



Home Office



# **Drug Misuse: Findings from the 2014/15 Crime Survey for England and Wales**

Second edition

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Section 1.5 of the bulletin has been updated after a production issue during the statistical significance testing phase was identified and resolved.

## Further information

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This release 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, and is based on results from the 2014/15 Crime Survey for England and Wales (CSEW).

The release covers the following topics:

- Extent and trends in illicit drug use among adults, including separate analysis of young adults (16 to 24 year olds);
- Frequency of illicit drug use in the last year;
- Illicit drug use by personal, household and area characteristics and lifestyle factors;
- Use of new psychoactive substances (NPS), so-called 'legal highs';
- Simultaneous polydrug and polysubstance use among adults aged 16 to 59;
- Older drug users (featuring analysis of data from several survey years);
- Drug use within generations over time (a pseudo-cohort analysis);

While responsibility for the CSEW transferred to the Office for National Statistics on 1 April 2012, the Home Office has retained responsibility for analysis and publication of this Drug Misuse publication.

The [User Guide to Drug Misuse Statistics](#) provides background information on the CSEW self-completion module on drug use, as well as classifications of different drugs and other information pertaining specifically to the Drug Misuse statistical collection. The [User Guide to Crime Statistics for England and Wales](#) (published by the Office for National Statistics) provides further information on demographic and area classifications, and statistical conventions and methodology.

Copies of other Home Office publications are available on the Home Office pages of the Gov.uk website: <https://www.gov.uk/government/organisations/home-office/series/drug-misuse-declared>  
The dates of forthcoming publications are pre-announced and can be found on the Statistics Release Calendar pages of the Gov.uk website: <https://www.gov.uk/government/statistics/announcements> For further information about the CSEW, please email [crimestatistics@ons.gsi.gov.uk](mailto:crimestatistics@ons.gsi.gov.uk)

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# Conventions used in figures and tables

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## Table abbreviations

- ‘0’** indicates no response in that particular category or less than 0.5% (this does not apply when percentages are presented to one decimal point).
- ‘n/a’** indicates that the question was not applicable or not asked in that particular year.
- ‘-’** indicates that data are not reported because the unweighted base is fewer than 50.
- ‘\*\*’** 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.

## Unweighted base

All 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 interviewed in the specified group.

## Percentages

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

Most tables present cell percentages where the figures refer to the percentage of people who have the attribute being discussed and the complementary percentage, to add to 100%, is not shown.

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

## ‘No answers’ (missing values)

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

## Numbers of CSEW drug users

Estimates are rounded to the nearest 10,000.

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# 1 Extent and trends in illicit drug use

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## INTRODUCTION

This chapter covers the extent and trends in illicit drug use among adults aged 16 to 59 measured by the 2014/15 Crime Survey for England and Wales (CSEW). Figures for young adults aged 16 to 24 are also provided. Figures are presented since 1996, when comparable questions were first included on the survey.

The 2014/15 survey measured levels of drug use in the last month and in the last year prior to interview, as well as drug use at any point in the respondent's lifetime. The questions on last year use and use ever are regularly included in the CSEW. The questions on last month use were previously included in the 2011/12 survey, and provide a measure of the recency of drug use. In the 2014/15 survey these questions have replaced questions on the frequency of drug use for most individual drug types, except cannabis.

The [User Guide to Drug Misuse Statistics](#) provides further details relating to illicit drug use measures. The [User Guide to Crime Statistics for England and Wales](#) (published by the Office for National Statistics) provides further information on demographic and area classifications, and statistical conventions and methodology.

Estimates of illicit drug use among adults from the 2014/15 CSEW can be found in the [data tables](#).

## KEY FINDINGS

- **Around 1 in 12 (8.6%) adults aged 16 to 59 had taken an illicit drug in the last year.** This equated to around 2.8 million people. This level of drug use was similar to the 2013/14 survey (8.8%), but significantly lower than a decade ago (11.2% in the 2004/05 survey).
- **Around 1 in 5 (19.4%) young adults aged 16 to 24 had taken an illicit drug in the last year.** This proportion was more than double that of the wider age group, and equated to around 1.2 million people. This level of drug use was similar to the 2013/14 survey (19.0%), but significantly lower compared with a decade ago (26.5% in the 2004/05 survey).
- **The use of ecstasy in the last year increased among 16 to 24 year olds between the 2013/14 and 2014/15 surveys, from 3.9 per cent to 5.4 per cent.** This is an increase of approximately 95,000 people.
- **Last year use of khat among 16 to 59 year olds has fallen to 0.04 per cent.** This is a significant fall compared with the 2011/12 estimate of 0.2 per cent, when khat use was last measured by the CSEW. Khat was legal prior to June 2014, when it became controlled as a Class C drug.
- **Around 1 in 20 (4.7%) adults aged 16 to 59 had taken an illicit drug in the last month, while one in ten (10.2%) young adults aged 16 to 24 had done so.** Neither proportion has changed significantly compared with the 2011/12 survey, when the questions on last month use were last asked.
- **Just over one-third (34.7%) of adults aged 16 to 59 had taken drugs at some point during their lifetime.** This is similar to the 2013/14 survey estimate (35.7%).

## 1.1 EXTENT AND TRENDS IN OVERALL DRUG USE AND CLASS A DRUG USE

This section summarises the long-term trends in last year use of drugs (of any kind) and Class A drugs, among adults aged 16 to 59 and young adults aged 16 to 24.

## Last year drug use among adults aged 16 to 59

The 2014/15 CSEW shows that around 1 in 12 (8.6%) adults aged 16 to 59 had taken an illicit drug in the last year, which equated to around 2.8 million people. This proportion is similar to the 2013/14 survey (8.8%), and to the 2011/12 survey (9.0%). This relative stability of the trend on either side of the 2012/13 survey figures suggests that the low point observed in the 2012/13 survey (8.1%) may be an outlier, likely to have occurred due to random sampling variability. The trend since the 2009/10 survey has fluctuated between eight and nine per cent, but has remained relatively flat, so levels of drug use are generally stable.

This follows a period of gradually decreasing proportions from a peak in 2003/04 (12.2%). Prior to 2003/04, the proportion remained broadly flat at around 12 per cent.

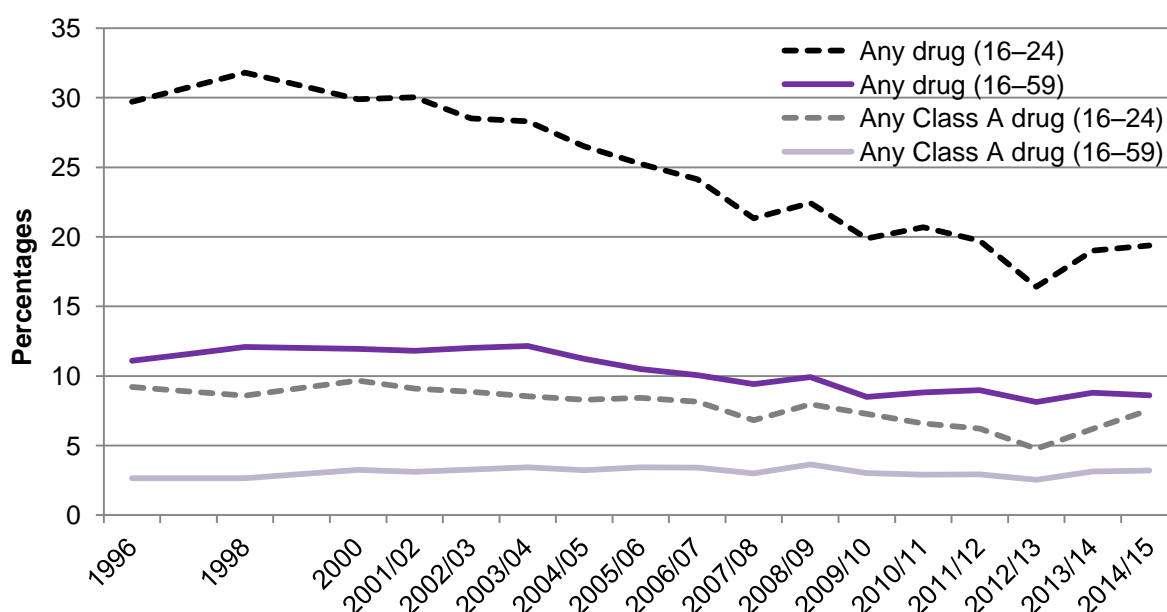
According to the 2014/15 CSEW, 3.2 per cent of adults aged 16 to 59 had taken a Class A drug in the last year, equivalent to just over one million people. The long-term trend in Class A drug use has been broadly stable over the last few years, although there has been some fluctuation. Since 2009/10, the only statistically significant changes were the fall in 2012/13 and the subsequent rise in 2013/14, showing a return to the previous level. However, the current level of last year Class A drug use is significantly higher than in 1996, when 2.7 per cent of adults used Class A drugs. This change is largely accounted for by a significant increase in cocaine use (from 0.6% to 2.4%), offset by a significant fall in the use of hallucinogens (from 1.3% to 0.7%). For further detailed figures, see Tables 1.02 and 1.04.

## Last year drug use among young adults aged 16 to 24

The proportion of young adults aged 16 to 24 taking any drug in the last year was more than double the proportion in the 16 to 59 age group, at 19.4 per cent. This proportion equates to 1.2 million people. This was similar to the levels seen in the 2013/14 (19.0%) and 2011/12 (19.7%) surveys, while the 2012/13 figure (16.4%) looks anomalous within the general longer term trend.

