 50,000 people took crack and the same number of people took opiates, out of a total of just over 1 million people who are estimated to have been taking Class A drugs in the last year.

Trends

- Between 1998 and 2003/04 the use of 'Any drug' in the year prior to interview has remained stable. There were also no significant changes between 2002/03 and 2003/04.
- Class A drug use in the past year among the 16 to 59 year olds increased significantly between 1998 and 2003/04. This is mainly due to an increase in the use of cocaine and ecstasy and an increase in the proportion of people aged 25 to 59 who take Class A drugs. The use of hallucinogens, particularly LSD, has decreased significantly (see Figure A).
- In 2003/04, the survey shows no change in the use of most Class A drugs in the last year compared with 2002/03, except for a slight increase in the use of cocaine and hallucinogens. The increase in hallucinogens is due to increased use of magic mushrooms; the use of LSD is stable.
- Age group analysis shows that cocaine has become an increasingly popular choice for Class A users in all age groups.
- Between 1996 and 2003/04, there have been some changes in the use of other drugs (non-Class A) among 16 to 59 year olds. The significant changes are gradual decreases in the use of amphetamines, steroids and glues. There is also an increase in the use of cannabis since 1996. However, most of this increase was between 1996 and 1998, since 1998 the use of cannabis has remained stable.
- When 2003/04 is compared with 2002/03 there are no significant differences in the use of any non-Class A drugs in the year prior to interview.

Figure A. Percentage of 16-59 year olds reporting having used Class A drugs in the last year since 1996



Frequency of use, age of onset and concurrent polydrug use

- The drug that is used with the most frequency is cannabis, followed by ecstasy, cocaine and amphetamines.
- The most common age at which respondents said they had started taking drugs is 18.
- The majority of users in the last month (75%) have only used one type of drug, 61% of users in the last year had only used one type.

Young people: extent of drug use and trends since 1996

Prevalence

- The 2003/04 BCS estimates that 46.6% of 16 to 24 year olds have used one or more illicit drugs in their lifetime, 27.8% used one or more illicit drugs in the previous year and 17.3% in the past month (see Chapter 3).
- The survey also estimates that 15.7% of those aged 16 to 24 have used a Class A drug at least once in their lifetime, 8.3% used at least one Class A drug last year and 4.3% last month.
- Cannabis is the drug most likely to be used. The 2003/04 BCS estimates that 24.8% of 16 to 24 year olds used cannabis in the last year. Ecstasy is the next most commonly used drug with 5.3% claiming to have used it in the last year. This is closely followed by cocaine at 4.9%, amyl nitrite at 4.4% and amphetamines at 4%. Other drugs are more rarely used.

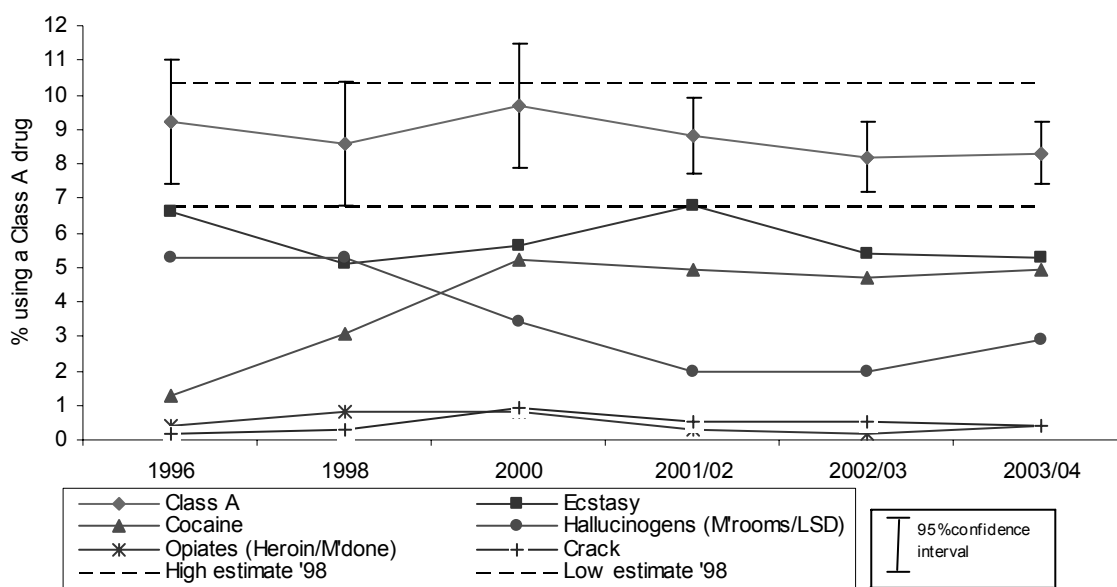
Estimated number of drug users

- It is estimated that there are just under 3 million people aged 16 to 24 that have at some point used illicit drugs in England and Wales. Just over 1.5 million used drugs in the last year and over 1 million used them last month.
- It is also estimated that just under 1 million people aged 16 to 24 have used Class A drugs in their lifetime. Around 500 thousand young people having used them in the last year and around 250 thousand in the last month.
- When looking at specific types of Class A drug use in the past year, ecstasy and cocaine are used by the most people, while the lowest estimates are for crack and opiates. It is estimated that 25 thousand young people took crack and the same number took opiates out of around 500 thousand young people who are estimated to have been taking Class A drugs in the last year.

Trends

- Between 1996 and 2003/04 the use of 'Any drug' in the past year by young people has fluctuated slightly but on the whole remained stable. This slight fluctuation in the use of drugs between 1996 and 2003/04 means that the prevalence in 2003/04 is significantly lower when compared with 1998, but not when compared with 1996. (see Chapter 3).
- Class A drug use among young people has remained stable since 1996.
- Between 1996 and 2003/04 there has been a significant increase in the use of cocaine. There was a big increase in cocaine use between 1996 and 2000, but since then use has been stable. Since 1996 there has been a significant decrease in the use of hallucinogens, particularly LSD.
- The figures for 2003/04 show little change compared with 2002/3 for past year use of most Class A drugs except for a slight significant increase on the use of hallucinogens. This is due to a significant increase in the use of magic mushrooms; the use of LSD is stable.
- The use of other non-Class A drugs among young people has remained stable since 1998. The only significant changes between 1998 and 2003/04 have been gradual decreases in the use of amphetamines, cannabis and glues.

Figure B. Percentage of 16-24 year olds reporting having used Class A drugs in the last year since 1996



Frequency of use, age of onset and concurrent polydrug use

- The drug used with greatest frequency by young drug users is cannabis, followed by ecstasy, amphetamines and cocaine.
- The most common age at which respondents aged 16 to 24 say they started taking drugs is 16.
- The majority of young people who have used drugs in the last month (71%) have only used one type of drug, 61% of users in the last year had only used one type.

Geographical variations¹

- Prevalence of drug use varied between Government Office Regions. Those living in London had the highest levels of any illicit drug use (14.7%), whilst those in the West Midlands region reported the lowest levels (10.5%). The figure for England & Wales as a whole was 12.3%.
- Levels of any illicit drug use varied considerably by ACORN area. Those living in Rising areas (which comprises affluent urbanities in town and city areas, prosperous professional metropolitan areas and better-off executives in inner-city areas) had by far the highest levels of use (20.5%) while those living in Thriving areas (wealthy achievers in suburban areas, affluent greys in rural communities and prosperous pensioners in retirement areas) reported the lowest levels (9.7%).

¹ The relationships between drug use, geographical areas, socio-economic factors and lifestyle have been analysed on a bivariate level. However, there exists a complex inter-relationship between these variables. In order to unravel the precise nature of the relationships between the different factors multivariate analysis was carried out and reported in the risk factors for drug use section in Chapter 7.

- There was also marked variation in drug use by level of urbanisation. Drug use was highest amongst those living in inner city areas, followed by those living in urban areas, with rural areas having the lowest prevalence.
- Levels of any illicit drug use were higher amongst those living in council areas than non-council areas.
- Most of the geographical categories with high levels of any illicit drug use also display high levels of Class A drug use. However, unlike the pattern for any illicit drug use, those living in non-council areas have the same levels of Class A drug use as those living in council areas.

Socio-economic prevalence

- The socio-economic factor with the greatest variation in prevalence of any illicit drug use is age. The 16 to 19 and the 20 to 24 year old age groups show levels of any illicit drug use that are more than twice that for all ages combined. A similar pattern can be seen when looking at Class A use with those aged 20 to 24 years having the highest rate, nearly three times the overall rate for England and Wales, followed by the 16 to 19 year old group.
- Men are about twice as likely as women to have used any illicit drug and Class A drugs in the last year.
- Single respondents also reported levels of any illicit drug use in the last year (24.7%) that were approximately double the total for England and Wales. People who are cohabiting also show a higher rate of drug use (18.4%) than other groups. Married and widowed people reported the lowest levels of use.
- Any illicit drug use also varied considerably by tenure and type of accommodation. Private renters had the highest levels of drug use, almost double the rate for England and Wales as a whole, while owner occupiers had the lowest levels. People living in flats and maisonettes reported a higher prevalence compared with those living in houses.
- Although any illicit drug use did not vary greatly by level of household income or social class, unemployed respondents had higher rates of drug use in the past year than employed or economically inactive people.
- The same socio-economic factors associated with high levels of any illicit drug use are also associated with high levels of Class A drug use.

Lifestyle differences

- For the analysis on this section, respondents are categorised into two age groups, 16 to 29 and 30 to 59, to control for the effects of age on both lifestyle factors and drug use.

- There was a higher prevalence of drug use among people who had recently been to a club or disco compared with those who did not, for both age groups. For example, people aged 16 to 29 who had visited clubs or discos in the past month were almost twice as likely to have used drugs in the past year as those who had not. In the older age group club goers were almost three times as likely to have used drugs. The difference between club goers and those who did not was even greater for Class A drug use.
- The comparatively small group of people who had visited a pub or wine bar in the evening three or more times a week in the past month were much more likely to use drugs than those who went less often. For example, in the younger age group, 42.2% of those who frequently visited a pub or wine bar had used an illicit drug in the last year compared with 21.9% of those who went out for a drink less often. A similar pattern was seen for the older age group, and for Class A drug use.
- Higher illicit and Class A drug use was found among those who drink alcohol three or more times per week.

Risk factors for drug use

- Multivariate analysis was carried out in order to examine the inter-relationships between the geographical, socio-economic and lifestyle factors and their association with drug use in the last year and class A drug use in the last year.
- Several factors were found to be associated with use of any drug in the last year. When taking all of the factors into account, the variables with the greatest association were: being single (excluding being a widow/er), being divorced or cohabiting; being young; visiting pubs or wine bars three times a week or more; being male; and, going to nightclubs. Other factors included: renting accommodation; not being in the professional social class; living in a terrace or flat/maisonette; earning £30,000 or more; being economically inactive; having a limiting disability or illness; and, living in a rising ACORN area.
- A model was also developed to assess which of the factors are statistically related to taking Class A drugs. Taking all of the other variables into account, the factors with the strongest association for class A drug use were: being young; being male; visiting nightclubs; being single (excluding being a widow/er), being divorced or cohabiting; visiting pubs or wine bars three times or more a week; living in a terrace or flat/maisonette; and, living in a household with no children or a household with a single adult and child(ren).

1 Introduction

The British Crime Survey (BCS) is a large national survey of adults who live in a representative cross-section of private households in England and Wales. In addition to asking respondents about their experiences of crime, the BCS also asks about a number of other crime-related topics. Since 1996 the BCS has included a comparable self completion module of questions on illicit drug use.

This statistical bulletin examines the prevalence and trends of illicit drug use among 16 to 59 year olds since 1996 and since 1998 which marks the beginning of the Government's Drugs Strategy¹. It also looks at any emerging trends since the last financial year 2002/03. The report has a particular focus on young people, the 16 to 24 year olds. The bulletin also looks at extent of drug use by geographical, socio-economic and lifestyle characteristics.

The drugs strategy

The Government's Drugs Strategy has the over-arching aim of 'reducing the harm that drugs cause to society, including communities, individuals and their families'². There are four key Drugs Strategy targets; young people; treatment of problem drug users; supply of drugs; and, drug-related crime.

Under the young people's target the Government has set the objective, between 1998 and 2008, to:

'have reduced the use of Class A drugs and the frequent use of any illicit drugs by all young people [under the age of 25] and, in particular, by the most vulnerable groups by 2008'

(Updated Drug Strategy 2002, Home Office 2002, 21)

Currently the main measurement tool for Class A use among the 16 to 24 is the BCS, for which we have comparable data on drug use since 1998 which marks the beginning of the drugs strategy target. Additionally, questions have been introduced in the 2002/03 BCS, to monitor changes in the frequency of illicit drug use for the 16-24 years age group.

Class A drug use among vulnerable 16 to 24 year olds (defined as those who have truanted, have offended, been excluded from school, have ever been in care or homeless) is being measured with figures from the Crime and Justice Survey³.

Class A use by vulnerable groups (defined as those who have truanted or have been excluded from school) and frequency of illicit drug use among the 11 to 15 age group is being measured by the Department of Health Schools Survey⁴.

¹ Home Office (1998)

² Home Office (2002, 6)

³ Home Office (2004)

⁴ Home Office (2004)

Methodological notes

In 2000 The BCS moved from a biennial to a continuous survey. In 2001/02 the reporting period moved from a calendar to a financial year.

The drugs self-report component of the BCS

Respondents self-complete the BCS drugs component (see RDS Internet site for drugs module questionnaire – <http://www.homeoffice.gov.uk/rds/index.htm>) by means of laptop computers. The laptop is handed to them by the interviewer, at the close of a traditional face-to-face interview which covered mainly questions on experiences of crime or victimisation. When respondents have finished the self-report component, their answers are electronically scrambled, and they are able to pass the laptop back to the interviewer. As discussed in previous BCS reports⁵, the use of laptops rather than paper self-completion forms seems to have worked well and even to have empowered respondents to some degree.

Response rate

The 2003/04 BCS has a nationally representative sample of 37,891 adults living in private households in England and Wales. The response rate was 74%. Of the total achieved sample, 25,533 respondents were eligible to complete the self-completion drugs module. Subtracting the 1,102 respondents who refused to take part and a further 9 respondents for methodological reasons, gave a final sample size of 24,422. The 2003/04 BCS also included an additional sample of 16 to 24 year olds (2,332 respondents). The response rate for the youth boost was 72%. The total number of 16 to 24 year olds from both the core and booster sample was 5,429.

Table 1.1 Achieved sample sizes and response rates since 1996

	Core total	Core (16-59) drugs total	Core and YB drugs 16-24 only	Response rate%
1996	16,337	10,940	1,475	83
1998	14,937	9,984	1,295	79
2000	19,398	13,018	1,517	74
2001/02	32,787	20,146	2,519	74
2001/02 Youth Boost			1,536	72
2002/03	36,450	23,586	2,986	74
2002/03 Youth Boost			1,306	75
2003/04	37,891	24,422	3,097	74
2003/04 Youth Boost			2,332	72

Weighting

In addition to the standard weighting techniques applied to the BCS (see Technical Report⁶) The BCS has adopted 'calibration weighting', which is designed to adjust for known differentials in

⁵ Ramsay et al. (1996, 1997, 1999, 2001), Aust et al. (2002) and Condon et al. (2003)

⁶ Bolling et al. (2003)

response rates across age, gender and regional sub-groups. This weighting has been applied to sweeps from 1996 onwards. Estimates for all years in this paper have incorporated calibration weighting; thus some estimates vary slightly from those previously published. The impact calibration weighting has on estimates remains relatively constant over consecutive sweeps: on average 'ever use' estimates increase by a 0.5 percentage point, 'year use' by 0.2 and 'month use' by 0.1. See Simmons (2002) for more information.

Reporting conventions

- All analysis excludes don't know/refusals unless otherwise specified.
- '-' indicates no response in that particular category (the question was asked but no-one chose that category).
- 'n/a' indicates that the question was not asked in that particular sweep.
- '<1' indicates less than 0.5% but not 0.
- '..' indicates that data are not reported because the unweighted base is less than 50, unless otherwise stated.
- '.' indicates that although the unweighted base under analysis was more than 50 there were insufficient drug users in the sample to warrant robust subgroup analysis.
- Statistical significance has been checked for differences highlighted in the text.
- All statistical significance is based on a 95% (.05) level unless otherwise specified. The level indicates that there is a one in twenty chance of incorrectly identifying a difference solely due to chance variation.
- Estimates of the number of users are based on 95% (.05) level confidence intervals (calculated using a logit transformation where proportions were less than 0.2 or greater than 0.8). The figures are calculated using population estimates provided by The Office for National Statistics (ONS).
- A design factor of 1.2 has been used throughout for test of statistical significance and confidence intervals.

Interpreting year on year changes

Year on year prevalence changes need to be interpreted with care. Five key issues need to be considered:

- Prevalence figures for rare activities such as taking heroin are subject to big percentage change swings from year to year.
- Year on year changes should be presented alongside trend data, which will give a much

more objective picture of what is really happening.

- For the reasons mentioned above, it should always be stressed that say a 20% 'percentage change' year on year can sometimes be as small as a 0.1% 'percentage point' change.
- All probability sample surveys yield statistics that are estimates of what the real figure in the population is. Estimates by their nature are surrounded by a confidence interval, which is commonly called Margin of Error. Therefore, all the estimates presented will have a $\pm x\%$ confidence interval surrounding them which indicates the range within which the true estimate is likely to lie. The Confidence Interval is greatly affected by sample size.
- Increased sample sizes will increase the reliability of estimates for rare acts such as consumption of Class A drugs, however, even then the range of variability will still be quite large for very rare acts, such as heroin use.

Other issues when interpreting Class A use and Use of Any Drug

Class A Use and Use of Any Drug are both composite variables. For example, Class A Drug Use is composed by Ecstasy, Cocaine, Crack, Heroin, Acid, Magic Mushrooms and Methadone. Of the people that took Class A drugs in the last year there will be many cases of polydrug use. This is to say, some may have taken all of them, others a combination and some may be just one. Therefore, if there is say an increase on the use of Cocaine, there may not necessarily be an increase on the use of Class A. The increase on the use of Cocaine could just be users switching from one drug to another or merely using another more than previously. It is only when there is a significant increase on 'new' drug users that a change on Use of Class A Drugs will be perceived.

The BCS as a survey of drug use

As a survey of households, the BCS does not cover some small groups, potentially important given that they may have relatively high rates of drug use: notably the homeless, and those living in certain institutions, such as prisons or student halls of residence. Nor, in practice, does any household survey necessarily reach people whose lives are so busy or chaotic that they are hardly ever at home. Lastly, household surveys usually have age criteria; in the BCS, from 1996 through to 2003/04, those aged under 16 were not eligible for interview, while those aged 60 or over were not asked to complete the drugs component (the decision to exclude the latter was an economy measure, reflecting their very low prevalence rates for the use of prohibited 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, it is a consistent instrument, deployed in the same fashion for each sweep.

Structure of the report

Chapter 2 examines the extent and trends in drug use since 1996 among the general population defined as those aged 16 to 59 living in England and Wales. Firstly, it provides percentages of the

extent of drug use in 2003/04, for ever users (people who have used an illicit drug at least once in their lifetime), users in the last year and users in the last month. Secondly it looks at the estimated actual number of drug users for each kind of drug also broken down by ever users, last year users and last month users. Thirdly, it explores the key messages arising from the trends in drug use since 1996 by looking at patterns of 'use in the last year'. Finally, the chapter looks at the differential frequency of use of each drug, most frequent age of onset for each drug, and concurrent polydrug use.

Chapter 3 reports on the extent and trends in drug use since 1996 among young people defined as those aged 16 to 24 living in England and Wales. The chapter covers the same topics as Chapter 2 but focuses on young people.

Chapter 4 looks at geographical variations in drug use among the 16 to 59 year olds in England and Wales. It examines the prevalence of the most commonly used drugs and how these differ within Government Office Regions, ACORN areas and between inner city, rural and urban areas. It also analyses patterns of drug use by physical disorder in the area; between council and non-council areas; and between Police Force Area (PFA) groups.

Chapter 5 looks at respondents reported drug use in the last year by socio-demographic characteristics for the 16 to 59 year olds in England and Wales⁷. It examines the prevalence of the most commonly used drugs and how these differ between gender, age group, marital status and by various other socio-demographic indicators (e.g. household structure and income, type of tenure; and accommodation type). It also analyses patterns of drug use by the respondents' employment status, social class, education, and disability.

Chapter 6 looks at the prevalence of the most commonly used drugs and how these differ for particular lifestyle factors. The lifestyle factors used in the analysis are: frequency of visits to nightclubs or discos, frequency of visits to pubs and wine bars and frequency of drinking alcohol.

Chapter 7 examines the inter-relationship between the geographical, socio-economic and lifestyle factors in order to look at which factors are the most important predictors of any drug use and Class A use.

⁷ Please note that this chapter does not cover breakdowns of drug use by ethnicity. These breakdowns are covered in a separate publication given the complexities of analysing the ethnic boost of the BCS (see, Aust and Smith 2003).

2 General Population: extent of drug use and trends since 1996 to 2003/04

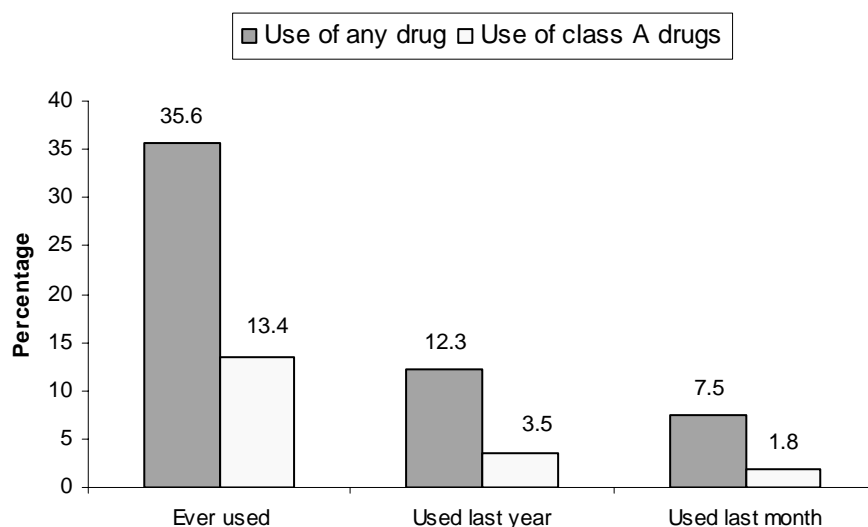
This chapter examines the extent and trends of drug use since 1996 among the general population defined as those aged 16 to 59 living in England and Wales¹. Firstly, it provides estimates of the extent of drug use in 2003/04, for lifetime users (people who have used an illicit drug at least once in their lifetime), users in the last year and users in the last month. Secondly, it looks at the estimated number of drug users for each kind of drug also broken down by lifetime users, last year users and last month users. Thirdly, it explores the key messages arising from the trends in drug use since 1996 by looking at patterns of use in the last year. Finally, the chapter looks at the differential frequency of use of each drug, most frequent age of onset for each drug, and concurrent polydrug use.

Extent of drug use among 16 to 59 year olds

Extent of any illicit drug use

The 2003/04 BCS estimates that 35.6% of 16 to 59 year olds have used one or more illicit drugs in their lifetime, 12.3% used one or more illicit drugs last year and 7.5% last month (see Tables A2.1, A2.3 and A2.5).

Figure 2.1. Percentage of 16-59 year olds reporting having used any drug or Class A drugs



¹ General Population is defined as those aged 16 to 59 living in England and Wales because the BCS Drugs Module is only asked to those aged 16 to 59. See *The BCS as a survey of drug use* section in the Introduction for further details.

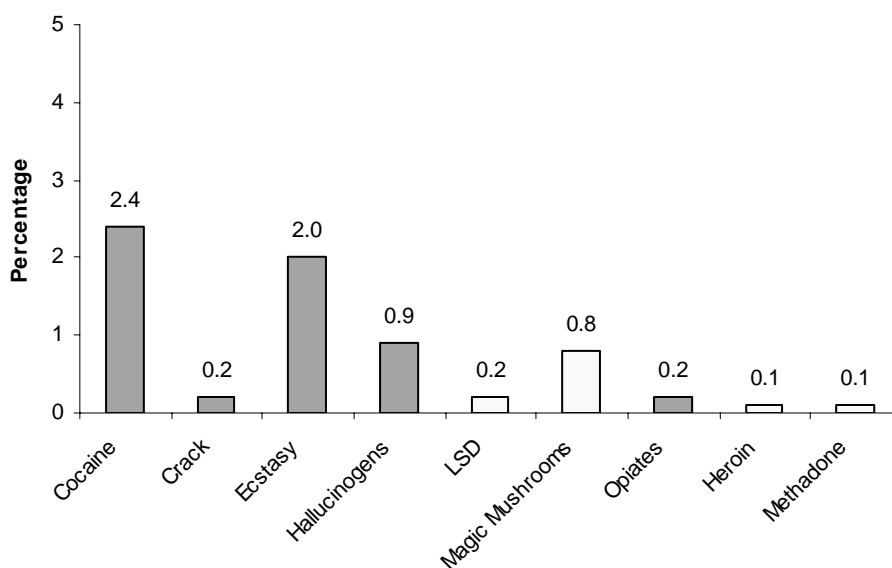
Extent of Class A drug use

The survey also estimates that 13.4% of those aged 16 to 59 have used a Class A drug at least once in their lifetime, 3.5% used at least one Class A drug last year and 1.8% last month.

Extent of use by drug

Cannabis is the drug most likely to be used. The 2003/04 BCS estimates that 10.8% of 16 to 59 year olds used cannabis in the last year. Cocaine is the next most commonly used drug with 2.4% claiming to have used it in the last year. This is closely followed by ecstasy at 2% and amphetamines at 1.5%. Other drugs are very rarely used with amyl nitrite only having a prevalence of 1.3% reporting use in the last year, hallucinogens 0.9%, tranquillisers 0.6%, anabolic steroids 0.1% and glues 0.1%. Other more serious drugs are also very rarely used, opiates (heroin and methadone) and crack having the same prevalence of use in the last year, 0.2% of the 16 to 59 year olds (see Table A2.1).

Figure 2.2. Percentage of 16-59 year olds reporting having used Class A drugs in the last year



Estimated number of drug users

It is estimated that over 11 million people aged 16 to 59 in England and Wales have at some point used illicit drugs. Just under 4 million used drugs in the last year and over 2 million used them last month.

It is also estimated that over 4 million people aged 16 to 59 have used Class A drugs in their lifetime. Just over 1 million having used them in the last year and over 500 thousand in the last month.

Table 2.1 Estimated numbers of 16 to 59 year olds who have taken drugs in their lifetime, last year and last month

Drug	Used Ever	Used last year	Used last month
Class A			
Cocaine	2,094,000	755,000	344,000
Crack	280,000	55,000	17,000
Ecstasy	2,143,000	614,000	281,000
Hallucinogens	2,953,000	278,000	90,000
LSD	1,900,000	76,000	26,000
Magic Mushrooms	2,214,000	260,000	80,000
Opiates	303,000	52,000	31,000
Heroin	264,000	43,000	28,000
Methadone	115,000	25,000	15,000
Class A/B			
Amphetamines	3,825,000	483,000	177,000
Class B/C			
Tranquillisers	955,000	186,000	69,000
Class C			
Anabolic steroids	191,000	43,000	26,000
Cannabis	9,633,000	3,364,000	2,032,000
Not Classified			
Amyl Nitrite	2,687,000	418,000	157,000
Glues	663,000	30,000	8,000
Total			
Class A	4,176,000	1,091,000	552,000
Any Drug	11,133,000	3,854,000	2,332,000

Notes:

1. Estimates are derived by multiplying the prevalence rate by the estimated population aged 16 to 59 in England and Wales.
2. Estimates are based on 95% confidence intervals (calculated using a logit transformation where proportions were less than 0.2 or greater than 0.8). The figures are calculated using population estimates provided by the Office for National Statistics.

When looking at specific types of drugs, cocaine and ecstasy are the most commonly used Class A drugs while the lowest estimates are for crack and opiates². It is estimated that just over 50,000 people took crack and the same amount of people took opiates out of just over 1 million people who are estimated to have been taking Class A drugs in the last year (see Tables A2.2, A2.4, A2.6).

Trends in drug use among 16 to 59 year olds

This section looks at reported use of illicit drugs in the last year (see Table A2.1) to review the key trends since 1996, 1998 and since the last financial year 2002/03³. 1996 has been chosen because it is the first year for which the BCS has comparable data. 1998 is the beginning of the Government's Drugs Strategy which has the over-arching aim of 'reducing the harm that drugs cause to society, including communities, individuals and their families'. Finally, this section compares figures for 2003/04 with extent of drug use in 2002/03 in order to identify any possible emerging trends.

