Home Office

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Drug Misuse Declared: Findings from the 2010/11 British Crime Survey

England and Wales

Edited by:

Kevin Smith and John Flatley

July 2011 HOSB: 12/11

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

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Conventions used in figures and tables

Unweighted base

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

Percentages

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

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

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

'No answers' (missing values)

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

Table abbreviations

'0' indicates no response in that particular category or less than 0.5 per cent (this does not apply when percentages are presented to one decimal point).

'n/a' indicates that the BCS question was not applicable or not asked in that particular year.

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

'.' indicates that although the unweighted base under analysis was more than 50 there were insufficient drug users in the sample to enable robust subgroup analysis

''** indicates that the change is statistically significant at the five per cent level. Where an apparent change over time is not statistically significant this is noted in the text.

1 Introduction

This annual statistical bulletin examines the extent and trends in illicit drug use among a nationally representative sample of 16 to 59 year olds resident in households in England and Wales. The bulletin is based on results from the 2010/11 British Crime Survey (BCS), including comparisons with the 2009/10 BCS and trends since the 1996 BCS.

This bulletin also includes new and updated estimates for questions added to the 2010/11 BCS. In conjunction with this bulletin a set of online tables has also been published with latest estimates from the survey. These tables update figures for all BCS drugs measures and long-term trends in drug use by key demographic and lifestyle characteristics first published in Drugs Misuse Declared 2009/10, Hoare and Moon, 2010.

1.1 THE BCS AS A SURVEY OF DRUG USE

The BCS drug misuse estimates are produced from responses to a self-completion module of the survey that is completed at the end of the face-to-face interview (which mainly covers questions on experiences of crime victimisation and perceptions of crime-related issues). Respondents generally complete the drugs module on the interviewer's laptop by themselves (CASI, computer-assisted self-interviewing) and, when complete, their answers are encrypted and cannot be retrieved by the interviewer. The self-completion module is restricted to those respondents aged 16 to 59 years (the decision to exclude those aged 60 and over was largely an economy measure, reflecting their very low prevalence rates for the use of illicit drugs). The BCS is able to provide trends over time because the survey has included a comparable self-report module of questions on illicit drug use since the 1996 BCS.

BCS estimates are based on a sample of the population which is considered large for a government household survey (see Appendix 1 of this bulletin for more details on the measurement of BCS drug prevalence). The survey has a high response rate: 76 per cent to the main survey and 92 per cent of those who were eligible for the self-completion module[1] (giving a true response rate of 69%). Data are weighted to ensure figures reflect the age and sex distribution of the population under study. Unless otherwise specified, any reported changes over time in BCS drug use estimates are statistically significant (see Section 8 of the User Guide to Home Office Crime Statistics).

BCS provides estimates of the prevalence of use of an illicit drug ever (that is, at least once in a lifetime), at least once in the last year (that is, the year prior to interview) and at least once in the last month (the month prior to interview). Use of drugs in the last year is deemed to be the best indicator to measure trends in recent drug use. Estimates in this publication are based on respondents' use of drugs in the last year unless specified otherwise. However, findings for lifetime use and last month use are contained in the tables within this bulletin to aid users of these statistics.

The figures in this report are based on interviews conducted between April 2010 and March 2011. The reference period for last year drug use (where respondents are asked about their drug use in the 12 months prior to interview) will range from April 2009 for the earliest interviews to March 2011 for the latest interviews.

Development of the BCS questionnaire takes place on an annual basis and aims to reflect emerging issues. For example, questions about use of mephedrone, simultaneous drug use, source and location of obtaining drugs and attitudes to the acceptability of taking certain drugs and using alcohol were added to the 2010/11 BCS questionnaire and are reported on in this bulletin.

Historically, the BCS has been restricted to those aged 16 or over resident in households. While the BCS was extended in January 2009 to include children (aged 10 to 15), the BCS children's survey includes only a few questions on the use of cannabis. This is because there is already an established National Statistics series giving trends on the prevalence and nature of drug use among 11 to 15 year olds which is based on the Smoking, Drinking and Drug Use Survey among young people in England.

[1] The self-completion module is only asked of adults aged 16 to 59.

Latest figures for 2010 are published simultaneously with this bulletin and the two bulletins together provide an overall picture of drug use (see Fuller, 2011).

1.2 CLASSIFICATION OF DRUGS

The Misuse of Drugs Act 1971 classifies controlled drugs into three categories (Classes A, B and C) according to the harm that they cause, with Class A drugs considered to be the most harmful.

For further information about the drugs that respondents are asked about in the BCS, their current classification under the Misuse of Drugs Act and measurement of these drugs within the BCS itself see Appendix 1 of this bulletin.

2 Extent and trends in illicit drug use

Bryce Millard

2.1 SUMMARY

The 2010/11 BCS estimates that 8.8 per cent of adults aged 16 to 59 had used illicit drugs (almost three million people) and that 3.0 per cent had used a Class A drug in the last year (around a million people). Neither estimates were statistically significantly different from the 2009/10 survey.

Adults aged 16 to 59

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

- Last year use of **any illicit drug** has fallen from 11.1 per cent in the 1996 BCS to 8.8 per cent in the 2010/11 BCS, mainly due to declines in the use of cannabis since the 2003/04 survey.
- **Class A drug** use among adults aged 16 to 59 in the 2010/11 BCS was 3.0 per cent, a similar level as in the 2009/10 BCS (3.1%) and the 1996 BCS (2.7%).
- Although the long-term trend displays relatively constant levels of **Class A drug** use overall, within this category there were increases in powder cocaine use between the 1996 and 2010/11 BCS. In contrast, there were decreases over the same period in the use of hallucinogens.

Of the individual types of drug asked about in the survey, there were decreases in the use of **powder cocaine** between the 2009/10 (2.4%) and 2010/11 BCS (2.1%) and an increase in **methadone** (from 0.1% to 0.2%); for other types of drugs levels of last year usage remained similar to the previous year.

As in previous years, among adults aged 16 to 59, **cannabis** was the most commonly used type of drug (6.8%, around 2.2 million people), followed by **powder cocaine** (2.1%, 0.7 million people) and **ecstasy** (1.4%, 0.5 million people).

The 2010/11 BCS shows that levels of **ketamine** use (at 0.6%) were around double those when questions on the use of this drug were first asked in the 2006/07 BCS (0.3%)

Adults aged 16 to 24

Around one in five young people aged 16 to 24 had used one or more **illicit drugs** in the last year (20.4%, an estimated 1.4 million young people). Use of any illicit drugs among young people has fallen between the 1996 BCS (29.7%), and the 2010/11 BCS (20.4%) in large part due to a decline in the use of cannabis.

Other key findings

Measures of illicit drug use by personal, household and area characteristics and lifestyle factors in the 2010/11 BCS show that:

- Among adults aged 16 to 59, the level of **any illicit drug** use was highest among the 16 to 19 age group (23.0%), while **Class A drug** use was highest among 20 to 24 year olds (7.8%) in comparison with other age groups.
- Single adults had higher levels of **any illicit drug** (18.1%) or **Class A drug** (6.5%) use in the last year in comparison with all other marital status groups.

New measures of drug use added to the BCS for drugs recently classified under the Misuse of Drugs Act show that last year use of **mephedrone** (1.4%) was at a similar level as **ecstasy** use (1.4%) among those aged 16 to 59 (the third most used drug within this age group). For those aged 16 to 24, **mephedrone** use (4.4%) was at a similar level of use as **powder cocaine** (4.4%; the second most used drug amongst young people).

2.2 INTRODUCTION

This chapter examines the extent and trends in illicit drug use measured by the 2010/11 BCS among adults aged 16 to 59 resident in households in England and Wales. Estimates are presented for types of illicit drugs used with a breakdown of Class A and non-Class A drug usage. Trends in prevalence of use are presented since 1996 when comparable questions were first included in the BCS.

In this bulletin, most estimates of prevalence rates and numbers of adults or young people who reported use of illicit drugs are based on last year drug use. While the BCS provides estimates of adults who reported use of illicit drugs over three time periods (i.e. ever in their lifetime, in the last year and last month prior to interview), last year use is deemed the most reliable measure of trends in recent drug use. However, information on all these measures is contained in the tables within this Chapter.

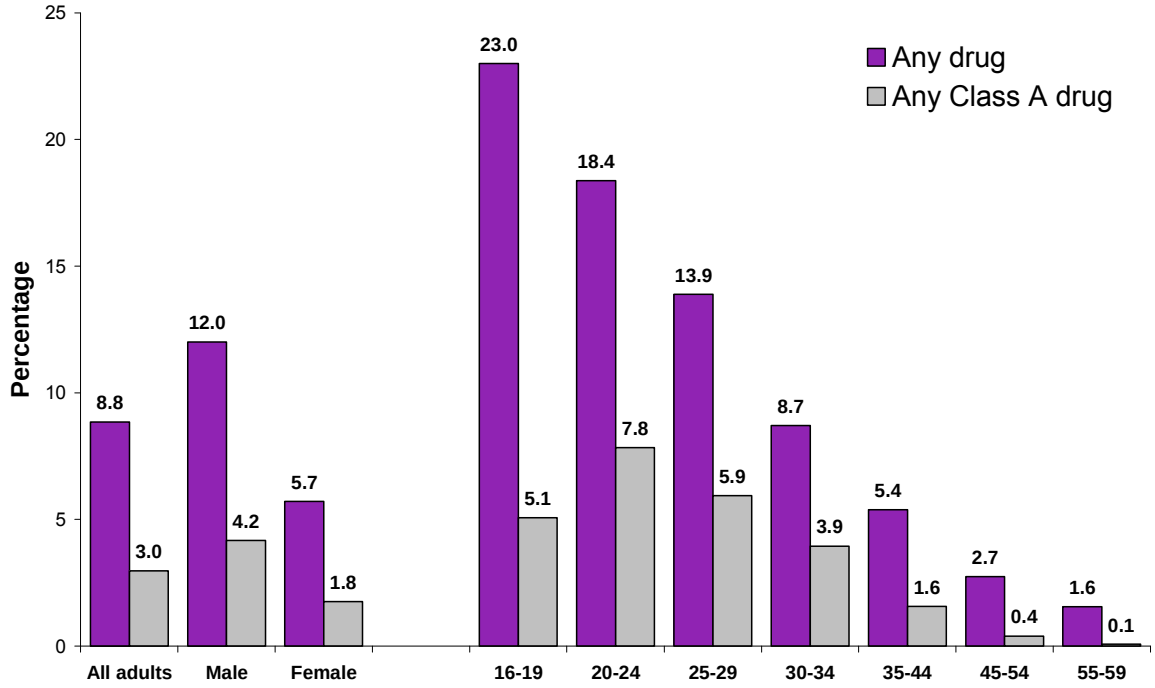
2.3 EXTENT OF ILLICIT DRUG USE

Estimates from the 2010/11 BCS show that around one in three adults aged 16 to 59 in England and Wales (36.3%) had ever used illicit drugs *in their lifetime* (almost 12 million people). Amongst this age group, 8.8 per cent (an estimated 2.9 million adults) had used illicit drugs *in the last year* (Figure 2.1 and Tables 2.1 to 2.4).

It is known that drug prevalence is greater amongst younger adults than for the adult population as a whole (a finding that has been consistently shown by the BCS since the drug module was introduced in 1996). Therefore, additional analysis is presented for adults aged 16 to 24.

Around two in five young people aged 16 to 24 (40.1%) had ever used illicit drugs in their lifetime, an estimated 2.7 million young people in England and Wales. Around one in five young people had used illicit drugs in the last year (20.4%, an estimated 1.4 million young people; Tables 2.5 to 2.8).

Figure 2.1 Proportion of 16 to 59 year olds reporting use of any drug by age group and sex in the last year, 2010/11 BCS



As in previous years, the prevalence of Class A drug use was lower than for illicit drugs overall:

- 3.0 per cent of adults aged 16 to 59 (around a million people) had used a Class A drug in the last year; and

- 6.6 per cent of young people aged 16 to 24 (around 440,000 young people) had used a Class A drug in the last year (Tables 2.2 and 2.6).

Men reported higher levels than women of last year use of any illicit drug and of Class A drugs in the 2010/11 BCS, a pattern which has been consistently demonstrated since the 1996 BCS (Figure 2.1 and Table 2.9).

- The level of any illicit drug use among men (12.0%) was twice as high as that for women (5.7%).
- Men (4.2%) were also more than twice as likely as women (1.8%) to have used a Class A drug in the last year.

As shown in previous years, the level of any last year illicit drug use was highest for the 16 to 19 age group (23.0%). Levels of illicit drug use then decreased with increasing age, from 18.4 per cent of those aged 20 to 24 to 1.6 per cent of 55 to 59 year olds (Figure 2.1 and Table 2.9). Levels of Class A drug use also decreased as age increased, except that the peak for use was later than for any illicit drug use, coming in the 20 to 24 age group (7.8%, Figure 2.1 and Table 2.9).

A breakdown of estimates by personal, household, area characteristics and lifestyle factors for any illicit or Class A drug use (as well as for the most prevalent individual drug types) are presented in Tables 2. 9 and 2.10.

2.4 TRENDS IN ILLICIT DRUG USE

This section reviews the key trends in reported use of illicit drugs in the last year among 16 to 59 year olds since BCS measurement of illicit drugs began in 1996, and compares latest figures with estimates from the 2009/10 BCS (see Box 2.1 for a summary of these trends). However, any changes identified since 2009/10 should be interpreted with care since there is inherent variability in survey measures; a longer time period is necessary before it becomes clear whether a year-on-year change represents a real change in trend.

Trends in last year drug use amongst 16 to 59 year olds

The 2010/11 BCS shows that use of any illicit drug in the last year among adults (8.8%) is at a similar level to that as the 2009/10 BCS (8.6%) Levels of any drug use are at around the lowest that they have been since the measurement of drug prevalence began in the 1996 BCS (Table 2.2)

The proportion of people taking any drugs in the last year peaked in the 2003/04 BCS (at 12.3%) and falls since then mainly reflect the decline in the use of cannabis (the most commonly used drug) since the 2002/03 BCS (Figure 2.5 and Table 2.2).

The 2010/11 BCS shows that 3.0 per cent of adults had used a Class A drug in the last year, a similar level to that shown in the 2009/10 BCS (3.1%). The trend in Class A drug use since the 1996 BCS is relatively flat with few statistically significant year-on-year changes (Figure 2.2 and Table 2.2).

However, this masks different trends for individual Class A drugs. There were increases in last year any cocaine use between the 1996 (0.6%) and 2008/09 (3.0%) surveys. The use of any cocaine peaked in the 2008/09 BCS, with statistically significant falls in the use of any cocaine in each of the last two surveys, to 2.2 per cent in the 2010/11 BCS. However, this level of any cocaine use is still higher than that seen in the 1996 survey (0.6%). There have been falls in the last year use of hallucinogens over the same period (most importantly LSD, down from 1.0% in the 1996 BCS to 0.2% in the 2010/11 BCS).

While there was a statistically significant change in the last year use of methadone between the 2009/10 and 2010/11 BCS (from 0.1% to 0.2%), this should not be taken as indicative of a new trend. Prior to this increase, the use of methadone has been consistently measured at 0.1 per cent (Figure 2.4 and Table 2.2).