The 2014/15 CSEW found that 7.6 per cent of young adults aged 16 to 24 had taken a Class A drug in the last year, equating to 474,000 people. The apparent increase of the proportion from 6.2 per cent in 2013/14 was not statistically significant. For further detailed figures, see Tables 1.06 and 1.08.

**Figure 1.1: Trends in illicit drug use in the last year among adults, 16 to 59 and 16 to 24 years old, 1996 to 2014/15, CSEW**



Source: Home Office: Tables 1.02 and 1.06.

## 1.2 EXTENT AND TRENDS IN INDIVIDUAL DRUG USE

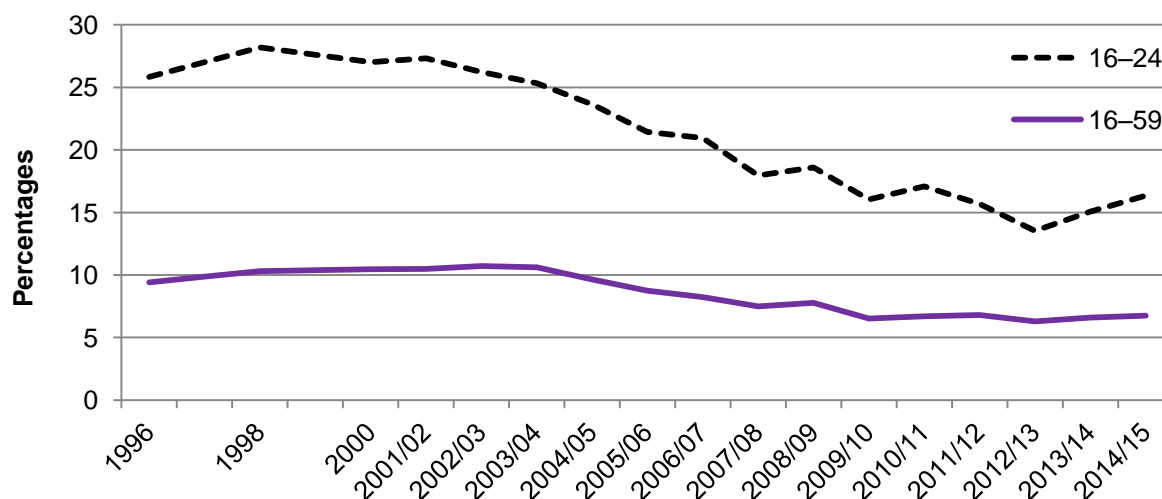
### Cannabis

As in previous years, cannabis was the most commonly used drug in the last year, with 6.7 per cent of adults aged 16 to 59 using it in the last year, similar to the 2013/14 survey (6.6%; Figure 1.2). Over the longer-term, between the 1998 and 2003/04 surveys, the last year use of cannabis was stable, at around 10 per cent of adults, before falling to 6.5 per cent in 2009/10. The trend since the 2009/10 survey has been relatively flat, at between six and seven per cent (Table 1.02).

Among younger adults aged 16 to 24, cannabis was also the most commonly used drug, with 16.3 per cent having used it in the last year. This was not statistically significantly different from the level in 2013/14 (15.1%), but was a significant fall compared with the 1996 survey (25.8%).

Although the trend in the use of cannabis among 16 to 24 year olds appears to have shown a steady increase compared with the 2012/13 survey, it is too early to conclude that this is an emerging pattern at this stage. The estimates from the 2012/13 survey appear to be out of line with recent results, and a comparison of the latest estimate to previous years may indicate that the trend, which has been falling since the peak in 1998, has gradually stabilised (Table 1.06).

**Figure 1.2: Proportion of adults using cannabis in the last year, 16 to 59 and 16 to 24 year olds, 1996 to 2014/15, CSEW**



Source: Home Office: Tables 1.02 and 1.06.

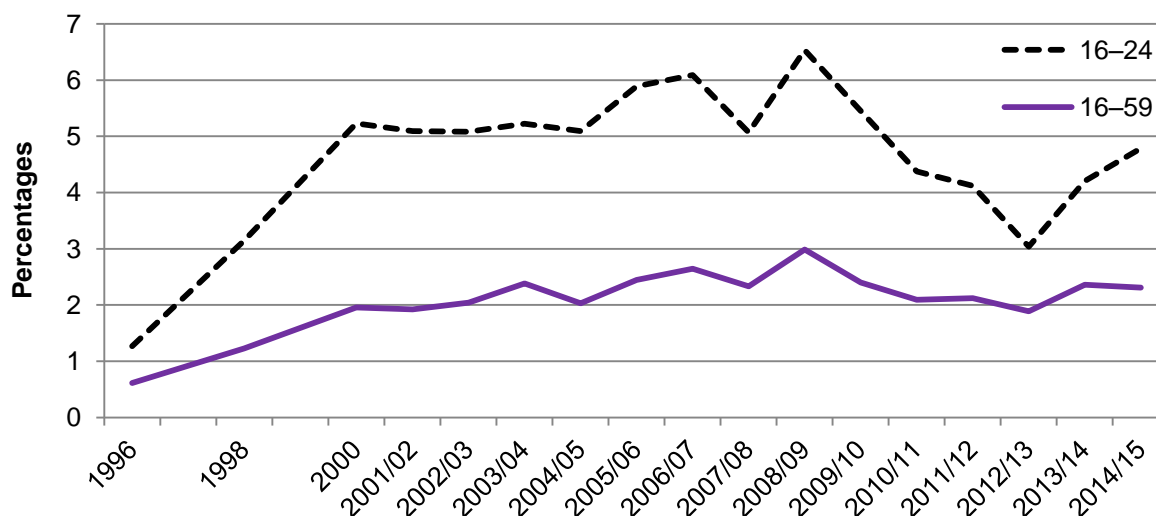
### Powder cocaine

As in recent years, the next most commonly used drug in the last year by adults aged 16 to 59 was powder cocaine (2.3% in the 2014/15 survey). By contrast, powder cocaine is the third most commonly used drug among young adults aged 16 to 24 (4.8%), after ecstasy (see below). Compared with the previous year, both proportions have remained similar (2.4% among 16 to 59 year olds and 4.2% among 16 to 24 year olds in the 2013/14 survey).

Powder cocaine use among 16 to 59 year olds rose sharply between the 1996 and 2000 surveys (0.6% to 2.0%), driven by an even sharper increase among the 16 to 24 age group (1.3% to 5.2%). These sharp increases were followed by slower increases to a peak in the trends for both age groups in the 2008/09 survey: 3.0 per cent among 16 to 59 year olds and 6.5 per cent among 16 to 24 year olds. Although the latest figures from the 2014/15 survey represent increases for both age groups compared with the 1996 survey, both are significantly lower compared with the 2008/09 figures.

While the estimates from the 2014/15 survey for both age groups are significantly higher than the 2012/13 survey, the estimates from 2012/13 look to be out of line with recent results. The estimates from the 2014/15 survey are not statistically significantly different from those seen in the 2013/14 and 2011/12 surveys, which suggests that the fall in cocaine usage since 2008/9 may be levelling out.

**Figure 1.3: Proportion of adults using powder cocaine in the last year, 16 to 59 and 16 to 24 year olds, 1996 to 2014/15, CSEW**



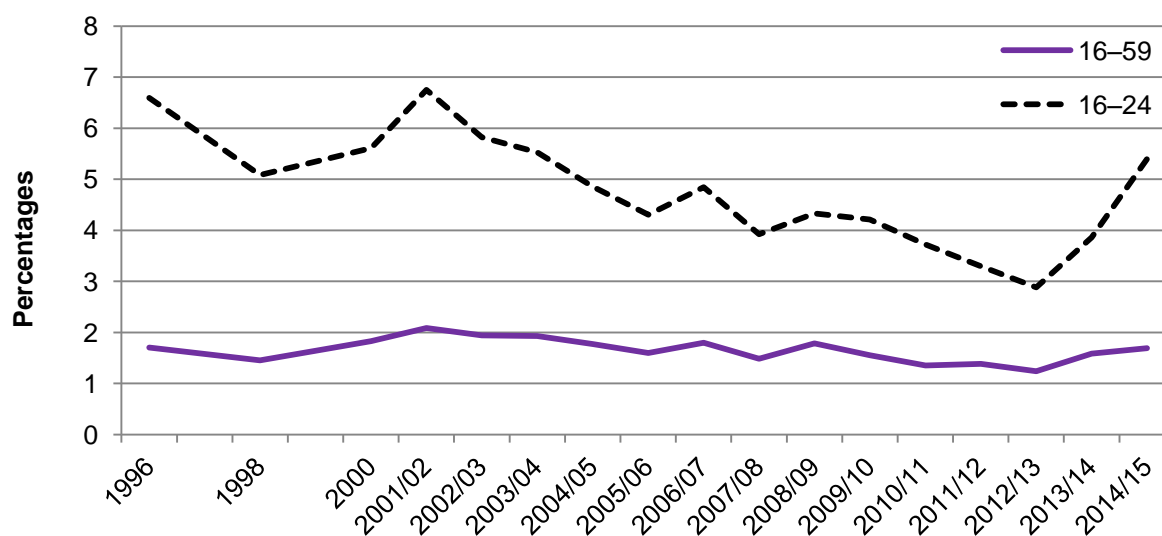
Source: Home Office: Tables 1.02 and 1.06.