² See *The BCS as a survey of drug use* section in the Introduction for further details on the limitations of the BCS as a survey of drug use.

³ See *Interpreting year on year changes* section in the Introduction for further details on how to interpret the data.

The BCS measures respondents' drug use ever, in the last year and in the last month. 'Use of a drug ever' is a good indicator of the percentage of people who have taken one drug or more in their lifetime, however, it says little about the patterns of current drug use. Some respondents will have taken these drugs 10 or 20 years ago, others last month. 'Use in the last month' is a good indicator of very recent drug use but it is highly subject to seasonal variations in respondents use and it contains a lower base number of respondents, therefore making it a weaker statistic to measure very rarely used drugs such as crack. For these reasons, to measure trends of recent drug use 'use of drugs in the last year' is deemed to be the best indicator available: it is less altered by seasonal variations in respondents use and provides a larger base number for studying rarely used drugs.

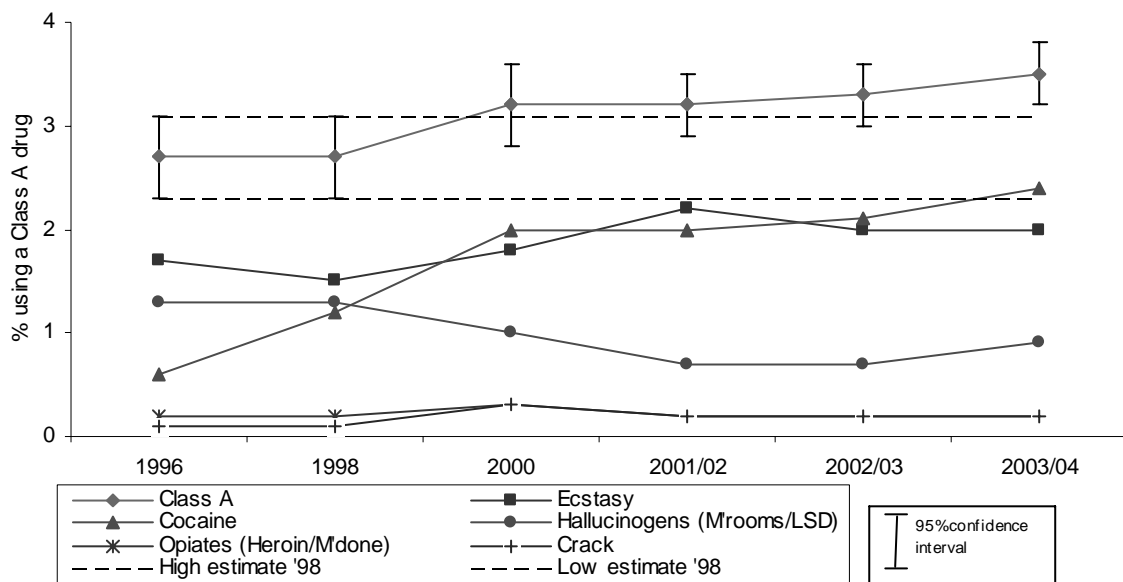
Trends in any illicit drug use

Between 1996 and 2003/04, there has been a significant increase in the use of 'Any drug' this is largely due to a comparatively large increase between 1996 and 1998. However, between 1998 and 2003/04 the use of 'Any drug' has remained stable. There are also no significant changes between 2002/03 and 2003/04 (see Table A2.1).

Trends in Class A drug use

Class A drug use among 16 to 59 year olds in 2003/04 is significantly higher than in both 1996 and 1998. This is mainly due to a significant increase in the use of cocaine and ecstasy. The use of hallucinogens, particularly LSD, has decreased significantly.

Figure 2.3. Percentage of 16-59 year olds reporting having used Class A drugs in the last year since 1996

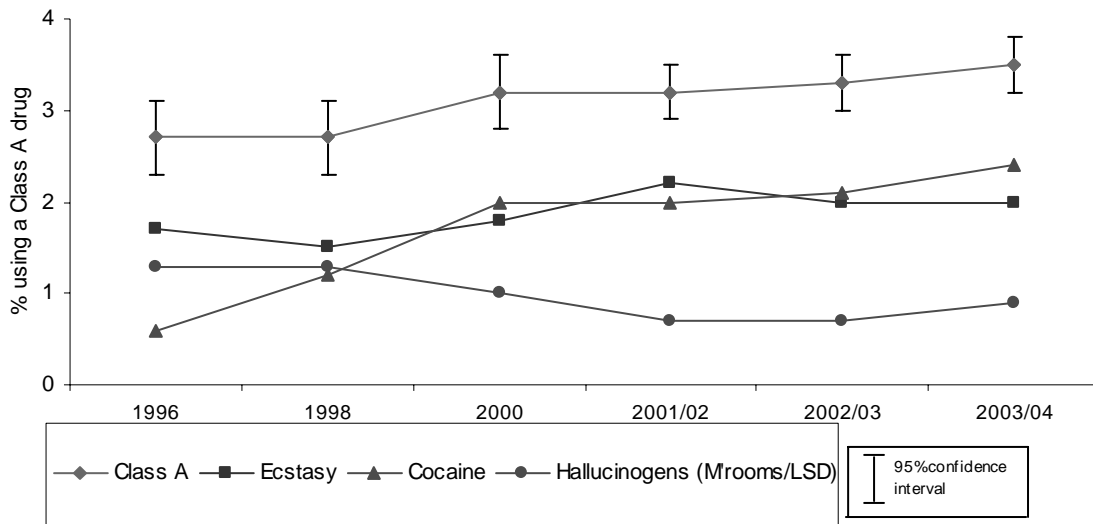


Since 2002/03, the figures for 2003/04 show a stable pattern for most drugs with a slight significant increase in the use of cocaine and hallucinogens from 2002/03. The increase in hallucinogens is due to a significant increase in the use of magic mushrooms. The use of LSD is stable.

Examining the increase in Class A drug use among the 16 to 59 year olds

Between 1998 and 2003/04 the use of all Class A drugs, except cocaine and ecstasy, has remained stable or has been reduced as in the case of hallucinogens. The use of ecstasy has fluctuated since 1996, it peaked in 2001/02 and has been stable since (see Figure 2.4).

Figure 2.4. Percentage of 16-59 year olds reporting having used Class A drugs in the last year since 1996: Key Class A trends



The use of cocaine has increased significantly for all age groups since 1998 (see Table 2.2). However, the use of Class A drugs has not increased significantly for the 16-24 year olds over time (see Table 2.3). This indicates that the proportion of 16 to 24 year olds taking Class A drugs is stable and that cocaine has become a very popular choice of drug for those that are already taking Class A drugs (see Chapter 3 for further information).

Table 2.2 British Crime Survey 1996-2003/04 figures for the proportion of people reporting having used cocaine in the last year by agegroup

Drug	1996	1998	2000	2001/02 ²	2002/03	2003/04
Cocaine						
16-24 ³	1.3	3.1	5.2	4.9	4.7	4.9 * ¹
25-34	1.1	1.9	3.5	3.3	3.7	4.5 *
35-59	0.1	0.3	0.2	0.5	0.5	0.7 *
Total 16-59	0.6	1.2	2.0	2.0	2.1	2.4 *
<i>Un-weighted n smallest cell</i>	1458	1283	1494	4919	5507	5463

Notes:

1. ** Statistically significant difference between proportion in 1998 and proportion that reported using in 2003/04 (at the 5% level).
2. From 2001, the reporting year for BCS data switched from calendar to financial years.
3. Data for the 16 to 24 from youth boost from 2001/02 onwards.

Table 2.3 British Crime Survey 1996-2003/04 figures for the proportion of people reporting having used Class A drugs in the last year by agegroup

Drug	1996	1998	2000	2001/02 ²	2002/03	2003/04
Class A						
16-24 ³	9.2	8.6	9.7	8.8	8.2	8.3
25-34	2.9	3.2	5.1	4.8	5.5	5.9 * ¹
35-59	0.3	0.4	0.4	0.8	0.7	0.9 *
Total 16-59	2.7	2.7	3.2	3.2	3.3	3.5 *
<i>Un-weighted n smallest cell</i>	1446	1271	1482	4912	5495	5454

Notes:

1. ** Statistically significant difference between proportion in 1998 and proportion that reported using in 2003/04 (at the 5% level).
2. From 2001, the reporting year for BCS data switched from calendar to financial years.
3. Data for the 16 to 24 from youth boost from 2001/02 onwards.

The increase in Class A use can also be attributed to an increase in the 25 to 59 year olds taking them. Table 2.3 shows that whilst for the 16 to 24 Class A use has been stable since 1998, there has been a significant increase in Class A use among those aged 25 to 59. Tables 2.4 and 2.5 show the percentage of users within each age group. There has been a decrease in the share of 16 to 24 year olds who take Class A drugs and an increase in 25 to 59 year olds who take them since 1998.

When looking at cocaine use, despite having become more prevalent for each of the age groups, the distribution of use between them is fairly stable overtime, supporting the argument for its increased popularity across all age groups (see Table 2.4).

Table 2.4 British Crime Survey 1996-2003/04: Distribution of cocaine users in the last year across age groups

Drug %	1996	1998	2000	2001/02 ¹	2002/03	2003/04
Cocaine						
16-24	39	47	48	45	45	40
25-34	50	40	45	41	41	43
35-59	12	12	7	14	14	18
Total	100	100	100	100	100	100
<i>Un-weighted n</i>	69	115	180	301	379	468

Notes:

1. From 2001, the reporting year for BCS data switched from calendar to financial years.

Table 2.5 British Crime Survey 1996-2003/04: Distribution of Class A users in the last year across age groups

Drug %	1996	1998	2000	2001/02 ¹	2002/03	2003/04
Class A						
16-24	64	60	54	49	49	46 *
25-34	29	32	39	37	39	39
35-59	7	9	7	15	12	15
Total	100	100	100	100	100	100
<i>Un-weighted n</i>	252	223	310	511	601	694

Notes:

1. ** Statistically significant difference between proportion in **1998** and proportion in **2003/04** (at the 5% level).
2. From 2001, the reporting year for BCS data switched from calendar to financial years.

The age group analysis, therefore, indicates that the increase in Class A use since 1998 among the 16 to 59 is mostly due to an increase in the use of cocaine and ecstasy and an increase in the percentage of people aged 25 to 59 who take Class A drugs. The use of ecstasy peaked in 2001/02 and has been stable since, similarly, the use of cocaine peaked in 2000 and has been broadly stable since.

Trends in use of other drugs

There have been some decreases among the 16 to 59 year olds in the use of other drugs between 1996 and 2003/04. The significant changes between 1996 and 2003/04 are the gradual decreases in the use of amphetamines, steroids and glues. There is also a significant increase in the use of cannabis from 1996 to 2003/04. However, most of the increase was between 1996 and 1998, since 1998 the use of cannabis has remained stable.

In the last year, the figures for 2003/04 show a stable pattern for all non-Class A drugs, no significant differences have been identified from 2002/03 (see Table A2.1).

Frequency of use

Frequent use is defined as taking a drug more than once a month, for frequency of use of Class A and of any drug this can include people who could have taken two different types of drugs frequently. The most frequently used drug is cannabis, 45% of Cannabis users take it more than once a month. Cannabis is followed by ecstasy (20% of users take it more than once a month), cocaine (20%) and amphetamines (18% take it more than once a month). Other drugs are taken less regularly, although the number of users of more serious drugs picked up by the survey such as crack and opiates are too few for analysis of frequency of use (see Table A2.7).

Age of onset

The most frequent age at which respondents started taking drugs is 18. However cocaine has a slightly higher age, the most frequent age mentioned for starting its use is 20. Women have a slightly earlier age of onset for cannabis and amphetamines, the most frequent age mentioned for women

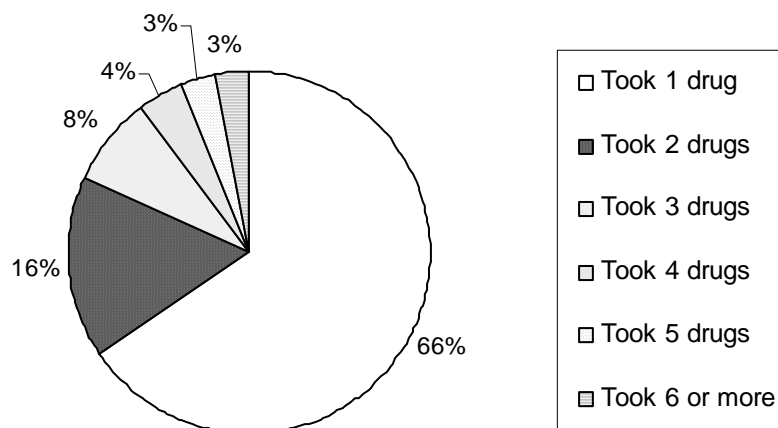
taking these drugs is 16 years old and 18 years old for men. Women also have an earlier age of onset for taking opiates. The most frequent age women mentioned for starting use of opiates was 17 whereas men tended to start at 18 (see Table A2.9).

Concurrent polydrug use among 16 to 59 year olds

Concurrent polydrug use⁴ is defined as taking or experimenting with more than one type of drug during a drugs career. The 2003/04 BCS shows that: the majority of drug users (75%) have only used one type of drug in the recent past (last month); 66% have only used one type of drug over the last year; and, 46% have only used one drug in their lifetime.

As the number of drugs used increases the number of users decrease: 8% of users had used three drugs in the last year; and, only 3% of those using drugs in the last year had used six or more drugs (see Table A2.10).

Figure 2.5. Concurrent polydrug use of 16-59 year olds users reporting having used drugs in the last year



⁴ There are two definitions of polydrug use in the literature: concurrent and simultaneous. *Concurrent* users are those who take or experiment with more than one type of drug over their drug careers, while *Simultaneous* polydrug users take more than one drug on the same occasion, e.g. night out.

3 Young people: extent of drug use and trends since 1996 to 2003/04

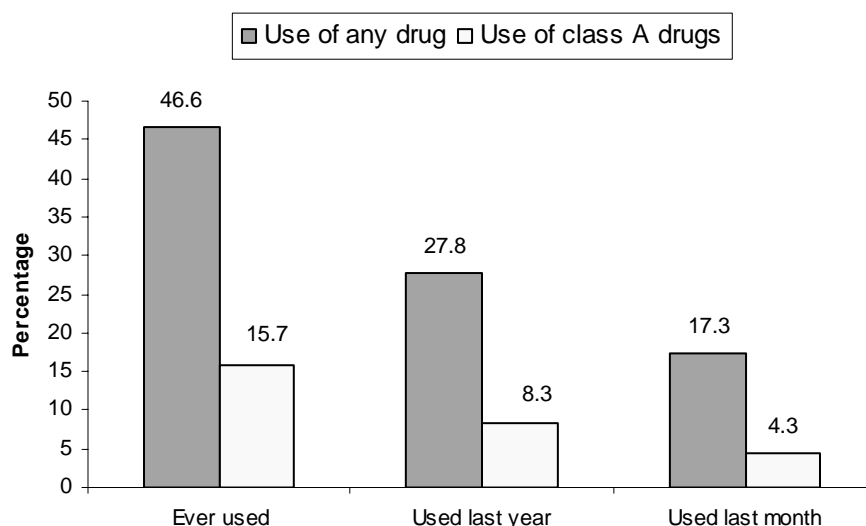
This chapter examines the extent and trends in drug use since 1996 among young people defined as those aged 16 to 24 living in England and Wales¹. Firstly, it provides percentages of the extent of drug use in 2003/04, for lifetime users (people who have used an illicit drug at least once in their lifetime), users in the last year and users in the last month. Secondly, it looks at the estimated number of drug users for each kind of drug also broken down by lifetime users, last year users and last month users. Thirdly, it explores the key messages arising from the trends in drug use since 1996 by looking at patterns of use in the last year. Finally, the chapter looks at the differential frequency of use of each drug, most frequent age of onset for each drug, and concurrent polydrug use.

Extent of drug use among 16 to 24 year olds

Extent of any illicit drug use

The 2003/04 BCS estimates that 46.6% of 16 to 24 year olds have used one or more illicit drugs in their lifetime, 27.8% used one or more illicit drugs last year and 17.3% last month (see Tables A3.1, A3.3 and A3.5).

Figure 3.1. Percentage of 16-24 year olds reporting having used any drug or Class A drugs ever, in the last year and last month



¹ Young People are defined as those aged 16 to 24 living in England and Wales because the BCS Drugs Module is only asked to those aged 16 to 59. See *The BCS as a survey of drug use* section in the Introduction for further details.

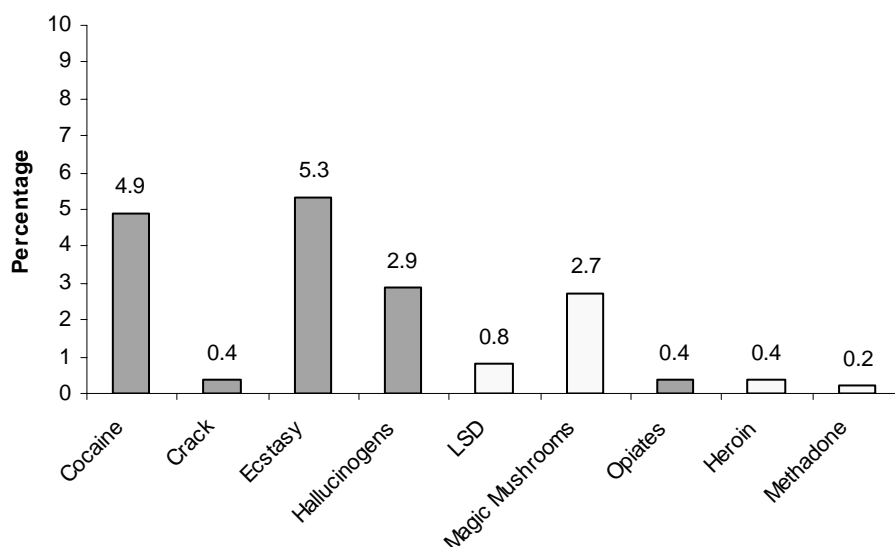
Extent of Class A drug use

The survey also estimates that 15.7% of those aged 16 to 24 have used a Class A drug at least once in their lifetime, 8.3% used at least one Class A drug last year and 4.3% last month.

Extent of use by drug

Cannabis is the drug most likely to be used. The 2003/04 BCS estimates that 24.8% of 16 to 24 year olds used cannabis in the last year. Ecstasy is the next most commonly used drug with 5.3% claiming to have used it in the last year. This is closely followed by cocaine at 4.9%, amyl nitrite at 4.4% and amphetamines at 4%. Other drugs are very rarely used, with hallucinogens only having a prevalence of 2.9% in the last year, tranquillisers 0.8%, glues 0.5% and anabolic steroids 0.3%. Other more serious drugs are also very rarely used, opiates (heroin and methadone) and crack having the same prevalence of use in the last year among 16 to 24 year olds, 0.4% (see Table A3.1).

Figure 3.2. Percentage of 16-24 year olds reporting having used Class A drugs in the last year



Estimated number of drug users

It is estimated that there are just under 3 million people aged 16 to 24 that have used illicit drugs in England and Wales at some point. Just over 1.5 million used drugs in the last year and over 1 million used them last month (see Tables A3.2, A3.4 and A3.6).

It is also estimated that just under 1 million people aged 16 to 24 have used Class A drugs in their lifetime. Around 500 thousand young people having used them in the last year and around 250 thousand in the last month.

Table 3.1 Estimated numbers of 16 to 24 year olds who have taken drugs in their lifetime, last year and last month

	Used Ever	Used last year	Used last month
Drug			
Class A			
Cocaine	521,000	289,000	153,000
Crack	93,000	25,000	11,000
Ecstasy	636,000	316,000	148,000
Hallucinogens	489,000	172,000	63,000
LSD	258,000	50,000	24,000
Magic Mushrooms	390,000	161,000	48,000
Opiates	76,000	25,000	18,000
Heroin	65,000	22,000	17,000
Methadone	41,000	14,000	6,000
Class A/B			
Amphetamines	740,000	236,000	236,000
Class B/C			
Tranquillisers	166,000	50,000	20,000
Class C			
Anabolic steroids	37,000	19,000	8,000
Cannabis	2,453,000	1,476,000	925,000
Not Classified			
Amyl Nitrite	774,000	261,000	98,000
Glues	198,000	29,000	11,000
Total			
Class A	932,000	493,000	258,000
Any Drug	2,767,000	1,653,000	1,029,000

Notes:

1. Estimates are derived by multiplying the prevalence rate by the estimated population aged 16 to 24 in England and Wales.
2. Estimates are based on 95% confidence intervals (calculated using a logit transformation where proportions were less than 0.2 or greater than 0.8). The figures are calculated using population estimates provided by the Office for National Statistics.

When looking at specific types of drugs ecstasy and cocaine are the most commonly used Class A drugs while the lowest estimates are for crack and opiates². It is estimated that 25 thousand young people took crack and the same amount of people took opiates out of around 500 thousand young people who are estimated to have been taking Class A drugs in the last year.

Trends in drug use among 16 to 24 year olds

This section looks at reported use of illicit drugs in the last year³ (see Table A3.1) to review the key trends since 1996, 1998 and since the last financial year 2002/03⁴. 1996 has been chosen because it is the first year for which the BCS has comparable data. 1998 is the beginning of the Government's Drugs Strategy which has the over-arching aim of 'reducing the harm that drugs cause to society, including communities, individuals and their families'. To achieve this, the Government has set the objective to 'reduce the use of Class A drugs and the frequent use of any illicit drug among all young people under the age of 25 especially by the most vulnerable young people'. Currently the main

² See *The BCS as a survey of drug use* section in the Introduction for further details on the limitations of the BCS as a survey of drug use.

³ See *Trends in drug use among 16 to 59 year olds* in Chapter 2 for an explanation of why 'use of drug/s in the last year' is the preferred measure for the study trends since 1996.

⁴ See *Interpreting year on year changes* section in the Introduction for further details on how to interpret the data.

measurement tool for Class A use is the BCS. Finally, this section compares figures for 2003/04 with extent of drug use in 2002/03 in order to outline any emerging trends.

Trends in any illicit drug use

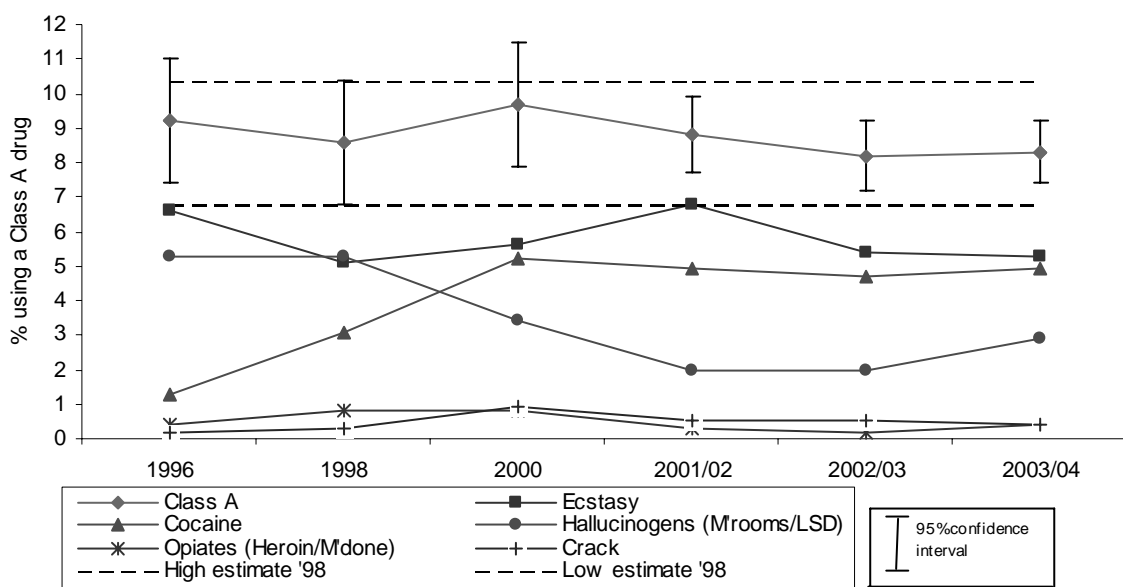
Between 1996 and 2003/04 the use of 'Any drug' by young people has fluctuated slightly but on the whole remained stable. This slight fluctuation in the use of drugs between 1996 and 2003/04 means that the prevalence in 2003/04 is significantly lower compared to 1998 but not compared to 1996. In the last year (between 2002/03 and 2003/04) there are no significant changes.

Trends in Class A drug use

Class A drug use among young people has remained stable since 1996.

Between 1996 and 2003/04 there has been a significant increase in the use of cocaine. The biggest increase in the use of cocaine occurred between 1996 and 2000, cocaine use has been stable since. Since 1996 there has also been a significant decrease in the use of hallucinogens, particularly LSD. This indicates that whilst the percentage of young people that are being attracted to using Class A drugs remains stable, among Class A users cocaine has become an increasingly popular choice of drug.

Figure 3.3. Percentage of 16-24 year olds reporting having used Class A drugs in the last year since 1996



The figures for 2003/04 show little change compared with 2002/03 for past year use of most Class A drugs except for a slight significant increase in the use of hallucinogens. This is due to a significant increase in the use of magic mushrooms. The use of LSD is stable.

Trends in use of other drugs

The use of most other drugs among young people has remained stable since 1998. The only significant changes between 1998 and 2003/04 have been the gradual decreases in the use of amphetamines, cannabis and glues.

Frequency of use

Frequent use is defined as taking a drug more than once a month, for frequency of use of Class A and of any drug this can include people who could have taken two different types of drugs frequently. The most frequently used drug by young people is cannabis; 47% of cannabis users take it more than once a month. Cannabis is followed by ecstasy (22% of users take it more than once a month), amphetamines (21%), cocaine (18% take it more than once a month) and amyl nitrite (17%). Other drugs are taken less regularly, although the number of users of more serious drugs picked up by the survey are too few for analysis of frequency of use, drugs such as crack and opiates (see Table A3.7).

The questions on frequency of use are also used to monitor progress on the young people's target of the Government's Drugs Strategy⁵. Table A3.8 shows the frequency of use of any drug in the last year among all the 16 to 24 year olds, not just users. The table shows that frequency of use has remained stable between 2002/03 and 2003/04. In 2002/03, 11.3% respondents took drugs frequently and in 2003/04, 12% of the respondents took drugs frequently.

Age of onset

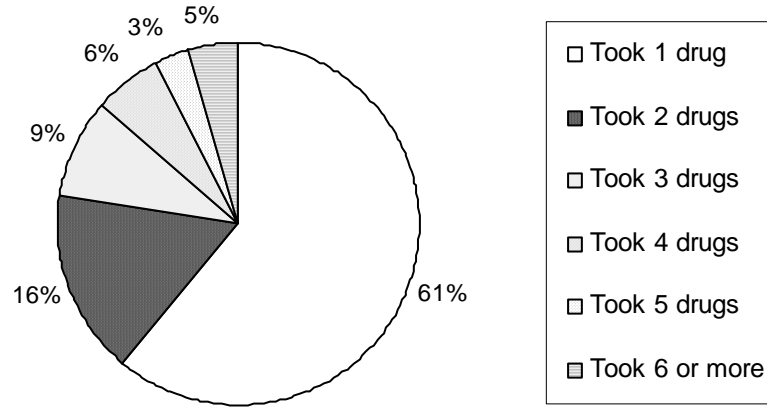
The most frequent age at which young people started taking drugs is 16. However cocaine has a slightly higher age of onset. The most frequent age mentioned for starting cocaine use is 18. Cannabis on the other hand has a slightly lower age of onset where the most commonly mentioned age of first use is 15. Young women have a slightly earlier age of onset than men for hallucinogens and ecstasy: the most frequent age mentioned by women for first use of hallucinogens is 14 years old and by men 16 years old; and, the most frequent age mentioned by women for first taking ecstasy is 16 and by men 18 (see Table A3.9).

Concurrent polydrug use among 16 to 24 year olds

Concurrent polydrug use is defined as taking or experimenting with more than one type of drug over a drugs career. The 2003/04 BCS shows that: the majority of young drug users (71%) have only used one type of drug in the recent past (last month); 61% have only used one type of drug over the last year; and, 48% have only used one drug in their lifetime (see Table A3.10).

⁵ See Introduction for further details.

Figure 3.4. Concurrent polydrug use of 16-24 year olds users reporting having used drugs in the last year



As the number of drugs used increases the number of users decrease: 9% of users had used three drugs in the last year; and, only 5% of those using drugs in the last year had used six or more drugs.