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

Between 1996 and 2010/11:

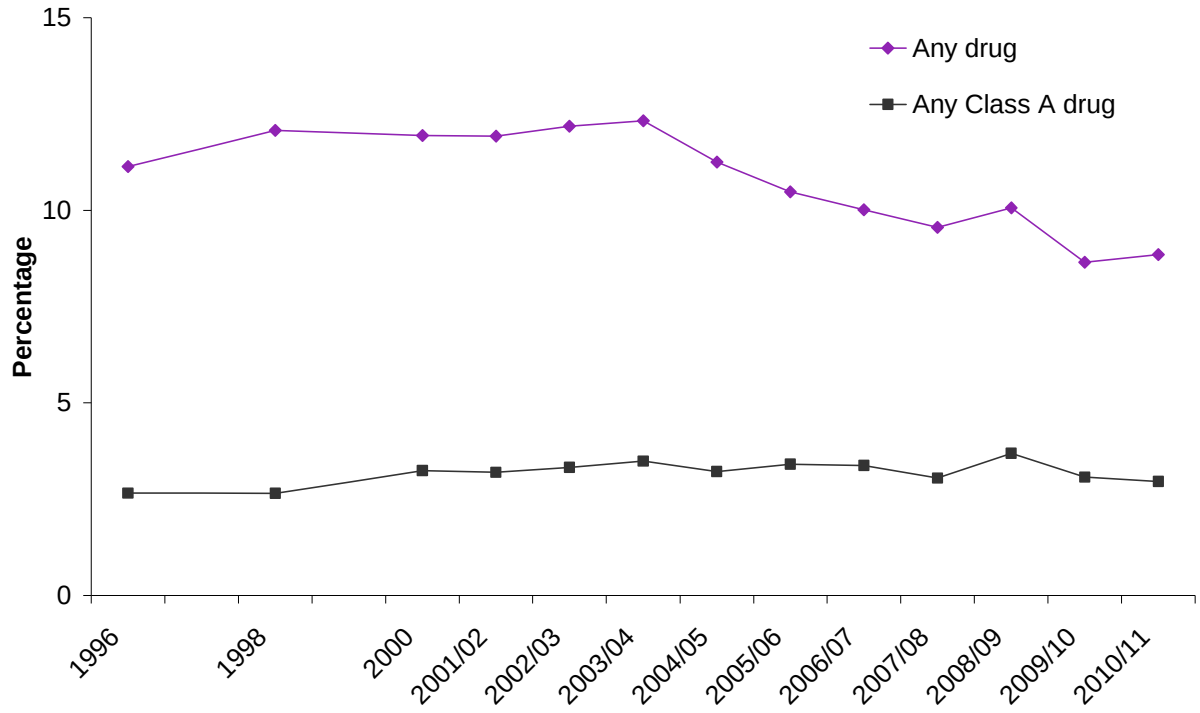
Increase	Decrease	No statistically significant change
• **Any cocaine** • Cocaine powder • Methadone	• **Any drug** • **Any stimulant drug** • **Hallucinogens** • LSD • Magic mushrooms • Amphetamines • Cannabis • Amyl nitrite	• **Any Class A drug** • **Opiates** • Crack cocaine • Ecstasy • Heroin • Tranquillisers • Anabolic steroids

Between 2009/10 and 2010/11:

Increase	Decrease	No statistically significant change
• Methadone	• **Any cocaine** • Powder cocaine	• **Any drug** • **Any Class A drug** • **Any stimulant drug** • **Hallucinogens** • **Opiates** • **Any amphetamines** • Crack cocaine • Ecstasy • LSD • Magic mushrooms • Heroin • Amphetamines • Methamphetamine • Cannabis • Tranquillisers • Anabolic steroids • Ketamine • Amyl nitrite

1. Where drugs are aggregated into composite groups these are listed in bold typeface. See Table 2.2 for trend data over the lifespan of the survey for adults aged 16 to 59.

Figure 2.2 Proportion of 16 to 59 year olds reporting use of any illicit drug or any Class A drug in the last year, 1996 to 2010/11 BCS



Trends in last year drug use amongst 16 to 24 year olds

This section reviews the key trends in reported use of illicit drugs in the last year amongst 16 to 24 year olds since BCS measurement began in 1996, and compares latest figures with estimates from the 2009/10 BCS (see Box 2.2 for a summary of these trends).

The 2010/11 BCS showed that use of any illicit drug in the last year amongst 16 to 24 year olds (20.4%) is at a similar level as the 2009/10 BCS (20.0%), and follows falls since the 1996 BCS (29.7%, Table 2.6).

These levels are amongst the lowest seen since measurement of illicit drug use began in the 1996 BCS. The falls in any last year drug use for adults aged 16 to 24 began earlier than those seen for all adults aged 16 to 59; the 2001/02 BCS estimates that 30.0 per cent of young adults had taken any drugs in the last year, compared with 20.4 per cent in the 2010/11 BCS. Decreases in the use of drugs since the 2001/02 BCS reflect the declines seen in the use of cannabis between the 2001/02 BCS (27.3%) and the 2010/11 BCS (17.1%; Figure 2.5 and Table 2.6).

The 2010/11 BCS showed that 6.6 per cent of adults aged 16 to 24 had used a Class A drug in the last year, a similar level to that shown in the 2009/10 BCS (7.3%). The level of Class A drug use among young people aged 16 to 24 fell between the 1996 (9.2%) and 2010/11 BCS (6.6%). Similarly to findings from adults aged 16 to 59, there were different patterns in long-term trends for individual Class A drugs for young adults. The proportion of adults aged 16 to 24 using any cocaine in the last year increased from 1.4 per cent in the 1996 BCS to a peak of 6.6 per cent in the 2008/09 BCS. There has since been a statistically significant fall in the use of any cocaine between the 2008/09 and 2010/11 surveys (from the peak of 6.6% to 4.5% in the 2010/11 BCS). There have been falls in the use of ecstasy and hallucinogens over the longer term (ecstasy use in the 1996 BCS was estimated at 6.6%, 3.8% in the 2010/11 BCS; the corresponding figures for hallucinogens were 5.3% and 1.7%; Table 2.6).

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

Between 1996 and 2010/11:

Increase	Decrease	No statistically significant change
• **Any cocaine** • Powder cocaine	• **Any drug** • **Any Class A drug** • **Any stimulant drug** • **Hallucinogens** • Ecstasy • LSD • Amphetamines • Cannabis • Amyl nitrite	• **Opiates** • Crack cocaine • Magic mushrooms • Heroin • Methadone • Tranquillisers • Anabolic steroids

Between 2009/10 and 2010/11:

There were no statistically significant changes in the prevalence of drug use for any drug types or composite groups between 2009/10 and 2010/11 for adults aged 16 to 24.

1. Where drugs are aggregated into composite groups these are listed in bold typeface. See Table 2..6 for trend data over the lifespan of the survey for adults aged 16 to 24

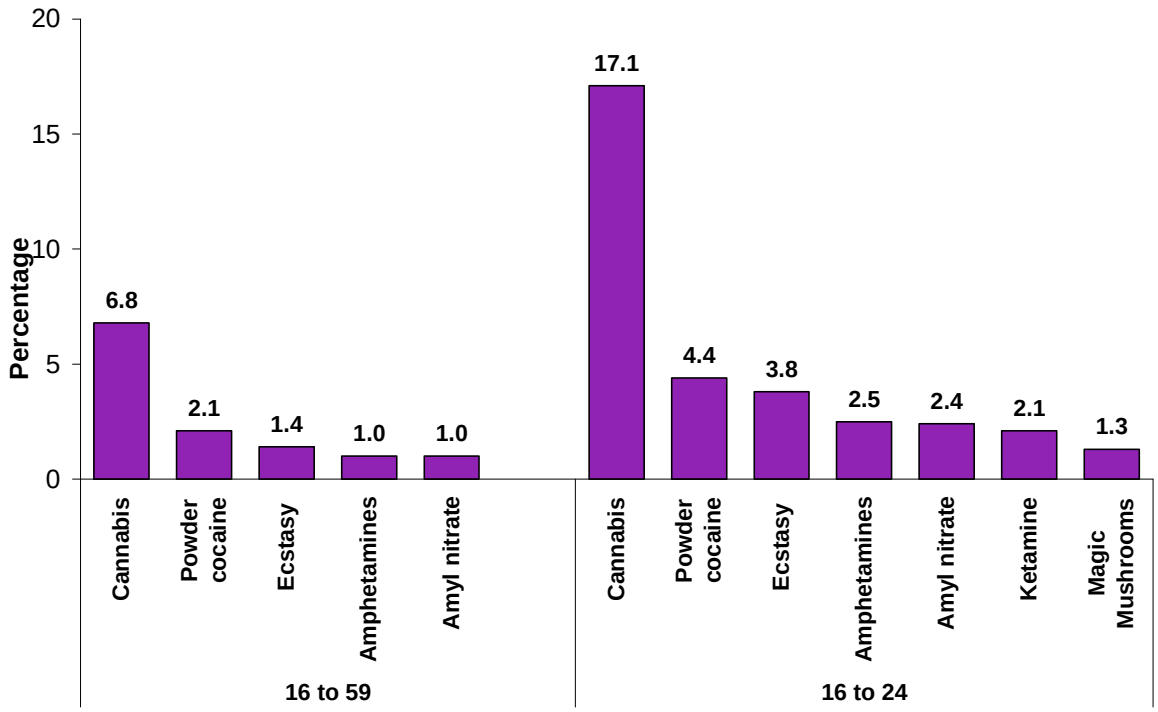
2.5 EXTENT OF ILLICIT DRUG USE BY TYPE OF DRUG

As in previous years, the 2010/11 BCS showed that cannabis was the drug most likely to be used by 16 to 59 year olds in the last year, with around one in 15 adults (6.8%) having used it. This equates to around 2.2 million people. As in recent years, powder cocaine was the next most commonly used drug. An estimated 2.1 per cent of adults reported use of powder cocaine, equivalent to around 0.7 million adults. Use of ecstasy, the third most common drug, was estimated at 1.4 per cent, equivalent to about 0.5 million people (Figure 2.3 and Tables 2.2 and 2.4).

The 2010/11 BCS asked respondents about the use of mephedrone in the last year, due to growing interest in the prevalence of this drug. While this drug is not part of the overall BCS drug prevalence measure (and therefore not shown in Figure 2.3), the proportion of people who have taken this drug in the last year is at a similar level to ecstasy, the third most prevalent drug, at 1.4 per cent. See Section 2.9 for further information.

Prevalence rates for the use of all other types of drugs in the last year for those aged 16 to 59 were one per cent or lower. The level of use of drugs which are often viewed as more problematic remains relatively low. Opiate use was reported by 0.2 per cent of adults (heroin, 0.1%; methadone, 0.2%) and methamphetamine by 0.1 per cent (Table 2.2).

Figure 2.3 Proportion of adults reporting use of the most prevalent drugs in the last year, by age, 2010/11 BCS



As with 16 to 59 year olds, cannabis remains the drug most likely to be used by those aged 16 to 24; the 2010/11 BCS estimates that around one in six young people used cannabis in the last year (17.1%). This represents around 1.1 million young people (Figure 2.3 and Tables 2.6 and 2.8).

As in previous years, powder cocaine was the next most commonly used drug among young people with 4.4 per cent reporting its use in the last year, representing 293,000 young people. Another Class A drug, ecstasy, was the next most prevalent drug among this age group; 3.8 per cent of young people reported taking ecstasy (249,000 young people) according to the 2010/11 BCS (Tables 2.6 and 2.8).

Mephedrone prevalence amongst 16 to 24 year olds is at a similar level to that for powder cocaine, the second most used drug in this age group, at 4.4 per cent. See Section 2.9 for more information.

Prevalence of amphetamine, amyl nitrite, ketamine and magic mushroom use among young people was lower than use of cannabis, cocaine powder and ecstasy (2.5%, 2.4%, 2.1% and 1.3% respectively). Other drugs were even less commonly used, with prevalence rates of one per cent or lower (Table 2.6).

2.6 TRENDS IN DRUG USE BY TYPE OF CLASS A DRUG

As previously discussed, the long-term trend shows generally similar levels of Class A drug use for adults aged 16 to 59 between the 1996 (2.7%) and 2010/11 BCS (3.0%). However, different patterns exist for long-term trends in the use of different types of drugs.

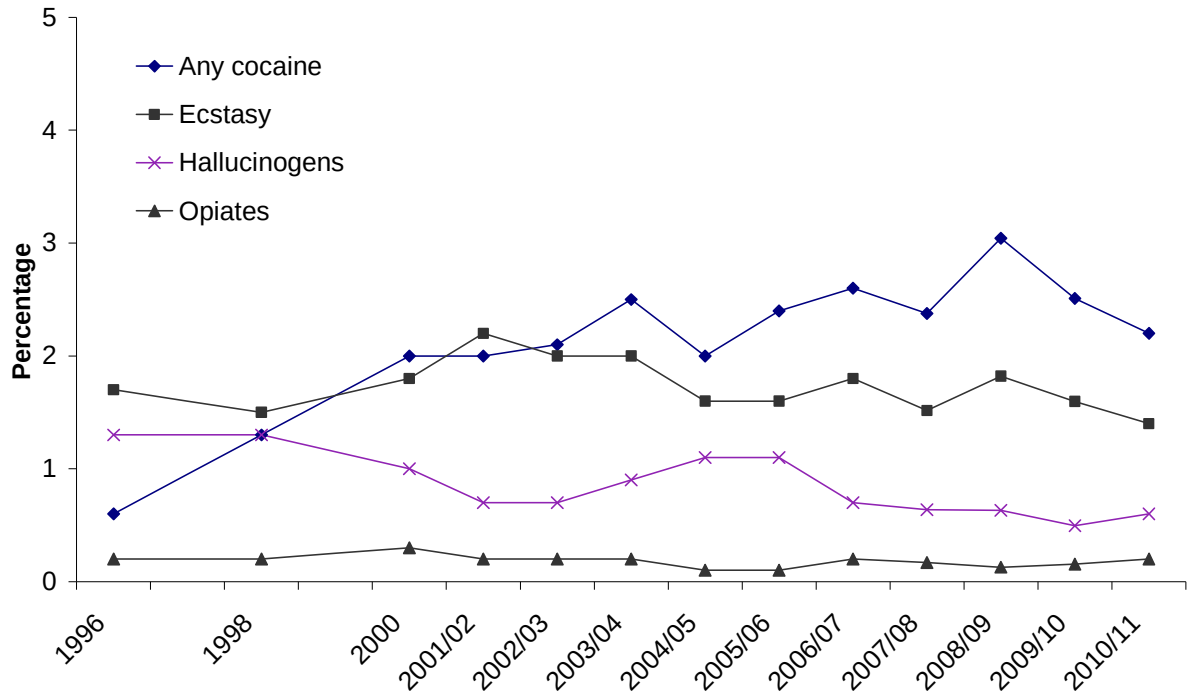
16 to 59 year olds

There were increases in any cocaine use amongst this age group between the 1996 BCS (0.6%) and the 2008/09 BCS (3.0%), when cocaine use peaked. Since this peak, there have been consecutive year-on-year decreases in any cocaine use, to 2.2 per cent in the 2010/11 BCS. There has been a decline in the use of hallucinogens, mainly between the 1996 BCS (0.6%) and 2006/07 BCS (0.7%).

There have been no statistically significant changes in the use of hallucinogens over recent years (Figure 2.4 and Table 2.2).

Use of ecstasy and opiates in the last year for those aged 16 to 59 were at similar levels in the 2010/11 BCS (ecstasy, 1.4%; opiates, 0.2%) compared with the 1996 BCS. The prevalence of ecstasy use within this age group rose to a peak in the 2001/02 BCS (2.2%) but has since decreased to a level in the 2010/11 BCS that is similar to that observed in the 1996 BCS.

Figure 2.4 Proportion of 16 to 59 year olds reporting use of Class A drug groups in the last year, 1996 to 2010/11 BCS



16 to 24 year olds

Overall trends in the levels of Class A drug use amongst 16 to 24 year olds show that between the 1996 BCS and 2010/11 BCS there have been falls in the levels of the use of ecstasy (6.6% to 3.8%) and hallucinogens (5.3% to 1.7%; Table 2.6).

Amongst young people, use of powder cocaine (and hence, any cocaine) is higher in the 2010/11 BCS (4.4%) than in the 1996 BCS (1.3%). Prevalence of the use of powder cocaine within this age group rose to a peak of 6.6 per cent in the 2008/09 BCS, with most of this increase occurring between the 1996 (1.3%) and 2000 BCS (5.2%; Table 2.6).

2.7 TRENDS IN DRUG USE BY TYPE OF NON-CLASS A DRUG

16 to 59 year olds

Amongst adults aged 16 to 59 there were decreases over the long term in last year use of two of the more commonly used drugs, amphetamines and cannabis. Cannabis use fell from 9.5 per cent in 1996 to 6.8 per cent in 2010/11 (mainly due to falls since 2003/04), while amphetamine use fell from 3.2 per cent in the 1996 BCS to 1.0 per cent in the 2010/11 survey. In addition, the level of use of amyl nitrite fell between the 1996 BCS (1.3%) and the 2010/11 BCS (1.0%) for this age group (Figures 2.5 and 2.6; Table 2.2).