## Ecstasy

The level of last year ecstasy use by adults aged 16 to 59 in the 2014/15 survey (1.7%) was similar to the previous year (1.6%), and the same as that seen in the 1996 survey (1.7%, Figure 1.4). The proportion of 16 to 59 year olds using ecstasy in the last year has fluctuated between 1 and 2 per cent since measurement began in 1996.

In the 2014/15 survey, the proportion of 16 to 24 year olds reporting ecstasy use in the last year was 5.4 per cent, a statistically significant increase compared with the 2013/14 survey (3.9%). Although the long-term trend in last year ecstasy use among young adults shows many fluctuations (Figure 1.4), the overall long-term direction before the recent increases was downward. It is too early to say whether the latest estimates show a change in the direction of the trend, or another fluctuation.

**Figure 1.4: Proportion of adults using ecstasy in the last year, 16 to 59 and 16 to 24 year olds, 1996 to 2014/15, CSEW**



Source: Home Office: Tables 1.02 and 1.06.

### Other illicit drugs

For adults aged 16 to 59, there was a small statistically significant increase in last year use of magic mushrooms (0.4% of 16 to 59 year olds in the 2013/14 survey to 0.5% in the 2014/15 survey). There were no other statistically significant changes compared with the previous year. Similarly, there were no statistically significant changes in last year drug use among young adults aged 16 to 24 compared with the previous year, apart from the increase in ecstasy use (see above).

See 'Summary of Trends' tables below and Tables 1.02 and 1.06 for trends in last year drug use. Over the long term there have been falls in the use of hallucinogens, amphetamines and cannabis among adults ages 16 to 59, offset by an increase in the use of powder cocaine.

### 1.3 LAST YEAR USE OF KHAT

Khat<sup>1</sup> became controlled as a Class C drug on 24<sup>th</sup> June 2014 and a question on last year use of khat was included in the 2014/15 CSEW. Prior to this date, khat was not controlled, but questions on khat were asked in the 2010/11 and 2011/12 surveys. The 2014/15 CSEW found that 0.04 per cent<sup>2</sup> of adults aged 16 to 59 had used khat in the last year; this equates to around 15,000 people. This is a significant fall compared with 0.2 per cent in the previous two survey years when khat use was measured.

### 1.4 LAST YEAR USE OF NEW PSYCHOACTIVE SUBSTANCES (NPS)

The 2014/15 CSEW asked questions on the last year use of new psychoactive substances (NPS). 'NPS' refers to newly available drugs that mimic the effect of drugs such as cannabis, ecstasy and powder cocaine, and which may or may not be illegal to buy. These are discussed in Chapter 4. Questions on the use of individual new psychoactive substances, or other substances not previously measured, have been included in some past surveys. These include salvia, nitrous oxide ('laughing gas'), BZP (a stimulant similar to amphetamines), synthetic cannabinoids ('spice') and GHB/GBL. Findings on the use of these substances are shown in [previous Drug Misuse bulletins](#).

### 1.5 LAST YEAR USE OF PRESCRIPTION-ONLY PAINKILLERS

The 2014/15 CSEW included a question for the first time on the misuse of prescription-only painkillers<sup>3</sup>. The survey revealed that in the last year 5.4 per cent of adults aged 16 to 59 had misused a prescription-only painkiller not prescribed to them. Breaking this down by age group, 7.2 per cent of 16 to 24 year olds had misused a prescription-only painkiller in the last year, while 4.9 per cent of 25 to 59 year olds had done so. The difference between the two age groups was statistically significant (figures not shown in tables).

Furthermore, of the 16 to 59 year olds who had reported misuse of prescription-only painkillers, a quarter (25%) reported having taken another drug in the last year. This is in contrast with users of new psychoactive substances (NPS), of whom more than four fifths (83%) had used another illicit drug in the last year (see Chapter 4). Further analysis of prescription-only painkiller misuse by demographic factors is shown in Chapter 3.

### 1.6 LAST MONTH USE OF ILLICIT DRUGS

Questions on the use of illicit drugs in the last month were last included in the 2011/12 survey. 'Use in the last month' is a good indicator of very recent drug use, but it is subject to more variation due to the small number of last month users. More detail is available in the [data tables](#).

<sup>1</sup> Estimates of khat use have not been included in the extent and trends tables. It is possible that a household survey such as the CSEW may underestimate the use of substances such as khat, the use of which is concentrated in individuals of a specific national origin. CSEW general population estimates may not adequately capture levels of the use of such drugs within such a small subgroup of the population.

<sup>2</sup> The 2014/15 estimate of last year khat use should be treated with caution, as khat was not a controlled substance for part of the survey year. Depending on the time of the interview, some respondents were asked to recall a 12 month period in which khat was legal, while for others khat had been legal at the start of the 12 month period they were asked about but became illegal during the 12 month period.

<sup>3</sup> The question on painkillers asked respondents whether they had taken prescription-only painkillers not prescribed to them, which they took only for the feeling or experience it gave them. The figures relating to painkillers are not shown in tables.

According to the 2014/15 CSEW:

- Around 4.7 per cent of adults aged 16 to 59 said they had taken an illicit drug in the last month. This equates to around 1.5 million people and is a significantly lower percentage than those observed a decade ago in the 2004/05 survey and when CSEW measurements began in 1996 (both 6.7%) (Tables 1.03 and 1.04).
- The proportion of young adults aged 16 to 24 followed a similar pattern, although the proportion was 10.2 per cent, around double that of the wider age group. This equates to around 642,000 people aged 16 to 24 having taken a drug in the last month prior to interview. The 2014/15 survey proportion represents a significant fall compared with 16.4 per cent in the 2004/05 survey and 19.2 per cent in the 1996 survey (Tables 1.07 and 1.08).
- 1.4 per cent of adults aged 16 to 59 and 3.2 per cent of young adults aged 16 to 24 had taken a Class A drug in the last month. These proportions are similar to those last observed in the 2011/12 survey and have not changed significantly compared with the 1996 survey.
- Among adults aged 16 to 59, the drugs most commonly taken in the last month were cannabis (3.7%), powder cocaine (0.9%) and ecstasy (0.7%). Among adults aged 16 to 24, the drugs most commonly taken in the last month were cannabis (8.4%), ecstasy (2.1%) and powder cocaine (1.7%).

### 1.7 USE OF ILLICIT DRUGS EVER

Respondents were also asked about drugs they have ever used in their lifetime; this is different from last year drug use, which is intended to measure current drug use<sup>4</sup>. By contrast, use of a drug in a person's lifetime may not have occurred recently. The measure of drug use ever in a person's lifetime is likely to be affected by the 'ageing population' phenomenon: as people live longer, the 16 to 59 age group becomes more condensed at the older boundary, so with time there are likely to be more people who have taken drugs at some point in their lives. Detailed figures are in the [data tables](#).

According to the 2014/15 CSEW, 36.5 per cent of young adults aged 16 to 24 had used an illicit drug at some point in their lives, while 19.4 per cent had done so in the last year. By contrast, among the wider age group of adults aged 16 to 59, a similar proportion (34.7%) had used an illicit drug in their lifetime, compared with only 8.6 per cent who had used an illicit drug in the last year. These comparisons provide evidence that drug use tends to begin relatively early in life, and that those who have used a drug at some point in their lives may not have done so recently.

The following key findings summarise the trend data on lifetime drug use among 16 to 59 year olds:

- Around one third (34.7%) of adults aged 16 to 59 said they had taken an illicit drug in their lifetime, which equates to around 11.3 million people. This is a similar level to recent years (for example, 35.7% in 2013/14) but an increase from 30.4% in the 1996 survey. This is likely to be an effect of the ageing population, as last-year drug use has fallen compared with the 1996 survey, from 11.1 per cent to 8.6 per cent (Tables 1.01, 1.02 and 1.04).
- 15.5 per cent (5.1 million) adults aged 16 to 59 had taken a Class A drug in their lifetime, a statistically significant increase from 9.6 per cent in the 1996 survey. This is in line with a simultaneous increase in the use of Class A drugs in the last year, from 2.7 per cent in the 1996 survey to 3.2 per cent in the 2014/15 survey.
- For all adults aged 16 to 59, the drug most commonly reported as ever used was cannabis, with around three in ten (29.2%) adults reporting using this drug at some point during their lifetime. Furthermore, around one in ten adults aged 16 to 59 said that they had used amphetamines (10.3%), powder cocaine (9.7%), ecstasy (9.2%) or amyl nitrite (8.5%) in their lifetime.

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<sup>4</sup> Questions on the use of mephedrone ever were not included in the 2010/11 and the 2011/12 surveys. Therefore, the estimates of last year mephedrone use in 2010/11 and 2011/12 differ from the other individual illicit drugs, as respondents were not previously asked about their experience of ever using mephedrone. Any effect on the estimates of last year mephedrone use, or indeed on the overall measure of any last year drug use, would be considered to be very small.



## 1.8 SOURCES OF DRUGS USED ON LAST OCCASION

The 2014/15 CSEW also asked those respondents who had used drugs in the last year where, or from whom, they had obtained the drugs they had used on the last occasion (Table 1.09<sup>5</sup>). The figures presented here do not include new psychoactive substances, which were asked about separately. A comparison of NPS sources with sources of other illicit drugs is shown in Figure 4.2 (Chapter 4).