4 Geographical variations

This chapter looks at geographical variations in drug use for 16 to 59 year olds in England and Wales in 2003/04. It examines the prevalence of the most commonly used drugs and how these differ within Government Office Regions, ACORN areas and between inner city, rural and urban areas. It also analyses patterns of drug use by level of disorder in the area; between council and non-council areas; and between Police Force Area (PFA) groups. All estimates refer to use in the last year, i.e. the year previous to their interview.

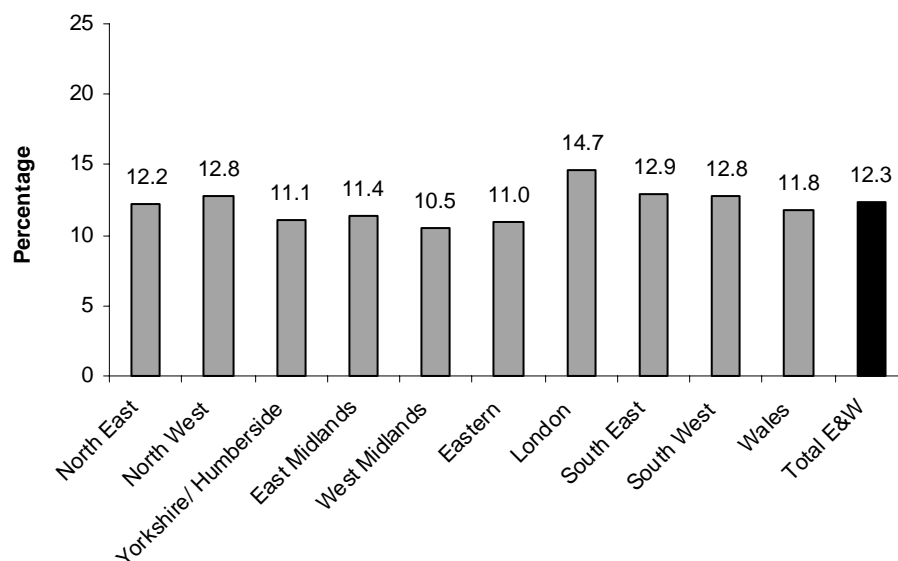
It must be noted that many of the different geographical, socio-economic (see Chapter 5) and lifestyle categories (see Chapter 6) overlap and interact to influence the levels of drug use. For example, many young people will have a lifestyle that is characteristic of single people who live in urban areas, rent flats or maisonettes privately and so on. In order to unravel the precise nature of the relationships between the different factors, further multivariate analysis was carried out. This is discussed in Chapter 7.

Government Office Region

One of the principal geographical identifiers used in the BCS is Government Office Region (GOR). This identifier classifies England and Wales into ten separate regions.

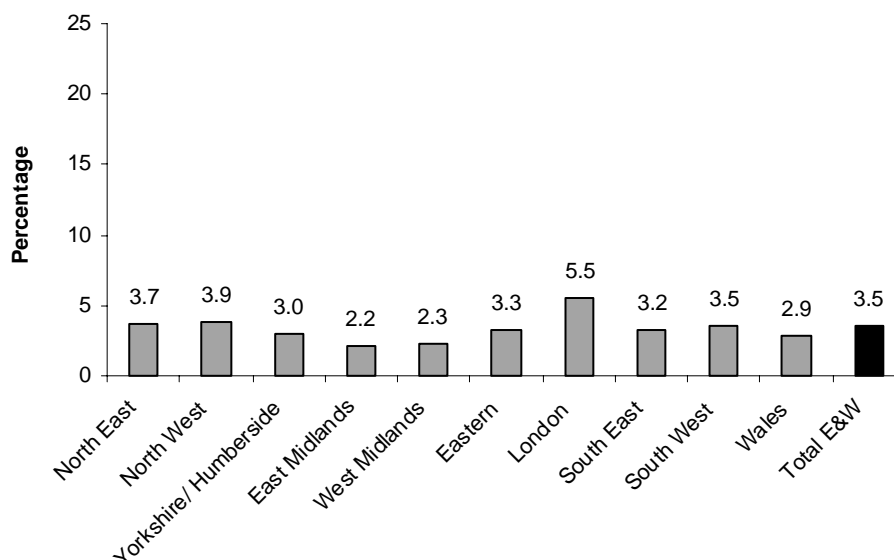
The 2003/04 BCS shows that 12.3% of the population reported having used an illicit drug in the past year (see Figure 4.1). Those living in London had the highest levels of use compared with the rate for England and Wales as a whole (14.7%), whilst those in the West Midlands, reported the lowest levels (10.5%).

Figure 4.1. Percentage of 16-59 year olds reporting having used any drug in the last year by Government Office Region



Looking at use of Class A drugs, the 2003/04 BCS shows that 3.5% of the population reported having used a Class A drug in the past year (see Figure 4.2). Again, those living in London had the highest proportion of Class A drug users (5.5%), significantly higher than for England and Wales, whilst the lowest levels were reported in the East Midlands (2.2%) and West Midlands (2.3%).

Figure 4.2. Percentage of 16-59 year olds reporting having used Class A drugs in the last year by Government Office Region



Area Type I - ACORN

Another key geographical identifier in the BCS is a 'Classification of Residential Neighborhoods' (ACORN). This identifier groups households into the type of social environment in which the household is located; taking into account the demographic, employment and housing characteristics of the surrounding area.

ACORN type is generated from cluster analysis of the 1991 Census data. There are a total of 54 ACORN types, which can be merged into 17 groups or six categories. The six main ACORN groups are characterised as follows, see Glossary for further details.

Table 4.1. Description of the six main ACORN groups

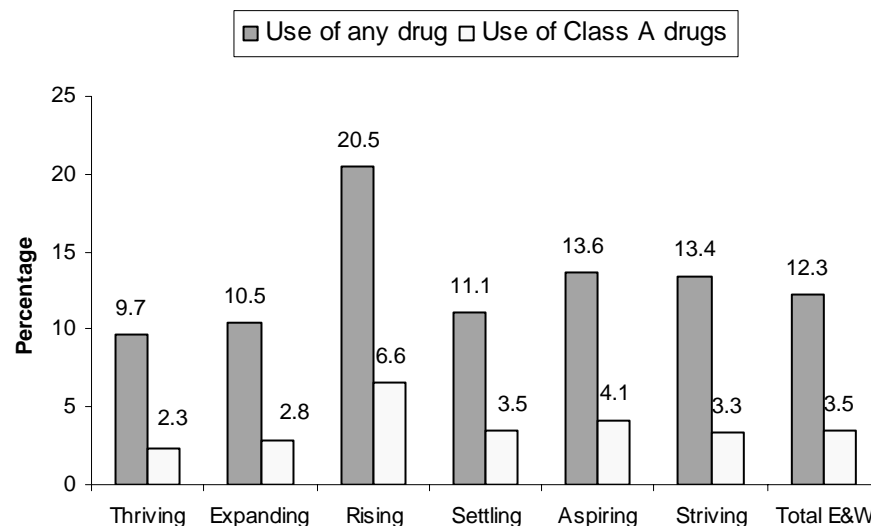
<p>Thriving Wealthy achievers, suburban areas Affluent greys, rural communities Prosperous pensioners, retirement areas</p>	<p>Settling Comfortable middle agers, mature home owning areas Skilled workers, home owning areas</p>
<p>Expanding Affluent executives, family areas Well-off workers, family areas</p>	<p>Aspiring New home owners, mature communities White collar workers, better off multi-ethnic areas</p>

<p>Rising</p> <p>Affluent urbanites, town and city Prosperous professionals, metropolitan areas Better-off executives, inner-city areas</p>	<p>Striving</p> <p>Older people, less prosperous areas Council estates, better off homes Council estates, high unemployment Council estates, greatest hardship Multi-ethnic, low income areas</p>
--	--

ACORN refers to the type of area and not to specific identifiable geographical areas like the GOR. For example, the ACORN category 'Settling' which includes 'mature home-owning' areas will be found in a number of localities in England and Wales. Table A4.7 shows the composition of each GOR by ACORN, which provides some idea of the geographical make-up of each ACORN category.

There was considerable variation in drug use across the different ACORN categories. Those living in Rising areas had the highest levels of use compared to other ACORN categories (20.5%), whilst those in Thriving areas reported the lowest levels compared to other ACORN categories (9.7%) – less than half the rate of the Rising areas (see Figure 4.3).

Figure 4.3. Percentage of 16-59 year olds reporting having used any drug and Class A drugs in the last year by ACORN category



Again, those living in Rising areas had a higher proportion of Class A drug users than those living in other areas (6.6%), whilst those in the Thriving areas reported the lowest levels (2.3%) – just over a third of the Rising areas rate (see Figure 4.3).

Area type II – Inner city, urban and rural areas

The BCS also identifies area types broken down into whether the individual resides in an inner-city, urban or rural area. These categories are created from the 54 ACORN types.

Figure 4.4. Percentage of 16-59 year olds reporting having used any drug and Class A drugs in the last year by area type II

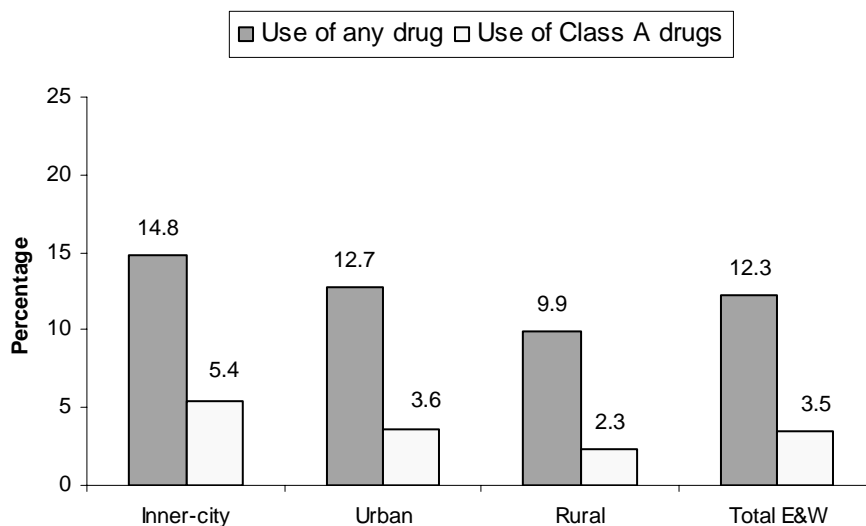


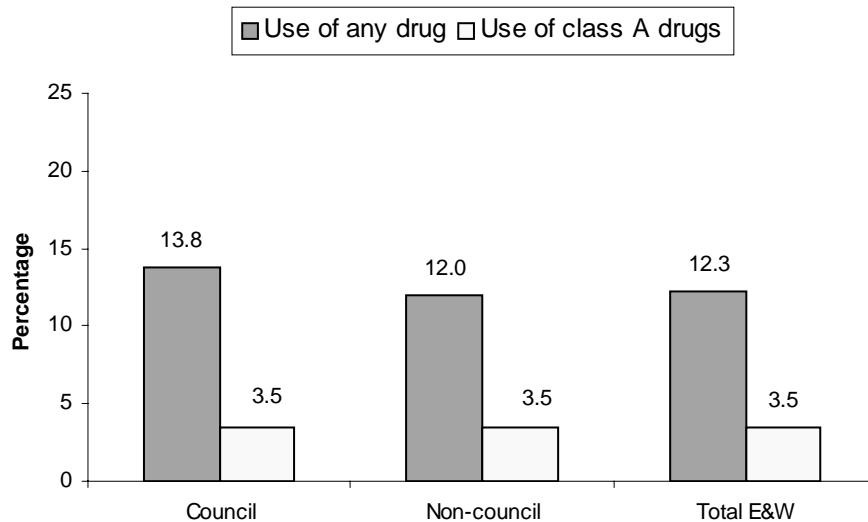
Figure 4.4 shows that levels of any illicit drug use were highest amongst those living in inner city areas (14.8%), followed by those living in urban areas (12.7%), with rural areas having the lowest prevalence (9.9%). Those living in inner city areas had the highest levels of Class A drug use (5.4%). This is more than double the rate for Class A drug use found in rural areas (2.3 %).

Council and non-council areas

This section looks at the difference in drug prevalence rates between council and non-council areas. Council areas are those that fall into ACORN types 33, 40 to 43 and 45 to 51 (see Glossary for fuller description of ACORN categories).

Figure 4.5 shows that levels of any illicit drug use were higher amongst those living in council areas (13.8%) than non-council areas (12.0%). There were no differences between council and non-council areas in prevalence of Class A drug use (3.5% for both).

Figure 4.5 Percentage of 16-59 year olds reporting having used any drug and Class A drugs in the last year by council/non-council estate area



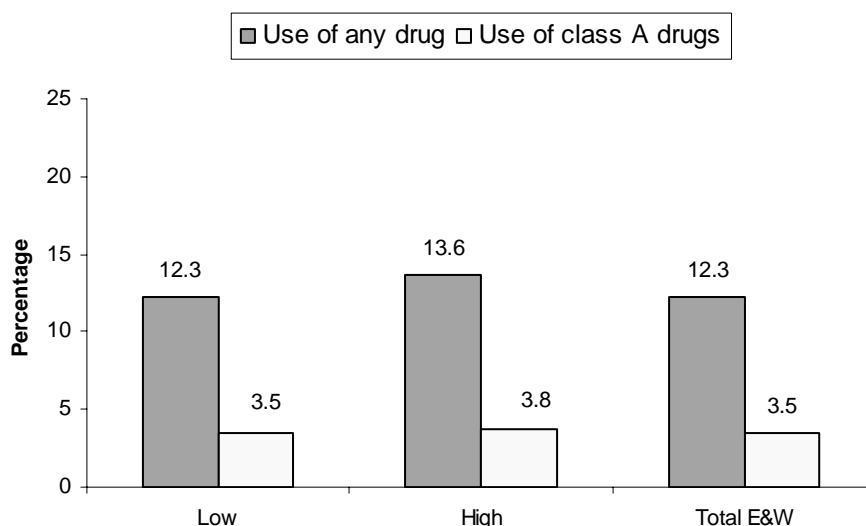
Neighbourhood Disorder

Another area category identified in the BCS is the incivility scale. This is based on the interviewer's perception of various forms of physical disorder in the respondent's area. The interviewer is asked to assess the extent of rubbish, vandalism and houses in poor condition in the area of the interview. Scores of 1 were given to areas where these factors were 'very common' and 'fairly common' and 0 for 'not very common' and 'not at all common'. Each of the three types of disorder were then scored and combined. Totals of 0-1 were defined as 'low' disorder and scores of 2-3 defined as 'high' disorder.

This measurement is based on the interviewer's perception of problems in the local area and is not a measure of actual disorder. Gaining an assessment of the area by the interviewer, as opposed to the respondent, ensures a certain level of standardisation and allows for a better comparative view based on their experiences of working in a range of areas.

Figure 4.6. shows the prevalence of drug use for high and low disorder areas. There was no statistically significant difference between the extent of any drug use or Class A use among those living in areas perceived as having a high level of disorder and those areas perceived as having a low level of disorder.

Figure 4.6. Percentage of 16-59 year olds reporting having used any drug and Class A drugs in the last year by level of disorder in the area



Population Size & Police Forces areas

More localised information can be obtained from the BCS in 2003/04. This is possible because a minimum of 750 interviews were completed in each of the 42 Police Force areas (PFA) in England and Wales. However, relatively high prevalence is needed in order to allow for robust analysis by variables with numerous categories, as positive responses are spread thinly across all the categories. This is not the case with drug use (see reporting conventions in the Introduction for further details). Therefore, the population size¹ for each PFA was used to collapse the 42 PFAs into 15 categories². PFAs with similar population sizes were grouped together (see Table A4.6b in Appendix C for the population sizes and groupings of the PFAs). Despite a reduction in categories, using 15 groups still means that it is not possible to conclusively identify patterns of use for drugs that are less prevalent, such as cocaine. Therefore, only Class A drugs and any illicit drug use were examined for the 15-group variable.

The 15 categories consist of the following PFAs, with Group 1 having the highest population size through to Group 15 with the lowest.

- Group 1: Metropolitan / City of London
- Group 2: West Midlands; Greater Manchester
- Group 3: Thames Valley; West Yorkshire
- Group 4: Hampshire; Essex; Kent
- Group 5: Devon & Cornwall; Avon & Somerset
- Group 6: Sussex; Lancashire; Northumbria; Merseyside

¹ 2002 mid-year population estimates from the Office of National Statistics:
<http://www.statistics.gov.uk/StatBase/Expodata/Spreadsheets/D6556.xls>

² As per Aust & Condon (2003) *Geographical Variations in Drug Use* Home Office Statistical Bulletin: 15/03

- Group 7: South Yorkshire; South Wales; West Mercia
- Group 8: Surrey; Staffordshire; Hertfordshire; Nottinghamshire
- Group 9: Cheshire; Derbyshire; Leicestershire
- Group 10: Humberside; Norfolk; North Yorkshire; Cambridgeshire
- Group 11: Suffolk; Northamptonshire; Dorset; North Wales
- Group 12: Lincolnshire; Wiltshire
- Group 13: Durham; Bedfordshire
- Group 14: Gloucestershire; Gwent; Cleveland
- Group 15: Warwickshire; Cumbria; Dyfed Powys

Figure 4.7. Percentage of 16-59 year olds reporting having used any drugs in the last year by Police Force Area Group

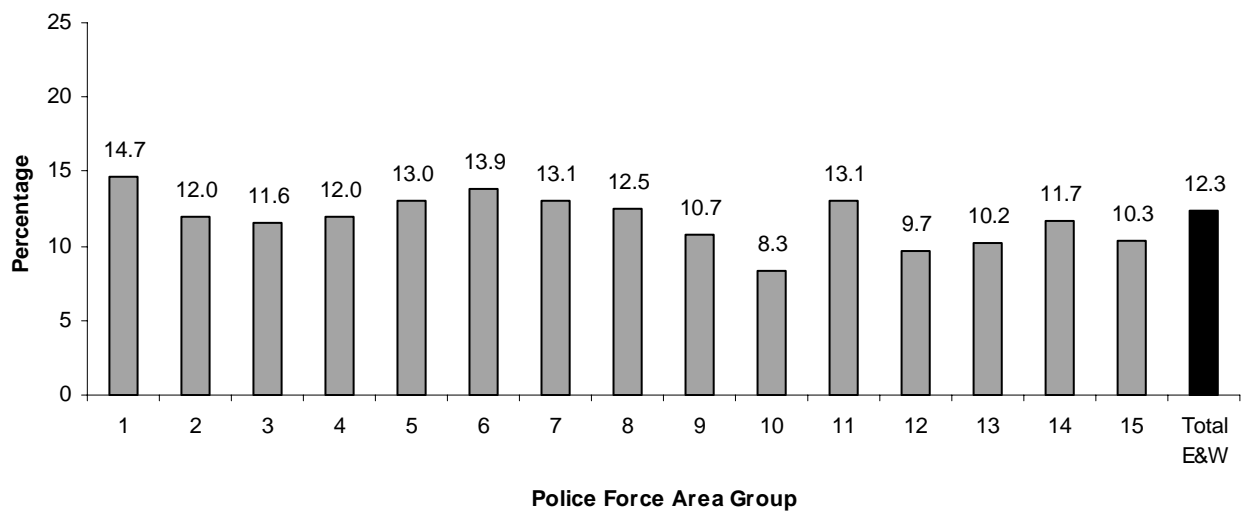
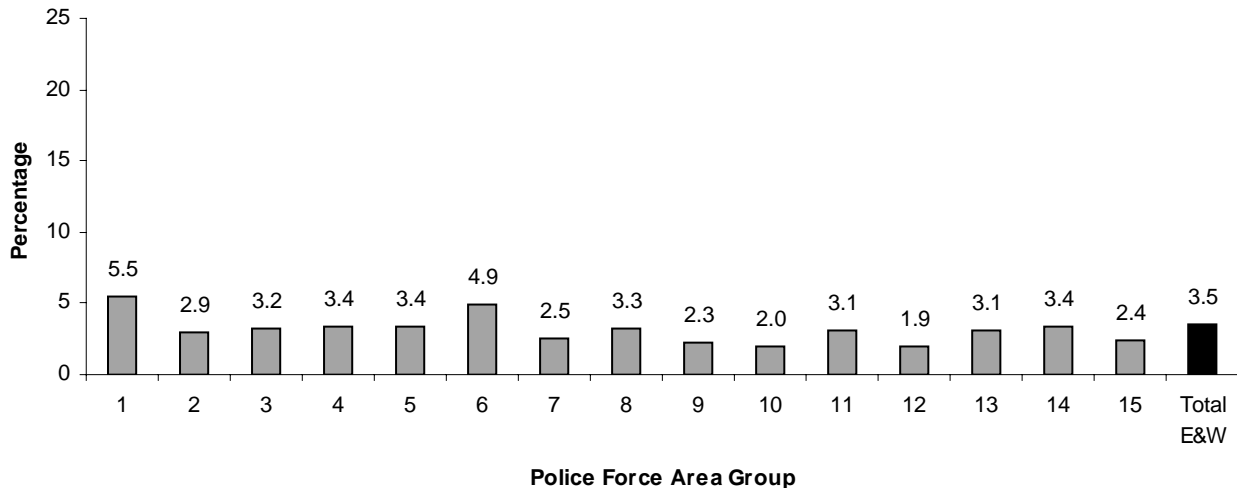


Figure 4.7 shows that there isn't a clear relationship between population size and levels of drug use. Those living in group Group 1 reported the highest levels of any illicit drug use. Group 10, 12 and 15 had lower levels of any illicit drug use than the total in England and Wales.

Figure 4.8. Percentage of 16-59 year olds reporting having used Class A drugs in the last year by Police Force Area Group



Those living in Group 1 and 6 reported the highest levels of Class A drug use compared with the total in England and Wales. Group 7, 9, 10, 12 and 15 had lower levels of Class A illicit drug use than the total in England and Wales (see Figure 4.8.)

Conclusion

Figure 4.9 summarises the geographical factors that are associated with the areas displaying the highest levels of any illicit drug use.

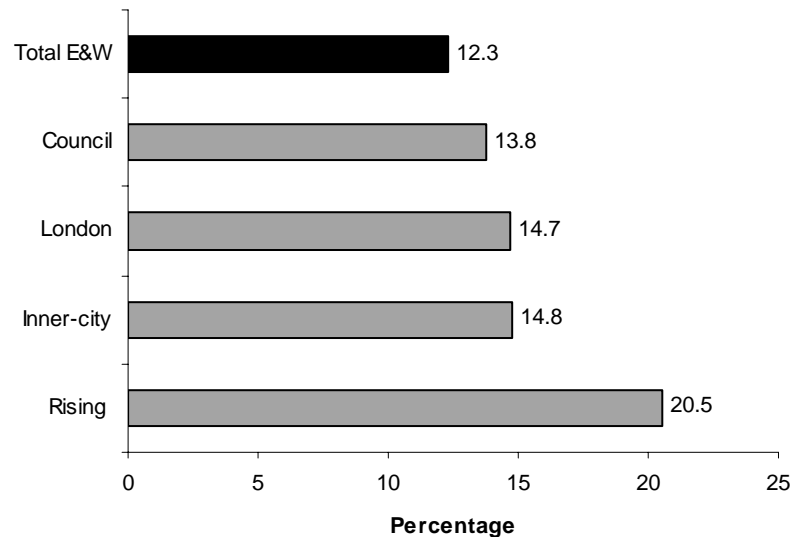
Levels of any illicit drug use varied the greatest by ACORN area. Those living in Rising areas (which comprises affluent urbanities in town and city areas, prosperous professional metropolitan areas and better-off executives in inner-city areas) had by far the highest levels of use, whilst those living in Thriving areas had the lowest levels of use compared with the other categories.

Prevalence of drug use also varied between Government Office Region. Those living in London had the highest levels of any illicit drug use compared with the rate for England and Wales as a whole, whilst those in the West Midlands reported the lowest levels.

The BCS analysis also showed marked differences in drug use between different types of areas in England and Wales. Drug use was highest amongst those living in inner city areas, followed by those living in urban areas, with rural areas having the lowest prevalence. Council areas also had a

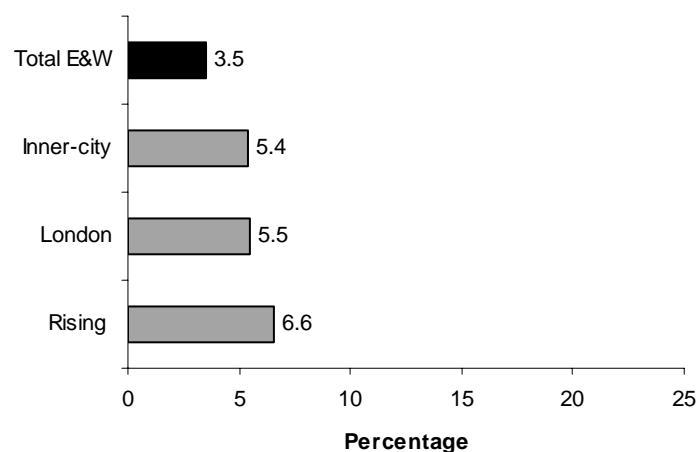
higher level of use of any drug than non-council areas. No difference was found in prevalence of drug use by levels of disorder in the area.

Figure 4.9 Geographical categories with high levels of any illicit drug use



As seen in Figure 4.10, most of the geographical categories with high levels of any illicit drug use also display high levels of Class A drug use. However, unlike the pattern for any illicit drug use, those living in council areas have the same levels of Class A drug use as those living in non-council areas.

Figure 4.10 Geographical categories with high levels of Class A drug use



The relationships between geographical areas and drug use have been analysed on a bivariate level. However, complex inter-relationships exist between these variables. For example, when analyzing by GOR London has the highest levels of drug use, but a break down of the composition of London by the other variables used in this chapter shows that London has the highest proportions of

all those variables which are associated with high levels of drug use: Rising areas; Council and inner-city areas. This is explored more in Chapter 7 and Appendix C (see Tables A4.7 to 4.9) and Appendix F (Tables A7.1 and A7.2).

5 Socio-economic prevalence

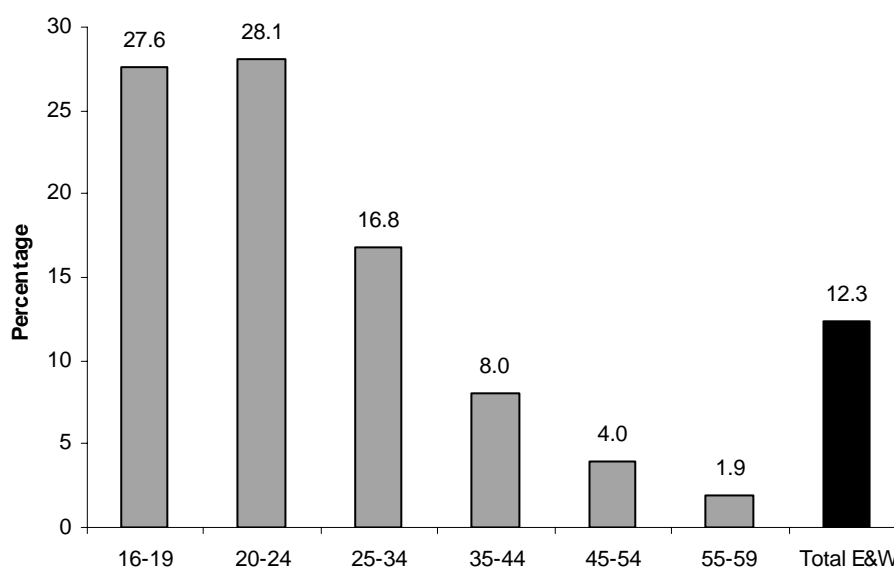
This chapter looks at respondents' reported drug use in the last year by socio-demographic characteristics for the 16 to 59 year olds in England and Wales. It examines the prevalence of the most commonly used drugs and how these differ between gender, age group, marital status and by various other socio-demographic indicators (e.g. household structure and income, type of tenure; and accommodation type). It also analyses patterns of drug use by the respondents' employment status (including social class), education and disability¹.

Age group

The 2003/04 BCS surveys people living in private households between the ages of 16 to 59. Respondents' ages are categorised into the following six groups for analysis (16 to 19; 20 to 24; 25 to 34; 35 to 44; 45 to 54; and 55 to 59 years olds). Data on the 16 to 19 and 20 to 24 year old groups include those from the youth boost sample (see Table A5.1).

Figure 5.1 clearly indicates a pattern whereby the younger groups reported the highest levels of any illicit drug use and the oldest group reported the lowest levels. The 16 to 19 and 20 to 24 the highest levels of any illicit drug use (27.6% and 28.1% respectively) – more than double the figure for England and Wales of 12.3%.