The 2010/11 BCS shows that levels of ketamine use by adults aged 16 to 59 (at 0.6%) were around double those when questions on the use of this drug were first asked in the 2006/07 BCS (0.3%) (Figure 2.6 and Table 2.2).

Figure 2.5 Proportion of 16 to 59 year olds reporting use of cannabis, 1996 to 2010/11 BCS

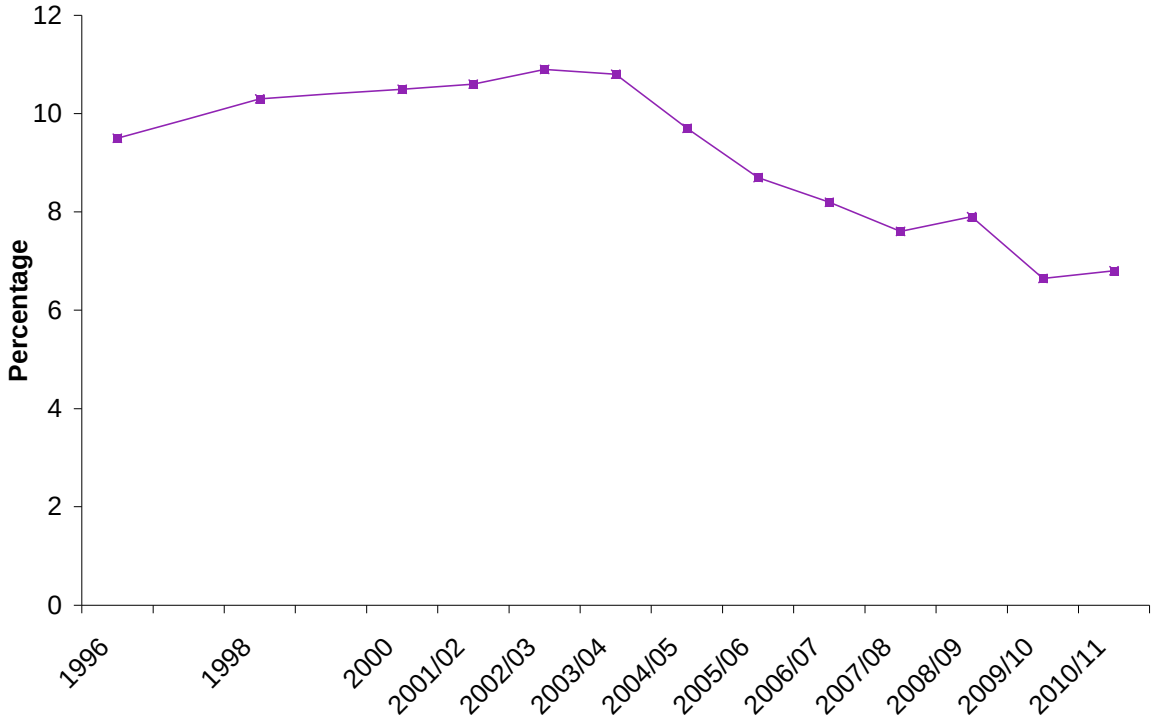
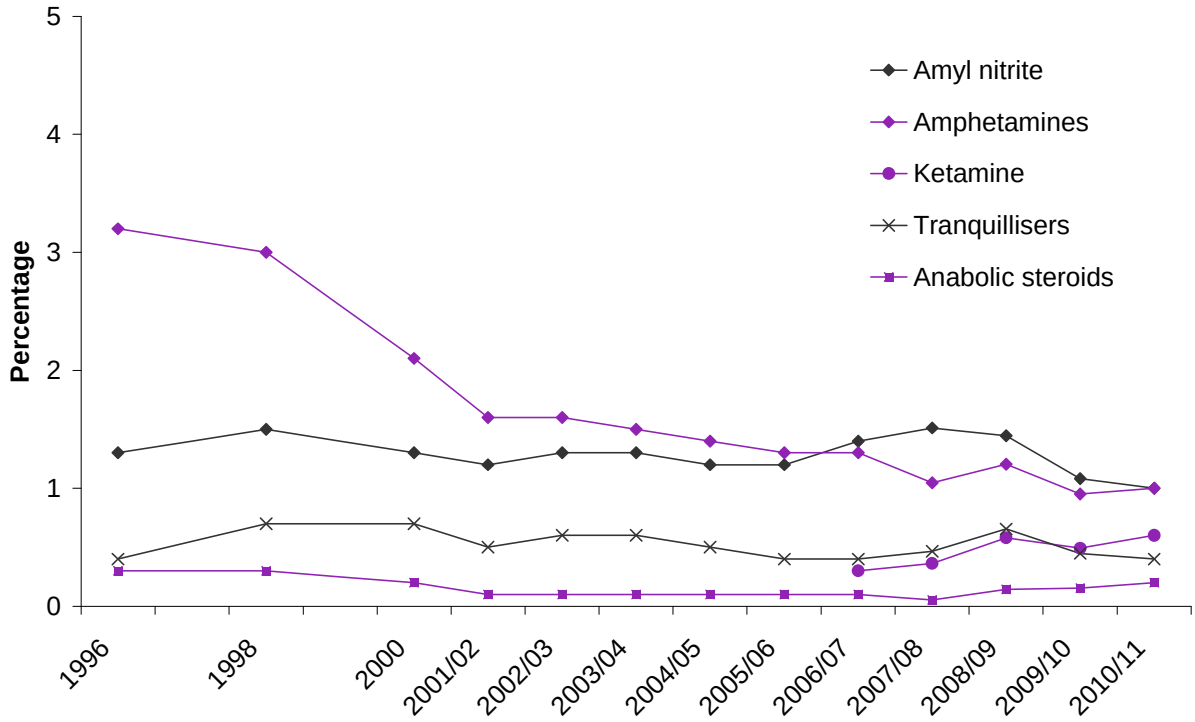


Figure 2.6 Proportion of 16 to 59 year olds reporting use of non-Class A drugs (excluding cannabis), 1996 to 2010/11 BCS



16 to 24 year olds

For young people aged 16 to 24, over the period from the 1996 BCS to the 2010/11 BCS, there was a fall in the level of use of cannabis (from 26.0% to 17.1%), amphetamines (from 11.8% to 2.5%) and amyl nitrite (from 4.6% to 2.4%; Table 2.6).

The increase in the use of ketamine in young adults since the introduction of the questions in the 2006/07 BCS is more pronounced than that seen for adults aged 16 to 59 as a whole. The 2010/11 BCS estimates that 2.1 per cent of adults aged 16 to 24 had used ketamine in the last year, more than double the estimate in the 2006/07 survey (0.8%; Table 2.6).

2.8 EXTENT OF ILLICIT DRUG USE BY PERSONAL, HOUSEHOLD AND LIFESTYLE FACTORS

This section describes levels of illicit drug use among adults aged 16 to 59 by personal, household, area characteristics and lifestyle factors (for example, age, sex and household income; for definitions of these demographic and socio-economic factors see Section 7 of the User Guide to Home Office Crime Statistics). A more extensive analysis of drug use by these factors was presented in Hoare and Moon (2010) based on the 2009/10 BCS.

The BCS collects a rich set of information on the personal, household, area characteristics and lifestyle factors of respondents that can be used to explore differences in drug use. Whilst these discrete relationships provide useful information, it should be noted that these factors often interact and caution should be taken when drawing conclusions; for example, marital status is strongly age-related and different ethnic groups have different age profiles e.g. the 2001 Census showed that Black and Minority Ethnic groups, in particular Mixed ethnic groups, tend to have younger age profiles than White ethnic groups.

Estimates from the 2010/11 BCS by personal, household, area characteristics and lifestyle factors for the composite groups of any illicit drug or Class A drugs as well as the most prevalent types of drugs appear in Tables 2.09 and 2.10. Further trend analysis of demographic breakdowns for a range of selected drugs are also available in the online tables that are published alongside this bulletin (see Data tables).

As in previous years, estimates from the 2010/11 BCS showed that there appeared to be clear relationships between specific characteristics and likelihood of drug use in the last year.

- The level of any drug use was highest among the 16 to 19 age group (23.0%), while Class A drug use was higher for 20 to 24 year olds (8.2%) than all other age groups.
- As in previous surveys, men reported higher levels than women of use of any illicit or Class A drugs. The level of any (12.0%) or Class A (4.2%) drug use among men was more than twice as high as that for women (5.7%, any drug; 1.8% Class A). This pattern has been consistently demonstrated since the 1996 BCS.
- Single adults had higher levels of any (18.1%) or Class A (6.5%) drug use in comparison with all other marital groups (for example, 2.7% and 0.6% were the equivalent figures for married adults).
- The level of any drug use was higher for those with a higher frequency of alcohol consumption; 12.3 per cent of adults who consumed alcohol on three or more days per week reported having used any drug in the last year, compared with 6.1 per cent of people who drank but on less than one day a week. A similar pattern was seen for Class A drug use; the respective figures being 5.2 per cent and 1.3 per cent.
- There is a clear relationship between nightclub and pub visits and illicit drug use; levels of drug use increased with increasing frequency of visits to a nightclub or pub. Adults not visiting a nightclub in the past month were less likely to have taken any illicit or Class A drug in the past year (6.0%, any drug; 1.6%, Class A) than those visiting four or more times (32.8%, any drug; 13.7%, Class A). This relationship has remained consistent and stable since estimates broken down by this lifestyle factor were published in the 2007/08 BCS.

- Adults from a White ethnic group had higher levels of any (9.4%) or Class A (3.2%) drug use than those from a non-White background (that is, ethnic groups other than White; 5.1%, any drug use; 1.0% Class A). Separate analysis on a combined three-year BCS dataset was published in the 2009/10 report[2] (see Hoare and Moon, 2010). This allowed drug use prevalence estimates to be made for each of the ethnic groups in the 16-fold classification due to the larger sample sizes.
- Levels of any illicit or Class A drug use were higher for adults who were unemployed compared with those in employment or economically inactive. For example, of those adults who were unemployed, 17.7 per cent used any illicit drug compared with 7.7 per cent of those who were employed and 11.1 per cent of those who were economically inactive.

Any and Class A drug use also varied across area and household types; however, it is likely that some findings reflect differences in the age profile of the different groups.

- Levels of use of any (14.1%) or Class A drugs (5.6%) were highest in areas that are classified as 'Urban Prosperity' compared with all other areas.
- Adults living in a household in the lowest income group (£10,000 or less) had the highest levels of any drug use (12.9%) compared with all other income groups (e.g. 7.7% of adults living in a household with an income of £50,000).
- Higher levels of any illicit or Class A drug use were seen among adults living in urban compared with rural areas; for example, 9.3 per cent of adults in urban areas had taken any illicit drug in the last year compared with 7.0 per cent of those in rural areas.
- Adults living in households with no children had higher rates of any or Class A drug use (10.6% and 3.8% respectively) than those in households with children. For example, in comparison 6.0 per cent and 1.6 per cent of adults living in households with adults and child(ren) had used any or Class A drugs in the last year respectively.
- Use of any (15.0%) or Class A (6.0%) drugs was highest amongst adults who lived in private-rented accommodation. For example, levels of Class A drug use for adults who lived in private-rented accommodation were higher than for those living in owner-occupied properties (1.7%) and socially-rented accommodation (2.9%).

2.9 NEW BCS MEASURES OF DRUG USE

A major strength of the BCS is the capacity of the survey to provide consistent and comparable general population drug prevalence measures since 1996. In a relatively fast-changing drugs scene there is always demand for further evidence about the use of new substances appearing on the drugs market. The BCS has responded to this by including new questions in the survey. For example, questions about the use of ketamine were added to the BCS in 2006/07 and methamphetamine ('Crystal Meth') in 2008/09.

In 2009, concern about the use of the then legal substances Spice[3] (and other cannabinoids), Benzylpiperazine[4] (BZP) and gamma-Butyrolactone/gamma-Hydroxybutyrate[5] (GBL/GHB) led to questions being added to the BCS in October 2009. Legislation was subsequently passed to control Spice and other cannabinoids (Class B), BZP and GBL (both Class C) under the Misuse of Drugs Act.[6] While the Khat plant is not controlled under the Misuse of Drugs Act, the active ingredients, cathinone and cathine, are Class C drugs.

[2] Nationally representative estimates of illicit drug use by ethnicity using a combined three-year BCS dataset (2006/07–2008/09) were published in Drugs Misuse Declared for 2009/10 (Hoare and Moon, 2010). See Box 3.1 of that report for more information.
[3] Spice is a brand name of, and generic slang for, a herbal mixture laced with synthetic cannabinoids (a group of substances that are structurally related to THC, the active ingredient in cannabis).
[4] BZP is a drug with euphoric and stimulant properties with effects similar to those produced by amphetamines.
[5] GHB (an intoxicant and a date rape drug) has been controlled under the Misuse of Drugs Act as a Class C drug since 2003. The question includes both GBL and GHB due to the similarity of these drugs and the belief that respondents may not know/be able to tell the difference in which was being used
[6] BZP, GBL, Spice and other synthetic cannabinoids were classified as Class B drugs under the Misuse of Drugs Act 1971 from 23 December 2009.

More recently, a question was added to the 2010/11 BCS on mephedrone to gather information about its prevalence. Legislation was passed on 16 April 2010 under the Misuse of Drugs Act to control mephedrone as a Class B substance.

Due to the time period covered by the interviews (April 2010 to March 2011), the legality of the drugs asked about will differ depending on the time period respondents are asked questions.

Preliminary estimates of use of Spice (or another cannabinoid), BZP, GBL/GHB and khat based on six months data for those aged 16 to 59 and 16 to 24 were published in Hoare and Moon (2010). With the availability of 2010/11 BCS data it has been possible to produce estimates for the prevalence of all the above drugs using a full 12 months data.

Table 2a Proportion of 16 to 59 year olds by age band reporting last year use of recently classified drugs[1], 2010/11

Percentages	**England and Wales, BCS**		
	Adults aged 16 to 59		
	All	Adults aged 16 to 24	Adults aged 25 to 59
Spice (and other cannabinoids)	**0.2**	0.4	0.1
BZP	**0.1**	0.2	0.0
GBL/GHB	**0.0**	0.1	0.0
Khat	**0.2**	0.3	0.1
Mephedrone	**1.4**	4.4	0.6
Unweighted base [1]	*27,450*	*3,667*	*23,783*

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

Levels of mephedrone use are relatively high when compared with other drugs asked about in the 2010/11.[7] At 1.4 per cent, the level of use for adults aged 16 to 59 is similar to that for ecstasy (also 1.4% BCS), the third most prevalent drug in this age group. For adults aged 16 to 24, the level of mephedrone use (4.4%) was similar to powder cocaine (4.4%), the second most taken drug within this age group (Tables 2a, 2.2 and 2.6).

Adults aged 16 to 24 had higher rates of prevalence for both mephedrone (4.4%) and spice (and other cannabinoids; 0.4%) than adults aged 16 to 59 (0.6% and 0.1% respectively; Table 2a).

Analysis has been undertaken to see whether respondents who had used mephedrone in the last year had taken any other drugs in the same time period. This was to explore whether those who had used mephedrone were a new group of users, or whether it was an additional or substitute drug taken by existing users. The 2010/11 BCS showed that of those who used mephedrone in the last year, 91 per cent had taken any other illicit drug in the last year. Within this, 72 per cent had taken cannabis in the last year, 53 per cent had taken any cocaine, while 48 per cent had taken ecstasy (data not shown). As these figures show that the majority of respondents who had taken mephedrone in the last year have also taken another drug, it is likely that it is existing users of drugs that are taking mephedrone rather than new users drawn to drug taking.

[7] Mephedrone at present has not been added to the basket of drugs that make up the BCS trend measure of illicit drugs.