The most popular source of drugs in 2014/15 was someone well-known, e.g. a friend, neighbour or colleague, accounting for just under half of occasions (42% for 16 to 59 year olds, 46% for 16 to 24 year olds). The second most popular source was a known dealer, accounting for just over one tenth of occasions (11% for 16 to 59 year olds and 13% for 16 to 24 year olds). This was followed in popularity by dealers who were not known personally (9% for 16 to 59 year olds and 12% for 16 to 24 year olds).

## 1.9 SUMMARY OF TRENDS

**Table 1: Last year drug use among adults aged 16 to 59 and young adults aged 16 to 24, with a summary of trends, 2014/15 CSEW**

Class	Drug types	Adults aged 16 to 59				Adults aged 16 to 24			
		2014/15	compared with:			2014/15	compared with:		
		Proportion reporting use (%)	1996	2004/05	2013/14	Proportion reporting use (%)	1996	2004/05	2013/14
<b>A</b>	Any cocaine	2.4	↑			4.8	↑		
	Powder cocaine	2.3	↑			4.8	↑		
	Crack cocaine	0.1				0.1			
	Ecstasy	1.7				5.4			↑
	Hallucinogens	0.7	↓	↓		1.9	↓	↓	
	LSD	0.4	↓	↑		1.2	↓	↑	
	Magic mushrooms	0.5		↓	↑	1.5		↓	
	Opiates	0.1				0.0		↓	
	Heroin	0.1				0.0		↓	
	Methadone	0.1				0.0			
<b>A/B</b>	Any amphetamine	0.6	n/a	n/a		1.3	n/a	n/a	
	Amphetamines	0.6	↓	↓		1.3	↓	↓	
	Methamphetamine	0.1	n/a	n/a		0.2	n/a	n/a	
<b>B</b>	Cannabis	6.7	↓	↓		16.3	↓	↓	
	Ketamine	0.5	n/a	n/a		1.6	n/a	n/a	
	Mephedrone	0.5	n/a	n/a		1.9	n/a	n/a	
<b>B/C</b>	Tranquillisers	0.5				0.7			
<b>C</b>	Anabolic steroids	0.2		↑		0.5			
<b>n/a</b>	Amyl nitrite	0.7	↓	↓		1.4	↓	↓	
	<b>Any Class A drug</b>	<b>3.2</b>	↑			<b>7.6</b>			
	<b>Any stimulant drug</b>	<b>3.5</b>	↓			<b>8.1</b>	↓	↓	
	<b>Any drug</b>	<b>8.6</b>	↓	↓		<b>19.4</b>	↓	↓	
	<i>Unweighted base</i>	<i>19,732</i>				<i>2,306</i>			

### Table notes

Source: Home Office: Tables 1.02 and 1.05.

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

Upward and downward arrows indicate statistically significant changes compared with the years shown.

'n/a' indicates that the drug concerned had not been measured by the survey in the comparison year.

<sup>5</sup> The figures in Table 1.09 are not comparable with findings from this survey question published in earlier years, as the selections of drugs which respondents were prompted to recall in the preceding questions have changed between survey years. The figures exclude those respondents who said they had misused prescription-only painkillers in the last year which were not prescribed to them, or refused to answer the question on painkiller misuse. This is in line with other composite measures of drug use in this report.

## 2. Frequency of illicit drug use in the last year

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### INTRODUCTION

This chapter investigates levels of frequent drug use which is defined as **taking an illicit drug more than once a month in the last year**, among adults aged 16 to 59 and young adults aged 16 to 24. These analyses are based on either the results of the 2013/14 or the 2014/15 Crime Survey for England and Wales (CSEW). This is because questions on frequency of drug use were only asked in the 2014/15 survey for use of cannabis and ‘any drug’. Therefore, 2013/14 survey data have been used to examine frequent use of individual drugs<sup>6</sup>, with the exception of cannabis. It is valid to interpret 2013/14 figures as current, given that it is unlikely frequent drug use has changed significantly since the last survey.

The measure of frequency of use for ‘any drug’ used for the 2014/15 survey is also calculated slightly differently than previously as it is based on one specific question that asks about frequency of any drug use. In previous years, frequent use was calculated using a composite variable made up of individual questions that ask about use for each individual drug in the survey. Therefore no direct comparisons have been made with previous year’s findings for frequent drug use.

The [User Guide to Drug Misuse Statistics](#) provides further details relating to illicit drug use measures, and changes made to the 2014/15 survey.

Estimates of frequent drug use in the last year among adults from the 2014/15 CSEW can be found in the [data tables](#), for cannabis and any drug. Detailed estimates for frequent use of a selection of other individual drugs presented here are taken from the 2013/14 publication as the previous publication did not go into the same depth.

### KEY FINDINGS

- **According to the 2014/15 CSEW, 2.2 per cent of all adults aged 16 to 59 were classed as frequent drug users.**
- **The proportion of young adults aged 16 to 24 who were classed as frequent drug users was 5.1 per cent**, over twice the proportion of all adults aged 16 to 59 in the 2014/15 survey.
- **Cannabis was the drug most likely to be frequently used, with 39 per cent of cannabis users being classed as frequent users in the 2014/15 survey.** Tranquilisers were the second most likely drug type to be frequently used (27% of users reported frequent use in the 2013/14 survey – the most recent data available on frequency of using drugs other than cannabis).

### 2.1 EXTENT OF FREQUENT USE OF ANY DRUG, AND CANNABIS (2014/15)

Respondents who had taken any drug in the last year were asked how often they had taken them. The change in the survey questions resulted in a larger number of ‘don’t know’ responses and refusals to answer the ‘any drug’ question, compared with previous years when the respondent was asked about the frequency of each drug individually. Therefore, trends in frequent use of any drug have not been presented as this year is not directly comparable with previous years.

Estimates from the 2014/15 CSEW show that 2.2 per cent of adults aged 16 to 59 were defined as frequent drug users (having taken any illicit drug more than once a month on average in the last year) (Table 2.01). Frequent drug users made up just over a third (36%) of the adults who reported drug use

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<sup>6</sup> Not all drugs asked about in the survey are reported on, as the base number of respondents for each drug must be large enough to allow robust analysis of the frequency of use. For less common drugs, too few respondents reported using the drug in the last year to allow for this.

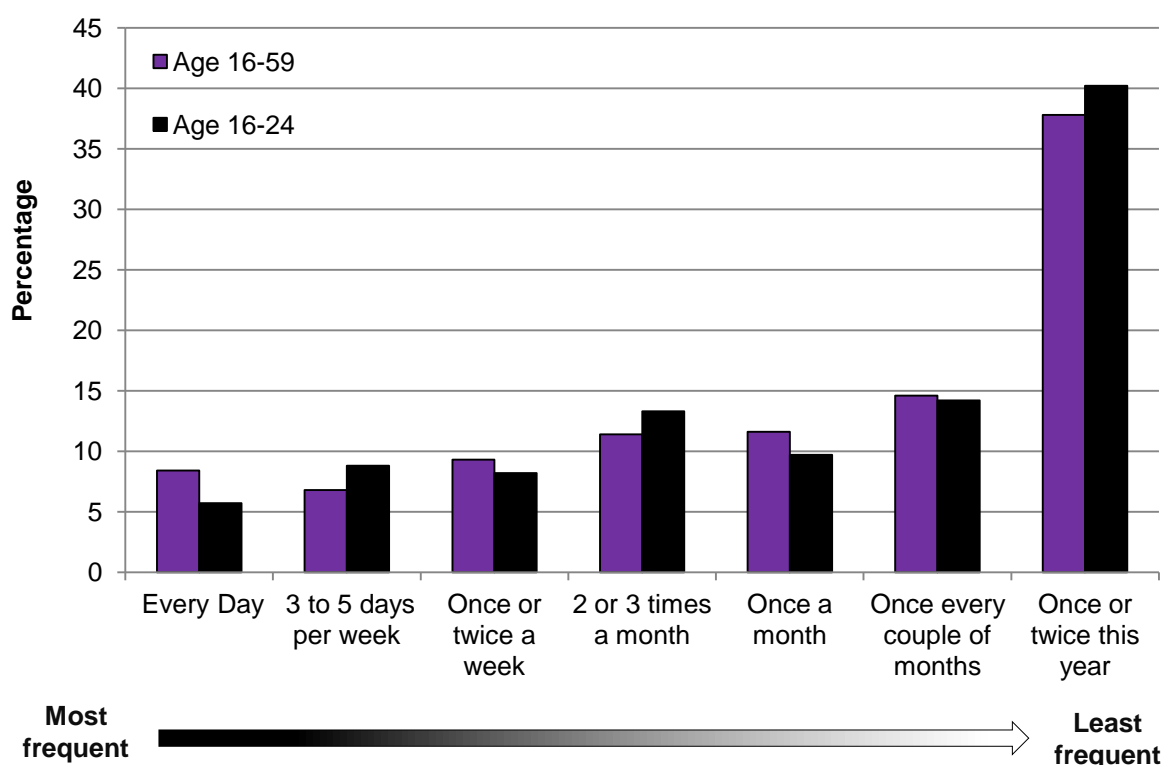


## 2. Frequency of illicit drug use in the last year

within the last year. Eight per cent of adults who reported using drugs in the last year, said they had used drugs every day (Table 2.02).