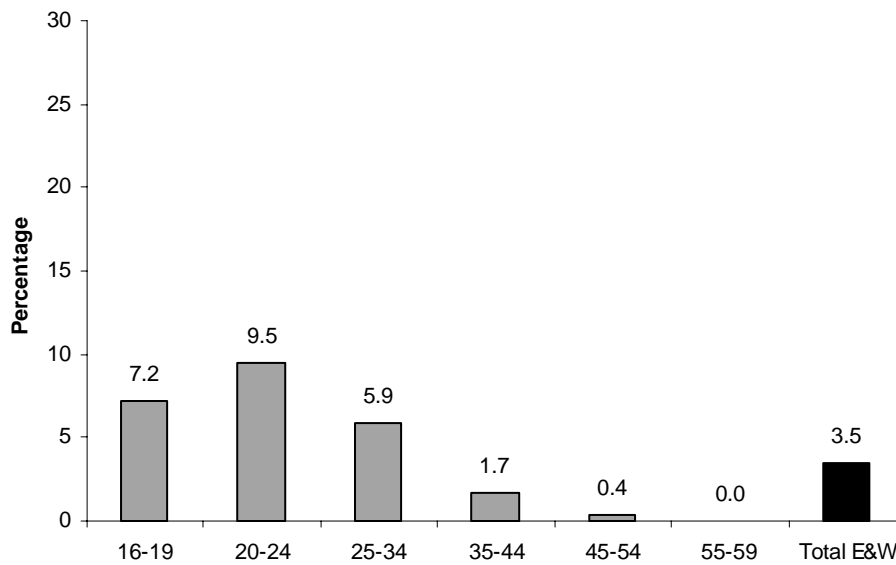
Figure 5.1. Percentage of 16-59 year olds reporting having used any drug in the last year by age-group



¹ See Chapter 7 for further understanding of the inter-relation of characteristics associated with drug use.

A similar pattern can be seen when looking at Class A use (see Figure 5.2). The reported use of Class A drugs for the 20 to 24 group was also the highest at 9.5% - nearly three times higher than the total for England and Wales (3.5%). The 16 to 19 year old group reported the second highest levels of drug use, behind the 20 to 24 year old group, but higher than any of the other age groups.

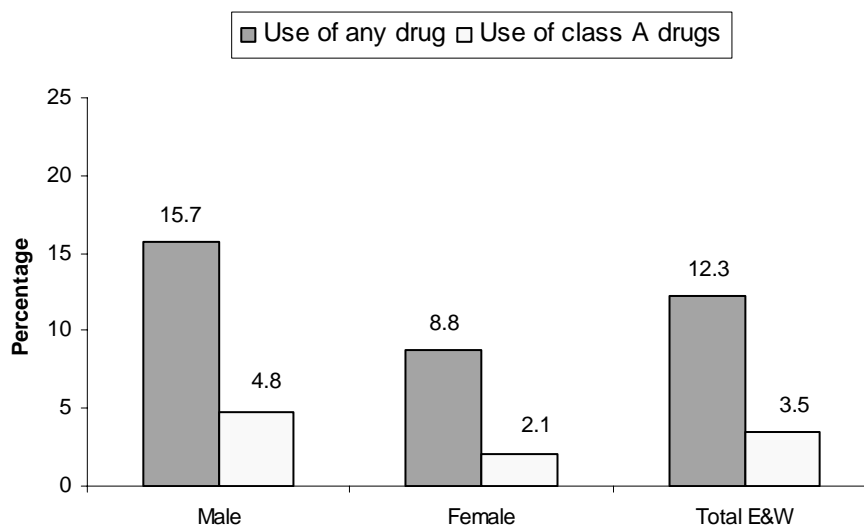
Figure 5.2. Percentage of 16-59 year olds reporting having used Class A drugs in the last year by age-group



Gender

Figure 5.3 shows males reported higher levels of any illicit drug use than females (15.7% against 8.8%). The figure also shows that males reported higher levels of Class A drug use than females (4.8% against 2.1%).

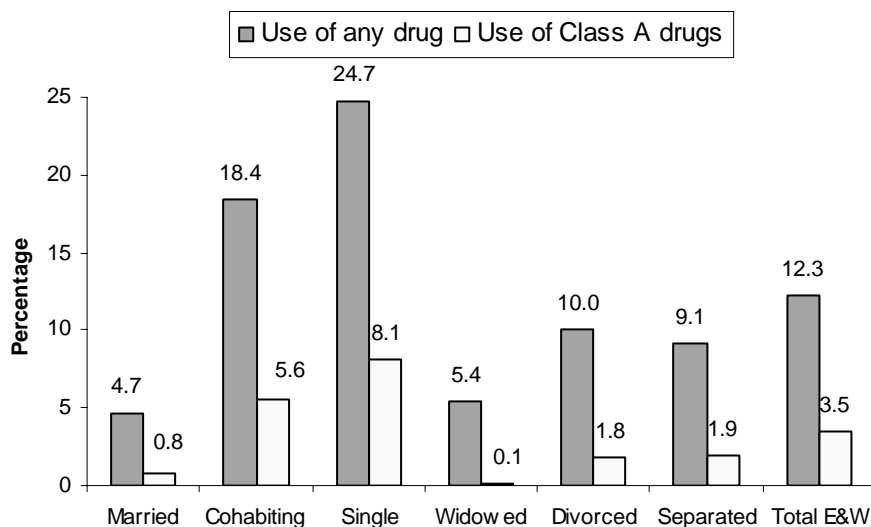
Figure 5.3. Percentage of 16-59 year olds reporting having used any drug and Class A drugs in the last year by gender



Marital status

Figure 5.4 shows that the highest levels of any illicit drug use are found amongst those who are single. 24.7% of this group had used any illicit drug within the last year, which was double the rate for England and Wales as a whole (12.3%). Cohabiting couples also showed remarkably high levels of illicit drug use (18.4%) compared to the other groups. Divorced and separated respondents showed higher levels of drug use than those that were married or widowed.

Figure 5.4. Percentage of 16-59 year olds reporting having used any drug and Class A drugs in the last year by marital status



The same pattern can be seen for class A drug use. 8.1% of those who were single reported use of a Class A drug in the last year (more than double the overall level for England and Wales at 3.5%). Cohabiting couples also showed high levels of Class A drug use (5.6%).

Respondent's Household

The socio-demographic variables in the 2003/04 BCS categorise respondents by the type of households in which they live and whether they own them or not. Four of these variables are: 'household structure', which looks at who lives in the household; 'household income', which categorises respondents into groups depending on their total household income; 'tenure'; and, 'accommodation type' which categorises respondent depending on the type of accommodation the respondent lives in.

Household structure

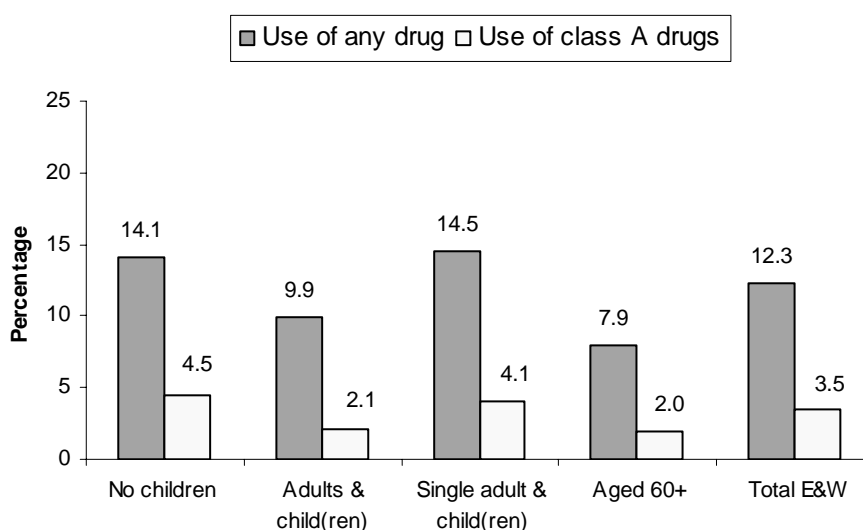
The grouping of households in the BCS is determined by the size of the household, the age of the head of household and the number of children in the household. Households are divided into those where the head of the household is aged over 60, and those where the head of household is aged

16 to 59. The latter group is subdivided into the following categories:

- One adult and one or more children under 16²
- More than one adult with one or more children under 16
- More than one adult with no children under 16.

Figure 5.5 shows the reported levels of drug use, including Class A drugs, by household structure. Households which contained a single adult and one or more children and those households with no children reported the highest levels of any illicit drug use (14.5% and 14.1% respectively). Households with more than one adult with one or more children under 16 and those where the head of household was over the age of 60 reported the lowest levels (9.9% and 7.9% respectively).

Figure 5.5. Percentage of 16-59 year olds reporting having used any drug and Class A drugs in the last year by household structure based on head of household



The same pattern can be seen when looking at Class A use. People living in households with no children and households with a single adult and children reported the highest levels of Class A drug use (4.5% and 4.1% respectively). Households with more than one adult with one or more children under 16 and those where the head of household was over the age of 60 reported the lowest levels (2.1% and 2% respectively).

Household income

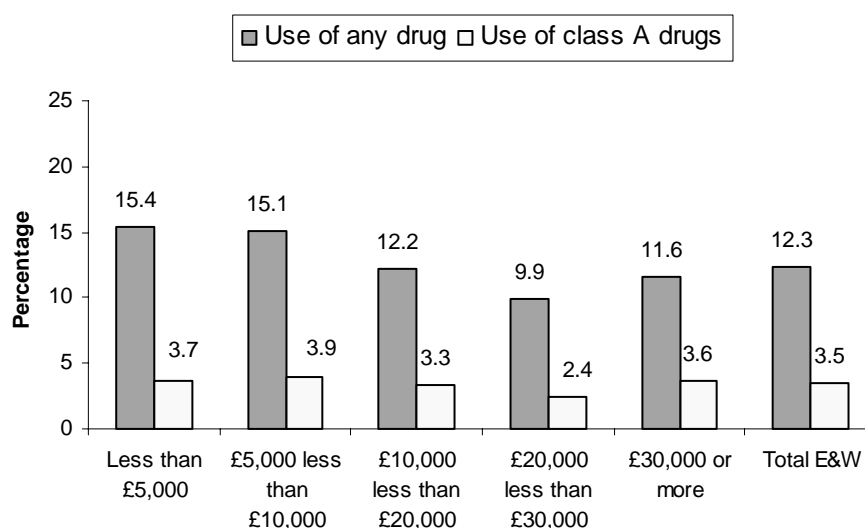
A second classification of households can be derived by looking at household income. Respondents are asked to choose their overall household income in the last year (from all sources before tax and other deductions) from a selection of 13 categories. These 13 categories have been combined into 5 different categories for the purposes of analysis.

² This does not necessarily denote a lone parent family, as the adult may be related to the child in a sibling or grandparent relationship.

Figure 5.6 shows a pattern whereby those in households with the lowest income had the highest prevalence of any illicit drug use, drug use then goes down gradually as income increases, to those in households with an income of £20,000 to £30,000 who had the lowest prevalence. The pattern of lower drug use among higher income groups then stops with the highest income group (households with an income of £30,000 or more) where prevalence goes up slightly.

The same pattern emerges when looking at Class A drug use. Households with the lowest incomes tend to have the highest prevalence and those with medium incomes (households with an income of £20,000 to £30,000) have the lowest prevalence. Although unlike for use of any drug, in this case there are no statistical significant differences between the lowest income group, the 5,000 to 10,000 and the 10,000 to 20,000 income groups. Prevalence goes up again in the highest income group (households with an income of £30,000 or more) to levels as high as those found in the lower income groups.

Figure 5.6. Percentage of 16-59 year olds reporting having used any drug and Class A drugs in the last year by household income based on head of household



Tenure

Types of tenure, which refers to the types of households in which the BCS respondents lived, are categorised into the following three groups:

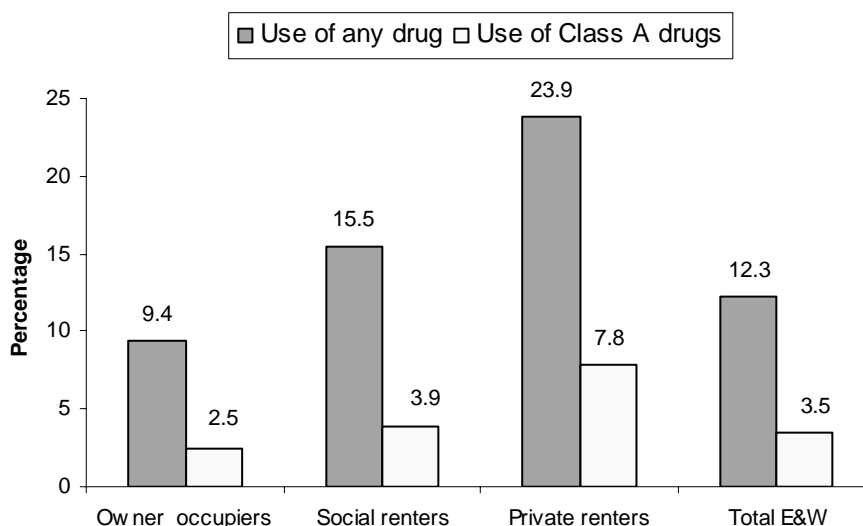
- Owners – households who own their homes outright, or are buying with a mortgage³
- Social rented sector tenants – households renting from a council, housing association or other social rented sector
- Rented privately – households privately renting unfurnished or furnished property.⁴

³ This includes shared owners, who own part of the equity and pay part of the mortgage/rent.

⁴ This included tenants, whose accommodation comes from with their job, even if their landlord is a housing association or local authority.

Figure 5.7 shows that there is a pattern whereby owner occupiers had the lowest levels of drug use (9.4% used a drug in the last year) while private renters (23.9%) reported the highest levels of drug use, around double the total for England and Wales.

Figure 5.7. Percentage of 16-59 year olds reporting having used any drug and Class A drugs in the last year by tenure

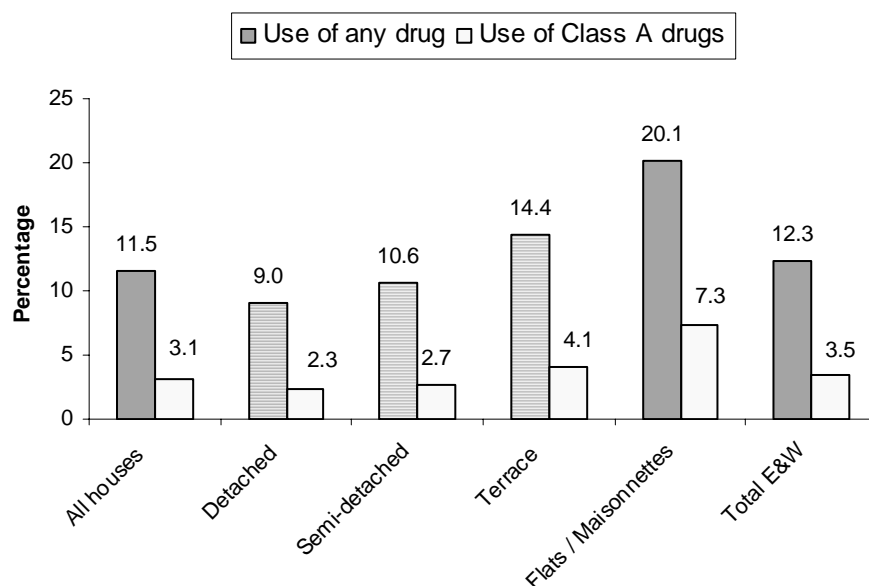


The same pattern can be found when looking at Class A drug use. Owner-occupiers had the lowest level of Class A drug use (2.5% used a drug in the last year) while private renters (7.8%) reported the highest levels of Class A drug use (more than double the total for England and Wales).

Accommodation type

As shown in Figure 5.8, the use of any illicit drug was higher for those people living in flats or maisonettes (almost double the total for England and Wales of 20.1%) and lower for people living in houses (11.5%). The same pattern is found when looking at Class A drug use. People living in flats and maisonettes had higher prevalence of Class A drug use in the last year (7.3%) compared to people living in houses (3.1%).

Figure 5.8. Percentage of 16-59 year olds reporting having used any drug and Class A drugs in the last year by accommodation type



Employment, Social Class and Education Level

The BCS 2003/04 asked respondents whether they were in employment, unemployed or economically inactive. It also categorised respondents into social class categories, based on their occupation. Level of education categorises the respondents by their highest educational qualification.

Employment

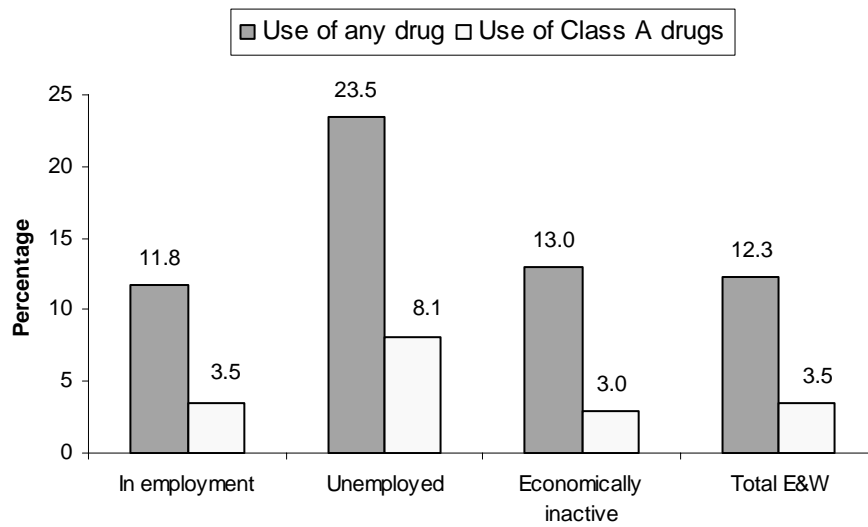
Employment status was broken down into the following three groups:

- Economically inactive – includes respondents of working age (16 to 64⁵ for men and 16 to 59 for women) who were retired; were in full time school or college; looking after the family home; were temporarily or permanently sick; or are doing something else.
- Employed – includes people doing paid work in the last week, working on a government supported training scheme, or doing unpaid work for their own/family business
- Unemployed – includes those who were actively seeking work or waiting to take up work.

Figure 5.9. shows respondents who were unemployed had much higher levels of any illicit drug use than employed and economically inactive people: 23.5% of unemployed people reported having used any illicit drug in the past year, nearly double that for all England and Wales.

⁵ Note that the drug use module is only asked to those aged 16 to 59.

Figure 5.9. Percentage of 16-59 year olds reporting having used any drug and Class A drugs in the last year by employment status



The same pattern can be seen for Class A drug use. Unemployed respondents had higher levels of Class A drug use than employed and economically inactive people: 8.1% of unemployed people reported having used any illicit drug in the past year, more than double the figure for England and Wales as a whole.

Social Class

The BCS 2003/04 classified respondents into six different social class categories (professional, managerial and technical, skilled non-manual, skilled manual, semi-skilled and unskilled) on the basis of information gathered about respondents' occupation.

Figure 5.10. Percentage of 16-59 year olds reporting having used any drug and Class A drugs in the last year by social class

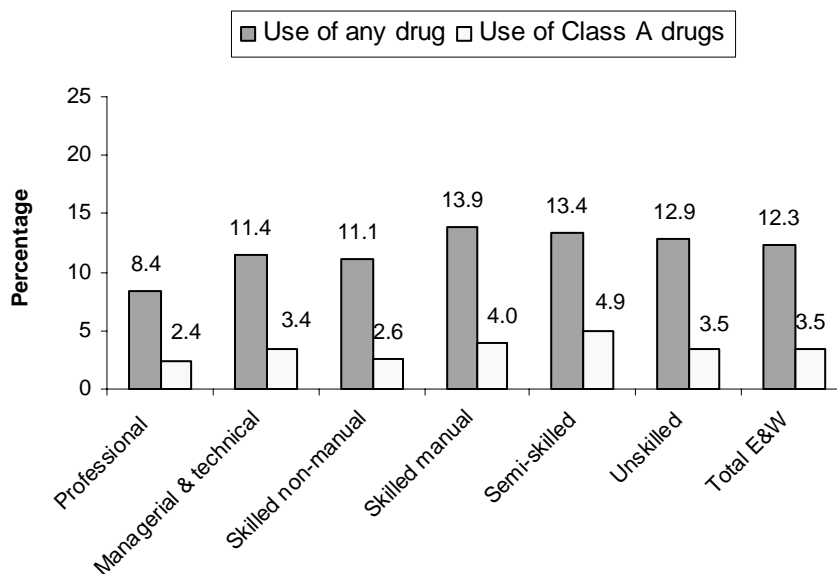


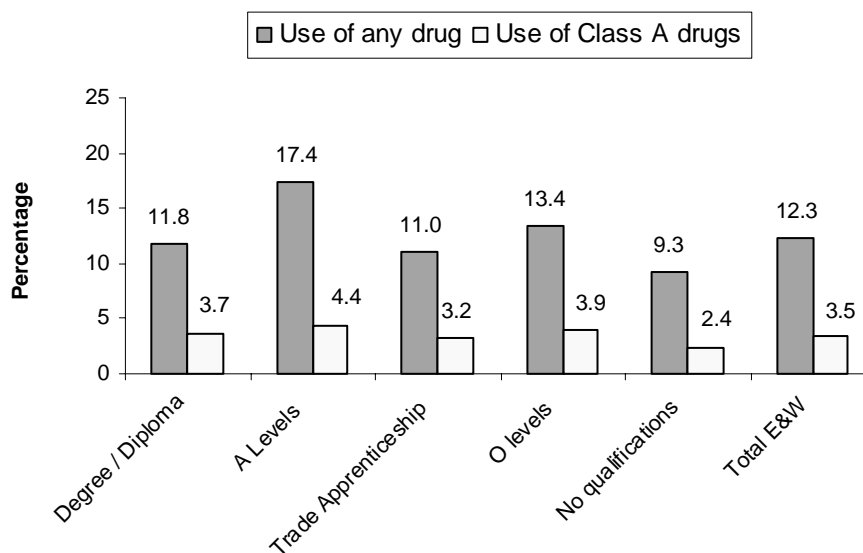
Figure 5.10 shows that those categorised as skilled manual and semi-skilled workers reported the highest levels of any illicit drug use (13.9% and 13.4% respectively). Although these were not significantly higher than the prevalence for the unskilled they were higher than for the other groups. The lowest prevalence of any illicit drug use was found amongst the professional classes (8.4% for any illicit drug use).

The same pattern can be seen for Class A drug use. Those categorised as skilled manual and semi-skilled workers reported the highest levels of Class A drug use (4.0% and 4.9% respectively), not significantly higher than the prevalence for the unskilled but higher than for the other groups.

Education Level

Figure 5.11 shows that respondents whose highest educational achievement was 'A' level reported the highest prevalence of any illicit drug use (17.4%). Respondents with no qualifications, trade apprenticeships and those with degrees or diplomas reported the lowest levels (9.3%, 11% and 11.8% respectively had used any illicit drug within the last year). The only difference in Class A use was found between respondents whose highest educational achievement was 'A' level and those that have no qualifications. All other groups had similar levels of Class A drug use.

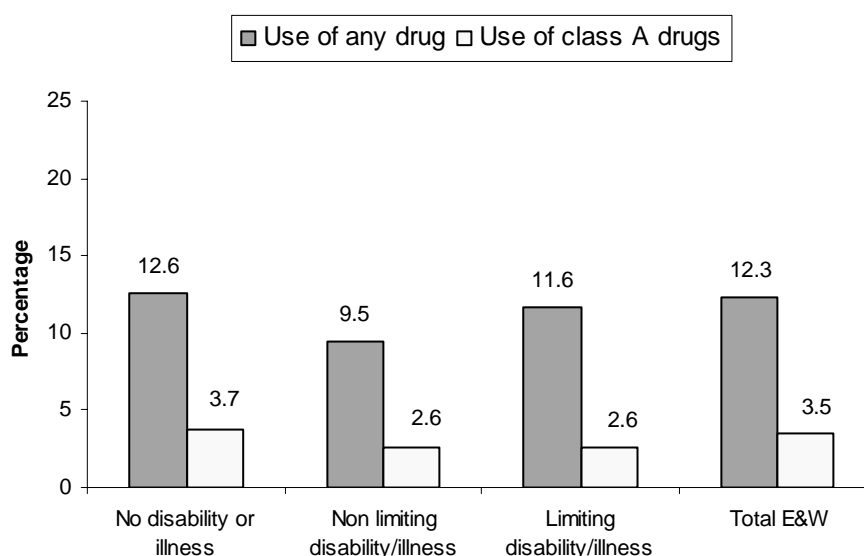
Figure 5.11. Percentage of 16-59 year olds reporting having used any drug and Class A drugs in the last year by education level



Disability or limiting illness

Generally, the prevalence of drug use by disability did not appear to vary widely from the total for England and Wales. Figure 5.12 shows very little variation of drug use by disability or long standing limiting illness.

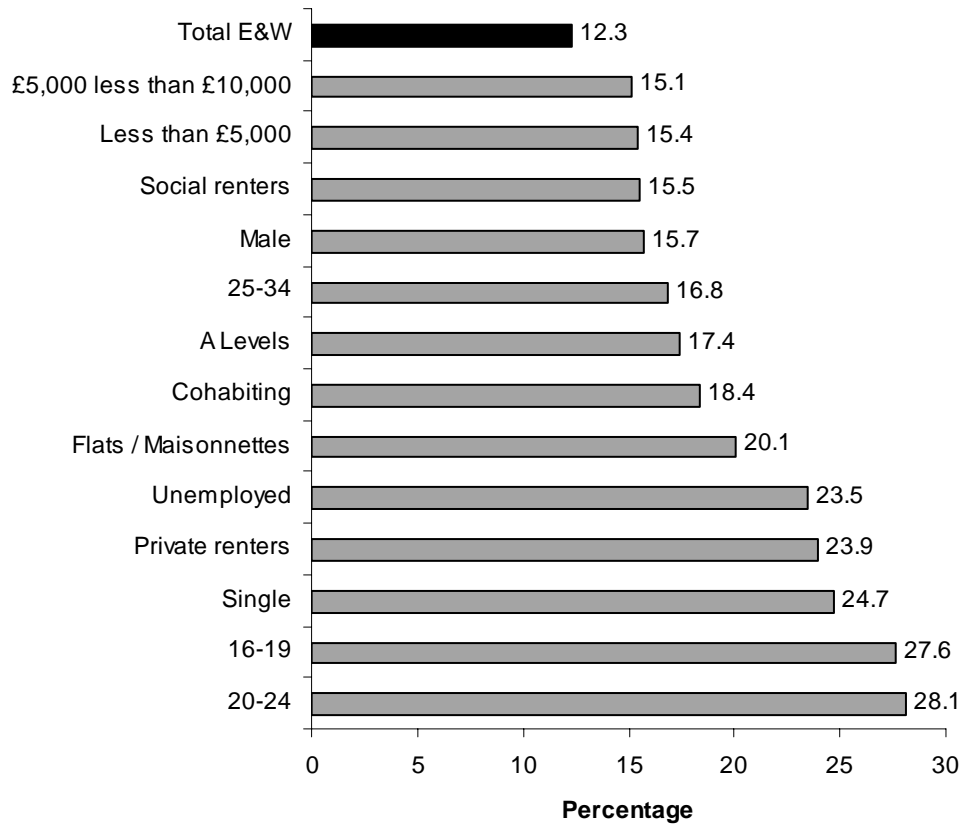
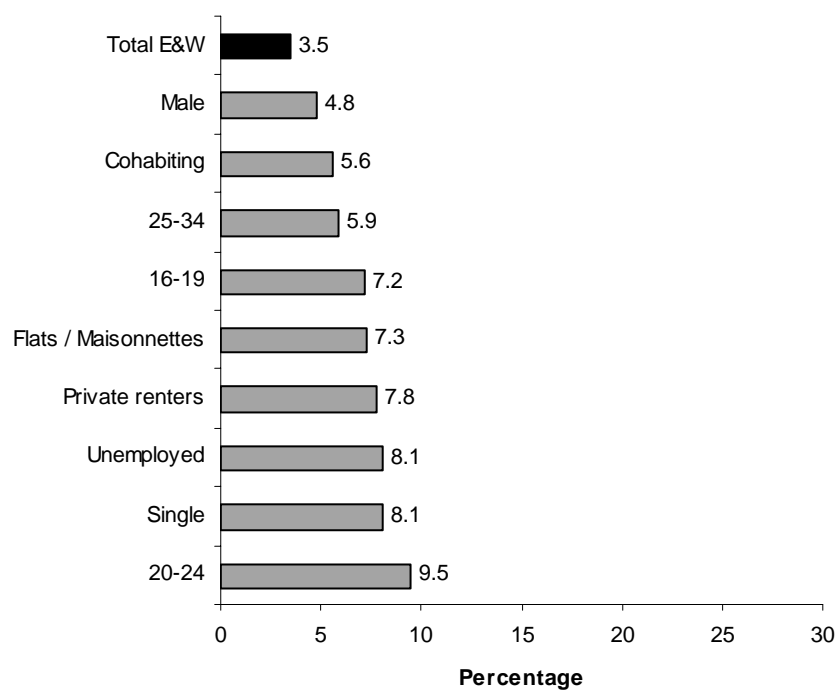
Figure 5.12. Percentage of 16-59 year olds reporting having used any drug and Class A drugs in the last year by disability or limiting illness



Conclusion

Figure 5.13 summarises the socio-economic factors with the highest levels of any illicit drug use. The socio-economic characteristic with the highest level of prevalence for any illicit drug use is being young. The 16-19 year old age group and the 20-24 year old age group show levels of any illicit drug use that are more than double that for England and Wales as a whole. Single respondents also reported levels of any illicit drug use that were approximately double the total for England and Wales. Private renters, the unemployed and those living in flats or maisonettes also have very high levels of use of any drug. As seen in Figure 5.14, roughly the same socio-economic factors associated with very high levels of any illicit drug use are also associated with high levels of Class A drug use.