Mephedrone use varied by personal characteristics and lifestyle factors. For example, the 2010/11 BCS showed that:

- Level of use of the drug was highest among the 16 to 19 and 20 to 24 age groups (both 4.4%) in comparison with all other age groups.
- Men reported a higher level of use of the drug than women. The level of use of mephedrone among men (2.0%) was over twice as high as that for women (0.8%).
- The level of mephedrone use was highest amongst single adults (3.5%) in comparison with all other marital statuses (for example, 0.9% of cohabitating adults had used the drug in the last year).

Further estimates of the prevalence of mephedrone use broken down over personal, area and household characteristics and lifestyle factors are shown in Tables 2.09 and 2.10.

Prevalence estimates for the other drugs presented in Table 2a were all below a half of one per cent (both for adults aged 16 to 59 and the sub-set of 16 to 24 year olds).

Table 2.1 Proportion of 16 to 59 year olds reporting use of drugs *ever* in their lifetime, 1996 to 2010/11 BCS

Percentages **England and Wales, BCS**

	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	*1996 to 2010/11 Statistically significant change*	*2009/10 to 2010/11*
Class A															
Any cocaine	3.1	3.8	5.6	5.2	6.2	6.8	6.1	7.3	7.7	7.8	9.4	8.8	8.9	**↑	
Powder cocaine	3.0	3.7	5.5	5.1	6.1	6.7	6.0	7.2	7.5	7.7	9.2	8.7	8.8	**↑	
Crack cocaine	0.7	0.7	1.1	0.7	0.9	0.9	0.8	0.9	1.0	0.9	1.0	1.2	1.2	**↑	
Ecstasy	3.8	4.2	5.3	5.9	6.6	6.9	6.7	7.2	7.3	7.6	8.6	8.3	8.3	**↑	
Hallucinogens	7.8	8.4	9.3	8.2	9.2	9.4	8.5	9.3	9.1	9.1	9.3	9.2	9.2	**↑	
LSD	5.4	5.6	6.2	5.4	5.9	6.1	5.1	5.5	5.4	5.2	5.5	5.3	5.3		
Magic mushrooms	5.3	6.0	7.0	6.1	6.8	7.1	6.5	7.3	7.1	6.9	7.4	7.4	7.2	**↑	
Opiates	0.7	0.9	1.1	0.7	0.9	1.0	0.8	0.9	0.8	0.8	0.9	0.9	0.9		
Heroin	0.6	0.6	1.0	0.6	0.8	0.8	0.6	0.6	0.7	0.7	0.7	0.7	0.6		
Methadone	0.3	0.5	0.5	0.4	0.4	0.4	0.4	0.5	0.4	0.4	0.4	0.4	0.6	**↑	
Class A/B															
Any amphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	12.3	11.7	11.6	n/a	
Amphetamines	9.3	10.8	12.3	11.6	12.3	12.2	11.2	11.5	11.9	11.8	12.1	11.5	11.4	**↑	
Methamphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.9	1.0	1.0	n/a	
Class B															
Cannabis	23.5	26.8	29.5	28.9	30.6	30.8	29.7	29.8	30.1	30.4	31.1	30.6	30.7	**↑	
Class B/C															
Tranquillisers	3.1	3.4	3.7	3.0	3.1	3.1	2.6	2.7	2.9	2.8	3.2	2.9	3.0		
Class C															
Anabolic steroids	1.1	1.1	1.0	0.6	0.5	0.6	0.5	0.6	0.6	0.6	0.6	0.7	0.6	**↓	
Ketamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1.3	1.4	1.8	2.0	2.2	n/a	
Not Classified															
Amyl nitrite	6.5	7.9	7.8	7.9	8.4	8.6	8.1	8.4	9.1	9.1	9.9	9.5	9.3	**↑	
Glues[1]	2.3	2.5	2.7	2.3	2.4	2.1	2.2	2.4	2.4	2.3	2.4	2.3	n/a	n/a	
Any Class A drug[2]	**9.6**	**10.7**	**12.4**	**11.8**	**13.2**	**13.4**	**12.6**	**13.9**	**13.8**	**14.1**	**15.6**	**15.0**	**15.2**	**↑	
Any stimulant drug[3]	**13.1**	**14.9**	**16.3**	**16.1**	**16.8**	**16.9**	**16.1**	**16.8**	**17.4**	**18.1**	**19.2**	**18.2**	**18.0**	**↑	
Any drug[4]	**30.5**	**33.6**	**35.7**	**34.0**	**35.7**	**35.6**	**34.5**	**34.9**	**35.5**	**36.1**	**36.8**	**36.4**	**36.3**	**↑	
Unweighted base[5]	*10,813*	*9,884*	*12,852*	*20,051*	*23,331*	*24,296*	*28,330*	*29,748*	*28,975*	*28,500*	*28,407*	*26,199*	*27,327*		

1. Questions on the use of glues, solvents, gas or aerosols were removed from the 2010/11 BCS questionnaire.

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

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

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

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

6. See Appendix 1 for details on classification based on the Misuse of Drugs Act.

Table 2.2 Proportion of 16 to 59 year olds reporting use of drugs in the *last year* , 1996 to 2010/11 BCS

Percentages **England and Wales, BCS**

	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	*1996 to 2010/11 Statistically significant change*	*2009/10 to 2010/11*
Class A															
Any cocaine	0.6	1.3	2.0	2.0	2.1	2.5	2.0	2.4	2.6	2.4	3.0	2.5	2.2	**↑	**↓
Powder cocaine	0.6	1.2	2.0	2.0	2.1	2.4	2.0	2.4	2.6	2.4	3.0	2.4	2.1	**↑	**↓
Crack cocaine	0.1	0.1	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.1	0.1	0.2	0.2		
Ecstasy	1.7	1.5	1.8	2.2	2.0	2.0	1.8	1.6	1.8	1.5	1.8	1.6	1.4		
Hallucinogens	1.3	1.3	1.0	0.7	0.7	0.9	1.1	1.1	0.7	0.6	0.6	0.5	0.6	**↓	
LSD	1.0	0.8	0.7	0.3	0.3	0.2	0.2	0.3	0.2	0.3	0.2	0.2	0.2	**↓	
Magic mushrooms	0.7	0.9	0.7	0.5	0.6	0.8	1.1	1.0	0.6	0.5	0.5	0.4	0.4	**↓	
Opiates	0.2	0.2	0.3	0.2	0.2	0.2	0.1	0.1	0.2	0.2	0.1	0.2	0.2		
Heroin	0.2	0.1	0.3	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1		
Methadone	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	**↑	**↑
Class A/B															
Any amphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1.2	1.0	1.1	n/a	
Amphetamines	3.2	3.0	2.1	1.6	1.6	1.5	1.4	1.3	1.3	1.0	1.2	1.0	1.0	**↓	
Methamphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.1	0.0	0.1	n/a	
Class B															
Cannabis	9.5	10.3	10.5	10.6	10.9	10.8	9.7	8.7	8.2	7.6	7.9	6.6	6.8	**↓	
Class B/C															
Tranquillisers	0.4	0.7	0.7	0.5	0.6	0.6	0.5	0.4	0.4	0.5	0.7	0.4	0.4		
Class C															
Anabolic steroids	0.3	0.3	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2		
Ketamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.3	0.4	0.6	0.5	0.6	n/a	
Not Classified															
Amyl nitrite	1.3	1.5	1.3	1.2	1.3	1.3	1.2	1.2	1.4	1.5	1.4	1.1	1.0	**↓	
Glues[1]	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.2	0.2	n/a	n/a	n/a
Frequent drug use[2]	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**3.3**	**n/a**		n/a
Any Class A drug[3]	**2.7**	**2.7**	**3.2**	**3.2**	**3.3**	**3.5**	**3.2**	**3.4**	**3.4**	**3.0**	**3.7**	**3.1**	**3.0**		
Any stimulant drug[4]	**4.4**	**4.3**	**4.0**	**4.0**	**4.2**	**4.3**	**3.8**	**3.9**	**4.0**	**4.0**	**4.4**	**3.7**	**3.5**	**↓	
Any drug[5]	**11.1**	**12.1**	**11.9**	**11.9**	**12.2**	**12.3**	**11.3**	**10.5**	**10.0**	**9.6**	**10.1**	**8.6**	**8.8**	**↓	
Unweighted base[6]	*10,741*	*9,809*	*12,771*	*19,973*	*23,357*	*24,197*	*28,206*	*29,631*	*28,819*	*28,331*	*28,232*	*26,014*	*27,167*		

1. Questions on the use of glues, solvents, gas or aerosols were removed from the 2010/11 BCS questionnaire.

2. Frequent use refers to use of any drug more than once a month in the past year. Questions on frequency of use were first completed by 16 to 59 year olds in the 2009/10 BCS. These questions were rotated out of the 2010/11 BCS questionnaire.

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

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

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

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

7. See Appendix 1 for details on classification based on the Misuse of Drugs Act.

Table 2.3 Proportion of 16 to 59 year olds reporting use of drugs in the *last month*, 1996 to 2010/11 BCS

Percentages — **England and Wales, BCS**

	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	*1996 to 2010/11*	*2009/10 to 2010/11*
														Statistically significant change	
Class A															
Any cocaine	0.3	0.5	0.8	0.9	0.9	1.1	0.9	1.2	1.3	1.1	1.5	1.1	0.8	**↑	**↓
Powder cocaine	0.2	0.4	0.7	0.9	0.9	1.1	0.9	1.2	1.2	1.0	1.5	1.1	0.8	**↑	**↓
Crack cocaine	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1		
Ecstasy	0.7	0.5	0.9	1.1	0.9	0.9	0.7	0.7	0.8	0.5	0.6	0.6	0.4	**↓	**↓
Hallucinogens	0.4	0.1	0.3	0.2	0.2	0.3	0.4	0.3	0.2	0.2	0.2	0.1	0.1	**↓	
LSD	0.3	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.1	**↓	
Magic mushrooms	0.1	0.1	0.2	0.2	0.1	0.3	0.4	0.2	0.1	0.1	0.1	0.1	0.1		
Opiates	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1		
Heroin	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.0		**↓
Methadone	0.1	0.1	0.0	0.1	0.1	0.0	0.0	0.1	0.1	0.1	0.0	0.1	0.1		
Class A/B															
Any amphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.4	0.3	0.4	n/a	
Amphetamines	1.6	1.4	0.9	0.7	0.6	0.6	0.5	0.6	0.5	0.4	0.4	0.3	0.4	**↓	
Methamphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.1	0.0	0.0		
Class B															
Cannabis	5.5	6.1	6.4	6.6	6.7	6.5	5.6	5.2	4.8	4.3	4.6	3.9	3.8	**↓	
Class B/C															
Tranquillisers	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.2		
Class C															
Anabolic steroids	0.1	0.2	0.1	0.0	0.0	0.1	0.1	0.1	0.0	0.0	0.1	0.1	0.0	**↓	
Ketamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.1	0.2	0.2	0.2	0.3	n/a	
Not Classified															
Amyl nitrite	0.5	0.6	0.6	0.6	0.6	0.5	0.4	0.6	0.5	0.6	0.5	0.4	0.4		
Glues[1]	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1	n/a	n/a	n/a
Any Class A drug[2]	**1.2**	**1.1**	**1.5**	**1.7**	**1.5**	**1.8**	**1.5**	**1.6**	**1.7**	**1.3**	**1.8**	**1.4**	**1.2**		**↓
Any stimulant drug[3]	**2.3**	**2.3**	**1.9**	**2.2**	**1.9**	**2.1**	**1.7**	**2.0**	**2.1**	**1.9**	**3.1**	**2.5**	**2.2**		
Any drug[4]	**6.7**	**7.1**	**7.2**	**7.4**	**7.4**	**7.5**	**6.7**	**6.3**	**5.9**	**5.4**	**5.9**	**5.0**	**4.8**	**↓	
Unweighted base[5]	*10,723*	*9,787*	*12,746*	*19,951*	*23,458*	*24,162*	*28,186*	*29,604*	*28,784*	*28,305*	*28,190*	*25,977*	*27,121*		

1. Questions on the use of glues, solvents, gas or aerosols were removed from the 2010/11 BCS questionnaire.
2. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone plus methamphetamine since 2008/09 interviews.
3. 'Any stimulant drug' comprises powder cocaine, crack cocaine, ecstasy, amphetamines and amyl nitrite plus methamphetamine since 2008/09 interviews.
4. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids, amyl nitrite, any other pills/powders/drugs smoked plus ketamine since 2006/07 interviews and methamphetamine since 2008/09 interviews.
5. Base numbers relate to any drug use. Bases for other drug measures will be similar.
6. See Appendix 1 for details on classification based on the Misuse of Drugs Act.
7. Figures for last month drug use are based on small numbers of users; hence any changes, even statistically significant ones, should be treated with caution (for more information see Section 8 of the User Guide).

Table 2.4 Estimates of numbers of illicit drug users, 16 to 59 year olds, 2010/11 BCS

Numbers[1] (000s) **England and Wales, BCS**

	***Ever* taken in lifetime**				**Taken in *last year***				**Taken in *last month***			
	Estimate	Range			Estimate	Range			Estimate	Range		
Class A												
Any cocaine	**2,903**	2,774	–	3,037	**704**	640	–	774	**266**	228	–	312
Powder cocaine	**2,869**	2,740	–	3,002	**691**	628	–	761	**260**	222	–	305
Crack cocaine	**374**	328	–	427	**52**	36	–	74	**17**	9	–	32
Ecstasy	**2,707**	2,582	–	2,837	**452**	401	–	510	**144**	116	–	178
Hallucinogens	**2,975**	2,844	–	3,110	**182**	151	–	220	**43**	29	–	64
LSD	**1,712**	1,612	–	1,818	**72**	53	–	97	**20**	11	–	35
Magic mushrooms	**2,329**	2,213	–	2,451	**146**	118	–	180	**31**	20	–	49
Opiates	**301**	260	–	349	**76**	57	–	102	**31**	19	–	49
Heroin	**206**	172	–	246	**34**	22	–	53	**12**	6	–	25
Methadone	**181**	150	–	219	**59**	43	–	83	**27**	16	–	44
Class A/B												
Any amphetamine	**3,750**	3,605	–	3,901	**345**	301	–	396	**117**	92	–	148
Amphetamines	**3,702**	3,558	–	3,852	**334**	290	–	384	**117**	92	–	148
Methamphetamine	**331**	288	–	381	**21**	12	–	37	**-**	-	–	-
Class B												
Cannabis	**9,959**	9,747	–	10,173	**2,222**	2,108	–	2,342	**1,240**	1,155	–	1,332
Class B/C												
Tranquillisers	**985**	909	–	1,067	**143**	115	–	177	**67**	49	–	91
Class C												
Anabolic steroids	**211**	177	–	251	**52**	37	–	74	**15**	8	–	29
Ketamine	**714**	649	–	785	**207**	173	–	247	**89**	67	–	116
Not Classified												
Amyl nitrite	**3,022**	2,890	–	3,158	**313**	271	–	361	**120**	95	–	151
Any Class A drug	**4,919**	**4,755**	–	**5,086**	**961**	**886**	–	**1,043**	**374**	**328**	–	**427**
Any stimulant drug	**5,852**	**5,677**	–	**6,032**	**1,128**	**1,046**	–	**1,216**	**724**	**659**	–	**795**
Any drug	**11,794**	**11,573**	–	**12,017**	**2,871**	**2,742**	–	**3,005**	**1,571**	**1,475**	–	**1,674**

1. Numbers are derived by multiplying the prevalence rate by the 2010 population aged 16 to 59 in England and Wales (based on mid-2008 estimates from the Office for National Statistics). Lower and higher estimates are derived using a 95% confidence interval.