The proportion of 16 to 24 year olds defined as frequent drug users was over twice as high (5.1%) as the proportion of frequent drug users aged 16 to 59 (2.2%). However, similar proportions of 16 to 24 year olds and 16 to 59 year olds who had taken drugs in the last year were frequent drug users (36% for both age groups). This pattern holds across all the frequency of use categories (Figure 2.1; Tables 2.01 and 2.02).

**Figure 2.1 Frequency of any drug used, adults aged 16 to 59 and 16 to 24, 2014/15 CSEW**



Source: Home Office: Table 2.02.

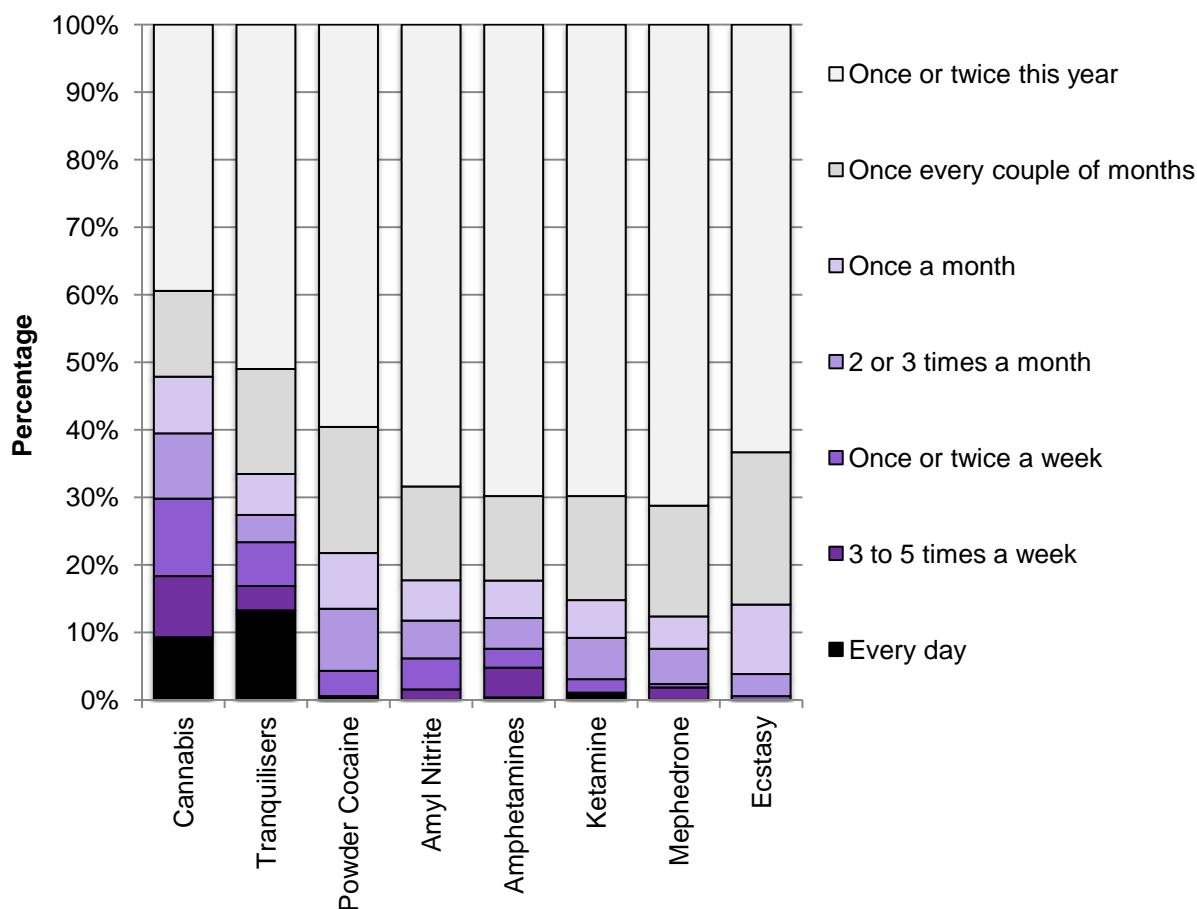
As reported in the previous chapter ([Extent and trends in illicit drug use](#)), cannabis was the most prevalent drug taken in the last year among adults aged 16 to 59 (7%, Table 1.02). Of those aged 16 to 59 using cannabis during the last year, 39 per cent reported frequent use of this drug. The equivalent proportion for young adults aged 16 to 24 was similar, at 37 per cent (Table 2.03).

### 2.2 FREQUENCY OF INDIVIDUAL DRUG USE (2013/14 AND 2014/15)

Respondents were asked how frequently they used each of the drugs that they said they had taken during the last year. These questions were not included in the latest survey, except for 'any drug' and cannabis; therefore, with the exception of cannabis, all of the figures presented are from the 2013/14 CSEW. The findings presented in 2013/14 Drug Misuse report have been expanded on here, by presenting a more detailed breakdown of the frequency of use (Figure 2.2).

Figure 2.2 shows that cannabis and tranquilisers were the drugs that have the highest proportion of frequent users (39% of cannabis users and 27% of tranquiliser users were frequent users). Other drugs such as powder cocaine (13%), mephedrone (8%), and ecstasy (4%) were used less frequently. There were small proportions of daily users of drugs across all the drug types. Tranquilisers (13%) and Cannabis (9%) had the highest proportion of daily users. Figure 2.2 also shows that taking drugs 'once or twice a year' was the most common frequency across all drug types, particularly for mephedrone (71%), ketamine (70%) and amphetamines (70%).

**Figure 2.2: Frequency of drug use by individual drug type, adults aged 16 to 59 who took the drug in the last year, 2013/14<sup>1</sup> CSEW**



## Chart notes

Source: Home Office: Table 2.04.

The figures for each individual drug type are taken from the latest survey year in which the relevant question has been asked. For all the drugs except cannabis, this is 2013/14, for cannabis this is 2014/15.

The number of respondents who said that they had used other drugs in the last year was not high enough to produce robust results, but it appears that users of some of these drugs (e.g. methadone) were more likely to be daily users than the drug types presented in the chart.

## 2.3 TRENDS IN INDIVIDUAL DRUG USE

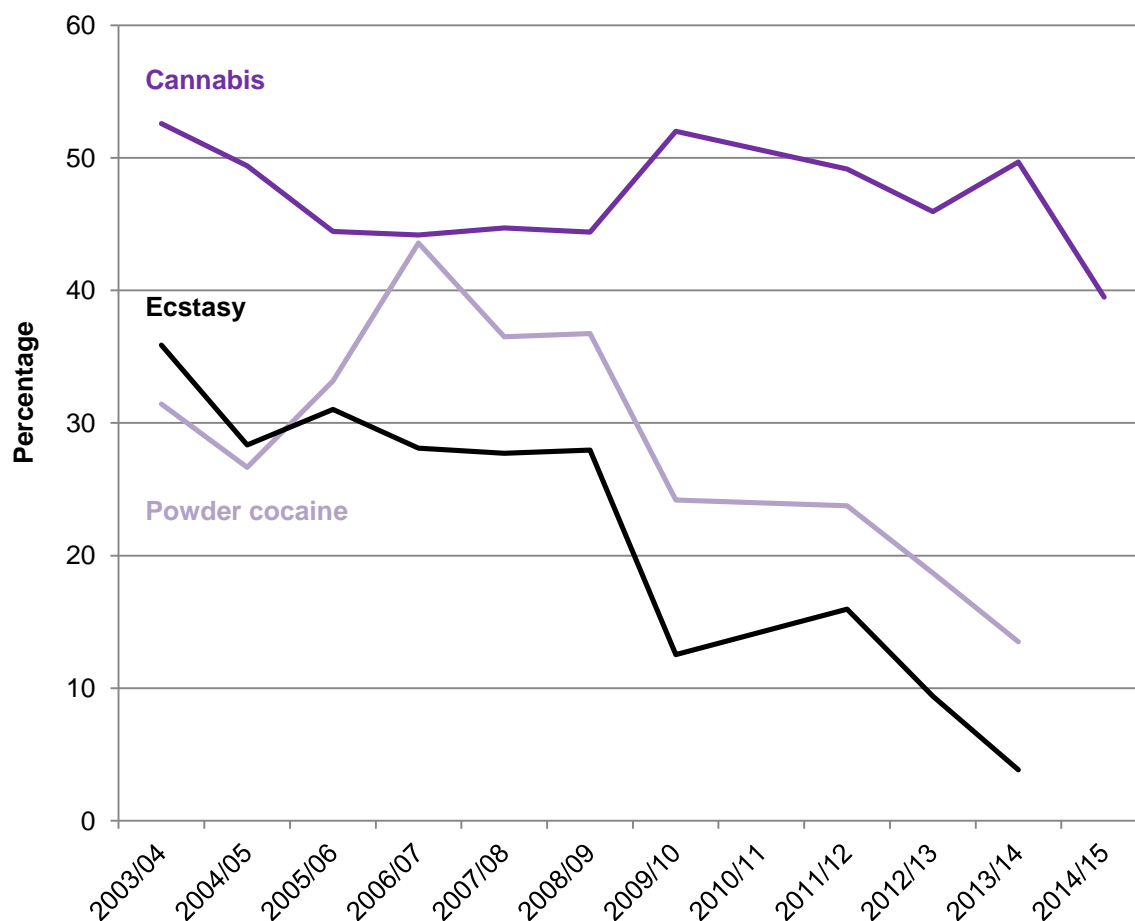
The CSEW can also be used to provide information on trends in the frequent use of drugs and analysis has been conducted for the three most popular illicit drugs (cannabis, powder cocaine and ecstasy). This analysis shows that the proportion of users of cannabis who were frequent users was relatively flat between the 2003/04 and 2013/14 surveys, although there is considerable fluctuation between survey years. The latest estimate, from the 2014/15 survey, shows that proportion of adults aged 16 to 59 that were frequent users of cannabis has dropped to 39 per cent, the lowest proportion since these questions were first asked. Given the considerable fluctuation between surveys and due to changes in the questions asked in the survey (questions relating to frequency of drug use were only asked about for cannabis and any drug in 2014/15), it is too early to say whether this is a real decrease or due to sampling variability or a question effect.