It must be noted that many of these different socio-economic categories overlap and interact to influence the levels of drug use. For example, many of the young people will also be single and a large proportion of private renters are likely to be living in flats or maisonettes. In order to unravel the precise nature of the relationships between the different factors, further multivariate analysis was carried out, see Chapter 7.

Figure 5.13 Socio-economic categories with high levels of any illicit drug use**Figure 5.14 Socio-economic categories with high levels of Class A drug use**

6 Lifestyle differences

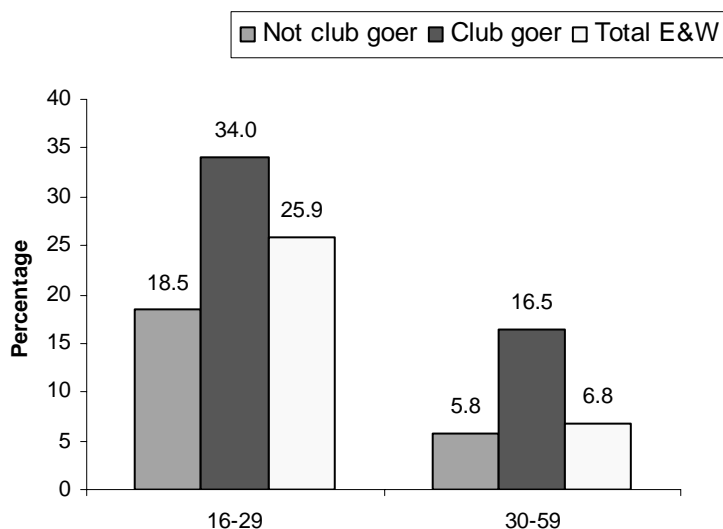
This chapter looks at the prevalence of drug use in the last year by several lifestyle factors. The factors analysed are: frequency of visits to nightclubs or discos, frequency of visits to pubs and wine bars and frequency of drinking alcohol. For three of the four lifestyle factors analysed, respondents are categorised into two age groups 16 to 29 and 30 to 59 to control for the effects of age on drug use, which was discussed fully in Chapter 5. Frequency of drinking alcohol was only asked of 16 to 30 year olds, so for this factor, this is the age group analysed¹.

Frequency of visits to nightclubs or discos

All respondents were asked how many times they had visited a nightclub or disco during the last month. Respondents were divided between those who had not been to a nightclub or disco at all in the last month and those who had been at least once during this period. Drug use in the last year was analysed separately for younger respondents aged between 16 and 29 and older respondents aged between 30 and 59.

Figure 6.1 shows that the younger respondents (16-29 year olds) who had been to a nightclub or disco at least once in the last month had the highest levels of use (34%). It was almost double the level for those of the same age who had not been to a nightclub or disco at all in the last month (18.5%). The older respondents (30-59 year olds) who had been to a nightclub or disco at least once in the last month had a prevalence of drug use almost three times that for those of the same age who had not (16.5% and 5.8% respectively).

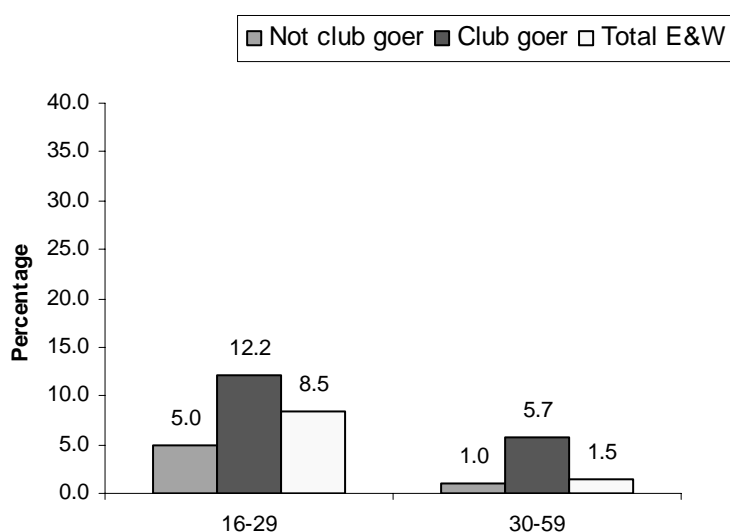
Figure 6.1 Percentage of 16-29, and 30-59 year olds reporting having used any drug in the last year by frequency of visits to nightclubs or discos in the last month



¹ See Chapter 7 for further understanding of the inter-relation of characteristics associated with drug use.

The same pattern can be seen when looking at Class A drug use. However, Class A drug use is more concentrated among those of both age groups who had been to a nightclub or disco at least once in the last month than the use of any illicit drug. Figure 6.2 shows that among the younger respondents (16-29 year olds) levels of Class A drug use were over 2 times higher for those who had been to a nightclub or disco at least once in the last month compared with those who had not (12.2% and 5% respectively). Among respondents aged 30 to 59 who visited a nightclub or disco at least once in the last month Class A drug use was nearly six times higher compared with those who had not (5.7% and 1 % respectively).

Figure 6.2 Percentage of 16-29, and 30-59 year olds reporting having used Class A drugs in the last year by frequency of visits to nightclubs or discos in the last month



Frequency of evening visits to pubs and wine bars

All respondents were asked how frequently they had visited a pub or wine bar in the evening during the last month. For each age group (16 to 29 and 30 to 59), respondents were divided into two groups. One group were those individuals who had been to a pub or wine bar in the evening less than three times a week during the last month and the other group were those who had made three or more evening visits to pubs each week during the last month.

Figure 6.3 shows that the highest levels of use (42.2%) were found among the younger age group who visited pubs or wine bars in the evening three or more times per week in the last month. This was almost double the level that was reported by respondents in that age group who visited pubs or wine bars in the evening less often (21.9%). A similar pattern can be seen for the older age group.

Figure 6.3 Percentage of 16-29, and 30-59 year olds reporting having used any drug in the last year by frequency of visits to a pub or wine bar in the evening in the last month

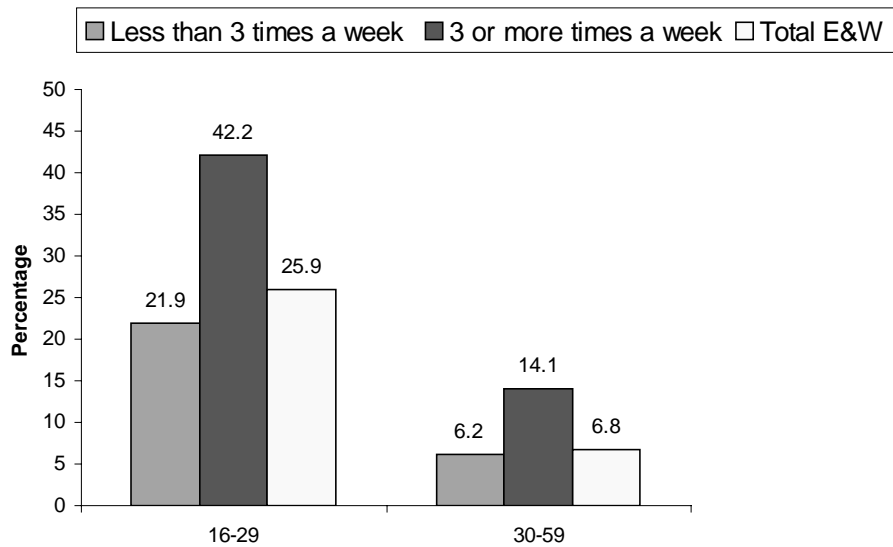
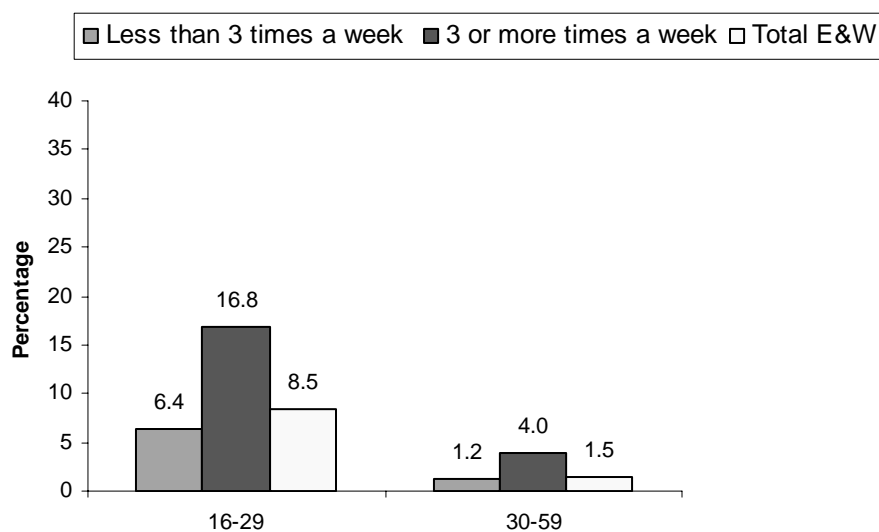


Figure 6.4 show that the younger age group who made three or more evening visits to pubs or wine bars had the highest proportion of Class A drug use (16.8%), which was nearly twice the figure for the age group as a whole (8.5%). High levels of cocaine, ecstasy and hallucinogen use contributed to the high levels of Class A drug use by the younger age group who made three or more evening visits to pubs or wine bars (see Table A6.2). Similarly, it was the older respondents who visited pubs or wine bars three or more evenings per week in the last month whose levels of Class A drug use were greater than those who made less frequent visits to pubs or wine bars (4% compared to 1.2% respectively).

Figure 6.4 Percentage of 16-29, and 30-59 year olds reporting having used Class A drugs in the last year by frequency of visits to a pub or wine bar in the evening in the last month

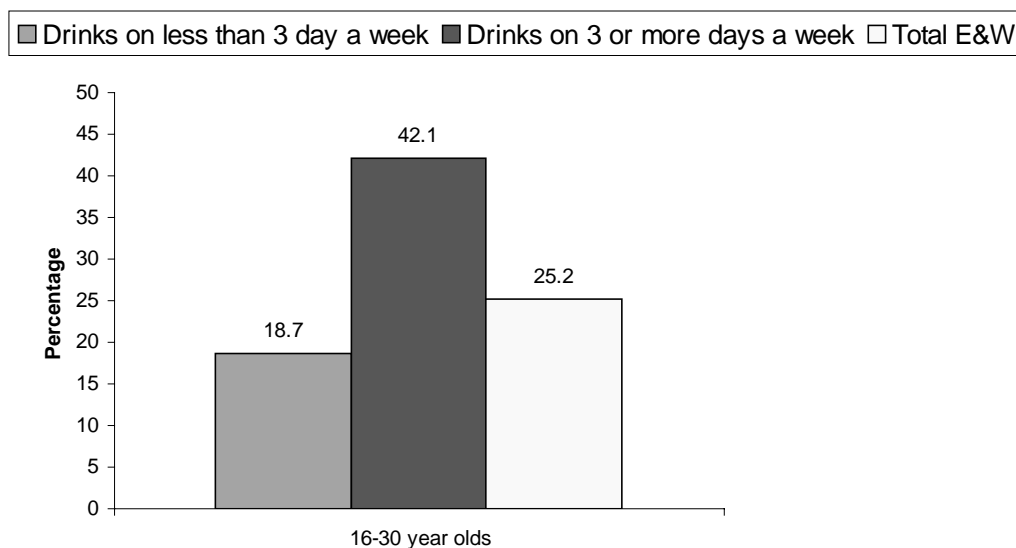


Frequency of drinking alcohol

All respondents aged between 16 and 30 years old were asked how often they drunk alcoholic drinks of any kind during the last 12 months. These respondents were divided between those who had drunk alcohol on less than three days a week during the last year and those who had drunk alcohol on more than three days a week during the same period.

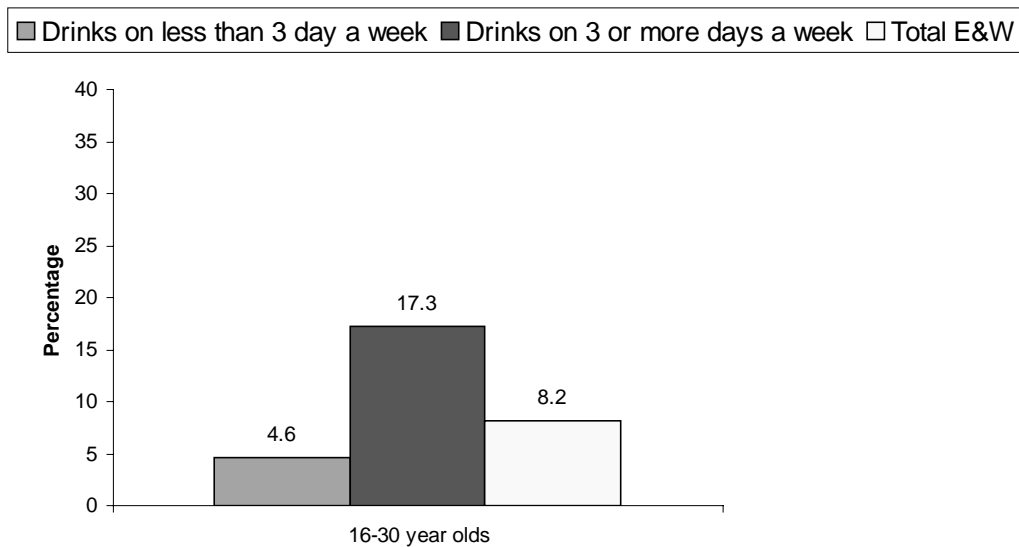
The proportion of the 16 to 30 age group reported having used an illicit drug in the past year is 25.2% (see Table A6.3), but this level of use is not evenly spread through this population. Figure 6.5 shows that illicit drug use, including Class A drug use, is highest among those who drank alcohol on three or more days per week during the last year, 42.1%, compared with 18.7% for those drinking on less than 3 days per week.

Figure 6.5 Percentage of 16-30 year olds reporting having used any drug in the last year by how often they drink alcohol of any kind in the last month



Over 8.2% of this population had taken Class A drugs within the past year. Figure 6.6 shows that Class A drug use within the last year followed a similar pattern to use of any illicit drug for the 16 to 30 age group, with use higher among those who drunk alcohol more frequently, 17.3% compared with 4.6%.

Figure 6.6 Percentage of 16-30 year olds reporting having used a Class A in the last year by how often they drink alcohol of any kind in the last month



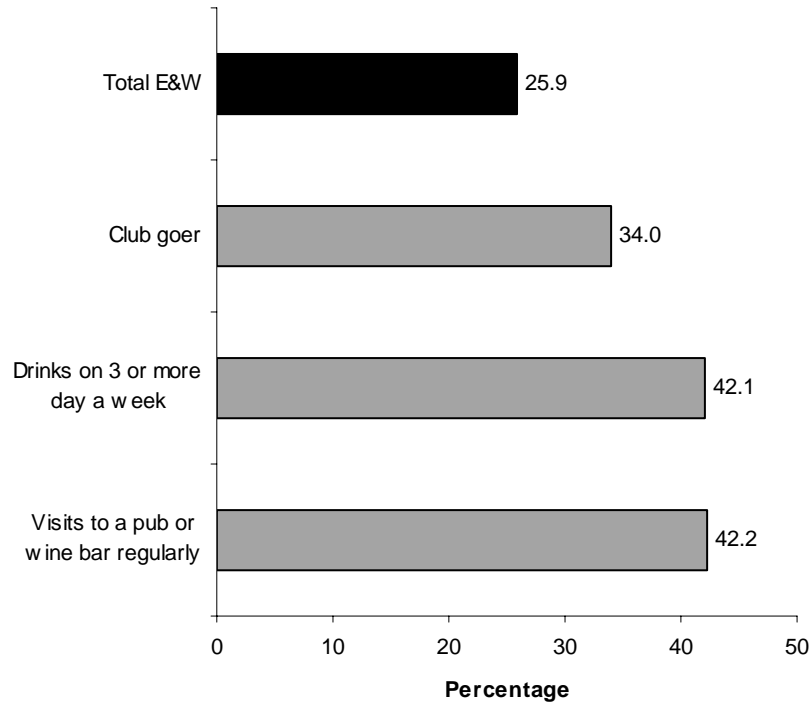
Conclusion

A number of patterns have emerged when examining levels of drug use between the different lifestyle variables in the BCS for 16 to 29 year olds and 30 to 59 year olds. However, a consistent feature was the higher levels of drug use among the younger population. Figure 6.7 shows the lifestyle categories with high levels of any illicit drug use for the 16 to 29 year olds.

This analysis of the BCS showed consistently higher drug use levels among people who regularly and recently went out to clubs, discos, pubs and wine bars when compared to those who did not for each age group. For the older age group drug use was more concentrated among those who recently and regularly went out during the evening to clubs, discos, pubs or wine bars than for the younger age group.

Higher illicit and Class A drug use was found among those who drink more often, in this case three or more times per week.

Figure 6.7 Lifestyle categories with high levels of any illicit drug use for the 16 to 29 age group



As discussed in the previous chapter many of these different lifestyle categories overlap and interact with socio-economic characteristics to influence the levels of drug use. For example, many of the young people will have a lifestyle that is characteristic of single, private renters, likely to be living in flats or maisonettes and so on. In order to unravel the precise nature of the relationships between the different factors further multivariate analysis was carried out and is discussed in the next chapter.

Chapter 7 Risk factors for drug use

The three previous chapters identified a number of factors that were associated with a higher prevalence of drug use when considered individually. However, many of these factors are inter-related, for example young people are more likely to be single than older people so it is possible that the association between being single and the use of illicit drugs is simply a reflection of the generally younger age of single people. Therefore, this chapter examines which of the risk factors discussed in previous chapters are predictive of drug use taking account of these inter-relationships by using multivariate analysis. Geographical, socio-economic and lifestyle factors were entered into two logistic regressions in order to establish which, if any, showed the greatest association with drug use in the last year and class A drug use in the last year when the other factors were taken into account.

A total of sixteen variables were entered into each of the regression models, these were: age, gender, household structure, household income, accommodation type, employment status, social class, education level, marital status, disability or limiting illness, government office region, acorn category, neighbourhood disorder, visits to nightclubs and frequency of evening visits to pubs and wine bars.

Any drug use in the last year

Thirteen variables were shown to be significantly associated with having used a drug in the last year, independent of other factors. The variables most strongly related to drug use (in order of association) were marital status, age, frequency of evening visits to pubs or wine bars, gender and visits to nightclubs. Other variables included in the model were tenure, social class, accommodation type, household income, employment status, household structure, disability or limiting illness and ACORN category.

More specifically the model showed that (see Appendix F for further details on the models):

- the odds of people who were co-habiting or single having taken drugs in the past year were higher than that of married respondents (*base*).
- once the other factors are taken into account, the odds of respondents in the younger age groups (16-19, 20-24, 25-34 years old) having taken drugs were much higher than those aged 55-59 year olds (*base*). Those aged 35-44 year old also had greater odds compared with respondents aged 55-59 years.
- those who visited a pub or wine bar three times or more a week or went clubbing had greater odds of having taken drugs in the last year compared with those who went to pubs or wine bars less often or did not visit nightclubs.
- the odds of males having taken a drug in the last year was higher than that of female respondents (*base*).
- those who rent their homes had significantly greater odds of having taken a drug in the last year compared with those who own their own property (*base*).

- the odds of unskilled manual workers having taken a drug in the last year was higher compared to that of professional workers (*base*). Managerial/technical, skilled non-manual, skilled manual and semi-skilled manual workers had also higher odds of having taken drugs in the last year.
- respondents living in flats/maisonettes and terraced houses had greater odds of having taken a drug in the last year compared with those who live in a detached houses (*base*).
- other risk factors for having used a drug in the last year included earning £30,000 or more, being economically inactive, having a disability or limiting illness and living in an area categorised by ACORN as rising.
- household structure was deemed as a risk factor per se by the model but there were no significant differences within categories.

This model accounts for 22% of the variance contained within the data. This shows that other factors either not entered into the model, or not included in the survey may be more important in explaining variations in drug use.

Class A drug use in the last year

The logistic regression model showed that seven variables were significantly associated with class A drug use in the last year. In order of association there were: age, gender, visiting nightclubs, marital status, frequency of evening visits to pubs or wine bars, accommodation type and household structure. In more detail the model showed (see Appendix F for further details on the models):

- younger respondents (16-24, 20-24, 25-29) had a far greater odds of having taken a class A drug in the last year compared with 55-59 year olds (*base*). Those aged 35-44 year old also had significantly greater odds compared with respondents aged 55-59 years.
- the odds of males having taken a class A drug in the last year was higher than the odds of female respondents (*base*), when the other factors were taken into account.
- relative to those who don't attend nightclubs (*base*), the odds of clubbers having taken a class A drug in the last year was also higher.
- as for any drug, those who were co-habiting, single or divorced had higher odds of having taken class A drugs in the last year compared with married respondents (*base*) once the other factors were taken into account.
- the odds of households with no children and households of single adults with child(ren) having taken a class A drug in the last year were greater than those living in households in which everyone was aged 60 years or over (*base*).
- other risk factors for having used a class A drug in the last year included three or more evening visits to pubs or wine bars per week and living in a flat/maisonette or terrace house.

This model accounted for 21.5% of the variance, which again suggests that other factors are affecting drug use which were not included in the model.

Conclusion

Multivariate analysis was carried out in order to examine the inter-relationships between the geographical, socio-economic and lifestyle factors discussed in previous chapters. The results showed that marital status was most strongly associated with having used a drug in the last year, followed by age, frequency of visits to pubs and wine bars, gender and visiting nightclubs. Therefore, among the factors considered in this report, the biggest risk factors for drug use include not being married (not including being a widow(er)), being young, visiting pubs or wine bars three times a week or more, being male and going to nightclubs. Other risk factors included renting accommodation, not being in the professional social class, living in a terrace or flat/maisonette, earning £30,000 or more, being economically inactive, having a disability or limiting illness and living in an area categorised by ACORN as rising. Similar results were found for use of class A drugs in the last year. Being young was the biggest risk factor followed by being male, visiting nightclubs, not being married (not including being a widow or separated), frequenting a pub or wine bar three times a week or more, living in a flat/maisonette or terrace house and living in a household with no children or single adult with chil(dren).

However, the geographical, socio-economic and lifestyle factors covered in the report explained less than a quarter of the variance in drug use in the sample suggesting that other factors, such as attitudinal or behavioural factors, may be more important.

Appendix A: Additional tables on general population extent and trends

Table A2.1 Figures for the proportion of 16-59 year olds reporting having used drugs in the last year and percentage change

	1996	1998	2000	2001/02	2002/03	2003/04	% change 1996 to 2003/04	% change 1998 to 2003/04	% change 2002/03 to 2003/04
Drug									
Class A									
Cocaine	0.6	1.2	2.0	2.0	2.1	2.4	295 *	97 *	16 *
Crack	0.1	0.1	0.3	0.2	0.2	0.2	117 *	95	-13
Ecstasy	1.7	1.5	1.8	2.2	2.0	2.0	15	35 *	-1
Hallucinogens	1.3	1.3	1.0	0.7	0.7	0.9	-34 *	-31 *	34 *
LSD	1.0	0.8	0.7	0.3	0.3	0.2	-77 *	-68 *	-5
Magic Mushrooms	0.7	0.9	0.7	0.5	0.6	0.8	24	-5	44 *
Opiates	0.2	0.2	0.3	0.2	0.2	0.2	-1	-28	8
Heroin	0.2	0.1	0.3	0.1	0.1	0.1	-9	8	-5
Methadone	0.1	0.1	0.1	0.1	0.1	0.1	11	-36	-16
Class A/B									
Amphetamines	3.2	3.0	2.1	1.6	1.6	1.5	-52 *	-49 *	-2
Class B/C									
Tranquillisers	0.4	0.7	0.7	0.5	0.6	0.6	35	-12	5
Class C									
Anabolic steroids	0.3	0.3	0.2	0.1	0.1	0.1	-51 *	-57 *	60
Cannabis	9.5	10.3	10.5	10.6	10.9	10.8	14 *	4	-1
Not Classified									
Amyl Nitrite	1.3	1.5	1.3	1.2	1.3	1.3	<1	-11	<1
Glues	0.2	0.2	0.2	0.1	0.1	0.1	-57 *	-59 *	-12
Total									
Class A	2.7	2.7	3.2	3.2	3.3	3.5	31 *	31 *	5
Any Drug	11.1	12.1	11.9	11.9	12.2	12.3	11 *	2	1
<i>Achieved sample size</i>	<i>10,940</i>	<i>9,984</i>	<i>13,018</i>	<i>20,146</i>	<i>23,586</i>	<i>24,422</i>			

Notes:

1. Source 1996, 1998, 2000, 2001/02, 2002/03 and 2003/04 BCS.
2. ** Statistically significant difference at the 5% level.
3. From 2001, the reporting year for BCS data switched from calendar to financial years.
4. Amphetamines can be classified as either Class A (prepared for injection) or Class B (powdered). For the purposes of calculating Class A drug use, the BCS assumes all reported amphetamine use to be of the Class B variety. Similarly, tranquillisers can either be classified as Class B (e.g. barbiturates) or Class C (e.g. benzodiazepines). Consequently, Class B and Class C drugs cannot be aggregated reliably because the survey does not identify which specific tranquilliser respondents used.
5. The category 'not classified' indicates that it is an offence to supply these substances if it is likely that the product is intended for abuse.

Table A2.2 Estimates of numbers of last year drug users 16-59 year olds

	Best Estimate	Lower Estimate	Higher Estimate
Drug			
Class A			
Cocaine	755,000	686,000	831,000
Crack	55,000	38,000	79,000
Ecstasy	614,000	552,000	683,000
Hallucinogens	278,000	237,000	326,000
LSD	76,000	56,000	103,000
Magic Mushrooms	260,000	221,000	307,000
Opiates	52,000	36,000	75,000
Heroin	43,000	29,000	64,000
Methadone	25,000	15,000	43,000
Class A/B			
Amphetamines	483,000	428,000	545,000
Class B/C			
Tranquillisers	186,000	153,000	226,000
Class C			
Anabolic steroids	43,000	29,000	64,000
Cannabis	3,364,000	3,221,000	3,514,000
Not Classified			
Amyl Nitrite	418,000	367,000	475,000
Glues	30,000	19,000	49,000
Total			
Class A	1,091,000	1,008,000	1,181,000
Any Drug	3,854,000	3,701,000	4,012,000

Notes:

1. The values are derived by adding or subtracting the confidence interval (see glossary of terms for definition) around the 2003/04 sample best estimates. Lower and higher estimates are based on 95% confidence intervals (calculated using a logit transformation where proportions were less than 0.2 or greater than 0.8).
2. The figures are calculated using population estimates provided by the Office for National Statistics.