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

Table 2.5 Proportion of 16 to 24 year olds reporting use of drugs *ever* in their lifetime, 1996 to 2010/11 BCS

Percentages														**England and Wales, BCS**	
	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	*1996 to 2010/11*	*2009/10 to 2010/11*
														Statistically significant change	
Class A															
Any cocaine	4.7	7.1	10.7	8.7	9.6	10.0	9.3	10.8	11.2	10.1	12.4	11.7	10.1	**↑	
Powder cocaine	4.3	6.8	10.4	8.6	9.3	9.7	9.1	10.6	10.9	9.9	12.2	11.6	10.0	**↑	
Crack cocaine	1.7	1.5	2.3	1.2	1.4	1.6	1.1	1.3	1.4	0.7	1.1	1.5	1.1		
Ecstasy	11.7	10.8	11.7	12.1	12.5	11.3	10.8	10.4	10.3	9.2	9.9	10.0	9.5		
Hallucinogens	16.1	16.1	14.6	9.8	9.8	8.8	8.1	9.4	7.8	6.4	7.2	6.3	6.1	**↓	
LSD	13.1	12.3	11.4	7.0	6.1	4.8	3.5	3.7	3.2	2.4	2.5	2.4	2.6	**↓	
Magic mushrooms	9.8	11.2	10.2	6.5	7.1	7.0	7.0	8.3	7.0	5.6	6.3	5.7	5.0	**↓	
Opiates	1.2	1.7	1.7	1.1	1.0	1.3	0.7	0.8	0.7	0.6	0.6	0.7	0.9		
Heroin	0.9	0.9	1.6	0.8	0.8	1.1	0.6	0.5	0.7	0.4	0.4	0.5	0.2	**↓	
Methadone	0.4	1.2	0.6	0.6	0.4	0.7	0.3	0.4	0.3	0.3	0.2	0.4	0.8		
Class A/B															
Any amphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	10.1	10.0	8.9	n/a	
Amphetamines	18.8	21.5	21.2	16.2	15.3	13.1	11.6	11.3	11.2	8.8	9.8	9.6	8.7	**↓	
Methamphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.8	0.9	0.8	n/a	
Class B															
Cannabis	39.6	45.4	46.2	44.5	43.6	42.2	41.1	40.1	39.5	37.0	37.0	34.7	34.5	**↓	
Class B/C															
Tranquillisers	3.9	3.4	4.5	3.3	2.7	2.9	2.2	2.6	2.3	2.0	2.6	2.5	2.3	**↓	
Class C															
Anabolic steroids	1.5	1.2	0.9	0.7	0.5	0.7	0.7	0.7	0.6	0.6	0.8	0.9	0.5	**↓	
Ketamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2.3	2.2	3.6	4.0	4.4	n/a	
Not Classified															
Amyl nitrite	15.7	17.5	15.3	14.8	13.5	13.5	12.2	12.1	13.4	12.7	14.3	13.0	10.7	**↓	**↓
Glues[1]	5.9	6.2	6.9	5.5	4.5	3.2	3.6	3.6	3.7	3.0	3.2	3.0	n/a	n/a	n/a
Any Class A drug[2]	**19.4**	**20.5**	**21.0**	**17.9**	**18.0**	**16.6**	**16.1**	**16.9**	**16.3**	**14.9**	**16.9**	**16.4**	**14.6**	**↓	
Any stimulant drug[3]	**26.5**	**29.9**	**28.1**	**25.5**	**24.0**	**22.6**	**21.7**	**21.1**	**21.7**	**20.7**	**23.2**	**21.6**	**18.8**	**↓	**↓
Any drug[4]	**48.6**	**53.7**	**52.0**	**49.1**	**48.2**	**47.5**	**46.0**	**45.1**	**44.7**	**42.6**	**42.9**	**40.7**	**40.1**	**↓	
Unweighted base[5]	*1,445*	*1,271*	*1,483*	*4,023*	*4,253*	*5,387*	*6,240*	*5,929*	*5,749*	*5,819*	*5,476*	*3,429*	*3,646*		

1. Questions on the use of glues, solvents, gas or aerosols were removed from the 2010/11 BCS questionnaire.
2. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone plus methamphetamine since 2008/09 interviews.
3. 'Any stimulant drug' comprises powder cocaine, crack cocaine, ecstasy, amphetamines and amyl nitrite plus methamphetamine since 2008/09 interviews.
4. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids, amyl nitrite, any other pills/powders/drugs smoked plus ketamine since 2006/07 interviews and methamphetamine since 2008/09 interviews.
5. Base numbers relate to any drug use. Bases for other drug measures will be similar.
6. See Appendix 1 for details on classification based on the Misuse of Drugs Act.

Table 2.6 Proportion of 16 to 24 year olds reporting use of drugs in the *last year* , 1996 to 2010/11 BCS

Percentages **England and Wales, BCS**

	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	*1996 to 2010/11 Statistically significant change*	*2009/10 to 2010/11*
Class A															
Any cocaine	1.4	3.2	5.4	5.1	5.2	5.4	5.1	5.9	6.1	5.1	6.6	5.6	4.5	**↑	
Powder cocaine	1.3	3.1	5.2	5.1	5.1	5.2	5.1	5.9	6.0	5.1	6.6	5.5	4.4	**↑	
Crack cocaine	0.2	0.3	0.9	0.5	0.5	0.4	0.1	0.4	0.4	0.2	0.2	0.5	0.3		
Ecstasy	6.6	5.1	5.6	6.8	5.8	5.5	4.9	4.3	4.8	3.9	4.4	4.3	3.8	**↓	
Hallucinogens	5.3	5.3	3.4	2.0	2.2	2.9	3.0	3.4	2.1	1.5	1.7	1.5	1.7	**↓	
LSD	4.5	3.2	2.5	1.2	0.9	0.9	0.5	0.9	0.7	0.7	0.8	0.5	0.6	**↓	
Magic mushrooms	2.3	3.9	2.4	1.5	1.9	2.7	3.0	3.0	1.7	1.3	1.5	1.2	1.3		
Opiates	0.4	0.8	0.8	0.3	0.2	0.5	0.2	0.2	0.2	0.2	0.0	0.3	0.4		
Heroin	0.4	0.3	0.8	0.3	0.2	0.4	0.2	0.2	0.2	0.1	0.0	0.1	0.1		
Methadone	0.1	0.6	0.1	0.0	0.2	0.3	0.0	0.1	0.1	0.1	0.0	0.2	0.4		
Class A/B															
Any amphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2.7	2.4	2.6	n/a	
Amphetamines	11.8	9.9	6.2	5.0	3.8	4.0	3.2	3.3	3.5	2.4	2.6	2.4	2.5	**↓	
Methamphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.2	0.0	0.1	n/a	
Class B															
Cannabis	26.0	28.2	27.0	27.3	26.2	25.3	23.6	21.4	20.9	18.0	18.7	16.1	17.1	**↓	
Class B/C															
Tranquillisers	0.9	1.5	1.5	1.0	0.9	0.9	0.8	0.7	0.6	0.7	1.0	0.8	0.7		
Class C															
Anabolic steroids	0.5	0.5	0.1	0.2	0.1	0.4	0.4	0.3	0.2	0.1	0.3	0.4	0.3		
Ketamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.8	0.9	1.9	1.7	2.1	n/a	
Not Classified															
Amyl nitrite	4.6	5.1	3.9	3.8	4.4	4.3	3.6	3.9	4.2	4.3	4.4	3.2	2.4	**↓	
Glues[1]	0.9	1.3	1.0	0.6	0.5	0.4	0.4	0.5	0.6	0.4	0.7	0.7	n/a	n/a	n/a
Frequent drug use[2]	**n/a**	**n/a**	**n/a**	**n/a**	**11.6**	**12.4**	**10.3**	**9.5**	**8.3**	**7.3**	**7.6**	**7.3**	**n/a**	n/a	n/a
Any Class A drug[3]	**9.2**	**8.6**	**9.7**	**9.1**	**8.9**	**8.5**	**8.3**	**8.4**	**8.0**	**6.9**	**8.1**	**7.3**	**6.6**	**↓	
Any stimulant drug[4]	**14.9**	**12.7**	**11.3**	**11.5**	**10.9**	**10.3**	**9.8**	**9.2**	**9.9**	**9.2**	**10.0**	**8.8**	**7.6**	**↓	
Any drug[5]	**29.7**	**31.8**	**29.9**	**30.0**	**28.5**	**28.3**	**26.5**	**25.2**	**24.1**	**21.5**	**22.6**	**20.0**	**20.4**	**↓	
Unweighted base[6]	*1,420*	*1,246*	*1,468*	*3,995*	*4,227*	*5,351*	*6,196*	*5,892*	*5,706*	*5,767*	*5,428*	*3,402*	*3,621*		

1. Questions on the use of glues, solvents, gas or aerosols were removed from the 2010/11 BCS questionnaire.

2. Frequent use refers to use of any drug more than once a month in the past year. Questions on frequency of use have been completed by 16 to 24 year olds since the 2002/03 BCS and long-term statistical significance of change is compared with 2002/03 rather than the 1996 BCS. These questions were rotated out of the 2010/11 BCS questionnaire.

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

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

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

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

7. See Appendix 1 for details on classification based on the Misuse of Drugs Act.

Table 2.7 Proportion of 16 to 24 year olds reporting use of drugs in the *last month* , 1996 to 2010/11 BCS

Percentages **England and Wales, BCS**

	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	*1996 to 2010/11 Statistically significant change*	*2009/10 to 2010/11*
Class A															
Any cocaine	0.6	1.0	1.9	2.2	2.3	2.8	2.2	3.0	3.2	2.5	3.7	2.6	1.6	**↑	**↓
Powder cocaine	0.5	0.9	1.8	2.2	2.1	2.7	2.1	3.0	3.1	2.4	3.7	2.5	1.6	**↑	**↓
Crack cocaine	0.2	0.0	0.2	0.1	0.3	0.2	0.1	0.2	0.3	0.1	0.0	0.3	0.1		
Ecstasy	2.9	2.2	3.2	3.5	2.7	2.6	1.9	2.0	2.5	1.4	1.5	1.9	1.3	**↓	
Hallucinogens	1.4	0.5	1.0	0.7	0.7	1.0	1.0	0.9	0.6	0.3	0.5	0.4	0.5	**↓	
LSD	1.1	0.4	0.6	0.4	0.3	0.4	0.2	0.2	0.3	0.1	0.2	0.2	0.2	**↓	
Magic mushrooms	0.4	0.3	0.7	0.5	0.5	0.8	0.9	0.7	0.4	0.2	0.3	0.3	0.3		
Opiates	0.1	0.7	0.3	0.2	0.2	0.3	0.1	0.1	0.2	0.0	0.0	0.2	0.2		
Heroin	0.1	0.2	0.3	0.2	0.2	0.3	0.1	0.1	0.2	0.0	0.0	0.1	0.0		
Methadone	0.1	0.5	0.0	0.0	0.1	0.1	0.0	0.1	0.1	0.0	0.0	0.1	0.2		
Class A/B															
Any amphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1.0	0.7	0.9	n/a	
Amphetamines	5.7	5.3	2.9	1.9	1.7	1.6	1.3	1.6	1.2	0.9	0.9	0.7	0.9	**↓	
Methamphetamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.1	0.0	0.0		
Class B															
Cannabis	16.1	18.0	17.4	17.6	16.6	15.8	14.1	13.0	12.0	9.8	10.4	9.2	9.0	**↓	
Class B/C															
Tranquillisers	0.4	0.5	0.5	0.4	0.4	0.3	0.4	0.4	0.3	0.2	0.3	0.4	0.3		
Class C															
Anabolic steroids	0.1	0.3	0.1	0.1	0.0	0.2	0.2	0.1	0.1	0.0	0.2	0.2	0.1		
Ketamine	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.3	0.3	0.8	0.9	0.9	n/a	
Not Classified															
Amyl nitrite	1.6	2.4	1.8	1.4	1.7	1.6	1.2	1.6	1.7	1.9	1.2	0.8	0.9		
Glues[1]	0.2	0.6	0.4	0.3	0.1	0.2	0.1	0.2	0.3	0.1	0.3	0.1	n/a	n/a	n/a
Any Class A drug[2]	**4.2**	**3.6**	**5.0**	**4.9**	**4.2**	**4.5**	**3.8**	**4.0**	**4.3**	**3.2**	**4.4**	**3.7**	**2.6**	**↓	**↓
Any stimulant drug[3]	**8.1**	**7.8**	**5.9**	**5.8**	**5.3**	**5.1**	**4.2**	**4.9**	**5.2**	**4.8**	**6.5**	**5.0**	**4.2**	**↓	
Any drug[4]	**19.2**	**20.8**	**19.0**	**19.3**	**18.1**	**17.5**	**16.4**	**15.1**	**14.3**	**12.5**	**13.1**	**11.6**	**10.9**	**↓	
Unweighted base[5]	*1,412*	*1,233*	*1,455*	*3,984*	*4,209*	*5,327*	*6,182*	*5,876*	*5,687*	*5,755*	*5,398*	*3,382*	*3,599*		

1. Questions on the use of glues, solvents, gas or aerosols were removed from the 2010/11 BCS questionnaire.
2. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone plus methamphetamine since 2008/09 interviews.
3. 'Any stimulant drug' comprises powder cocaine, crack cocaine, ecstasy, amphetamines and amyl nitrite plus methamphetamine since 2008/09 interviews.
4. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids, amyl nitrite, any other pills/powders/drugs smoked plus ketamine since 2006/07 interviews and methamphetamine since 2008/09 interviews.
5. Base numbers relate to any drug use. Bases for other drug measures will be similar.
6. See Appendix 1 for details on classification based on the Misuse of Drugs Act.
7. Figures for last month drug use are based on small numbers of users; hence any changes, even statistically significant ones, should be treated with caution (for more information see Section 8 of the User Guide).

Table 2.8 Estimates of numbers of illicit drug users, 16 to 24 year olds, 2010/11 BCS

Numbers[1] (000s) **England and Wales, BCS**

	***Ever* taken in lifetime**				**Taken in *last year***				**Taken in *last month***			
	Estimate	Range			Estimate	Range			Estimate	Range		
Class A												
Any cocaine	**673**	599	–	756	**298**	249	–	356	**109**	80	–	147
Powder cocaine	**665**	591	–	746	**293**	244	–	351	**108**	80	–	146
Crack cocaine	**72**	50	–	105	**18**	9	–	38	**7**	2	–	23
Ecstasy	**633**	561	–	713	**249**	205	–	303	**87**	62	–	122
Hallucinogens	**403**	346	–	469	**115**	86	–	154	**30**	17	–	53
LSD	**170**	134	–	216	**40**	24	–	66	**12**	5	–	30
Magic mushrooms	**332**	280	–	393	**88**	63	–	123	**22**	11	–	43
Opiates	**60**	40	–	90	**24**	13	–	46	**11**	4	–	29
Heroin	**15**	6	–	34	**4**	1	–	19	**1**	0	–	27
Methadone	**51**	33	–	79	**24**	13	–	46	**11**	4	–	29
Class A/B												
Any amphetamine	**588**	518	–	665	**169**	133	–	215	**58**	38	–	88
Amphetamines	**576**	507	–	653	**163**	128	–	208	**58**	38	–	87
Methamphetamine	**53**	34	–	81	**8**	2	–	24	**-**	-	–	-
Class B												
Cannabis	**2,289**	2,168	–	2,414	**1,137**	1,043	–	1,238	**597**	527	–	676
Class B/C												
Tranquillisers	**153**	119	–	197	**47**	30	–	75	**21**	11	–	42
Class C												
Anabolic steroids	**32**	18	–	55	**19**	9	–	40	**5**	1	–	21
Ketamine	**290**	241	–	347	**137**	105	–	179	**60**	40	–	90
Not Classified												
Amyl nitrite	**708**	632	–	792	**159**	124	–	203	**60**	40	–	90
Any Class A drug	**970**	**882**	–	**1,065**	**441**	**381**	–	**510**	**172**	**136**	–	**219**
Any stimulant drug	**1,250**	**1,152**	–	**1,355**	**508**	**443**	–	**581**	**279**	**232**	–	**336**
Any drug	**2,663**	**2,538**	–	**2,791**	**1,352**	**1,251**	–	**1,460**	**722**	**644**	–	**807**

1. Numbers are derived by multiplying the prevalence rate by the 2010 population aged 16 to 24 in England and Wales (based on mid-2008 estimates from the Office for National Statistics). Lower and higher estimates are derived using a 95% confidence interval.