There have been more consistent decreases in the frequent use of powder cocaine and ecstasy (Figure 2.3). For example, in the 2006/07 survey, the proportion of frequent drug users of powder cocaine was 44 per cent. This has decreased to 13 per cent in 2013/14.

## 2. Frequency of illicit drug use in the last year

Figure 2.3 does not show information from the 2014/15 survey for powder cocaine and ecstasy because the relevant questions were not included in the questionnaire for this survey year.

**Figure 2.3: Trends in the proportion of drug users considered frequent users of cannabis, ecstasy and powder cocaine, 2003/04 to 2014/15 CSEW**



### Chart notes

Source: Home Office: Table 2.05.

Data for 2010/11 are not available; see the [Technical annex](#) for more information.

No information is available from the 2014/15 survey for powder cocaine and ecstasy because the relevant questions were not included in the questionnaire for this survey year.

# 3. Illicit drug use by personal, household and area characteristics and lifestyle factors

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## INTRODUCTION

This Chapter presents findings from the 2014/15 Crime Survey for England and Wales (CSEW) on levels of illicit drug use in the last year by age, sex, frequency of nightclub and pub/wine bar visits, alcohol consumption and some area characteristics. Illicit drug use by additional personal, household and area characteristics are included in the [data tables](#) but are not commented on here. In addition to this chapter, further analysis focusing on older drug users is available in the annex [Older Drug Users](#). The [User Guide to Drug Misuse Statistics](#) provides further details relating to illicit drug use measures and definitions. Further information on demographic and area classifications is available in the [User Guide to Crime Statistics for England and Wales](#), published by the Office for National Statistics.

Estimates of last year illicit drug use by personal, household and area characteristics and lifestyle factors from the 2014/15 CSEW, alongside long-term trends for certain characteristics can be found in the [data tables](#).

## KEY FINDINGS

- **Younger people are more likely to take drugs than older people.** The level of any drug use in the last year was highest among 16 to 19 year olds (18.8%) and 20 to 24 year olds (19.8%). The level of drug use was much lower in the oldest age group (2.4% of 55 to 59 year olds).
- **Men are more likely to take drugs than women.** Around one in eight (11.9%) men aged 16 to 59 had taken an illicit drug in the last year, compared with around one in eighteen (5.4%) women.
- **People living in urban areas reported higher levels of drug use than those living in rural areas.** Just under a tenth (9.1%) of people living in urban areas had used any drug compared with 6.5 per cent of those living in rural areas.
- **Higher levels of drug use are associated with increased frequency of visits to pubs, bars and nightclubs.** For example, use of any Class A drug in the last year was around 10 times higher among those who had visited a nightclub at least four times in the past month (19.2%) compared with those who had not visited a nightclub in the past month (1.8%). A similar pattern was found for those visiting pubs and bars more frequently.

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

As shown in previous years, the level of any drug use in the last year was highest among the youngest age groups; 18.8 per cent of 16 to 19 year olds and 19.8 per cent of 20 to 24 year olds reported any drug use in the last year. Levels of illicit drug use then decreased as age increased, from 12.5 per cent of those aged 25 to 29 to 2.4 per cent of 55 to 59 year olds (Table 3.01).

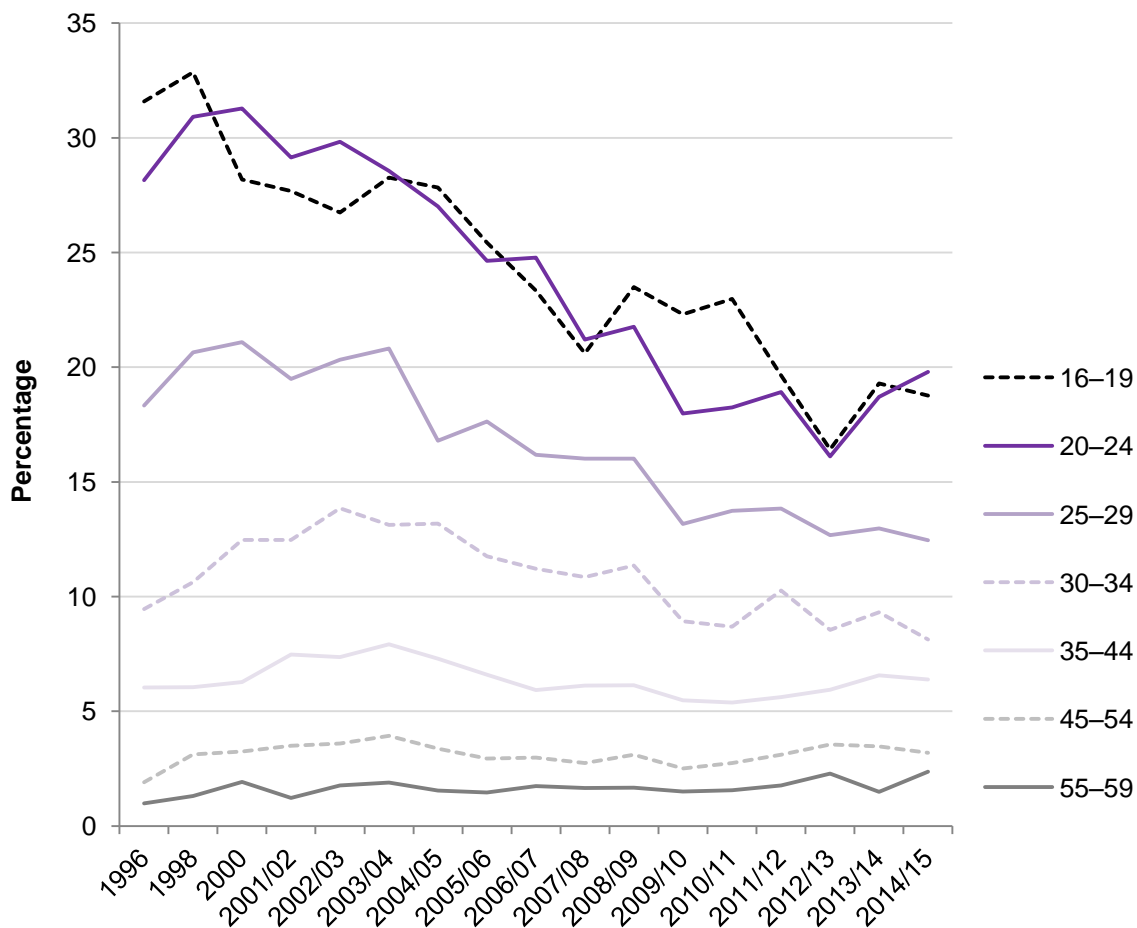
Across all drug types, levels of use in the last year were highest among the youngest age groups, and with the exception of ketamine, specifically those aged 20 to 24. However, not all differences between adjacent age groups were statistically significant, with levels of use in the last year being at similar levels for 16 to 19 year olds for some drug types (hallucinogens, amphetamines, cannabis, mephedrone, ketamine, and amyl nitrite).

Class A drug use was highest among 20 to 24 year olds with 9.4 per cent reporting use of these types of drugs in the last year and lowest among 55 to 59 year olds with 0.3 per cent reporting use of these types of drugs in the last year.

### 3. Illicit drug use by personal, household and area characteristics and lifestyle factors

Between the 1996 and 2014/15 surveys, last year use of any illicit drug fell. This was largely due to the declines in illicit drug use among 16 to 24 year olds, and to a lesser extent, 25 to 29 year olds. (as shown in Figure 3.1). Over the same period, there have been increases in any drug use among older drug users, with last year use of any illicit drug among 55 to 59 year olds increasing from 1.0 per cent in the 1996 survey, to 2.4 per cent in the 2014/15 survey. The increase in any illicit drug use among 55 to 59 year olds has primarily been driven by increases in the use of cannabis, although use of all types of drugs among this age group is still low compared with younger age groups (Table 3.04).