Table A2.3 **Figures for the proportion of 16-59 year olds reporting having used drugs in their lifetime and percentage change**

	1996	1998	2000	2001/02	2002/03	2003/04	% change 1996 to 2003/04	% change 1998 to 2003/04	% change 2002/03 to 2003/04
Drug									
Class A									
Cocaine	3.0	3.7	5.5	5.1	6.1	6.7	123 *	82 *	10 *
Crack	0.7	0.7	1.1	0.7	0.9	0.9	24	24	3
Ecstasy	3.8	4.2	5.3	5.9	6.6	6.9	79 *	63 *	3
Hallucinogens	7.8	8.4	9.3	8.2	9.2	9.4	21 *	13 *	3
LSD	5.4	5.6	6.2	5.4	5.9	6.1	12 *	8	3
Magic Mushrooms	5.3	6.0	7.0	6.1	6.8	7.1	33 *	19 *	5
Opiates	0.7	0.9	1.1	0.7	0.9	1.0	34 *	11	3
Heroin	0.6	0.6	1.0	0.6	0.8	0.8	37 *	41 *	11
Methadone	0.3	0.5	0.5	0.4	0.4	0.4	23	-22	-17
Class A/B									
Amphetamines	9.3	10.8	12.3	11.6	12.3	12.2	31 *	13 *	-1
Class B/C									
Tranquillisers	3.1	3.4	3.7	3.0	3.1	3.1	-1	-10	-3
Class C									
Anabolic steroids	1.1	1.1	1.0	0.6	0.5	0.6	-43 *	-43 *	32
Cannabis	23.5	26.8	29.5	28.9	30.6	30.8	31 *	15 *	1
Not Classified									
Amyl Nitrite	6.5	7.9	7.8	7.9	8.4	8.6	31 *	9	2
Glues	2.3	2.5	2.7	2.3	2.4	2.1	-7	-14	-12
Total									
Class A	9.6	10.7	12.4	11.8	13.2	13.4	39 *	25 *	1
Any Drug	30.5	33.6	35.7	34.0	35.7	35.6	17 *	6 *	<1
<i>Achieved sample size</i>	10,940	9,984	13,018	20,146	23,586	24,422			

Notes:

1. Source 1996, 1998, 2000, 2001/02, 2002/03 and 2003/04 BCS.
2. ** Statistically significant difference at the 5% level.
3. From 2001, the reporting year for BCS data switched from calendar to financial years.
4. Amphetamines can be classified as either Class A (prepared for injection) or Class B (powdered). For the purposes of calculating Class A drug use, the BCS assumes all reported amphetamine use to be of the Class B variety. Similarly, tranquillisers can either be classified as Class B (e.g. barbiturates) or Class C (e.g. benzodiazepines). Consequently, Class B and Class C drugs cannot be aggregated reliably because the survey does not identify which specific tranquilliser respondents used.
5. The category 'not classified' indicates that it is an offence to supply these substances if it is likely that the product is intended for abuse.

Table A2.4 Estimates of numbers of drug users in lifetime 16-59 year olds

	Best Estimate	Lower Estimate	Higher Estimate
Drug			
Class A			
Cocaine	2,094,000	1,979,000	2,215,000
Crack	280,000	239,000	328,000
Ecstasy	2,143,000	2,027,000	2,265,000
Hallucinogens	2,953,000	2,818,000	3,094,000
LSD	1,900,000	1,790,000	2,015,000
Magic Mushrooms	2,214,000	2,097,000	2,338,000
Opiates	303,000	261,000	353,000
Heroin	264,000	225,000	311,000
Methodone	115,000	90,000	148,000
Class A/B			
Amphetamines	3,825,000	3,673,000	3,982,000
Class B/C			
Tranquillisers	955,000	878,000	1,040,000
Class C			
Anabolic steroids	191,000	158,000	232,000
Cannabis	9,633,000	9,415,000	9,851,000
Not Classified			
Amyl Nitrite	2,687,000	2,558,000	2,822,000
Glues	663,000	598,000	734,000
Total			
Class A	4,176,000	4,018,000	4,339,000
Any Drug	11,133,000	10,907,000	11,359,000

Notes:

1. The values are derived by adding or subtracting the confidence interval (see glossary of terms for definition) around the 2003/04 sample best estimates. Lower and higher estimates are based on 95% confidence intervals (calculated using a logit transformation where proportions were less than 0.2 or greater than 0.8).
2. The figures are calculated using population estimates provided by the Office for National Statistics.

Table A2.5 **Figures for the proportion of 16-59 year olds reporting having used drugs in the last month and percentage change**

	1996	1998	2000	2001/02	2002/03	2003/04	% change 1996 to 2003/04	% change 1998 to 2003/04	% change 2002/03 to 2003/04
Drug									
Class A									
Cocaine	0.2	0.4	0.7	0.9	0.9	1.1	376 *	145 *	23
Crack	0.1	0.0	0.1	0.1	0.1	0.1	-7	237	-41
Ecstasy	0.7	0.5	0.9	1.1	0.9	0.9	22	66 *	4
Hallucinogens	0.4	0.1	0.3	0.2	0.2	0.3	-27	180 *	71 *
LSD	0.3	0.1	0.1	0.1	0.1	0.1	-72 *	2	16
Magic Mushrooms	0.1	0.1	0.2	0.2	0.1	0.3	86 *	347 *	88 *
Opiates	0.1	0.1	0.2	0.1	0.1	0.1	29	-34	-4
Heroin	0.1	0.0	0.1	0.1	0.1	0.1	25	84	2
Methadone	0.1	0.1	0.0	0.1	0.1	0.0	-7	-54	-15
Class A/B									
Amphetamines	1.6	1.4	0.9	0.7	0.6	0.6	-64 *	-59 *	-4
Class B/C									
Tranquillisers	0.2	0.2	0.2	0.2	0.2	0.2	6	-11	-3
Class C									
Anabolic steroids	0.1	0.2	0.1	0.0	0.0	0.1	-44	-44	68
Cannabis	5.5	6.1	6.4	6.6	6.7	6.5	18 *	7	-3
Not Classified									
Amyl Nitrite	0.5	0.6	0.6	0.6	0.6	0.5	<1	-21	-13
Glues	0.1	0.1	0.1	0.1	0.0	0.0	-69	-77 *	21
Total									
Class A	1.2	1.1	1.5	1.7	1.5	1.8	51 *	66 *	16
Any Drug	6.7	7.1	7.2	7.4	7.4	7.5	12 *	4	1
<i>Achieved sample size</i>	<i>10,940</i>	<i>9,984</i>	<i>13,018</i>	<i>20,146</i>	<i>23,586</i>	<i>24,422</i>			

Notes:

1. Source 1996, 1998, 2000, 2001/02, 2002/03 and 2003/04 BCS
2. ** Statistically significant difference at the 5% level.
3. From 2001, the reporting year for BCS data switched from calendar to financial years.
4. Amphetamines can be classified as either Class A (prepared for injection) or Class B (powdered). For the purposes of calculating Class A drug use, the BCS assumes all reported amphetamine use to be of the Class B variety. Similarly, tranquillisers can either be classified as Class B (e.g. barbiturates) or Class C (e.g. benzodiazepines). Consequently, Class B and Class C drugs cannot be aggregated reliably because the survey does not identify which specific tranquilliser respondents used.
5. The category 'not classified' indicates that it is an offence to supply these substances if it is likely that the product is intended for abuse.

Table A2.6 Estimates of numbers of last month drug users 16-59 year olds

	Best Estimate	Lower Estimate	Higher Estimate
Drug			
Class A			
Cocaine	344,000	298,000	397,000
Crack	17,000	9,000	32,000
Ecstasy	281,000	240,000	329,000
Hallucinogens	90,000	68,000	119,000
LSD	26,000	16,000	44,000
Magic Mushrooms	80,000	59,000	107,000
Opiates	31,000	19,000	50,000
Heroin	28,000	17,000	46,000
Methadone	15,000	7,000	30,000
Class A/B			
Amphetamines	177,000	145,000	216,000
Class B/C			
Tranquillisers	69,000	50,000	95,000
Class C			
Anabolic steroids	26,000	15,000	44,000
Cannabis	2,032,000	1,919,000	2,152,000
Not Classified			
Amyl Nitrite	157,000	127,000	194,000
Glues	8,000	3,000	20,000
Total			
Class A	552,000	494,000	618,000
Any Drug	2,332,000	2,210,000	2,459,000

Notes:

1. The values are derived by adding or subtracting the confidence interval (see glossary of terms for definition) around the 2003/04 sample best estimates. Lower and higher estimates are based on 95% confidence intervals (calculated using a logit transformation where proportions were less than 0.2 or greater than 0.8).
2. The figures are calculated using population estimates provided by the Office for National Statistics.

Table A2.7 Frequency of use in the last year 16-59 year olds using users of each specific drug as the base

%	More than once a month
Drug	
Class A	
Cocaine	19.7
Crack	..
Ecstasy	20.2
Hallucinogens	10.4
LSD	..
Magic Mushrooms	4.3
Opiates	..
Heroin	..
Methadone	..
Class A/B	
Amphetamines	17.6
Class B/C	
Tranquillisers	..
Class C	
Anabolic steroids	..
Cannabis	45.3
Not Classified	
Amyl Nitrite	16.3
Glues	..
Total	
Class A	23.1
Any Drug	45.3

Notes:

1. Source 2003/04 BCS.
2. Frequent users of Class A and of Any Drug includes people who could have taken two different types of drugs frequently, i.e. more than once a month.
3. See 'Reporting conventions' section in the Introduction for further details on the symbols used in the tables.

Table A2.8 Frequency of use in the last year 16-59 year olds using all respondents as the base

% More than once a month	2002/03	2003/04
Any Drug	1.6	2.4

Notes:

1. The 2002/03 figure covers nine months of fieldwork rather than twelve.

Table A2.9 Users in lifetime: age of first use 16-59 year olds by gender

	Most frequent age	Men	Women
Drug			
Class A			
Cocaine	20	20	20
Crack	18	18	18
Ecstasy	18	18	18
Hallucinogens	18	18	18
LSD	18	18	18
Magic Mushrooms	18	18	18
Opiates	18	18	17
Heroin	18	18	..
Methadone	18	18	..
Class A/B			
Amphetamines	18	18	16
Class C			
Cannabis	18	18	16

Notes:

1. Source 2003/04 BCS.
2. The table shows the Mode: most frequent unweighted score (age) in the distribution. When there are multiple modes the smallest value is recorded.
3. For consistency reasons the age of first use is capped at 7 years old.
4. The question was not asked for tranquilizers, anabolic steroids, amyl nitrite and glues.
5. See 'Reporting conventions' section in the Introduction for further details on the symbols used in the tables.

Table A2.10 Concurrent polydrug use of use 16-59 year olds

% of users	1	2	3	4	5	6+
Number of drugs used						
Ever	45.9	18.8	10.7	7.3	4.8	12.4
Last year	65.6	16.0	8.0	4.3	3.0	3.0
Last month	74.8	14.2	5.4	3.3	1.2	1.0

Notes:

1. Source 2003/04 BCS.
2. Concurrent polydrug use is understood as taking or experimenting with more than one type of drug over a drug career.

Appendix B: Additional tables on young people extent and trends

Table A3.1 Figures for the proportion of 16-24 year olds reporting having used drugs in the last year and percentage change

Drug	1996	1998	2000	2001/02	2002/03	2003/04	% change 1996 to 2003/04	% change 1998 to 2003/04	% change 2002/03 to 2003/04
Class A									
Cocaine	1.3	3.1	5.2	4.9	4.7	4.9	285 *	55 *	5
Crack	0.2	0.3	0.9	0.5	0.5	0.4	91	36	-9
Ecstasy	6.6	5.1	5.6	6.8	5.4	5.3	-19	5	-1
Hallucinogens	5.3	5.3	3.4	2.0	2.0	2.9	-45 *	-45 *	48 *
LSD	4.5	3.2	2.5	1.2	0.8	0.8	-81 *	-74 *	-1
Magic Mushrooms	2.3	3.9	2.4	1.5	1.7	2.7	19	-30	58 *
Opiates	0.4	0.8	0.8	0.3	0.2	0.4	4	-50	101
Heroin	0.4	0.3	0.8	0.3	0.2	0.4	5	31	76
Methadone	0.1	0.6	0.1	0.0	0.1	0.2	106	-61	58
Class A/B									
Amphetamines	11.8	9.9	6.2	5.0	3.7	4.0	-67 *	-60 *	7
Class B/C									
Tranquillisers	0.9	1.5	1.5	1.0	0.8	0.8	-12	-44	3
Class C									
Anabolic steroids	0.5	0.5	0.1	0.2	0.1	0.3	-33	-40	223 *
Cannabis	26.0	28.2	27.0	26.9	25.8	24.8	-4	-12 *	-4
Not Classified									
Amyl Nitrite	4.6	5.1	3.9	3.8	4.3	4.4	-5	-14	3
Glues	0.9	1.3	1.0	0.6	0.5	0.5	-47	-61 *	-1
Total									
Class A	9.2	8.6	9.7	8.8	8.2	8.3	-10	-3	2
Any Drug	29.7	31.8	29.9	29.6	28.1	27.8	-6	-13 *	-1
<i>Achieved sample size</i>	1,475	1,295	1,517	4,055	4,292	5,429			

Notes:

1. Source 1996, 1998, 2000, 2001/02, 2002/03 and 2003/04 BCS.
2. ** Statistically significant difference at the 5% level.
3. From 2001, the reporting year for BCS data switched from calendar to financial years.
4. Amphetamines can be classified as either Class A (prepared for injection) or Class B (powdered). For the purposes of calculating Class A drug use, the BCS assumes all reported amphetamine use to be of the Class B variety. Similarly, tranquillisers can either be classified as Class B (e.g. barbiturates) or Class C (e.g. benzodiazepines). Consequently, Class B and Class C drugs cannot be aggregated reliably because the survey does not identify which specific tranquilliser respondents used.
5. The category 'not classified' indicates that it is an offence to supply these substances if it is likely that the product is intended for abuse.

Table A3.2 Estimates of numbers of last year drug users 16-24 year olds

Drug	Best Estimate	Lower Estimate	Higher Estimate
Class A			
Cocaine	289,000	251,000	333,000
Crack	25,000	16,000	41,000
Ecstasy	316,000	276,000	361,000
Hallucinogens	172,000	143,000	207,000
LSD	50,000	35,000	71,000
Magic Mushrooms	161,000	133,000	195,000
Opiates	25,000	15,000	41,000
Heroin	22,000	13,000	37,000
Methadone	14,000	7,000	27,000
Class A/B			
Amphetamines	236,000	201,000	276,000
Class B/C			
Tranquillisers	50,000	35,000	70,000
Class C			
Anabolic steroids	19,000	11,000	34,000
Cannabis	1,476,000	1,394,000	1,559,000
Not Classified			
Amyl Nitrite	261,000	225,000	303,000
Glues	29,000	18,000	46,000
Total			
Class A	493,000	443,000	548,000
Any Drug	1,653,000	1,567,000	1,738,000

Notes:

1. The values are derived by adding or subtracting the confidence interval (see glossary of terms for definition) around the 2003/04 sample best estimates. Lower and higher estimates are based on 95% confidence intervals (calculated using a logit transformation where proportions were less than 0.2 or greater than 0.8).
2. The figures are calculated using population estimates provided by the Office for National Statistics.

Table A3.3 Figures for the proportion of 16-24 year olds reporting having used drugs in their lifetime and percentage change

	1996	1998	2000	2001/02	2002/03	2003/04	% change 1996 to 2003/04	% change 1998 to 2003/04	% change 2002/03 to 2003/04
Drug									
Class A									
Cocaine	4.3	6.8	10.4	8.4	8.5	8.8	106 *	30 *	3
Crack	1.7	1.5	2.3	1.1	1.3	1.6	-8	4	16
Ecstasy	11.7	10.8	11.7	12.0	11.6	10.7	-8	-1	-8
Hallucinogens	16.1	16.1	14.6	9.5	8.7	8.2	-49 *	-49 *	-6
LSD	13.1	12.3	11.4	6.8	5.5	4.3	-67 *	-65 *	-22 *
Magic Mushrooms	9.8	11.2	10.2	6.4	6.3	6.6	-33 *	-41 *	4
Opiates	1.2	1.7	1.7	1.1	0.9	1.3	8	-24	36
Heroin	0.9	0.9	1.6	0.8	0.7	1.1	18	16	45
Methadone	0.4	1.2	0.6	0.7	0.4	0.7	87	-40	68
Class A/B									
Amphetamines	18.8	21.5	21.2	15.9	14.3	12.4	-34 *	-42 *	-13 *
Class B/C									
Tranquillisers	3.9	3.4	4.5	3.3	2.6	2.8	-27	-19	7
Class C									
Anabolic steroids	1.5	1.2	0.9	0.7	0.5	0.6	-60 *	-50	36
Cannabis	39.6	45.4	46.2	44.2	42.7	41.3	4	-9 *	-3
Not Classified									
Amyl Nitrite	15.7	17.5	15.3	14.6	13.1	13.0	-17 *	-26 *	-1
Glues	5.9	6.2	6.9	5.5	4.7	3.3	-43 *	-47 *	-30 *
Total									
Class A	19.4	20.5	21.0	17.7	16.6	15.7	-19 *	-24 *	-5
Any Drug	48.6	53.7	52.0	48.8	47.3	46.6	-4	-13 *	-1
<i>Achieved sample size</i>	1,475	1,295	1,517	4,055	4,292	5,429			

Notes:

1. Source 1996, 1998, 2000, 2001/02, 2002/03 and 2003/04 BCS.
2. '**' Statistically significant difference at the 5% level.
3. From 2001, the reporting year for BCS data switched from calendar to financial years.
4. Amphetamines can be classified as either Class A (prepared for injection) or Class B (powdered). For the purposes of calculating Class A drug use, the BCS assumes all reported amphetamine use to be of the Class B variety. Similarly, tranquillisers can either be classified as Class B (e.g. barbiturates) or Class C (e.g. benzodiazepines). Consequently, Class B and Class C drugs cannot be aggregated reliably because the survey does not identify which specific tranquilliser respondents used.
5. The category 'not classified' indicates that it is an offence to supply these substances if it is likely that the product is intended for abuse.

Table A3.4 Estimates of numbers of drug users in lifetime 16-24 year olds

	Best Estimate	Lower Estimate	Higher Estimate
Drug			
Class A			
Cocaine	521,000	469,000	577,000
Crack	93,000	72,000	119,000
Ecstasy	636,000	580,000	697,000
Hallucinogens	489,000	439,000	544,000
LSD	258,000	222,000	300,000
Magic Mushrooms	390,000	346,000	440,000
Opiates	76,000	57,000	101,000
Heroin	65,000	48,000	87,000
Methadone	41,000	28,000	61,000
Class A/B			
Amphetamines	740,000	679,000	805,000
Class B/C			
Tranquillisers	166,000	138,000	201,000
Class C			
Anabolic steroids	37,000	25,000	55,000
Cannabis	2,453,000	2,359,000	2,547,000
Not Classified			
Amyl Nitrite	774,000	712,000	840,000
Glues	198,000	166,000	235,000
Total			
Class A	932,000	865,000	1,004,000
Any Drug	2,767,000	2,672,000	2,862,000

Notes:

1. The values are derived by adding or subtracting the confidence interval (see glossary of terms for definition) around the 2003/04 sample best estimates. Lower and higher estimates are based on 95% confidence intervals (calculated using a logit transformation where proportions were less than 0.2 or greater than 0.8).
2. The figures are calculated using population estimates provided by the Office for National Statistics.

Table A3.5 Figures for the proportion of 16-24 year olds reporting having used drugs in the last month and percentage change

	1996	1998	2000	2001/02	2002/03	2003/04	% change 1996 to 2003/04	% change 1998 to 2003/04	% change 2002/03 to 2003/04
Drug									
Class A									
Cocaine	0.5	0.9	1.8	2.1	1.9	2.6	460 *	172 *	36
Crack	0.2	0.0	0.2	0.1	0.2	0.2	11	318	-11
Ecstasy	2.9	2.2	3.2	3.6	2.6	2.5	-16	14	-4
Hallucinogens	1.4	0.5	1.0	0.7	0.6	1.1	-25	113	70 *
LSD	1.1	0.4	0.6	0.3	0.3	0.4	-62	4	34
Magic Mushrooms	0.4	0.3	0.7	0.5	0.5	0.8	130	165 *	76
Opiates	0.1	0.7	0.3	0.2	0.1	0.3	258	-59	119
Heroin	0.1	0.2	0.3	0.2	0.1	0.3	234	18	104
Methadone	0.1	0.5	0.0	0.0	0.1	0.1	77	-79	15
Class A/B									
Amphetamines	5.7	5.3	2.9	2.0	1.7	4.0	-30 *	-25	138 *
Class B/C									
Tranquillisers	0.4	0.5	0.5	0.3	0.4	0.3	-23	-37	-15
Class C									
Anabolic steroids	0.1	0.3	0.1	0.1	0.0	0.1	12	-58	234
Cannabis	16.1	18.0	17.4	17.1	16.2	15.6	-3	-13	-4
Not Classified									
Amyl Nitrite	1.6	2.4	1.8	1.5	1.7	1.7	3	-31	<1
Glues	0.2	0.6	0.4	0.2	0.1	0.2	-15	-66	70
Total									
Class A	4.2	3.6	5.0	4.9	3.8	4.3	2	20	13
Any Drug	19.2	20.8	19.0	18.8	17.6	17.3	-10	-17 *	-2
<i>Achieved sample size</i>	1,475	1,295	1,517	4,055	4,292	5,429			

Notes:

1. Source 1996, 1998, 2000, 2001/02, 2002/03 and 2003/04 BCS.
2. ** Statistically significant difference at the 5% level.
3. From 2001, the reporting year for BCS data switched from calendar to financial years.
4. Amphetamines can be classified as either Class A (prepared for injection) or Class B (powdered). For the purposes of calculating Class A drug use, the BCS assumes all reported amphetamine use to be of the Class B variety. Similarly, tranquillisers can either be classified as Class B (e.g. barbiturates) or Class C (e.g. benzodiazepines). Consequently, Class B and Class C drugs cannot be aggregated reliably because the survey does not identify which specific tranquilliser respondents used.
5. The category 'not classified' indicates that it is an offence to supply these substances if it is likely that the product is intended for abuse.

Table A3.6 Estimates of numbers of last month drug users 16-24 year olds

	Best Estimate	Lower Estimate	Higher Estimate
Drug			
Class A			
Cocaine	153,000	125,000	186,000
Crack	11,000	5,000	23,000
Ecstasy	148,000	121,000	181,000
Hallucinogens	63,000	46,000	86,000
LSD	24,000	15,000	40,000
Magic Mushrooms	48,000	34,000	69,000
Opiates	18,000	10,000	32,000
Heroin	17,000	9,000	31,000
Methadone	6,000	2,000	16,000
Class A/B			
Amphetamines	236,000	201,000	276,000
Class B/C			
Tranquillisers	20,000	11,000	34,000
Class C			
Anabolic steroids	8,000	3,000	18,000
Cannabis	925,000	858,000	996,000
Not Classified			
Amyl Nitrite	98,000	77,000	125,000
Glues	11,000	5,000	23,000
Total			
Class A	258,000	222,000	300,000
Any Drug	1,029,000	956,000	1,101,000

Notes:

1. The values are derived by adding or subtracting the confidence interval (see glossary of terms for definition) around the 2003/04 sample best estimates. Lower and higher estimates are based on 95% confidence intervals (calculated using a logit transformation where proportions were less than 0.2 or greater than 0.8).
2. The figures are calculated using population estimates provided by the Office for National Statistics.

Table A3.7 Frequency of use in the last year 16-24 year olds for drug users using users of each specific drug as the base

Drug	More than once a month
Class A	
Cocaine	17.5
Crack	..
Ecstasy	21.6
Hallucinogens	8.4
LSD	..
Magic Mushrooms	4.1
Opiates	..
Heroin	..
Methadone	..
Class A/B	
Amphetamines	21.0
Class B/C	
Tranquillisers	..
Class C	
Anabolic steroids	..
Cannabis	46.5
Not Classified	
Amyl Nitrite	17.0
Glues	..
Total	
Class A	24.2
Any Drug	46.1

Notes:

1. Source 2003/04 BCS.
2. Frequent users of Class A and of Any Drug includes people who could have taken two different types of drugs frequently, i.e. more than once a month.
3. See 'Reporting conventions' section in the Introduction for further details on the symbols used in the tables.

Table A3.8 Frequency of use in the last year 16-24 year olds using all respondents as the base

% More than once a month	2002/03	2003/04
Any Drug	11.3	12.0

Notes:

1. The 2002/03 figure covers nine months of fieldwork rather than twelve.

Table A3.9 Users in lifetime: age of first use 16-24 year olds by gender

% of users	Most frequent age	Men	Women
Drug			
Class A			
Cocaine	18	18	18
Crack	16	..	..
Ecstasy	16	18	16
Hallucinogens	16	16	14
LSD	16	16	14
Magic Mushrooms	16	16	16
Opiates	16	..	..
Heroin	..	..	..
Methadone	..	..	..
Class A/B			
Amphetamines	16	16	16
Class C			
Cannabis	15	15	15

Notes:

1. Source 2003/04 BCS.
2. The table shows the Mode: most frequent unweighted score (age) in the distribution. When there are multiple modes the smallest value is recorded
3. For consistency reasons the age of first use is capped at 7 years old.
4. The question was not asked for tranquilizers, anabolic steroids, amyl nitrite and glues.
5. See 'Reporting conventions' section in the Introduction for further details on the symbols used in the tables.

Table A3.10 Concurrent polydrug use of use 16-24 year olds

	1	2	3	4	5	6+
Number of drugs used						
Ever	47.5	19.0	10.2	6.5	4.7	12.1
Last year	61.3	16.2	9.1	6.0	3.0	4.5
Last month	71.3	13.7	6.6	3.3	2.6	2.5

Notes:

1. Source 2003/04 BCS.
2. Concurrent polydrug use is understood as taking or experimenting with more than one type of drug over a drug career.

Appendix C: Additional tables and information on geographical variations

Table A4.1 Figures for the proportion of 16-59 year olds reporting having used drugs in the last year by Government Office Region

GOR %	North East	North West	Yorkshire/ Humberside	East Midlands	West Midlands	Eastern	London	South East	South West	Wales	Total
Drug											
Class A											
Cocaine	2.0	2.8	1.8	1.3	1.1	2.7	4.5	2.5	2.1	1.4	2.4
Crack	.	.	.	.	.	.	.	.	.	.	0.2
Ecstasy	2.5	2.5	1.9	1.1	1.4	1.5	2.6	2.0	1.9	2.1	2.0
Hallucinogens	1.0	0.9	0.7	0.6	0.3	0.8	1.3	1.2	1.1	0.7	0.9
LSD	.	.	.	.	.	.	.	.	.	.	0.2
Magic Mush	1.0	0.7	0.6	0.6	0.2	0.8	1.2	1.2	1.0	0.7	0.8
Opiates	.	.	.	.	.	.	.	.	.	.	0.2
Heroin	.	.	.	.	.	.	.	.	.	.	0.1
Methadone	.	.	.	.	.	.	.	.	.	.	0.1
Class A/B											
Amphetamines	2.4	1.5	2.1	1.5	1.4	1.1	1.3	1.4	1.6	1.9	1.5
Class B/C											
Tranquillisers	0.7	0.7	0.6	0.3	0.4	0.4	0.7	0.7	0.7	0.9	0.6
Class C											
Anabolic steroids	.	.	.	.	.	.	.	.	.	.	0.1
Cannabis	10.8	10.9	9.3	9.8	9.4	9.9	12.8	11.5	11.1	10.1	10.8
Not Classified											
Amyl Nitrite	1.9	1.9	1.3	1.4	1.2	0.8	1.2	1.1	1.6	1.4	1.3
Glues	.	.	.	.	.	.	.	.	.	.	0.1
Total											
Class A	3.7	3.9	3.0	2.2	2.3	3.3	5.5	3.2	3.5	2.9	3.5
Any Drug	12.2	12.8	11.1	11.4	10.5	11.0	14.7	12.9	12.8	11.8	12.3
<i>Minimum unweighted n</i>	1,591	3,027	2,197	2,348	2,400	3,079	2,255	2,962	2,472	1,866	24,197

Notes:

1. Source 2003/04 BCS.
2. See 'Reporting conventions' section in the Introduction for further details on the symbols used in the tables.

Table A4.2 Figures for the proportion of 16-59 year olds reporting having used drugs in the last year by ACORN category

ACORN %	Thriving	Expanding	Rising	Settling	Aspiring	Striving	Total
Drug							
Class A							
Cocaine	1.6	1.8	5.3	2.3	2.7	2.2	2.4
Crack	.	.	.	.	.	.	0.2
Ecstasy	1.2	1.2	3.9	2.0	2.7	1.8	2.0
Hallucinogens	0.5	0.8	1.7	0.8	1.4	0.7	0.9
LSD	.	.	.	.	.	.	0.2
Magic Mush	0.5	0.7	1.5	0.8	1.4	0.6	0.8
Opiates	.	.	.	.	.	.	0.2
Heroin	.	.	.	.	.	.	0.1
Methadone	.	.	.	.	.	.	0.1
Class A/B							
Amphetamines	0.8	1.4	1.4	1.6	1.7	2.2	1.5
Class B/C							
Tranquillisers	0.3	0.6	0.8	0.6	0.4	1.0	0.6
Class C							
Anabolic steroids	.	.	.	.	.	.	0.1
Cannabis	8.7	8.6	18.8	9.6	12.0	11.6	10.8
Not Classified							
Amyl Nitrite	0.8	1.4	1.5	1.5	1.5	1.4	1.3
Glues	.	.	.	.	.	.	0.1
Total							
Class A	2.3	2.8	6.6	3.5	4.1	3.3	3.5
Any Drug	9.7	10.5	20.5	11.1	13.6	13.4	12.3
<i>Minimum unweighted n</i>	<i>4,680</i>	<i>3,371</i>	<i>1,535</i>	<i>6,830</i>	<i>3,087</i>	<i>4,686</i>	<i>24,197</i>

Notes:

1. Source 2003/04 BCS.
2. ACORN is 'A Classification of Residential Neighbourhoods' (further details can be found in the Glossary).
3. See 'Reporting conventions' section in the Introduction for further details on the symbols used in the tables.