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

Table 2.9 Proportion of 16 to 59 year olds reporting use of illicit drugs [1] in the *last year*, by personal characteristics [2]

Percentages — **England and Wales, 2010/11 BCS**

	Class A			Class A/B	Class B		Class C	Not classified	Any Class A drug [3]	Any stimulant drug [4]	Any drug [5]	*Unweighted base* [6]
	Powder cocaine	Ecstasy	Hallucinogens	Amphetamines	Cannabis	Mephedrone	Ketamine	Amyl nitrite				
ALL ADULTS AGED 16 to 59	**2.1**	**1.4**	**0.6**	**1.0**	**6.8**	**1.4**	**0.6**	**1.0**	**3.0**	**3.5**	**8.8**	***27,167***
Age												
16-19	3.1	2.6	1.4	2.6	20.0	4.4	1.3	2.8	5.1	6.9	23.0	*1,463*
20-24	5.4	4.6	2.0	2.4	15.0	4.4	2.6	2.1	7.8	8.2	18.4	*2,158*
25-29	4.7	2.8	0.8	1.7	10.1	2.2	1.0	1.2	5.9	6.5	13.9	*2,771*
30-34	3.0	1.5	0.4	1.0	6.1	1.2	0.4	1.0	3.9	4.5	8.7	*3,063*
35-44	1.1	0.4	0.2	0.7	3.7	0.3	0.2	0.5	1.6	1.9	5.4	*7,247*
45-54	0.3	0.1	0.0	0.2	2.0	0.0	0.0	0.3	0.4	0.8	2.7	*7,102*
55-59	0.1	0.0	0.0	0.0	1.2	0.1	0.0	0.1	0.1	0.2	1.6	*3,363*
16-24	4.4	3.8	1.7	2.5	17.1	4.4	2.1	2.4	6.6	7.6	20.4	*3,621*
25-59	1.5	0.8	0.3	0.7	4.2	0.6	0.3	0.6	2.0	2.4	5.8	*23,546*
Sex												
Men	3.0	1.9	0.8	1.3	9.3	2.0	0.8	1.5	4.2	4.8	12.0	*12,316*
Women	1.3	0.9	0.3	0.8	4.4	0.8	0.4	0.5	1.8	2.1	5.7	*14,851*
Ethnic group												
White	2.4	1.5	0.6	1.1	7.2	1.5	0.7	1.1	3.2	3.9	9.4	*24,609*
Non-White	0.6	0.5	0.3	0.2	4.4	0.5	0.5	0.4	1.0	0.8	5.1	*2,549*
Mixed	3.0	3.7	1.1	0.9	17.7	2.6	4.1	2.5	5.3	4.7	19.2	*282*
Asian or Asian British	0.4	0.1	0.2	0.2	3.1	0.4	0.1	0.1	0.6	0.4	3.7	*1,102*
Black or Black British	0.3	0.1	0.0	0.0	3.8	0.1	0.1	0.1	0.3	0.3	4.6	*700*
Chinese or other	0.6	0.5	0.4	0.2	1.8	0.1	0.2	0.3	0.8	0.7	2.4	*465*
Marital status												
Married	0.5	0.2	0.1	0.2	1.9	0.2	0.1	0.2	0.6	0.8	2.7	*11,995*
Cohabiting	2.6	1.5	0.5	1.4	7.2	0.9	0.5	1.2	3.4	4.2	9.9	*3,516*
Single	4.5	3.3	1.4	2.2	14.5	3.5	1.7	2.1	6.5	7.5	18.1	*7,955*
Separated	1.7	0.3	0.3	0.8	5.0	0.6	0.3	0.3	1.9	2.3	6.6	*1,076*
Divorced	0.9	0.3	0.1	0.5	3.4	0.2	0.0	0.6	1.2	1.6	4.8	*2,290*
Widowed	0.0	0.0	0.0	0.0	1.4	0.0	0.0	0.0	0.0	0.0	2.2	*328*
Respondent's employment status												
In employment	2.1	1.3	0.4	0.8	5.7	1.2	0.5	0.9	2.7	3.2	7.7	*20,695*
Unemployed	3.5	2.5	0.7	2.8	15.1	2.7	1.1	1.8	5.2	6.1	17.7	*1,244*
Economically inactive	2.0	1.5	1.0	1.5	9.3	1.9	1.2	1.0	3.4	3.9	11.1	*5,183*
Student	3.6	3.9	2.3	2.5	17.2	4.6	3.3	2.3	6.5	7.3	19.4	*1,004*
Looking after family/home	0.6	0.3	0.1	0.9	3.9	0.3	0.1	0.2	0.9	1.5	5.0	*1,901*
Long-term/temporarily sick/ill	1.8	0.4	0.5	1.2	8.3	0.8	0.2	0.6	3.3	3.2	11.5	*1,417*
Retired	0.0	0.0	0.0	0.0	0.9	0.6	0.0	0.4	0.0	0.4	1.3	*414*
Other inactive	2.7	1.1	0.7	2.2	7.4	1.4	0.0	0.5	3.2	3.5	8.6	*447*
Respondent's occupation												
Managerial & professional occupations	2.0	1.0	0.2	0.5	4.2	0.9	0.4	0.8	2.4	2.9	6.2	*9,806*
Intermediate occupations	1.8	1.1	0.4	0.8	4.7	0.7	0.4	0.9	2.3	2.7	6.3	*5,345*
Routine & manual occupations	2.2	1.2	0.6	1.3	7.4	1.2	0.4	0.8	3.1	3.6	9.5	*9,420*
Never worked & long-term unemployed	1.4	1.3	0.5	1.9	8.4	2.0	0.8	0.8	2.3	3.0	10.7	*785*
Full-time students	3.2	3.8	1.9	2.1	17.8	4.7	2.5	2.2	5.9	6.8	20.4	*1,617*
Not classified	2.8	2.3	0.7	2.1	5.7	2.8	0.7	0.4	4.4	4.9	7.0	*194*
Highest qualification												
Degree or diploma	2.0	1.3	0.6	0.7	5.2	1.1	0.7	1.0	2.8	3.1	7.3	*10,652*
Apprenticeship or A/AS level	3.2	2.4	0.7	1.5	9.4	2.5	1.1	1.3	4.3	5.1	11.6	*5,320*
O level/GCSE	1.9	1.0	0.5	1.1	8.1	1.5	0.4	1.0	2.8	3.5	10.2	*6,685*
Other	1.2	0.9	0.4	0.8	4.6	1.1	0.3	0.0	1.6	1.5	5.5	*873*
None	1.4	0.7	0.5	1.4	5.8	0.5	0.1	0.3	2.1	2.4	7.5	*3,618*
Long-standing illness or disability												
Long-standing illness or disability	2.4	1.1	0.7	1.6	7.6	1.4	0.4	1.0	3.4	3.9	10.1	*5,088*
Limits activities	2.1	0.9	0.7	1.4	7.4	1.1	0.2	0.6	3.1	3.2	9.7	*3,235*
Does not limit activities	3.0	1.2	0.7	2.0	8.0	1.8	0.7	1.5	3.8	5.0	10.7	*1,848*
No long-standing illness or disability	2.1	1.5	0.5	0.9	6.7	1.4	0.7	1.0	2.9	3.4	8.6	*22,067*
Number of evening visits to pub/wine bar in past month												
None	0.5	0.2	0.1	0.4	3.9	0.3	0.1	0.3	0.9	1.1	4.9	*10,957*
1 to 3 visits	1.8	1.0	0.5	0.9	5.8	1.0	0.5	0.8	2.5	3.0	7.7	*9,533*
4 to 8 visits	4.1	3.1	0.9	1.6	10.4	2.2	1.1	1.7	5.7	6.5	13.8	*5,023*
9 or more visits	7.8	5.4	2.6	3.7	19.2	7.4	3.5	3.4	10.1	11.6	23.4	*1,652*
Number of visits to nightclub in past month												
None	1.1	0.5	0.3	0.6	4.6	0.6	0.2	0.5	1.6	1.9	6.0	*23,617*
1 to 3 visits	6.6	5.0	1.8	2.8	16.6	4.1	2.4	3.1	9.1	10.7	21.1	*2,911*
4 or more visits	9.9	9.0	3.4	4.5	25.8	10.8	5.1	4.2	13.7	15.1	32.8	*638*
Perception of people using or dealing drugs												
Very/fairly big problem	2.6	1.4	0.5	1.5	8.2	1.6	0.6	1.3	3.7	4.4	10.6	*7,280*
Not a problem	2.0	1.4	0.6	0.9	6.4	1.3	0.7	0.9	2.8	3.2	8.3	*19,078*
Experience of crime in the last year												
Victim of any BCS crime	3.0	2.2	1.1	1.8	10.4	2.4	1.3	1.4	4.4	5.2	13.0	*6,411*
Not victim of BCS crime	1.8	1.1	0.4	0.8	5.6	1.1	0.4	0.8	2.5	2.9	7.4	*20,756*
Frequency of alcohol consumption during the past month												
Not a drink in the last month	0.2	0.0	0.1	0.3	2.7	0.1	0.0	0.1	0.4	0.6	3.2	*3,146*
Less than a day a week	0.9	0.5	0.2	0.4	4.7	0.7	0.2	0.4	1.3	1.5	6.1	*8,985*
1-2 days a week	2.8	1.9	0.7	1.4	8.8	1.5	0.6	1.3	4.0	4.9	11.4	*8,359*
3 or more days a week	4.0	2.7	1.2	1.9	9.6	3.0	1.6	1.7	5.2	5.9	12.3	*6,504*

1. Individual drugs included in this table are most prevalent and therefore have a sufficient number of users to ensure robust subgroup analysis.
2. See Section 7 of the User Guide for definitions of personal characteristics.
3. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone plus methamphetamine since 2008/09 interviews.
4. 'Any stimulant drug' comprises powder cocaine, crack cocaine, ecstasy, amphetamines and amyl nitrite plus methamphetamine since 2008/09 interviews.
5. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, ketamine, heroin, methadone, amphetamines, methamphetamine, cannabis, tranquillisers, anabolic steroids, amyl nitrite, any other pills/powders/drugs smoked.
6. Base numbers relate to any drug use. Bases for other drug measures will be similar.
7. See Appendix 1 for details on classification based on the Misuse of Drugs Act.

Table 2.10 Proportion of 16 to 59 year olds reporting use of illicit drugs[1] in the *last year*, by household and area characteristics[2]

Percentages — **England and Wales, 2010/11 BCS**

	Class A			Class A/B	Class B		Class C	Not classified	Any Class A drug[3]	Any stimulant drug[4]	Any drug[5]	*Unweighted base*[6]
	Powder cocaine	Ecstasy	Hallucin-ogens	Ampheta-mines	Cannabis	Mephe-drone	Ketamine	Amyl nitrite				
ALL ADULTS AGED 16 to 59	**2.1**	**1.4**	**0.6**	**1.0**	**6.8**	**1.4**	**0.6**	**1.0**	**3.0**	**3.5**	**8.8**	***27,167***
Structure of household												
Single adult & child(ren)	2.1	0.8	0.1	1.6	5.6	0.8	0.1	0.4	2.5	3.5	7.8	*2,200*
Adults & child(ren)	1.1	0.6	0.2	0.7	4.8	0.7	0.2	0.5	1.6	1.8	6.0	*8,814*
Adult(s) & no children	2.7	1.9	0.8	1.2	8.2	1.8	0.9	1.3	3.8	4.4	10.6	*16,153*
Household income												
Less than £10,000	2.3	1.4	0.4	1.4	10.9	1.8	0.4	1.0	3.8	4.3	12.9	*2,856*
£10,000 less than £20,000	1.7	0.9	0.5	1.4	6.6	0.8	0.6	0.8	2.4	3.1	8.4	*4,199*
£20,000 less than £30,000	1.9	1.3	0.4	1.1	6.4	0.9	0.4	0.8	2.5	3.2	8.2	*4,019*
£30,000 less than £40,000	2.0	1.0	0.4	0.8	4.8	1.1	0.4	0.8	2.3	2.9	6.7	*3,495*
£40,000 less than £50,000	2.3	1.3	0.3	0.5	5.3	1.4	0.6	1.1	2.7	3.3	7.3	*2,561*
£50,000 or more	2.3	1.5	0.5	0.8	5.5	1.2	0.5	1.0	3.2	3.6	7.7	*5,294*
No income stated or not enough information provided	2.3	1.9	1.0	1.2	9.0	2.1	1.2	1.2	3.5	3.9	11.1	*4,743*
Tenure												
Owner occupiers	1.4	0.8	0.3	0.6	4.4	0.8	0.4	0.8	1.7	2.2	5.8	*16,971*
Social renters	1.8	1.0	0.3	1.5	9.0	0.8	0.4	0.9	2.9	3.6	11.1	*4,312*
Private renters	4.1	3.1	1.3	1.8	11.7	3.1	1.4	1.5	6.0	6.5	15.0	*5,830*
Accommodation type												
Houses	2.0	1.2	0.5	1.0	6.5	1.3	0.6	0.9	2.7	3.2	8.3	*23,000*
Detached	1.5	1.0	0.4	0.8	4.9	1.2	0.4	0.9	2.2	2.6	6.3	*6,260*
Semi-detached	2.0	1.2	0.6	0.9	6.5	1.1	0.7	0.8	2.5	3.1	8.2	*8,580*
Terraced	2.4	1.4	0.5	1.2	7.5	1.6	0.6	0.9	3.2	3.7	9.8	*8,160*
Flats/maisonettes	3.0	2.7	0.8	1.3	9.4	2.1	1.1	1.7	4.8	5.6	12.8	*3,605*
ACORN category												
Wealthy Achievers	1.5	1.1	0.6	0.7	5.0	1.0	0.5	0.8	2.4	2.7	6.2	*7,057*
Urban Prosperity	3.8	3.3	1.2	1.3	10.8	3.3	2.3	1.7	5.6	6.4	14.1	*2,562*
Comfortably Off	2.0	1.0	0.5	1.1	6.0	1.3	0.4	0.8	2.6	3.2	7.9	*7,540*
Moderate Means	1.9	1.1	0.3	1.0	6.6	0.9	0.4	0.8	2.4	2.9	8.9	*4,285*
Hard Pressed	2.1	1.2	0.5	1.2	8.0	1.1	0.3	1.0	2.9	3.5	10.0	*5,634*
Output area classification												
Blue collar communities	1.9	1.0	0.5	1.0	6.2	1.2	0.3	0.9	2.5	3.0	8.0	*4,855*
City living	4.2	4.5	1.4	1.9	11.2	3.9	3.2	2.2	6.5	8.4	16.1	*1,440*
Countryside	1.2	0.7	0.5	0.8	5.3	1.0	0.4	0.9	1.6	2.1	7.0	*3,628*
Prospering suburbs	1.9	1.2	0.5	0.7	5.2	1.2	0.5	0.8	2.8	3.0	6.6	*6,033*
Constrained by circumstances	2.3	1.2	0.6	1.3	9.3	1.1	0.3	1.0	3.1	3.5	11.3	*2,578*
Typical traits	2.0	1.3	0.4	1.2	6.8	1.4	0.4	0.6	2.8	3.3	8.9	*6,081*
Multicultural	2.5	1.6	0.5	0.9	8.0	1.2	0.8	1.2	3.4	3.8	10.0	*2,552*
Area type												
Urban	2.3	1.6	0.6	1.1	7.2	1.5	0.7	1.0	3.2	3.8	9.3	*20,866*
Rural	1.3	0.6	0.5	0.8	5.4	1.0	0.3	0.8	1.8	2.2	7.0	*6,301*
Level of physical disorder												
High	3.0	2.6	0.8	1.4	9.9	2.2	0.7	1.7	4.7	5.3	13.5	*1,489*
Not high	2.1	1.3	0.6	1.0	6.7	1.3	0.6	0.9	2.9	3.4	8.6	*25,177*
English Indices of Deprivation (Employment)												
20% most deprived output areas	2.1	1.2	0.3	1.3	8.3	1.1	0.5	1.2	2.9	3.8	10.4	*5,043*
Other output areas	2.1	1.4	0.6	0.9	6.8	1.5	0.5	0.9	2.9	3.3	8.8	*14,858*
20% least deprived output areas	2.3	1.7	0.8	1.0	5.8	1.5	1.2	0.9	3.3	3.8	7.8	*5,149*
English region and Wales												
England	2.2	1.4	0.6	1.0	6.9	1.4	0.7	1.0	3.0	3.5	8.9	*25,050*
North East	2.9	2.7	1.1	2.0	7.2	2.6	0.8	1.8	3.9	5.0	9.4	*1,896*
North West	2.9	1.6	0.5	1.4	7.6	1.7	0.7	1.3	3.7	4.4	10.3	*3,166*
Yorkshire and the Humber	1.9	1.5	0.7	1.3	7.7	1.2	1.2	1.0	2.8	3.4	9.7	*2,435*
East Midlands	2.0	1.2	0.3	1.0	6.5	1.4	0.4	0.8	2.6	3.0	8.6	*3,095*
West Midlands	1.1	1.0	0.2	0.7	5.4	1.0	0.2	0.8	1.9	2.5	6.8	*2,675*
East of England	1.8	1.1	0.4	0.9	6.5	1.0	0.4	0.8	2.7	3.1	8.2	*3,431*
London	2.9	2.0	0.5	0.7	7.0	1.5	1.0	1.0	3.8	4.1	9.2	*2,439*
South East	1.8	1.1	0.8	0.8	7.0	1.2	0.6	0.9	2.8	3.1	8.6	*3,068*
South West	2.2	1.3	0.8	0.9	7.0	1.7	0.5	0.6	3.0	3.4	9.3	*2,845*
Wales	1.7	0.7	0.4	1.4	6.0	1.1	0.3	0.8	2.3	3.0	8.0	*2,117*

1. Individual drugs included in this table are most prevalent and therefore have a sufficient number of users to ensure robust subgroup analysis.
2. See Section 7 of the User Guide for definitions of area and household characteristics.
3. 'Any Class A drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone plus methamphetamine since 2008/09 interviews.
4. 'Any stimulant drug' comprises powder cocaine, crack cocaine, ecstasy, amphetamines and amyl nitrite plus methamphetamine since 2008/09 interviews.
5. 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, ketamine, heroin, methadone, amphetamines, methamphetamine, cannabis, tranquillisers, anabolic steroids, amyl nitrite, any other pills/powders/drugs smoked.
6. Base numbers relate to any drug use. Bases for other drug measures will be similar.
7. See Appendix 1 for details on classification based on the Misuse of Drugs Act.