**Figure 3.1: Proportion of 16 to 59 year olds using any drug in the last year by age group, 1996 to 2014/15 CSEW**



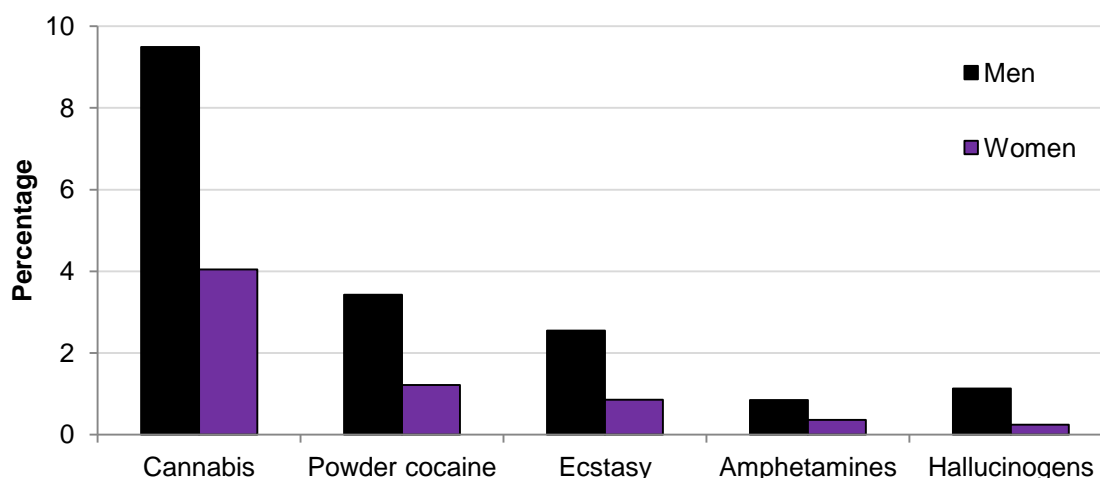
Source: Home Office: Table 3.04.

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

Levels of illicit drug use during the last year were higher among men than women in according to the 2014/15 survey, a pattern that has existed since the 1996 survey. According to the 2014/15 survey, 11.9 per cent of men reported taking an illicit drug in the last year, compared with 5.4 per cent of women.

According to the 2014/15 survey, men were more than twice as likely to report the use of cannabis in the last year than women (9.5% of men had used cannabis in the last year, compared with 4.0% of women). Men were almost three times as likely to take powder cocaine and ecstasy than women in the last year (Figure 3.2; Table 3.01).

**Figure 3.2: Proportion of 16 to 59 year olds reporting use of selected drugs in the last year by sex, 2014/15 CSEW**



Source: Home Office: Table 3.05.

There were no statistically significant changes between the 2013/14 and 2014/15 surveys for both men and women.

Since 1996, there have been falls in the use of hallucinogens, amphetamines, cannabis and any drug, but an increase in the use of powder cocaine, among both men and women. (Table 3.05)

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

Following the patterns seen in illicit drug use by sex and age, levels of illicit drug use during the last year were highest among younger men (16 to 19 and 20 to 24 year olds) and lowest in older women (55 to 59 year olds) in 2014/15.

- Around one in four men aged 16 to 19 and 20 to 24 (22.6% and 26.5%) reported using any illicit drug in the last year, compared with one in a hundred women aged 55 to 59 (0.9%). (Table 3.02)
- Similarly, use of any Class A drug was highest among men aged 20 to 24 (14.0% reported use in the last year).
- Over the past ten years (since the 2004/05 survey) there has been a decline in last year use of any illicit drug among both age groups (16 to 24 and 25 to 59) for both men and women. (Table 3.06)

### 3.4 EXTENT OF ILLICIT DRUG USE BY LIFESTYLE FACTORS

Illicit drug use varied by lifestyle factors such as frequency of nightclub visits, pub/wine bar visits and alcohol consumption.

It is important to note that demographic factors are not necessarily independently associated with higher drug use. For example, those with higher household incomes may be married and have two main incomes, so analysis that suggests that household income is an important factor, may actually mask the fact that the underlying factor could be marital status. A previously published regression analysis of CSEW demographic characteristics and lifestyle factors found that age, sex, frequency of alcohol consumption and marital status were the most important factors associated with drug use ([Hoare and Moon, 2010](#)).

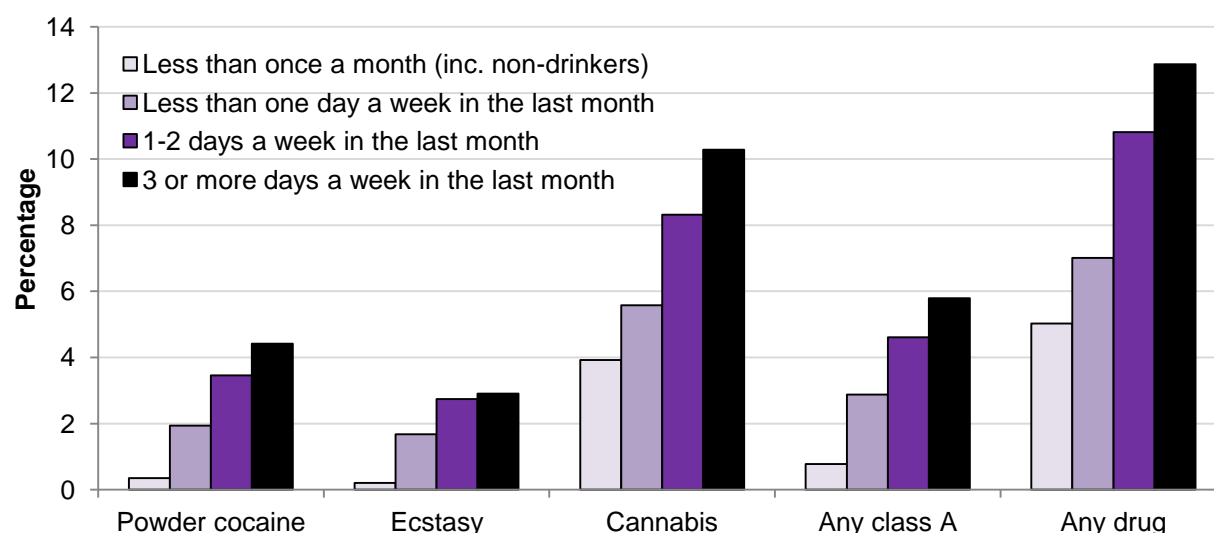
### 3. Illicit drug use by personal, household and area characteristics and lifestyle factors

As shown in previous years, levels of drug use in the last year increase with the frequency of nightclub visits and pub/wine bar visits (Table 3.01). For example, the 2014/15 CSEW showed among adults aged 16 to 59:

- Use of any Class A drug in the 12 months prior to interview was around 10 times higher among those who had visited a nightclub at least four times in the past month (19.2%) compared with those who had not visited a nightclub in the past month (1.8%).
- Higher levels of Class A drug use among those who were regular visitors to nightclubs was driven mainly by last year use of powder cocaine and ecstasy. Last year use of powder cocaine was around eight times higher among those who had visited a nightclub at least four times in the past month (12.2%) compared with those who had not visited a nightclub in the past month (1.4%). Last year use of ecstasy was around 25 times higher among those who had visited a nightclub at least four times in the past month (15.7%) compared with those who had not visited a nightclub in the past month (0.6%).
- Similarly, powder cocaine use was around 26 times higher among those who had visited a pub or bar at least nine times in the last month (10.4%) than those who had not visited a pub or bar at all in the last month (0.4%). A similar pattern was also seen with ecstasy.

The CSEW also provides information on last year drug use by frequency of alcohol consumption. Figure 3.3 shows that as frequency of alcohol consumption increased, so did levels of last year drug use. Adults aged 16 to 59 who reported drinking alcohol three or more days per week in the last month were around twice as likely to have used any illicit drug (12.9%) and seven times more likely to have used a Class A drug (5.8%) in the last year than those who reported drinking less than once a month (including non-drinkers) (5.0% for any drug and 0.8% for any Class A drug). Further information on the simultaneous use of illicit drugs and alcohol are available in Chapter 5.

**Figure 3.3: Proportion of 16 to 59 year olds reporting use of selected drugs in the last year by frequency of alcohol consumption, 2014/15 CSEW**



Source: Home Office: Table 3.01.

### 3.5 EXTENT OF ILLICIT DRUG USE BY AREA FACTORS

In the 2014/15 CSEW, levels of last year any drug use varied by area characteristics (Table 3.03).

- Use of any drug, any Class A drug and any stimulant drug, were higher among those living in urban areas compared with those living in rural areas. For example, 9.1 per cent of people living in urban areas had used any drug in the last year compared with 6.5 per cent of those living in rural areas.

- There was variation in drug use by Output Area Classification. Those living in areas classified as 'City living' were more likely to have used any drug (17.2%) than those living in any other types of areas (e.g. 5.4% of those living in 'Prospering suburbs' areas). Patterns of use of any Class A drug were similar, with the highest use among those living in 'City living' areas (9.4%) compared with other types (e.g. 1.8% of those living in 'Prospering suburbs' areas).
- The CSEW also provides information on the proportion of adults aged 16 to 59 who have taken drugs in the last year by the employment domain of the [English Indices of Multiple Deprivation](#). Use of any drug was highest for those living in the areas defined to be the most deprived (10.2%), and lowest for those living in areas defined to be the least deprived (6.9%). However, use of any Class A drug did not vary with Indices of Deprivation, with similar levels of use in all areas (3.1% in the most deprived areas, 3.3% in middle areas, and 2.9% in the least deprived areas).