Table A4.3 **Figures for the proportion of 16-59 year olds reporting having used drugs in the last year by area type**

Area type %	Inner-city	Urban	Rural	Total
Drug				
Class A				
Cocaine	3.9	2.4	1.6	2.4
Crack	0.4	0.2	0.0	0.2
Ecstasy	3.0	2.1	1.1	2.0
Hallucinogens	1.3	1.0	0.5	0.9
LSD	0.5	0.2	0.1	0.2
Magic Mushrooms	1.2	0.9	0.4	0.8
Opiates	0.3	0.2	0.0	0.2
Heroin	0.3	0.1	0.0	0.1
Methadone	.	.	.	0.1
Class A/B				
Amphetamines	2.3	1.7	0.8	1.5
Class B/C				
Tranquillisers	0.9	0.6	0.3	0.6
Class C				
Anabolic steroids	0.1	0.2	0.1	0.1
Cannabis	12.4	11.1	8.9	10.8
Not Classified				
Amyl Nitrite	1.5	1.5	0.8	1.3
Glues	.	.	.	0.1
Total				
Class A	5.4	3.6	2.3	3.5
Any Drug	14.8	12.7	9.9	12.3
<i>Minimum unweighted n</i>	<i>2,251</i>	<i>16,373</i>	<i>5,573</i>	<i>24,197</i>

Notes:

1. Source 2003/04 BCS.
2. Rural areas are those that fall into ACORN types 1 to 9 and 27.
3. Inner-city areas are defined according to population density, level of owner-occupied tenure and social class profile. The remaining areas are defined as urban, apart from rural areas that are those that fall into ACORN types 1 to 9 and 27
4. See 'Reporting conventions' section in the Introduction for further details on the symbols used in the tables.

Table A4.4 **Figures for the proportion of 16-59 year olds reporting having used drugs in the last year by council / non council estate area**

Area %	Council estate area	Non-council estate area	Total
Drug			
Class A			
Cocaine	2.4	2.4	2.4
Crack	0.3	0.2	0.2
Ecstasy	1.9	2.0	2.0
Hallucinogens	0.7	0.9	0.9
LSD	0.2	0.3	0.2
Magic Mushrooms	0.6	0.9	0.8
Opiates	0.3	0.1	0.2
Heroin	0.2	0.1	0.1
Methadone	0.2	0.0	0.1
Class A/B			
Amphetamines	2.3	1.4	1.5
Class B/C			
Tranquillisers	0.9	0.5	0.6
Class C			
Anabolic steroids	0.2	0.1	0.1
Cannabis	11.8	10.5	10.8
Not Classified			
Amyl Nitrite	1.3	1.4	1.3
Glues	0.3	0.1	0.1
Total			
Class A	3.5	3.5	3.5
Any Drug	13.8	12.0	12.3
<i>Minimum unweighted n</i>	<i>4,567</i>	<i>19,622</i>	<i>24,197</i>

Notes:

1. Sources 2003/04 BCS. Excludes non-categorised.
2. Council areas are those that fall into ACORN types 33, 40 to 43 and 45 to 51.

Table A4.5 **Figures for the proportion of 16-59 year olds reporting having used drugs in the last year by physical disorder**

Level of physical disorder %	Low	High	Total
Drug			
Class A			
Cocaine	2.5	2.3	2.4
Crack	0.2	0.3	0.2
Ecstasy	2.0	1.8	2.0
Hallucinogens	0.9	0.7	0.9
LSD	0.3	0.1	0.2
Magic Mushrooms	0.9	0.6	0.8
Opiates	0.2	0.3	0.2
Heroin	0.1	0.3	0.1
Methadone	0.1	0.2	0.1
Class A/B			
Amphetamines	1.5	2.0	1.5
Class B/C			
Tranquillisers	0.5	0.9	0.6
Class C			
Anabolic steroids	0.1	0.3	0.1
Cannabis	10.7	11.8	10.8
Not Classified			
Amyl Nitrite	1.4	1.2	1.3
Glues	0.1	0.2	0.1
Total			
Class A	3.5	3.8	3.5
Any Drug	12.3	13.6	12.3
<i>Minimum unweighted n</i>	<i>20,986</i>	<i>2,383</i>	<i>24,197</i>

Notes:

1. Source 2003/04 BCS. Excludes non-categorised / missing.
2. Based upon the interviewer's perception of the level of (a) vandalism, graffiti and deliberate damage to property, (b) rubbish and litter and (c) homes in poor condition in the area. For each the interviewer had to code whether it was 'very common', 'fairly common', 'not very common' or 'not at all common'. For both variables 'very' and 'fairly' common were set to 1, and 'not very' and 'not at all' to 0. These variables were then summated for each case. The incivilities scale ranged from 0 to 3. Those with a score of 2 or 3 were classified as being in high disorder areas.

Table A4.6 Figures for the proportion of 16-59 year olds reporting having used drugs in the last year by Police Force Area grouped by population size

Population size/ Police Force Area %	PF 1	PF2	PF3	PF4	PF5	PF6	PF7	PF8	PF9	PF10	PF11	PF12	PF13	PF14	PF15	Total
Drug																
Class A																
Cocaine	4.5	2.1	2.5	2.6	1.9	3.2	1.1	2.2	1.5	1.0	1.8	1.4	1.9	2.3	1.5	2.4
Crack	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	0.2
Ecstasy	2.6	2.0	1.6	2.0	2.1	3.4	1.7	1.9	0.9	1.0	1.8	0.9	1.3	1.5	1.9	2.0
Hallucinogens	1.3	0.3	0.6	0.9	1.1	1.8	0.5	0.8	0.7	0.7	1.0	0.3	0.5	0.7	0.5	0.9
LSD	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	0.2
Magic Mush	1.2	0.2	0.6	0.9	1.1	1.8	0.5	0.8	0.5	0.7	1.0	0.1	0.4	0.7	0.5	0.8
Opiates	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	0.2
Heroin	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	0.1
Methadone	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	0.1
Class A/B																
Amphetamines	1.3	1.3	1.8	1.7	1.8	2.0	1.5	1.7	1.3	1.2	1.3	1.5	1.9	1.6	1.2	1.5
Class B/C																
Tranquillisers	0.7	0.4	0.8	0.5	0.8	0.9	0.7	0.4	0.7	0.4	0.3	0.2	0.1	0.6	0.7	0.6
Class C																
Anabolic steroids	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	0.1
Cannabis	12.8	10.9	10.1	10.7	11.1	12.0	11.2	10.2	9.3	7.3	12.1	8.7	8.4	10.7	9.2	10.8
Not Classified																
Amyl Nitrite	1.2	1.5	0.8	1.2	1.6	1.8	1.9	1.7	1.3	0.8	1.3	1.4	1.1	1.1	0.9	1.3
Glues	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	0.1
Total																
Class A	5.5	2.9	3.2	3.4	3.4	4.9	2.5	3.3	2.3	2.0	3.1	1.9	3.1	3.4	2.4	3.5
Any Drug	14.7	12.0	11.6	12.0	13.0	13.9	13.1	12.5	10.7	8.3	13.1	9.7	10.2	11.7	10.3	12.3
<i>Minimum unweighted n</i>	2,255	1,918	1,597	1,775	1,055	1,966	1,522	1,941	1,476	1,960	1,773	952	1,043	1,602	1,362	24,197

Notes:

1. Source 2003/04 BCS.
2. Police Force / density areas made up of police force areas with similar population density. For further information see chapter 4.
3. See 'Reporting conventions' section in the Introduction for further details on the symbols used in the tables.

Table A4.6a **Distribution of PFA into 15 population size groups**

Police Force Area	Population	15 Population size Groups
Metropolitan / City of London	4,549,409	1
West Midlands	1,471,207	2
Greater Manchester	1,466,127	2
Thames Valley	1,286,620	3
West Yorkshire	1,227,372	3
Hampshire	1,050,248	4
Essex	940,383	4
Kent	912,116	4
Devon & Cornwall	879,679	5
Avon & Somerset	865,655	5
Sussex	833,614	6
Lancashire	813,524	6
Northumbria	809,930	6
Merseyside	783,200	6
South Yorkshire	742,716	7
South Wales	679,606	7
West Mercia	673,736	7
Surrey	629,204	8
Staffordshire	620,137	8
Herefordshire	615,918	8
Nottinghamshire	604,188	8
Cheshire	577,718	9
Derbyshire	558,069	9
Leicestershire	552,987	9
Humberside	498,200	10
Norfolk	446,986	10
North Yorkshire	343,446	10
Cambridgeshire	430,417	10
Suffolk	378,164	11
Northamptonshire	378,094	11
Dorset	377,922	11
North Wales	374,543	11
Lincolnshire	363,986	12
Wiltshire	360,853	12
Durham	346,990	13
Bedfordshire	340,340	13
Glostershire	326,475	14
Gwent	315,112	14
Cleveland	313,557	14
Warwickshire	299,053	15
Cumbria	278,180	15
Dfed Powys	270,971	15

Notes:

1. Source: Aust & Condon (2003) *Geographical Variations in Drug Use* Home Office Statistical Bulletin 15/03

Table A4.7 Composition of GOR by ACORN

ACORN %	Thriving	Expanding	Rising	Settling	Aspiring	Striving	GOR Total In England & Wales
GOR							
North East	6.0	15.4	6.6	25.3	12.9	33.8	5.0
North West	15.9	15.2	2.0	32.2	9.4	25.3	12.4
Yorkshire & Humberside	12.4	10.8	3.7	35.0	15.0	23.0	9.6
East Midlands	19.8	17.0	3.0	31.0	12.0	17.1	8.0
West Midlands	17.5	14.8	3.6	25.6	13.8	24.8	9.9
Eastern	25.1	20.8	4.6	25.8	9.9	13.8	10.7
London	7.9	1.8	30.6	16.1	18.4	25.2	14.4
South East	31.0	16.6	9.4	21.9	9.6	11.3	15.5
South West	22.4	13.6	4.1	32.6	15.6	11.7	9.0
Wales	22.2	10.0	3.9	33.4	16.8	13.7	5.4
ACORN Total in England & Wales	18.7	13.4	8.4	26.9	13.1	19.5	100%

Notes:

1. Source 2003/04 BCS.
2. ACORN is 'A Classification of Residential Neighbourhoods' (further details can be found in the Glossary)

Table A4.8 Composition of GOR by area type

ACORN %	Inner-city	Urban	Rural	GOR Total In England & Wales
GOR				
North East	24.5	68.7	6.8	5.0
North West	18.1	64.9	17.0	12.4
Yorkshire & Humberside	9.2	75.4	15.4	9.6
East Midlands	4.6	70.5	24.9	8.0
West Midlands	11.6	68.5	19.9	9.9
Eastern	3.2	65.1	31.7	10.7
London	28.6	63.5	7.9	14.4
South East	2.9	64.3	32.7	15.5
South West	4.3	66.3	29.4	9.0
Wales	4.2	68.0	27.8	5.4
ACORN Total in England & Wales	11.4	66.9	21.7	100%

Notes:

1. Source 2003/04 BCS.
2. Rural areas are those that fall into ACORN types 1 to 9 and 27.
3. Inner-city areas are defined according to population density, level of owner-occupied tenure and social class profile. The remaining areas are defined as urban, apart from rural areas that are those that fall into ACORN types 1 to 9 and 27

Table A4.9 Population size by GOR by Class A and any illicit drug

	Population size	Class A drugs	Class A drugs (ranked)	Any illicit drug	Any illicit drug (ranked)	Combined rank
GOR						
South East	4,711,802	3.2	6	12.9	2	4
London	4,549,409	5.5	1	14.7	1	1
North West	3,918,749	3.9	2	12.8	3	2
Eastern	3,152,208	3.3	5	11.0	8	5
West Midlands	3,064,133	2.3	9	10.5	9	8
Yorkshire & Humberside	2,902,734	3.0	7	11.1	7	6
South West	2,810,584	3.5	4	12.8	3	3
East Midlands	2,457,324	2.2	10	11.4	6	7
North East	1,658,232	3.7	3	12.2	4	3
Wales	1,470,477	2.9	8	11.8	5	5
TOTAL	30,695,652	3.5		12.3		

Notes:

1. Source 2003/04 BCS (weighted data).
2. Updated from: Aust & Condon (2003) *Geographical Variations in Drug Use* Home Office Statistical Bulletin 15/03

Appendix D: Additional tables on socio-economic prevalence

Table A5.1 Figures for the proportion of 16-59 year olds reporting having used drugs in the last year by age group

Age group %	16-19	20-24	25-34	35-44	45-54	55-59	Total
Drug							
Class A							
Cocaine	3.6	6.2	4.5	1.4	0.3	0.0	2.4
Crack	.	.	.	.	.	.	0.2
Ecstasy	4.4	6.2	3.2	0.8	0.1	-	2.0
Hallucinogens	3.1	2.7	1.1	0.3	0.1	-	0.9
LSD	.	.	.	.	.	.	0.2
Magic Mush	2.8	2.6	1.1	0.3	0.1	-	0.8
Opiates	.	.	.	.	.	.	0.2
Heroin	.	.	.	.	.	.	0.1
Methadone	.	.	.	.	.	.	0.1
Class A/B							
Amphetamines	3.3	4.6	2.3	0.8	0.3	0.1	1.5
Class B/C							
Tranquillisers	0.6	1.1	1.1	0.4	0.3	0.2	0.6
Class C							
Anabolic steroids	.	.	.	.	.	.	0.1
Cannabis	24.7	25.0	14.8	6.8	3.3	1.6	10.8
Not Classified							
Amyl Nitrite	4.5	4.2	1.3	0.8	0.3	0.0	1.3
Glues	.	.	.	.	.	.	0.1
Total							
Class A	7.2	9.5	5.9	1.7	0.4	0.0	3.5
Any Drug	27.6	28.1	16.8	8.0	4.0	1.9	12.3
<i>Minimum unweighted n</i>	<i>2,617</i>	<i>2,734</i>	<i>5,407</i>	<i>6,840</i>	<i>5,708</i>	<i>3,198</i>	<i>24,197</i>

Notes:

1. Source 2003/04 BCS
2. 16 to 24 year old analysis includes the youth boost sample
3. See 'Reporting conventions' section in the Introduction for further details on the symbols used in the tables.

Table A5.2 Figures for the proportion of 16-59 year olds reporting having used drugs in the last year by age group

Age group %	16-29	30-59	Total
Drug			
Class A			
Cocaine	5.5	1.1	2.4
Crack	0.5	0.1	0.2
Ecstasy	5.1	0.7	2.0
Hallucinogens	2.4	0.3	0.9
LSD	0.7	0.1	0.2
Magic Mush	2.3	0.2	0.8
Opiates	0.4	0.1	0.2
Heroin	0.4	0.0	0.1
Methadone	0.2	0.0	0.1
Class A/B			
Amphetamines	3.6	0.7	1.5
Class B/C			
Tranquillisers	1.1	0.4	0.6
Class C			
Anabolic steroids	0.3	0.1	0.1
Cannabis	22.8	5.8	10.8
Not Classified			
Amyl Nitrite	3.3	0.5	1.3
Glues	0.3	0.0	0.1
Total			
Class A	8.5	1.5	3.5
Any Drug	25.9	6.8	12.3
<i>Minimum unweighted n</i>	<i>5,260</i>	<i>18,937</i>	<i>24,197</i>

Notes:

1. Source 2003/04 BCS.
2. Amphetamines can be classified as either Class A (prepared for injection) or Class B (powdered). For the purposes of calculating Class A drug use, the BCS assumes all reported amphetamine use to be of the Class B variety. Similarly, tranquillisers can either be classified as Class B (e.g. barbiturates) or Class C (e.g. benzodiazepines). Consequently, Class B and Class C drugs cannot be aggregated reliably because the survey does not identify which specific tranquilliser respondents used.
3. The category 'not classified' indicates that it is an offence to supply these substances if it is likely that the product is intended for abuse.

Table A5.3 **Figures for the proportion of 16-59 year olds reporting having used drugs in the last year by gender**

Gender %	Male			Total Male	Female			Total Female
	16 to 24	25 to 44	45 to 59		16 to 24	25 to 44	45 to 59	
Age %								
Drug								
Class A								
Cocaine	6.1	4.1	0.3	3.4	3.9	1.5	0.1	1.4
Crack	.	.	.	0.3	.	.	.	0.1
Ecstasy	7.1	2.8	0.1	2.8	3.9	1.0	0.0	1.1
Hallucinogens	3.9	1.1	0.1	1.2	2.1	0.3	0.0	0.5
LSD	.	.	.	0.3	.	.	.	0.1
Magic Mush	3.6	1.0	0.1	1.2	2.0	0.3	0.0	0.5
Opiates	.	.	.	0.2	.	.	.	0.1
Heroin	.	.	.	0.2	.	.	.	0.1
Methadone	.	.	.	0.1	.	.	.	0.0
Class A/B								
Amphetamines	4.7	2.1	0.3	2.0	3.4	0.9	0.1	1.1
Class B/C								
Tranquillisers	1.2	0.9	0.2	0.7	0.6	0.6	0.3	0.5
Class C								
Anabolic steroids	.	.	.	0.2	.	.	.	0.0
Cannabis	30.2	14.0	3.8	13.9	20.6	6.8	1.7	7.5
Not Classified								
Amyl Nitrite	5.6	1.5	0.3	1.8	3.4	0.5	0.0	0.8
Glues	.	.	.	0.1	.	.	.	0.1
Total								
Class A	10.3	5.4	0.4	4.8	6.7	1.9	0.1	2.1
Any Drug	33.4	15.9	4.4	15.7	23.4	8.0	2.1	8.8
Minimum unweighted n	2,576	5,425	4,238	11,055	2,775	6,822	4,668	13,142

Notes:

1. Source 2003/04 BCS
2. 16 to 24 year old analysis includes the youth boost sample, the total is based on the core sample.
3. See 'Reporting conventions' section in the Introduction for further details on the symbols used in the tables.

Table A5.4 Figures for the proportion of 16-59 year olds reporting having used drugs in the last year by marital status

Marital Status %	Married	Cohabiting	Single	Widowed	Divorced	Separated	Total
Drug							
Class A							
Cocaine	0.7	4.0	5.4	-	1.0	0.9	2.4
Crack	.	.	.	.	.	.	0.2
Ecstasy	0.3	2.7	5.1	-	0.8	1.2	2.0
Hallucinogens	0.1	1.4	2.3	0.1	0.4	0.2	0.9
LSD	.	.	.	.	.	.	0.2
Magic Mush	0.1	1.3	2.2	-	0.3	0.2	0.8
Opiates	.	.	.	.	.	.	0.2
Heroin	.	.	.	.	.	.	0.1
Methadone	.	.	.	.	.	.	0.1
Class A/B							
Amphetamines	0.4	2.5	3.5	0.8	1.0	1.5	1.5
Class B/C							
Tranquillisers	0.2	0.8	1.2	-	0.3	1.5	0.6
Class C							
Anabolic steroids	.	.	.	.	.	.	0.1
Cannabis	4.1	15.9	21.8	4.0	8.7	7.5	10.8
Not Classified							
Amyl Nitrite	0.3	1.7	3.4	0.5	0.4	0.9	1.3
Glues	.	.	.	.	.	.	0.1
Total							
Class A	0.8	5.6	8.1	0.1	1.8	1.9	3.5
Any Drug	4.7	18.4	24.7	5.4	10.0	9.1	12.3
<i>Minimum unweighted n</i>	<i>12,005</i>	<i>2,537</i>	<i>6,203</i>	<i>390</i>	<i>2,179</i>	<i>875</i>	<i>24,197</i>

Notes:

1. Source 2003/04 BCS.
2. See 'Reporting conventions' section in the Introduction for further details on the symbols used in the tables.

Table A5.5 Figures for the proportion of 16-59 year olds reporting having used drugs in the last year by household structure

Household structure %	No children	Adults & child(ren)	Single adult & child(ren)	Aged 60+	Total
Drug					
Class A					
Cocaine	3.1	1.5	2.5	1.1	2.4
Crack	0.2	0.1	0.3	0.6	0.2
Ecstasy	2.7	1.0	2.0	1.2	2.0
Hallucinogens	1.3	0.4	0.7	0.0	0.9
LSD	0.4	0.1	0.1	0.0	0.2
Magic Mush	1.3	0.3	0.5	0.0	0.8
Opiates	0.2	0.1	0.3	0.5	0.2
Heroin	.	.	.	.	0.1
Methadone	.	.	.	.	0.1
Class A/B					
Amphetamines	1.8	1.1	3.1	0.6	1.5
Class B/C					
Tranquillisers	0.7	0.4	0.7	0.3	0.6
Class C					
Anabolic steroids	.	.	.	.	0.1
Cannabis	12.4	8.4	12.3	7.3	10.8
Not Classified					
Amyl Nitrite	1.8	0.7	1.5	1.0	1.3
Glues	.	.	.	.	0.1
Total					
Class A	4.5	2.1	4.1	2.0	3.5
Any Drug	14.1	9.9	14.5	7.9	12.3
<i>Minimum unweighted n</i>	<i>13,526</i>	<i>7,961</i>	<i>1,925</i>	<i>773</i>	<i>24,197</i>

Notes:

1. Source 2003/04 BCS
2. See 'Reporting conventions' section in the Introduction for further details on the symbols used in the tables.

Table A5.6 Figures for the proportion of 16-59 year olds reporting having used drugs in the last year by household income

Household income %	Less than £5,000	£5,000 less than £10,000	£10,000 less than £20,000	£20,000 less than £30,000	£30,000 or more	Total
Drug						
Class A						
Cocaine	2.2	2.6	2.6	1.7	2.6	2.4
Crack	.	.	.	.	.	0.2
Ecstasy	1.9	2.3	2.0	1.3	1.9	2.0
Hallucinogens	0.9	1.3	0.9	0.7	0.7	0.9
LSD	0.2	0.4	0.3	0.2	0.2	0.2
Magic Mush	0.8	1.2	0.8	0.7	0.7	0.8
Opiates	.	.	.	.	.	0.2
Heroin	.	.	.	.	.	0.1
Methadone	.	.	.	.	.	0.1
Class A/B						
Amphetamines	2.2	3.0	2.1	1.1	1.1	1.5
Class B/C						
Tranquillisers	1.0	0.7	0.9	0.4	0.5	0.6
Class C						
Anabolic steroids	.	.	.	.	.	0.1
Cannabis	13.1	13.7	10.6	8.7	10.2	10.8
Not Classified						
Amyl Nitrite	1.1	1.6	1.1	0.7	1.3	1.3
Glues	.	.	.	.	.	0.1
Total						
Class A	3.7	3.9	3.3	2.4	3.6	3.5
Any Drug	15.4	15.1	12.2	9.9	11.6	12.3
<i>Minimum unweighted n</i>	1,327	1,806	4,053	4,205	8,351	24,197

Notes:

1. Source 2003/04 BCS. Excludes non-categorised / missing.
2. See 'Reporting conventions' section in the Introduction for further details on the symbols used in the tables.

Table A5.7 **Figures for the proportion of 16-59 year olds reporting having used drugs in the last year by tenure**

Tenure %	Owner occupiers	Social renters	Private renters	Total
Drug				
Class A				
Cocaine	1.7	2.5	5.6	2.4
Crack	0.1	0.3	0.3	0.2
Ecstasy	1.3	2.2	5.2	2.0
Hallucinogens	0.5	0.9	2.7	0.9
LSD	0.2	0.4	0.5	0.2
Magic Mush	0.5	0.8	2.6	0.8
Opiates	0.1	0.4	0.3	0.2
Heroin	0.1	0.3	0.3	0.1
Methadone	.	.	.	0.1
Class A/B				
Amphetamines	0.9	2.9	3.3	1.5
Class B/C				
Tranquillisers	0.4	1.2	0.9	0.6
Class C				
Anabolic steroids	0.1	0.2	0.3	0.1
Cannabis	8.2	13.3	21.2	10.8
Not Classified				
Amyl Nitrite	1.0	1.3	2.9	1.3
Glues	.	.	.	0.1
Total				
Class A	2.5	3.9	7.8	3.5
Any Drug	9.4	15.5	23.9	12.3
<i>Minimum unweighted n</i>	17,244	4,036	2,874	24,197

Notes:

1. Source 2003/04 BCS. Excludes non-categorised.
2. See 'Reporting conventions' section in the Introduction for further details on the symbols used in the tables.

Table A5.8 Figures for the proportion of 16-59 year olds reporting having used drugs in the last year by accommodation type

Accommodation type %	All houses	Detached	Semi-detached	Terrace	Flats / Maisonnettes	Total
Drug						
Class A						
Cocaine	2.1	1.4	1.9	2.8	5.4	2.4
Crack	0.2	0.1	0.1	0.2	0.3	0.2
Ecstasy	1.7	1.0	1.6	2.4	4.1	2.0
Hallucinogens	0.8	0.6	0.8	1.0	1.9	0.9
LSD	0.2	0.1	0.3	0.2	0.6	0.2
Magic Mush	0.7	0.5	0.7	0.9	1.7	0.8
Opiates	0.1	0.2	0.1	0.2	0.3	0.2
Heroin	0.1	0.2	0.0	0.2	0.3	0.1
Methadone	0.1	.	.	.	0.2	0.1
Class A/B						
Amphetamines	1.4	0.8	1.5	1.9	2.6	1.5
Class B/C						
Tranquillisers	0.5	0.4	0.5	0.7	1.1	0.6
Class C						
Anabolic steroids	0.2	0.1	0.2	0.1	0.1	0.1
Cannabis	10.0	8.0	9.0	12.8	17.6	10.8
Not Classified						
Amyl Nitrite	1.2	1.0	1.3	1.4	2.8	1.3
Glues	0.1	.	.	.	0.1	0.1
Total						
Class A	3.1	2.3	2.7	4.1	7.3	3.5
Any Drug	11.5	9.0	10.6	14.4	20.1	12.3
<i>Minimum unweighted n</i>	<i>20,679</i>	<i>5,656</i>	<i>7,970</i>	<i>7,053</i>	<i>2,457</i>	<i>24,197</i>

Notes:

1. Source 2003/04 BCS.
2. All houses includes detached, semi-detached and terrace houses.
3. The response category 'other' (n= 1061) was not included in the analysis.
4. See 'Reporting conventions' section in the Introduction for further details on the symbols used in the tables.

Table A5.9 Figures for the proportion of 16-59 year olds reporting having used drugs in the last year by respondents employment status

Employment %	In employment	Unemployed	Economically inactive	Total
Drug				
Class A				
Cocaine	2.5	4.2	1.9	2.4
Crack	0.1	0.8	0.2	0.2
Ecstasy	2.0	6.7	1.4	2.0
Hallucinogens	0.8	3.5	0.9	0.9
LSD	0.2	1.4	0.2	0.2
Magic Mush	0.8	3.1	0.8	0.8
Opiates	0.1	1.1	0.3	0.2
Heroin	0.1	1.1	0.2	0.1
Methadone	.	.	.	0.1
Class A/B				
Amphetamines	1.4	4.9	1.7	1.5
Class B/C				
Tranquillisers	0.5	2.6	0.7	0.6
Class C				
Anabolic steroids	0.1	0.4	0.2	0.1
Cannabis	10.3	20.0	11.5	10.8
Not Classified				
Amyl Nitrite	1.3	4.5	1.1	1.3
Glues	.	.	.	0.1
Total				
Class A	3.5	8.1	3.0	3.5
Any Drug	11.8	23.5	13.0	12.3
<i>Minimum unweighted n</i>	<i>18,346</i>	<i>493</i>	<i>5,320</i>	<i>24,197</i>

Notes:

1. Source 2003/04 BCS.
2. See Glossary for definition of employment status.
3. See 'Reporting conventions' section in the Introduction for further details on the symbols used in the tables.