3 Attitudes to drug-taking behaviour and location and source of obtaining drugs

Bryce Millard and Kevin Smith

3.1 SUMMARY

Estimates based on new questions introduced into the 2010/11 BCS about attitudes to the acceptability of getting drunk, taking cannabis, cocaine and heroin showed that:

- The majority of adults aged 16 to 59 believed that it is acceptable to get drunk occasionally (74%) or frequently (6%).
- The majority of those aged 16 to 59 believed it was never acceptable to take cannabis (65%), cocaine (91%) or heroin (98%).
- Younger adults aged 16 to 24 were twice as likely to believe it to be acceptable to frequently take cannabis (4%) compared with older adults aged 25 to 59 (2%).

Acceptability of taking cannabis and cocaine varied by personal and household characteristics and lifestyle factors.

- The proportion of men who felt it was acceptable to occasionally take cannabis (38%) and cocaine (11%) was greater than for women (27%, cannabis; 6%, cocaine).
- Adults who on average drank alcohol on three or more days a week in the last month were more likely to think it acceptable to take cocaine occasionally (15%) than adults who had not drunk alcohol at all (3%) or had drunk on less than one day a week (5%).

There are differences between attitudes towards acceptability of taking cannabis and cocaine and the level of use of these drugs for all adults aged 16 to 59. For example, while a third (33%) of all adults believed it was acceptable to take cannabis occasionally, 6.8 per cent of this age group had done so in the last year.

New questions were also added to the 2010/11 BCS asking adults aged 16 to 59 who had taken drugs in the last year the location where they obtained the drugs the last time they had used them.

- Around six out of ten adults (59%) had last bought or been given drugs at home or in someone else's home.
- Around one in ten (9%) had been on the street, in a park, or other outdoor area when they had last bought or been given drugs.

3.2 INTRODUCTION

New questions were added to the 2010/11 BCS questionnaire asking the respondents' attitudes to the acceptability of using alcohol, cannabis, cocaine and heroin. Specifically, they were asked whether they thought it was acceptable for people of their own age to frequently or occasionally get drunk or to take cannabis, cocaine or heroin.

New questions were also asked about the location where drugs were obtained the last time the respondent took them, as well as who supplied the drugs.

3.3 ATTITUDES TO ACCEPTABILITY OF DRINKING AND DRUG TAKING

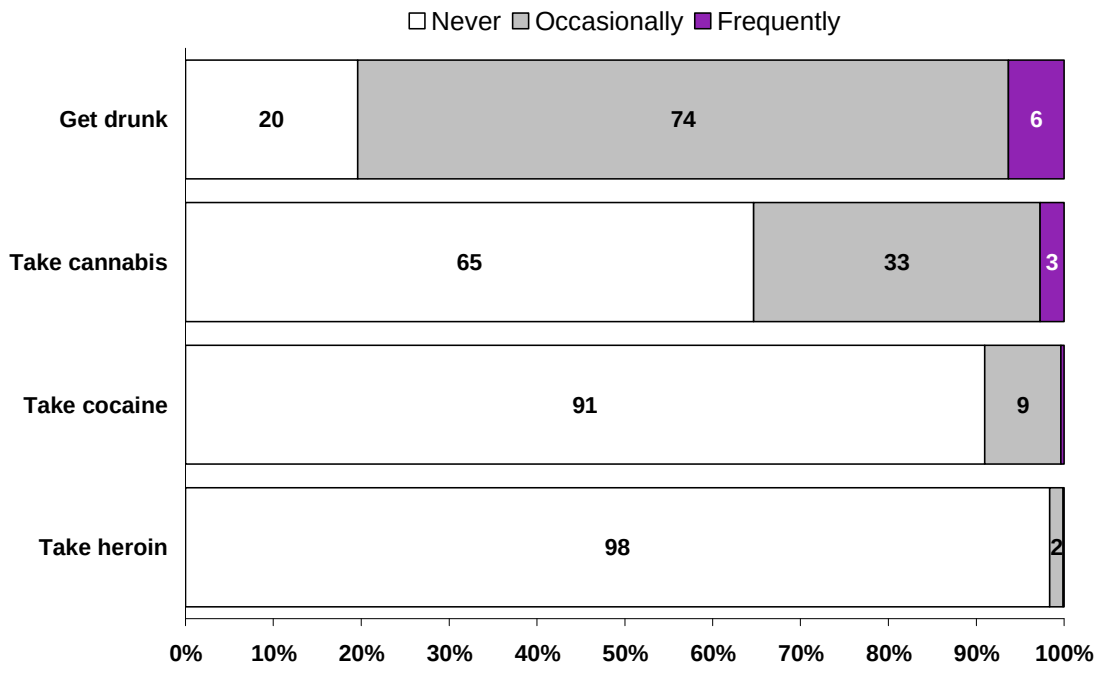
The 2010/11 BCS asked respondents about their views on the acceptability of getting drunk or taking drugs, specifically cannabis, cocaine and heroin. While a majority of respondents to the 2010/11 BCS thought that it was acceptable to get drunk either frequently or occasionally (80%), only a minority thought it acceptable to take drugs either frequently or occasionally for the three drug types asked about (Figure 3.1 and Tables 3.1).

- The majority of adults aged 16 to 59 believed that it is acceptable to get drunk occasionally (74%) or frequently (6%).
- A third of adults (33%) aged 16 to 59 thought it was acceptable to take cannabis occasionally, while almost two-thirds (65%) thought that it was never acceptable.

As expected, there was less acceptability towards taking cocaine and heroin than cannabis.

- Around one in ten adults (9%) thought it acceptable to take cocaine occasionally; around nine in ten (91%) thought it never acceptable.
- Around one in 50 people (2%) thought it acceptable to take heroin occasionally, while the vast majority (98%) thought it never acceptable.

Figure 3.1 Acceptability of occasionally or frequently getting drunk, taking cannabis, any cocaine or heroin, adults aged 16 to 59, 2010/11 BCS



The perceived acceptability of getting drunk and taking drugs varies by age. Younger respondents (16 to 19) and older respondents (45 to 59) tended to be less tolerant in their acceptability of the behaviours asked about than those in other age groups. For example, 29 per cent of those aged 16 to 19 thought that it is acceptable to take cannabis occasionally compared with 40 per cent for those aged 30 to 34 and 25 per cent for those aged 55 to 59. Interestingly, for no age group did a majority of people think that it is acceptable to take cannabis either frequently or occasionally; for the most tolerant age group, 56 per cent of those aged 30 to 34 thought it is never acceptable to take cannabis (Table 3.1).

While the proportion of respondents who believed it was acceptable to use heroin occasionally or frequently was uniformly low across the range of personal, area and household characteristics (between 1% and 4%, data not shown), attitudes towards the use of cannabis and cocaine varied across different characteristics and factors.

- A greater proportion of men believed that it was acceptable to occasionally take cannabis (38%) and cocaine (11%) compared with women (27% and 6% respectively; Table 3.1).

- A greater proportion of those who drank alcohol on three or more days a week in the last month believed it was acceptable to take cocaine occasionally (15%) compared with those who had drunk alcohol less frequently or not at all (10% for drinking 1-2 days a week; 5% for those who drank on less than a day a week; and 3% for those who had not drunk alcohol at all in the last month; Table 3.2).

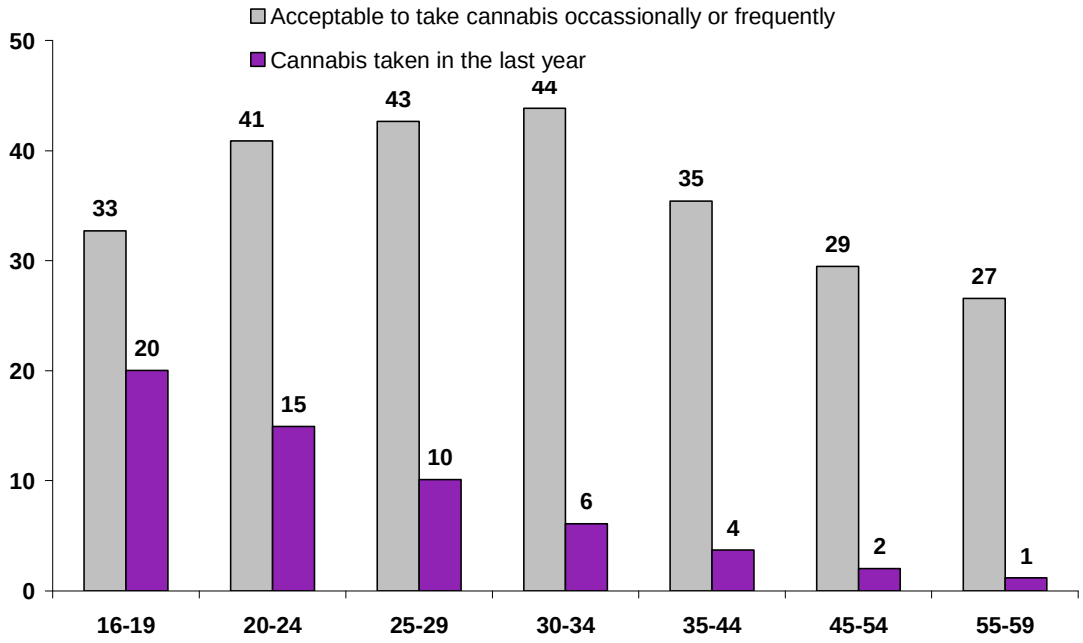
A full breakdown of attitudes to cannabis and cocaine use by personal, area and household characteristics and lifestyle factors appears in Tables 3.1 and 3.2.

Acceptability of drug taking compared with use of these drugs in the last year

Comparison of levels of cannabis and cocaine use with acceptability of the use of these drugs shows that more people thought that it was acceptable to take the drugs than actually took them. For example, while a third (33%) of adults aged 16 to 59 believed that it was acceptable to take cannabis occasionally; only 6.8 per cent of this age group had done so in the last year.

This gap widens with age; a third (33%) of 16 to 19 year olds thought it acceptable to take cannabis frequently or occasionally, a lower proportion (20%) of this age group had taken cannabis in the last year (although the 20% of respondents who have taken cannabis in the last year are not necessarily exclusively within the 33% who thought it acceptable to take cannabis). This gap widens as drug use declines with age, while acceptability increases until peaking in the 30 to 34 age group (Figure 3.2, Tables 2.9 and 3.1).

Figure 3.2 Acceptance of occasionally or frequently taking cannabis and proportion of respondents having taken cannabis in the last year, by age, 2010/11 BCS



A similar pattern was observed for cocaine, although there was less acceptability to taking this drug and the prevalence figures were lower.

Unsurprisingly, those respondents who have taken drugs in the last year thought it more acceptable to take drugs occasionally or frequently than the overall sample population (Table 3.1).

- Nine in ten (89%) respondents who reported using cannabis in the last year thought it acceptable to take cannabis either occasionally (70%) or frequently (18%). The corresponding figures for all adults aged 16 to 59 are 33 per cent (occasionally) and three per cent (frequently).

Again, a similar pattern was observed for cocaine, although less people who had used the drug thought it acceptable to do so both occasionally and frequently.

- Around three-quarters (75%) of respondents who had taken cocaine in the last year thought it acceptable to take the drug frequently (2%) or occasionally (73%). The corresponding figures for all adults aged 16 to 59 are nine per cent (occasionally) and one per cent (frequently).

Amongst users of cocaine, it is of interest that a much lower proportion thought it acceptable to take cocaine frequently (2%) than cannabis frequently (18%).

3.4 LOCATION AND SOURCE OF DRUGS WHEN LAST TAKEN

In the 2010/11 BCS, respondents who had used any illicit drug in the last year were then asked more detailed questions about the last time they had taken drugs. Specifically, they were asked what location they were in when they obtained the drugs that they last took and who the supplier of the drugs was.

Findings concerning the location where respondents had last obtained drugs showed that:

- Around six out of ten respondents (59%) were either at home or someone else's home when they bought or were given drugs (21%, at home; 38%, at someone else's home).

- Just over one in ten (12%) had bought or been given drugs at a club, party or rave the last time they had obtained them while almost one in ten (9%) had obtained the drugs at a bar or pub.

- Around one in ten (9%) had bought or been given drugs either on the street, in a park, or other outdoor area.

- Only one per cent of adults said they had obtained the drugs at a school, college or a workplace (Table 3a)

Table 3a Location when obtaining drugs last time drugs were taken, 2010/11 BCS

Percentages	England and Wales, 2010/11 BCS
Where bought or given drugs last time took drugs	
At someone else's home	38.4
At home	20.8
At a club, party or rave	11.7
On the street, in a park, or other outdoor area	9.5
Somewhere else	9.5
At a bar or pub	9.1
At school, college, university or work	1.0
Unweighted base	*1,776*

Findings from the 2010/11 BCS provide information on the source of drugs the last time they were used. These showed that:

- Three-quarters (75%) of adults obtained drugs (whether bought or given) from a friend or family member (54%) or someone else they knew (21%) the last time they had taken drugs.

- One in five (22%) had bought drugs from a contact or a dealer.

- Less than one per cent (0.7%) of respondents purchased drugs over the internet the last time they had taken drugs (Table 3b).

Table 3b Source of drugs last time drugs were taken, 2010/11 BCS

Percentages	England and Wales, 2010/11 BCS
Who/where drugs obtained from last time took drugs	
Given by/bought from a friend/family member	53.7
Bought from a contact/dealer	21.8
Given by someone else you know	21.4
Given by a stranger	2.5
Bought on the internet	0.7
Unweighted base	*1,624*

Estimates for location and source of obtaining drugs from the 2010/11 BCS showed that an important amount of exchange of drugs takes place under domestic circumstances; e.g. sourcing and obtaining illicit drugs within homes and through family and friends.