Table A5.10 Figures for the proportion of 16-59 year olds reporting having used drugs in the last year by social class

Social Class %	Professional	Managerial & technical	Skilled non-manual	Skilled manual	Semi-skilled	Unskilled	Total
Drug							
Class A							
Cocaine	1.8	2.6	1.5	2.9	3.3	2.1	2.4
Crack	.	.	.	.	.	.	0.2
Ecstasy	1.4	1.8	1.8	2.2	2.9	1.4	2.0
Hallucinogens	0.6	0.9	0.7	0.9	1.1	0.7	0.9
LSD	.	.	.	.	.	.	0.2
Magic Mush	0.6	0.8	0.6	0.8	1.0	0.7	0.8
Opiates	.	.	.	.	.	.	0.2
Heroin	.	.	.	.	.	.	0.1
Methadone	.	.	.	.	.	.	0.1
Class A/B							
Amphetamines	0.7	1.2	1.5	1.9	2.0	2.1	1.5
Class B/C							
Tranquillisers	0.2	0.6	0.6	0.5	0.8	1.2	0.6
Class C							
Anabolic steroids	.	.	.	.	.	.	0.1
Cannabis	7.7	10.0	9.5	12.3	11.4	11.3	10.8
Not Classified							
Amyl Nitrite	0.9	1.3	1.4	1.2	1.4	1.3	1.3
Glues	.	.	.	.	.	.	0.1
Total							
Class A	2.4	3.4	2.6	4.0	4.9	3.5	3.5
Any Drug	8.4	11.4	11.1	13.9	13.4	12.9	12.3
<i>Minimum unweighted n</i>	<i>1,111</i>	<i>7,261</i>	<i>5,201</i>	<i>4,038</i>	<i>3,376</i>	<i>1,279</i>	<i>24,197</i>

Notes:

1. Source 2003/04 BCS. Excludes non categorised and Armed forces.
2. See 'Reporting conventions' section in the Introduction for further details on the symbols used in the tables.

Table A5.11 Figures for the proportion of 16-59 year olds reporting having used drugs in the last year by respondents highest level of education

Education %	Degree / Diploma	A Levels	Trade Apprenticeship	O levels	No qualifications	Total
Drug						
Class A						
Cocaine	2.8	3.1	2.4	2.5	1.4	2.4
Crack	.	.	.	.	.	0.2
Ecstasy	2.1	2.5	1.4	2.2	1.3	2.0
Hallucinogens	1.0	1.1	0.9	1.0	0.4	0.9
LSD	0.2	0.3	0.2	0.3	0.2	0.2
Magic Mush	1.0	1.1	0.9	1.0	0.3	0.8
Opiates	.	.	.	.	.	0.2
Heroin	.	.	.	.	.	0.1
Methadone	.	.	.	.	.	0.1
Class A/B						
Amphetamines	1.2	1.6	1.6	1.9	1.4	1.5
Class B/C						
Tranquillisers	0.6	0.4	0.6	0.7	0.6	0.6
Class C						
Anabolic steroids	.	.	.	.	.	0.1
Cannabis	10.5	15.8	8.8	11.5	7.9	10.8
Not Classified						
Amyl Nitrite	1.1	2.2	0.9	1.8	0.7	1.3
Glues	.	.	.	.	.	0.1
Total						
Class A	3.7	4.4	3.2	3.9	2.4	3.5
Any Drug	11.8	17.4	11.0	13.4	9.3	12.3
<i>Minimum unweighted n</i>	7,642	3,201	1,269	5,923	5,140	24,197

Notes:

1. Source 2003/04 BCS
2. See 'Reporting conventions' section in the Introduction for further details on the symbols used in the tables.

Table A5.12 Figures for the proportion of 16-59 year olds reporting having used drugs in the last year by disability

Disability %	No disability or illness	Non limiting disability/illness	Limiting disability/illness	Total
Drug				
Class A				
Cocaine	2.6	1.8	1.5	2.4
Crack	0.2	0.1	0.3	0.2
Ecstasy	2.1	1.3	1.1	2.0
Hallucinogens	0.9	0.9	0.7	0.9
LSD	0.2	0.4	0.1	0.2
Magic Mush	0.9	0.9	0.6	0.8
Opiates	0.2	0.2	0.3	0.2
Heroin	0.1	0.1	0.3	0.1
Methadone	.	.	.	0.1
Class A/B				
Amphetamines	1.5	1.1	1.8	1.5
Class B/C				
Tranquillisers	0.5	0.3	1.2	0.6
Class C				
Anabolic steroids	0.1	0.2	0.1	0.1
Cannabis	11.0	8.5	9.8	10.8
Not Classified				
Amyl Nitrite	1.4	1.2	1.1	1.3
Glues	.	.	.	0.1
Total				
Class A	3.7	2.6	2.6	3.5
Any Drug	12.6	9.5	11.6	12.3
<i>Minimum unweighted n</i>	19,783	1,486	2,920	24,197

Notes:

1. Source 2003/04 BCS
2. See 'Reporting conventions' section in the Introduction for further details on the symbols used in the tables.

Appendix E: Additional tables for lifestyle differences

Table A6.1 Proportion of 16-29, 30-59 and 16-59 year olds reporting having used drugs in the last year by frequency of visits to nightclubs or discos in the last month

Age group	16-29 year olds		30-59 year olds		16- 59 year olds		Total
	None	Club goers	None	Club goers	None	Club goers	
Visits to night clubs or discos %							
Drug							
Class A							
Cocaine	3.3	8.0	0.8	4.5	1.3	6.9	2.4
Crack	0.4	0.5	0.1	0.1	0.1	0.4	0.2
Ecstasy	2.0	8.5	0.4	3.5	0.7	6.9	2.0
Hallucinogens	1.5	3.4	0.2	0.9	0.5	2.6	0.9
LSD	0.4	1.0	0.0	0.4	0.1	0.8	0.2
Magic Mush	1.4	3.2	0.2	0.8	0.4	2.4	0.8
Opiates	0.6	0.3	0.1	-	0.2	0.2	0.2
Heroin	.	.	.	.	0.1	0.1	0.1
Methadone	.	.	.	.	0.1	0.1	0.1
Class A/B							
Amphetamines	2.1	5.3	0.5	2.6	0.8	4.4	1.5
Class B/C							
Tranquillisers	1.3	0.8	0.3	1.0	0.5	0.9	0.6
Class C							
Anabolic steroids	.	.	.	.	0.1	0.3	0.1
Cannabis	16.0	30.2	5.0	13.6	7.1	24.9	10.8
Not Classified							
Amyl Nitrite	1.4	5.4	0.3	2.4	0.5	4.5	1.3
Glues	.	.	.	.	0.0	0.3	0.1
Total							
Class A	5.0	12.2	1.0	5.7	1.8	10.1	3.5
Any Drug	18.5	34.0	5.8	16.5	8.2	28.4	12.3
<i>Minimum unweighted n</i>	2,898	2,362	17,125	1,811	20,023	4,173	24,197

Notes:

1. Source 2003/04 BCS.
2. See 'Reporting conventions' section in the Introduction for further details on the symbols used in the tables.
3. See Table A5.2 for Total percentages by age-group

Table A6.2 Proportion of 16-29, 30-59 and 16-59 year olds reporting having used drugs in the last year by frequency of visits to a pub or winebar in the evening in the last month

Age group	16-29 year olds		30-59 year olds		16- 59 year olds		
Visits to pubs or wine bars %	Less than 3 times a week	Three or more times a week	Less than 3 times a week	Three or more times a week	Less than 3 times a week	Three or more times a week	Total
Drug							
Class A							
Cocaine	3.7	13.1	1.0	3.1	1.7	8.3	2.4
Crack	0.4	0.6	0.1	0.1	0.2	0.4	0.2
Ecstasy	3.4	12.3	0.6	2.2	1.3	7.4	2.0
Hallucinogens	1.9	4.7	0.2	0.7	0.7	2.8	0.9
LSD	0.4	1.7	0.1	0.2	0.2	1.0	0.2
Magic Mush	1.7	4.5	0.2	0.7	0.6	2.7	0.8
Opiates	0.4	0.7	0.1	0.1	0.1	0.4	0.2
Heroin	.	.	.	.	0.1	0.3	0.1
Methadone	.	.	.	.	0.1	0.0	0.1
Class A/B							
Amphetamines	2.6	7.7	0.6	2.3	1.1	5.1	1.5
Class B/C							
Tranquillisers	0.9	1.7	0.4	0.6	0.5	1.2	0.6
Class C							
Anabolic steroids	.	.	.	.	0.1	0.4	0.1
Cannabis	19.2	37.6	5.3	12.7	8.9	25.6	10.8
Not Classified							
Amyl Nitrite	2.4	6.9	0.5	1.1	1.0	4.2	1.3
Glues	.	.	.	.	0.1	0.3	0.1
Total							
Class A	6.4	16.8	1.2	4.0	2.6	10.7	3.5
Any Drug	21.9	42.2	6.2	14.1	10.3	28.6	12.3
<i>Minimum unweighted n</i>	4,349	910	17,512	1,423	21,861	2,334	24,197

Notes:

1. Source 2003/04 BCS.
2. See 'Reporting conventions' section in the Introduction for further details on the symbols used in the tables.
3. See Table A5.2 for Total percentages by age-group

Table A6.3 Figures for the proportion of 16-30 year olds reporting having used drugs in the last year by how often you drink alcohol of any kind

Age group	16-30 year olds			
	How often drink alcohol of any kind %	Drinks on less than 3 days a week	Drinks on 3 or more days a week	Total
Drug				
Class A				
Cocaine	2.9	11.8	5.4	
Crack	0.3	0.7	0.4	
Ecstasy	2.2	11.9	4.9	
Hallucinogens	1.2	5.0	2.3	
LSD	0.2	1.7	0.6	
Magic Mush	1.2	4.6	2.2	
Opiates	0.3	0.7	0.4	
Heroin	0.2	0.6	0.3	
Methadone	0.2	0.2	0.2	
Class A/B				
Amphetamines	1.8	7.8	3.5	
Class B/C				
Tranquillisers	0.6	2.3	1.1	
Class C				
Anabolic steroids	0.3	0.4	0.3	
Cannabis	16.3	37.9	22.3	
Not Classified				
Amyl Nitrite	1.8	6.7	3.1	
Glues	0.1	0.6	0.2	
Total				
Class A	4.6	17.3	8.2	
Any Drug	18.7	42.1	25.2	
<i>Minimum unweighted n</i>	4,228	1,557	5,785	

Notes:

1. Source 2003/04 BCS.

Appendix F: Logistic Regression

Logistic regression enables one to establish which variables are statistically related to a given dependent variable when all under examination have been considered. This technique determines associations between variables but does not imply a causal relationship.

The logistic regression was based on the 2003-04 data and a scaled weight was used in the modelling procedure.

Interpretation of the Models

The results presented here only include those variables which were statistically related to the dependent variable. There were two dependent variables and as such two logistic regression models. The dependent variables were: use of any drug in the last year and use of any Class A drug in the last year. Variables were entered into the regression model for use of any drug in the last year using the “forward stepwise” command. The variables were entered into the model for class A use using the “enter” command”. The factors included were the same in both modelling procedures:

- Age of respondent (16-19, 20-24, 25-34, 35-44, 45-54, 55-59)
- Gender (male, female)
- Household structure (no children, adults and child(ren), single adult and child(ren), aged 60+)
- Household income (less than £5,000, £5,000 less than £10,000, £10,000 less than £20,000, £20,000 less than £30,000, £30,000 or more)
- Accommodation types (detached, semi-detached, terrace, flats/maisonettes)
- Employment (economically inactive, employed, unemployed)
- Social class (professional, managerial/technical, skilled non-manual, skilled manual, semi-skilled manual, unskilled manual)
- Education level (degree/diploma, A levels, trade apprenticeship, O levels, no qualifications)
- Marital status (married, co-habiting, single, widowed, divorced, separated)
- Disability or limiting illness (no disability or illness, non-limiting disability/illness, limiting disability/illness)
- Government Office Region (NE, NW, Yorks/Humberside, E. Mids, W. Mids, E, London, SE, SW)
- Area type I - ACORN (thriving, expanding, rising, settling, aspiring, striving)
- Neighbourhood disorder (low, high)
- Frequency of visits to nightclubs (not club goer, club goer)
- Frequency of evening visits to pubs and wine bars (less than 3 times a week, 3 or more times a week)

The tables present the exponential of the co-efficient, adjusted odds ratio and significance levels.

- Adjusted odds ratio (OR): interpreted as the change in the odds of drug use compared with the base category, controlling for all other independent variables, i.e. if the odds ratio is

greater than one, the odds of drug use are increased compared with the base category, if the odds ratio is less than one the odds decreased. For these models the base categories used were those in which the respondents showed least drug use, i.e. those in the 55-59 years age category.

- Significance: all coefficients are tested to see if they are statistically different to zero.
* Indicates that the factor is significant at the 5% level.
- All independent variables were checked for multi-collinearity, i.e. that they were not highly correlated with one another. Two variables were removed as a result of co-linearity: area type II – inner city, urban, rural and council/non-council.
- Those factors which are significantly associated with increased risk are shaded.

Table A 7.1 Logistic regression model for risks of drug use in the last year

	Adjusted Odds ratio	Significance
Marital		
Married (Base)	1.00	
Co-habiting	2.29	*
Single	2.07	*
Widowed	1.21	
Divorced	2.21	*
Separated	1.44	
Age		
16-19 years	8.90	*
20-24 years	6.27	*
25-34 years	5.11	*
35-44 years	3.03	*
45-54 years	1.83	*
55-59 years (Base)	1.00	
Frequency of evening visits to pubs and wine bars		
Less than 3 times a week (Base)	1.00	
3 times or more a week	1.72	*
Gender		
Female (Base)	1.00	
Male	1.77	*
Frequency of visits to nightclubs or discos		
Not a club goer (Base)	1.00	
Club goer	1.71	*
Tenure		
Owner occupiers (Base)	1.00	
Social renters	1.49	*
Private renters	1.36	*
Social class		
Professional (Base)	1.00	
Managerial/technical	1.86	*
Skilled non-manual	1.34	*
Skilled manual	1.69	*
Semi-skilled manual	1.67	*
Unskilled manual	2.31	*
Armed forces or unknown	.93	
Accommodation type		
Detached (Base)	1.00	
Semi-detached	1.09	
Terrace	1.24	*
Flats/maisonettes	1.40	*
Household income		
£5,000 less than £10,000	.88	

Less than £5,000	1.16	
£10,000 less than £20,000	1.11	
£20,00 less than £30,000 (Base)	1.00	
£30,000 or more	1.31	*
Employment		
In employment (Base)	1.00	
Unemployed	1.29	
Economically inactive	1.32	*
Household Structure		
No children	1.30	
Adults & Child(ren)	1.08	
Single Adult & Child(ren)	1.32	
60+ years (Base)	1.00	
Disability or limiting illness		
No disability/illness	1.00	
Non-limiting disability/illness	1.12	
Limiting disability/illness	1.28	*
Acorn category		
Thriving (Base)	1.00	
Expanding	.97	
Rising	1.34	*
Settling	1.02	
Aspiring	1.16	
Striving	1.08	
N = 15,344	Model Chi-square = 1902.29 *	Nagelkerke R Square = .224

Notes:

1. Variables are ordered according to their level of predictiveness.
2. Shaded factors are those with statistically higher risks
3. Odd ratio rounded to two decimal places
4. Odd ratio greater than one indicates a higher risk compared with the base category, while less than one relates to lower risk
5. * Indicates statistical significance at 5%
6. Data was entered into the model using the forward stepwise command

Table A 7.2 Logistic regression model for risks of class A drug use in the last year

	Adjusted odds ratio	Significance
Age		
16-19 years	44.08	*
20-24 years	49.93	*
25-34 years	52.42	*
35-44 years	25.23	*
45-54 years	6.88	*
55-59 years (Base)	1.00	
Gender		
Female (Base)	1.00	
Male	2.12	*
Frequency of visits to nightclubs or discos		
Not a club goer (Base)	1.00	
Club goer	2.13	*
Marital		
Married (Base)	1.00	
Co-habiting	2.98	*
Single	2.83	*
Widowed	.36	
Divorced	2.10	*
Separated	1.44	
Frequency of evening visits to pubs or wine bars		
Less than 3 times a week (Base)	1.00	
3 times or more a week	1.91	*
Accommodation type		
Detached (Base)	1.00	
Semi-detached	1.00	
Terrace	1.34	*
Flats/maisonettes	1.89	*
Household Structure		
No children	1.92	*
Adults & Child(ren)	1.56	
Single Adult & Child(ren)	2.37	*
60+ years (Base)	1.00	
N = 24,285	Model Chi-square = 1404.99 *	Nagelkerke R Square = .215

Notes:

1. Variables are ordered according to their level of predictiveness.
2. Shaded factors are those with statistically higher risks
3. Odds ratio rounded to two decimal places
4. Odds ratio greater than one indicates a higher risk compared with the base category, while less than one relates to lower risk
5. * Indicates statistical significance at 5%
6. Data was entered into the model using the Enter command

Glossary of terms

ACORN – ('A Classification of Residential Neighbourhoods') classifies households according to the demographic, employment and housing characteristics of the surrounding neighbourhood. ACORN was developed by CACI Ltd., through the use of cluster analysis of variables from the 1991 Census. ACORN is most useful in determining the social environment in which households are located. Although there are a total of 54 ACORN types, the 6-group breakdown has been used in this report (the 6 groups are constructed from the 54 types). The main ACORN groups are characterised as follows:

Thriving

Wealthy achievers, suburban areas
Affluent greys, rural communities
Prosperous pensioners, retirement areas

Expanding

Affluent executives, family areas
Well-off workers, family areas

Rising

Affluent urbanites, town and city
Prosperous professionals, metropolitan areas
Better-off executives, inner-city areas

Settling

Comfortable middle agers, mature home owning areas
Skilled workers, home owning areas

Aspiring

New home owners, mature communities
White collar workers, better off multi-ethnic areas

Striving

Older people, less prosperous areas
Council estates, better off homes
Council estates, high unemployment
Council estates, greatest hardship
Multi-ethnic, low income areas

Further information about ACORN is available from CACI Ltd., CACI House, Kensington Village, Avonmore Road, London W14 8TS.

Calibration weighting – The Office for National Statistics (ONS) recommended, as part of a review of BCS methodology, that the calibration weighting method be adopted in the BCS. The weighting is designed to make adjustment for known differentials in response rates between different age by gender subgroups and households with different age and gender composition. For example, a household containing a 24-year-old male living alone may be less likely to respond to the survey than a household containing a 24-year-old male living with a young partner

and a child. The procedure therefore gives different weights to different household types based on their age/sex composition in such a way that the weighted distribution of individuals in the responding households matches the known distribution in the population as a whole.

The weights are generated using an algorithm (CALMAR) that minimises the differences between the weights implied by sampling and the final weights subject to the weighted data meeting the population controls. Calibration weights for BCS sweeps back to 1996 have been generated for both household and individual weights. They are based on calibrating on **population figures** provided by ONS. The impact calibration weighting has on estimates of drug use remains relatively constant over consecutive sweeps: on average 'ever use' estimates increase by a 0.5 percentage point, 'year use' by 0.2 and 'month use' by 0.1. See Simmons (2002) for more information.

The calibration weighting method is used on the Labour Force Survey (ONS), the General Household Survey (ONS), the Expenditure and Food Survey (ONS and DEFRA), the Family Resources Survey (DWP) and the Family and Children's Survey (DWP).

Computer Assisted Personal Interview (CAPI) – The mode of interview changed in the 1994 BCS from a paper-based questionnaire to CAPI, whereby the interviewer enters responses to the questionnaire into a laptop computer. The questionnaire is a computer program that specifies the questions, range and structure of permissible answers and instructions for navigating through the questionnaire.

Confidence interval – The range of values between which the population parameter is estimated to lie (also referred to as margin of error). Surveys produce statistics that are estimates of the real figure for the population under study. These estimates are always surrounded by a margin of error of plus or minus a given range. A 95 per cent confidence interval is the range within which one would expect the true value to lie outside one out of every 20 times solely due to chance variation. A 90 per cent confidence interval relates to a one in ten chance of the true value lying outside the range. Confidence intervals can also be constructed for changes in estimates between BCS sweeps. If a change is outside a range set by a 95 per cent confidence interval then one judges the change to be 'statistically significant at the five per cent level'. If a change is outside a 90 per cent confidence interval it is 'statistically significant at the ten per cent level'. In this publication a five per cent significance level has been applied, unless otherwise stated. See also the definition of **statistical significance**.

Government Office Region (GOR) – An administrative division of England and Wales. See also **ONS harmonised variables**.

Household reference person (HRP) – For some topics it is necessary to select one person in the household to indicate the characteristics of the household more generally. In common with other government surveys, the BCS has replaced head of household with household reference person (HRP). The HRP is the member of the household in whose name the accommodation is owned or rented, or is otherwise responsible for the accommodation. Where this responsibility is joint within the household, the HRP is the person with the highest income. If incomes are equal, then the oldest person is the HRP.

Household structure – The classification of households in the BCS is on the basis of size, age of head of household, and number of children. Households are divided into those where the head of household is aged over 60, and those where the head of household is aged 16 to 59. The latter group is subdivided into the following categories:

- one adult aged less than 60, and one or more children (under 16). Note this does not necessarily denote a lone *parent* family, as the adult may be a sibling or grandparent of the child;
- more than one adult with one or more children (under 16);
- one or more adults with no children (under 16).

Inner-city areas – Inner-city areas are defined in the BCS at the sampling stage as those postcode sectors with high population density, low owner-occupation and low proportions of professionals. See Hales et al. (2000), for full details.

ONS harmonised variables – The Office for National Statistics (ONS) has constructed core variables and variable categories which are becoming widely used in government surveys (including the BCS) to provide comparable measures.

The harmonised variables used in this publication are:

Age breakdown (short) – ONS one: 16 to 24; 25 to 44; 45 to 64; 65 to 74; 75+. Used in this publication given our sample age composition: 16 to 24; 25 to 44; 45 to 59.

Employment status:

- Economically inactive – includes respondents of working age (16 to 64 for men and 16 to 59 for women) who are retired; going to school or college full-time; looking after home/family; are temporarily or permanently sick; or doing something else.
- Employed – includes people doing paid work in the last week; working on a government supported training scheme; or doing unpaid work for own/family business.
- Unemployed – actively seeking work, or waiting to take up work.

GOR – Government Office Regions: North East; North West; Yorkshire and Humberside; East Midlands; West Midlands; East of England; London; South East; South West and Wales.

Household accommodation type:

- House or bungalow – detached, semi-detached, terraced.
- Flat or maisonette – purpose-built block, non-purpose built (including bedsits) and all flats and maisonettes.

Tenure:

- Owners – households who own their homes outright, or are buying with a mortgage (includes shared owners, who own part of the equity and pay part of the mortgage/rent).

- Social rented sector tenants – households renting from a council, housing association or other social rented sector.
- Rented privately – households privately renting unfurnished or furnished property. This includes tenants whose accommodation comes with their job, even if their landlord is a housing association or local authority.

Physical disorder – Two measures are used in the BCS. The first is based on the interviewer's perception of the level of (a) vandalism, graffiti and deliberate damage to property, (b) rubbish and litter, and (c) homes in poor condition in the area. The interviewer has to make their own assessment as to whether each of these problems is very or fairly common, not very common or not at all common. For each, very and fairly common is scored as 1 and not very and not at all as 0. A scale is then constructed by summing the scores for each case. The scale ranges from 0 to 3, with high disorder areas being those with a score of 2 or 3. The second measure is based on the respondent's perception of local problems.

Population figures – The BCS uses population figures in the calibration weighting and in calculating the estimates of numbers of crimes. Following the 2001 Census, the Office for National Statistics (ONS) issued interim revised estimates of population involving the total numbers of people and the distribution by age and sex; fully revised estimates have not yet been issued. Calibration weighting and the calculation of the numbers of drug users for the 2003/04 BCS and previous years has been calculated using population distributions, which have not fully incorporated the interim census revisions.

Postcode Address File (PAF) – This has been used as the sampling frame for the BCS since 1992. It is a listing of all postal delivery points in the country, with almost all households having one delivery point or letterbox. BCS sampling methods take account of the fact that a delivery point may correspond to more than one household such as a house with one front door converted into flats.

Prevalence rates – Prevalence rates show the percentage of the BCS sample who took drugs at least once in the period specified.

Rural areas – Defined in the BCS as those areas falling into 1991 ACORN types 1 to 9 and 27 (more information available from CACI Ltd.). See also: **ACORN**.

Sampling error – A sample, as used in the BCS, is a small-scale representation of the population from which it is drawn. As such, the sample may produce estimates that differ from the figures that would have been obtained if the whole population had been interviewed. The size of the error depends on the sample size, the size of the estimate, and the design of the survey. It can be computed and used to construct **confidence intervals**. Sampling error is also taken into account in tests of **statistical significance**.

Statistical significance – Because the BCS estimates are subject to **sampling error**, differences between estimates from successive sweeps of the survey may occur by chance. Tests of statistical significance are used to identify which changes are unlikely to have occurred by chance. In this publication tests at the five per cent significance levels have been applied (the level at which there is a one in 20 chance of incorrectly identifying a difference solely due to chance variation), unless otherwise stated.

2003/04 interview sample – This is the sample on which latest BCS results are based. It consists of all respondents interviewed by the BCS in the 2003/04 financial year who were asked to recall their experience of drug use in the previous 12 months.

Urban areas – All 1991 **ACORN** types used in the BCS that are not classified as **rural** or **inner-city**.

Weighted data – Two types of weighting are used to ensure the representativeness of the BCS sample. First, the raw data are weighted to compensate for unequal probabilities of selection. These include: the individual's chance of participation being inversely proportional to the number of adults living in the household; the over-sampling of smaller police force areas and multi-household addresses. Second, **calibration weighting** is used to adjust for differential non-response.

References

- Aust, R., Sharp, C. and Goulden, C. (2002) *Prevalence of drug use: key findings from the 2001/2002 British Crime Survey*. London: Home Office.
- Aust, R. and Condon, J. (2003) *Geographical variations in drug use: key findings from the 2001/2002 British Crime Survey*. London: Home Office
- Aust, R. and Smith, N. (2003) *Ethnicity and drug use: key findings from the 2001/2002 British Crime Survey*. London: Home Office
- Bolling, K., Clements, S., Grant, C. and Smith, P. (2003) 2002-3 British Crime Survey (England and Wales) Technical Report. London: BMRB.
- Condon, J. and Smith, N. (2003) *Prevalence of drug use: key findings from the 2002/2003 British Crime Survey*. London: Home Office.
- Dodd, T., Nicholas, S., Povey, D. and Walker A. (2004) *Crime in England and Wales 2003/2004*. Home Office Statistical Bulletin 10/04. London: Home Office.
- Home Office (1998). *Tackling drugs to build a better Britain*. Cm 3945, London: HMSO.
- Home Office (2002) *Updated drug strategy 2002*. London: Home Office.
- Home Office (2004) *Autumn performance report 2004*. London: Home Office.
- Hough, M. and Mayhew, P. (1983). *The British Crime Survey: first report*. Home Office Research Study No. 76. London: HMSO.
- Kershaw, C., Budd, T., Kinshott, G., Mattinson, J., Mayhew, P. and Myhill, A. (2000). *The 2000 British Crime Survey*. Home Office Statistical Bulletin 18/00. London: Home Office.
- Kershaw, C., Chivite-Mathews, N., Thomas, C. and Aust, R. (2001). *The 2001 British Crime Survey, first results, England and Wales*. Home Office Statistical Bulletin 18/01. London: Home Office.
- Mayhew, P., Aye Maung, N. and Mirrlees-Black, C. (1993). *The 1992 British Crime Survey*. Home Office Research Study No. 132. London: HMSO.
- Mirrlees-Black, C., Mayhew, P. and Percy, A. (1996). *The 1996 British Crime Survey*. Home Office Statistical Bulletin 19/96. London: Home Office.
- Mirrlees-Black, C., Budd, T., Partridge, S. and Mayhew, P. (1998). *The 1998 British Crime Survey*. Home Office Statistical Bulletin 21/98. London: Home Office.
- Ramsay, M. and Percy, A. (1996). *Drug misuse declared: results of the 1994 British Crime Survey*. Home Office Research Study 151. London: Home Office.
- Ramsay, M. and Spiller, J. (1997). *Drug misuse declared in 1996: latest results from the British Crime Survey*. Home Office Research Study 172. London: Home Office.
- Ramsay, M. and Partridge, S. (1999). *Drug misuse declared in 1998: results from the British Crime Survey*. Home Office Research Study 197. London: Home Office.
- Ramsay, M., Baker, P., Goulden, C., Sharp, C. and Sondhi, A. (2001) *Drug misuse declared in 2000: results from the British Crime Survey*. Home Office Research Study No. 224. London: Home Office.

Simmons, J. (Ed) (2002) *Crime in England and Wales 2001/2002*. Home Office Statistical Bulletin 07/02. London: Home Office