Table 3.1 Attitudes towards acceptability of taking cannabis and cocaine by personal and lifestyle characteristics

Percentages — **England and Wales, 2010/11 BCS**

	Cannabis			Cocaine			*Unweighted base*[1]
	OK to take frequently	OK to take occasionally	Never OK to take	OK to take frequently	OK to take occasionally	Never OK to take	
ALL ADULTS aged 16 TO 59	**3**	**33**	**65**	**0**	**9**	**91**	***25,120***
Age							
16-19	4	29	67	1	6	93	*1,385*
20-24	4	37	59	0	11	89	*2,034*
25-29	4	39	57	0	13	86	*2,577*
30-34	4	40	56	1	12	87	*2,834*
35-44	2	33	65	0	10	90	*6,703*
45-54	1	28	71	0	6	94	*6,510*
55-59	2	25	73	0	4	96	*3,077*
16-24	4	33	63	1	9	91	*3,419*
25-59	2	32	65	0	9	91	*21,701*
Sex							
Men	4	38	58	1	11	88	*11,360*
Women	2	27	71	0	6	94	*13,760*
Ethnic group							
White	3	35	62	0	9	90	*22,741*
Non-White	1	16	82	0	4	96	*2,371*
Mixed	4	41	55	0	14	86	*261*
Asian or Asian British	0	13	87	0	3	97	*1,026*
Black or Black British	2	16	82	0	4	96	*653*
Chinese or other	1	14	86	0	4	96	*431*
Marital status							
Married	2	28	70	0	6	94	*11,091*
Cohabiting	4	40	56	0	12	87	*3,273*
Single	4	37	59	1	12	88	*7,365*
Separated	3	28	69	1	6	93	*968*
Divorced	2	28	70	0	6	94	*2,113*
Widowed	3	25	72	0	4	96	*304*
Respondent's employment status							
In employment	3	34	63	0	9	90	*19,146*
Unemployed	3	36	61	0	9	90	*1,148*
Economically inactive	3	26	71	1	6	93	*4,784*
Student	4	29	67	1	8	92	*943*
Looking after family/home	2	22	76	0	5	94	*1,751*
Long-term/temporarily sick/ill	5	28	68	1	6	93	*1,288*
Retired	3	23	74	0	7	93	*383*
Other inactive	3	27	71	1	7	92	*419*
Respondent's occupation							
Managerial and professional occupations	2	39	59	0	11	89	*9,153*
Intermediate occupations	2	31	67	0	8	91	*4,930*
Routine and manual occupations	3	29	68	0	7	92	*8,593*
Never worked and long-term unemployed	2	20	78	0	5	95	*733*
Full-time students	4	31	65	1	8	91	*1,526*
Not classified	5	27	68	0	10	89	*185*
Highest qualification							
Degree or diploma	2	38	60	0	11	89	*9,951*
Apprenticeship or A/AS level	3	36	61	0	9	90	*4,929*
O level/GCSE	3	28	69	0	7	93	*6,103*
Other	3	22	76	0	5	94	*791*
None	3	22	75	1	6	94	*3,329*

	Cannabis			Cocaine			*Unweighted base*[1]
	OK to take frequently	OK to take occasionally	Never OK to take	OK to take frequently	OK to take occasionally	Never OK to take	
Long-standing illness or disability							
Long-standing illness or disability	3	30	66	1	8	91	*4,679*
Limits activities	3	29	68	1	8	92	*2,961*
Does not limit activities	4	32	64	1	10	90	*1,713*
No long-standing illness or disability	3	33	64	0	9	91	*20,429*
Internet usage							
Used in last 12 months	3	34	63	0	9	90	*5,687*
Not used in last 12 months	2	21	77	1	8	92	*613*
Newspaper of choice							
'Popular'	2	29	68	0	7	93	*14,547*
The Sun	3	31	66	0	8	92	*6,567*
The Daily Mirror	2	27	72	0	6	94	*2,238*
The Daily Mail	2	28	70	0	6	94	*4,057*
The Daily Express	1	26	73	0	4	96	*913*
The Daily Star	4	32	63	0	11	89	*772*
'Broadsheet'	4	43	54	0	13	86	*6,437*
The Daily Telegraph	1	35	63	0	8	92	*1,427*
The Guardian	6	54	40	1	20	79	*1,791*
The Independent	5	44	52	1	12	88	*812*
The Times	3	38	59	0	12	88	*2,147*
The Financial Times	2	36	62	0	8	92	*260*
Some other newspaper	3	28	69	1	5	94	*353*
No one newspaper in particular	1	30	69	0	7	93	*255*
Would not want to read any newspaper	2	27	70	0	7	92	*2,682*
Number of evening visits to pub/wine bar in past month							
None	2	22	76	0	5	95	*10,082*
1 to 3 visits	2	35	63	0	9	91	*8,803*
4 to 8 visits	3	45	52	0	13	86	*4,698*
9 or more visits	8	50	42	1	19	80	*1,535*
Number of visits to nightclub in past month							
None	2	30	67	0	7	92	*21,775*
1 to 3 visits	4	45	51	1	15	84	*2,742*
4 or more visits	6	47	47	0	17	83	*602*
Perception of people using or dealing drugs							
Very/fairly big problem	3	30	67	0	8	92	*6,801*
Not a problem	3	34	63	0	9	90	*17,619*
Experience of crime in the last year							
Victim of any BCS crime	3	35	61	1	10	89	*5,959*
Not victim of BCS crime	3	32	66	0	8	92	*19,161*
Frequency of alcohol consumption during the past month							
Not a drink in the last month	2	12	86	0	3	96	*3,055*
Less than a day a week	2	26	72	0	5	94	*8,288*
1-2 days a week	3	38	59	0	10	90	*7,760*
3 or more days a week	4	47	49	1	15	85	*6,020*
Drugs taken							
Taken cannabis in the last year	18	70	11	-	-	-	*1,481*
Taken cocaine in the last year	-	-	-	2	73	25	*481*

1. Unweighted base refers to attitude towards acceptability of taking cannabis.
2. See Section 7.3 of the User Guide for definitions of personal characteristics.

Table 3.2 Attitudes towards acceptability of taking cannabis, cocaine and heroin, proportions reporting use of these drugs by household and area characteristics

Percentages — **England and Wales, 2010/11 BCS**

	Cannabis			Cocaine			*Unweighted base* [1]
	OK to take frequently	*OK to take occasionally*	*Never OK to take*	*OK to take frequently*	*OK to take occasionally*	*Never OK to take*	
ALL ADULTS aged 16 TO 59	**3**	**33**	**65**	**0**	**9**	**91**	***25,120***
Structure of household							
Single adult and child(ren)	3	30	68	0	9	91	*1,995*
Adults & child(ren)	2	30	68	0	8	92	*8,210*
Adult(s) & no child(ren)	3	34	63	0	9	90	*14,915*
Total household income							
Less than £10,000	4	29	66	0	7	92	*2,592*
£10,000 less than £20,000	3	28	69	0	7	93	*3,865*
£20,000 less than £30,000	3	30	68	0	8	92	*3,686*
£30,000 less than £40,000	2	32	66	0	9	91	*3,254*
£40,000 less than £50,000	2	38	60	0	9	91	*2,365*
£50,000 or more	3	40	57	0	12	88	*4,968*
No income stated or not enough information provided	3	28	69	0	8	92	*4,390*
Tenure							
Owner occupiers	2	33	65	0	8	92	*15,710*
Social renters	3	27	70	1	7	93	*3,920*
Private renters	4	35	61	0	11	88	*5,441*
Accommodation type							
Houses	2	32	65	0	8	92	*21,269*
Detached	2	31	67	0	7	93	*5,803*
Semi-detached	3	31	66	0	8	92	*7,914*
Terraced	3	34	64	0	9	90	*7,552*
Flats/maisonettes	4	36	60	1	12	87	*3,326*
ACORN category							
Wealthy Achievers	2	33	65	0	8	92	*6,529*
Urban Prosperity	4	43	54	0	16	84	*2,427*
Comfortably Off	3	33	64	0	8	92	*7,002*
Moderate Means	2	29	69	0	7	93	*3,936*
Hard Pressed	3	28	69	0	7	92	*5,143*
Unclassified	8	37	54	3	13	84	*83*
Output Area Classification							
Blue collar communities	2	28	70	0	5	94	*4,444*
City living	4	48	48	0	18	82	*1,359*
Countryside	3	34	63	0	8	91	*3,329*
Prospering suburbs	2	31	67	0	8	92	*5,614*
Constrained by circumstances	4	31	65	0	9	90	*2,357*
Typical traits	3	35	62	0	8	91	*5,645*
Multicultural	3	30	67	0	10	89	*2,372*
Area type							
Urban	3	32	65	0	9	91	*19,338*
Rural	2	34	64	0	8	92	*5,782*
Level of physical disorder							
High	5	31	64	1	10	89	*1,371*
Not high	3	33	65	0	9	91	*23,282*
English Indices of Deprivation (Employment)							
20% most deprived output areas	3	27	70	0	7	93	*4,640*
Other output areas	3	33	64	0	9	90	*13,734*
20% least deprived output areas	3	36	62	0	9	90	*4,794*
English region and Wales							
England	3	33	65	0	9	91	*23,168*
North East	2	30	67	1	7	92	*1,747*
North West	4	33	63	0	9	90	*2,903*
Yorkshire and the Humber	3	30	68	0	8	92	*2,246*
East Midlands	3	32	66	0	7	92	*2,862*
West Midlands	2	27	71	0	7	93	*2,482*
East of England	3	35	63	0	8	92	*3,173*
London	2	34	64	0	12	88	*2,266*
South East	3	35	62	0	9	90	*2,862*
South West	3	36	62	0	9	90	*2,627*
Wales	2	33	65	0	7	93	*1,952*

1. Unweighted base refers to attitude towards acceptability of taking cannabis.
2. See Section 7 of the User Guide for definitions of area and household characteristics.

Appendix 1: Drug use as measured by the British Crime Survey

The British Crime Survey (BCS) has included a self-completion module of questions on illicit drug use since 1996. Prevalence and trends in illicit drug use among a nationally representative sample of 16 to 59 year olds resident in households in England and Wales are published annually from the survey.

As a household survey, the BCS provides a good and robust way to measure general population prevalence of drug use amongst users contained within the household population. However BCS estimates must be considered within the context of survey methodology and the operational challenges of obtaining information from respondents on self-declared drug use.

Limitations of the BCS as a survey of drug use

As a household survey, the BCS provides an effective measure of the more commonly used drugs for which the majority of users are contained within the household population. However, the BCS does not cover some small groups, potentially important given that they may have relatively high rates of drug use: notably the homeless and those living in certain institutions such as prisons. Nor, in practice, will any household survey necessarily reach those problematic drug users whose lives are so busy or chaotic that they are hardly ever at home or are unable to take part in an interview.[1] As a result, the BCS is likely to underestimate the overall use of drugs such as opiates and crack cocaine and possibly also frequent cocaine powder users, where the majority of users are concentrated within small sub-sections of the population not covered or reached by the survey. However, this is likely to have only a marginal impact on overall estimates of drug use within the household population.

Issues exist around willingness to report illicit drug use, even in a confidential manner. An unknown proportion of respondents may not report their behaviour honestly; hence estimates of prevalence in this bulletin may be considered lower estimates of the true level of illicit drug use within the general population, even for more commonly used drugs. In tracking changes in the level of drug use through the BCS, arguably what matters most is that, irrespective of any strengths or weaknesses relating to coverage or response to the survey, it is a consistent instrument deployed in the same manner for each round of the survey. Hence, even if drug use estimates are lower than the true value, comparisons over time remain valid assuming that unwillingness to report has remained at a similar level over time.

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

[1] The Home Office has published work to provide local estimates of problematic drug users using statistical techniques involving indirect estimation from a number of different data sources (Hay *et al.*, 2006, 2007, 2008). A National Treatment Agency for Substance Abuse follow-up study based on this research for 2007/08, estimated that problematic drug users accounted for 321,229 of the population aged 15-64 in England (Hay, *et al.*, 2010).

Reliability of BCS illicit drug use estimates

Collecting information by using a self-completion methodology with the BCS increases the reliability of estimates of a sensitive nature, such as illicit drug use, since it allows respondents to feel more at ease due to increased confidence in the privacy and confidentiality of the survey.

As a validity check, the survey asks about use of Semeron, a fictional drug, which identifies those who may not be honest about their experiences of using illicit drugs; and the small number of respondents (14) who reported use of it were excluded from any analyses.

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

Year-on-year prevalence changes are presented using the *last year* drug use measure but these need to be interpreted with care and consideration of the following issues:

- While BCS estimates are based on a large sample of the population, it should be recognised that levels of drug use are relatively low so that even when a large section of the population is sampled the number of users picked up by the survey can be relatively small. Figures and comparisons published in this bulletin are considered to be robust. Where there are insufficient drug users in the sample to enable robust analysis this has been indicated in the tables that appear in this bulletin.
- Large sample sizes increase the reliability of estimates for rare acts such as consumption of Class A drugs; however, the range of variability will still be quite large for very rare acts, such as heroin use, because of sampling variability, hence, figures will be liable to fluctuation from year to year.
- Comparisons have been made with 1996 figures (the start of the BCS self-report drug use collection) to provide trends, but attention should also be paid to year-on-year changes in the intervening period in order to fully appreciate the patterns of drug use over time.
- Evidence suggests that use of some types of drug e.g. khat is concentrated in individuals of a specific national origin. BCS general population estimates may not adequately capture levels of the use of such drugs within such a small subgroup of the population. This is in contrast to usage of other types of drugs where evidence suggests that their use is not restricted to small subgroups within the population e.g. cannabis.

Between the 2001/02 and 2008/09 BCS the survey included a boost sample of young adults in order to improve the accuracy of illicit drug use estimates among 16 to 24 year olds. Given the increase in the BCS sample size since 2004/05, drug use estimates among young people can be estimated to an acceptable standard of precision using data from the core sample only.

Classification of drugs under the Misuse of Drugs Act 1971

The Misuse of Drugs Act classifies illegal drugs into three categories (Classes A, B and C) according to the harm that they cause, with Class A drugs considered to be the most harmful. Table A2.1 displays the drugs that respondents were asked about in the 2010/11 BCS and their current classification under the Misuse of Drugs Act.

Emerging psychoactive drugs which have been classified under the Act recently, such as mephedrone, are not included in Table A1.1 because they are not currently presented within the overall extent of BCS drug misuse.

Table A1.1 Drugs included in the main BCS trend measure and their classification under the Misuse of Drugs Act (as at July 2011)

Classification	*Drug*
Class A	Powder cocaine Crack cocaine Ecstasy LSD Magic mushrooms Heroin Methadone Methamphetamine
Class A/B	Amphetamines
Class B	Cannabis (since January 2009; due to reclassification)
Class B/C	Tranquillisers
Class C	Anabolic steroids Ketamine (since April 2006)
Not classified	Amyl nitrite

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

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

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

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

The category ‘not classified’ indicates that possession of these substances is not illegal but it is an offence to supply these substances if it is likely that the product is intended for abuse.

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

Composite drug use measures on the BCS

Within Home Office drug misuse publications, composite variables which amalgamate use of individual drugs are presented; the individual drug use variables that they include are outlined below (Table A1.2).

Table A1.2 Composite drug use variables, 2010/11 BCS

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

Individual types of drugs which are specifically asked about in the BCS are presented in all tables in the substantive part of the report. In addition to these named drugs, respondents are also asked whether they have taken something else in the same time period, that is: pills or powders (not prescribed by a doctor) when you didn't know what they were; smoked something (excluding tobacco) when you didn't know what it was; and, taken anything else that you knew or thought was a drug (not prescribed by a doctor).

As a change to the 2010/11 BCS questionnaire respondents were no longer asked whether they had used glues or solvents. Glue use, therefore, was not included in the 2010/11 measure of any illicit drug use and estimates for the use of glues are not reported within this bulletin. Analysis of the impact on the BCS any illicit drug measure and trend in this measure over time showed that removal of glue from the composite measure of any illicit drug use had no overall important impact on this measure.

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

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

Appendix 2: Bibliography

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Copies of recent Home Office publications based on the British Crime Survey, including the Drugs Misuse Declared Series, can be downloaded from:
http://www.homeoffice.gov.uk/science-research/research-statistics/