### 3.6 EXTENT OF PRESCRIPTION PAINKILLER MISUSE BY PERSONAL AND HOUSEHOLD FACTORS

The 2014/15 CSEW included a question for the first time on the misuse of prescription-only painkillers<sup>7</sup>. The extent of misuse of prescription-only painkillers is discussed in Chapter 1. Findings from the 2014/15 CSEW show that the demographic characteristics of those who misuse prescription-only painkillers are noticeably different from those who use illicit drugs in some respects, while in other respects there are similarities

- While the misuse of prescription-only painkillers in the last year declined with age, (8.0% of 16 to 19 year olds compared with 3.0% of 55 to 59 year olds), the decline was shallower than the decline with age seen for illicit drugs. Higher levels of prescription-only painkiller misuse were seen in some older age groups; for example 4.5 per cent of 45 to 54 year olds reported having misused prescription-only painkillers in the last year, compared with 3.2 per cent who reported having used illicit drugs (Table 3.13).
- The misuse of prescription painkillers did not vary by frequency of alcohol consumption, with similar levels across all categories (4.6% of those who drank alcohol three or more days a week in the last month reported misuse of prescription painkillers, compared with 5.5% of those who drank alcohol less than once a month) (Table 3.13). By contrast, illicit drug use increased with the frequency of alcohol consumption (Figure 3.3).
- People with a long-standing illness or disability were more likely to have misused prescription-only painkillers and to have used an illicit drug in the last year. Among those with a long-standing illness, 8.5 per cent had misused prescription-only painkillers in the last year (compared with 4.8% without an illness) and 11.9 per cent had taken an illicit drug in the last year (compared with 8.1% without an illness). Cannabis use was a large contributor to these proportions (9.4% of people with a long-standing illness had used cannabis in the last year, compared with 6.3% of those without).
- When compared with illicit drugs, differences were also apparent in certain household factors. For example, misuse of painkillers was similar in both rural and urban areas (5.4% of those in urban areas reported misuse of prescription painkillers, compared with 5.3% in rural areas) whereas the use of illicit drugs is higher in urban areas (9.1% of those in urban areas reported use of illicit drugs, compared with 6.5% in rural areas). This, alongside similar relationships in other personal and household factors, suggests that the misuse of prescription painkillers is distributed more evenly across the general population than the use of illicit drugs (Table 3.15).

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<sup>7</sup> The question on painkillers asked respondents whether they had taken prescription-only painkillers not prescribed to them, which they took only for the feeling or experience it gave them.



## 4. New psychoactive substances (NPS)

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### INTRODUCTION

This chapter covers the use of new psychoactive substances (NPS) among adults aged 16 to 59. The use of generic, rather than specific, new psychoactive substances has been measured by the 2014/15 Crime Survey for England and Wales (CSEW) for the first time. In this context 'NPS' refers to newly available drugs that mimic the effect of drugs such as cannabis, ecstasy and powder cocaine, and which may or may not be illegal to buy, but are sometimes referred to as 'legal highs'.

Questions on the use of individual new psychoactive substances, or other substances not previously measured, have been included in some past surveys. These include salvia, nitrous oxide ('laughing gas'), BZP (a stimulant similar to amphetamines), synthetic cannabinoids ('spice') and GHB/GBL. Findings on the use of these substances are shown in [previous Drug Misuse bulletins](#).

Where NPS use is discussed in comparison with the use of 'other illicit drugs' in this chapter, this phrase refers to those drugs which are discussed in the previous chapters<sup>8</sup>. Estimates of NPS use among adults from the 2014/15 CSEW can be found in the [data tables](#).

### KEY FINDINGS

- **Use of NPS in the last year appears to be concentrated among young adults aged 16 to 24.** Around 1 in 40 (2.8%) young adults aged 16 to 24 took a new psychoactive substance in the last year, while fewer than 1 in 100 (0.9%) of 16 to 59 year olds had done so. This equates to around 174,000 young adults aged 16 to 24 and 279,000 adults aged 16 to 59.
- **In particular, use of NPS in the last year was concentrated among young men aged 16 to 24.** Four per cent of younger men aged 16 to 24 had used an NPS in the last year (around 128,000), accounting for almost half of all last year NPS users. They were also more likely to have used an NPS in the last year than young women aged 16 to 24 (1.5%, or 47,000).
- **Eighty-four per cent of young adults aged 16 to 24 who had used an NPS, had also used another illicit drug in the last year.** This proportion was similar (83.0%) for 16 to 59 year olds.
- **Young adults aged 16 to 24 who had used another illicit drug in the last year were significantly more likely to have used an NPS in the last year (12.3%) than those who had not (0.6%).** This difference is also statistically significant for the wider age group (16 to 59), and for most individual drug types.
- **People who had visited a pub or a nightclub in the last month were significantly more likely to have used an NPS in the last year than those who had not.** Among young adults aged 16 to 24, 3.6 per cent of those who had visited a pub and 4.9 per cent of those who had visited a nightclub in the last month had used an NPS in the last year, compared with 1.5 per cent and 1.6 per cent of those who had not, respectively. The same patterns are seen in the wider age group of 16 to 59 year olds, as NPS use is concentrated among 16 to 24 year olds.
- **People who had consumed alcohol once or more in the last month were significantly more likely to have used an NPS in the last year, in both age groups.** Among young adults aged 16 to 24, 4.0 per cent of those who had drunk alcohol in the last month had used an NPS, compared with 0.8 per cent of those who had not. Among all adults aged 16 to 59, the proportions were 1.1 per cent and 0.4 per cent, respectively.

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<sup>8</sup> The drugs covered by the term 'other illicit drugs' are those included in the "any drug" measure in previous chapters. These are Amphetamines, Amyl nitrite, Anabolic steroids, Cannabis, Powder cocaine, Crack cocaine, Ecstasy, Heroin, Ketamine, LSD, Magic mushrooms, Mephedrone, Methadone, Methamphetamine, Tranquillisers, "unknown pills or powders", "something unknown smoked", or "any other drug". The self-completion module of CSEW on drug use asks about each of these drug types separately from NPS. It is possible that respondents who said they had taken "unknown pills or powders", "something unknown smoked", or "any other drug" had included their NPS use in their responses prior to answering the questions on NPS use. However, including or excluding these drug types in the overall measure of illicit drug use does not make a statistical difference to the comparison of NPS use with other illicit drug use.

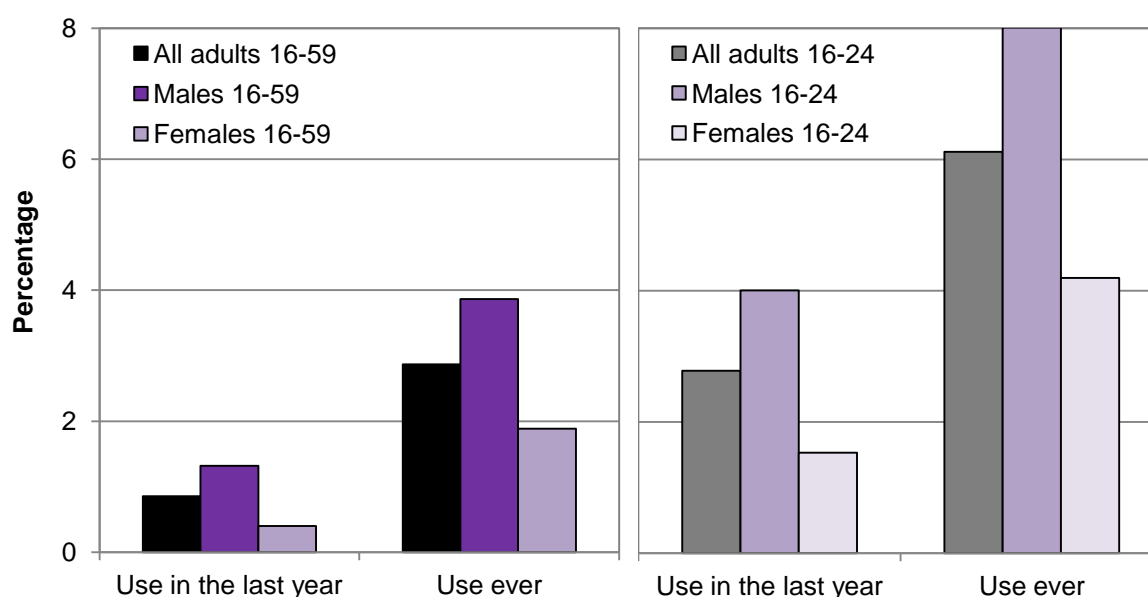
## 4.1 EXTENT OF NPS USE

Overall, the prevalence of NPS use among adults aged 16 to 59, whether in the last year or in their lifetime, is generally low, compared with the prevalence of well established drugs such as cannabis, powder cocaine and ecstasy (see Chapter 1). When asked whether they had ever used an NPS, 4.7<sup>9</sup> per cent of adults aged 16 to 59 said that they had never heard of NPS, or 'legal highs', even after an explanation of what they were.

The 2014/15 CSEW estimated that 0.9 per cent of adults aged 16 to 59 had used an NPS in the last year. This equates to 279,000 people. Younger adults were more likely to have used an NPS, with 2.8 per cent of 16 to 24 year olds (174,000 people) having used an NPS in the last year. The younger age group accounts for almost two-thirds of all last-year users of NPS.

Men (1.3%) were significantly more likely to have used an NPS than women (0.4%) – 214,000 men, compared with 66,000 women. In particular, young men aged 16 to 24 were around four times more likely (4.0%) to have used an NPS than all adults aged 16 to 59 (0.9%). Young men were also significantly more likely than young women (1.5%) to have used an NPS in the last year. Around 128,000 young men aged 16 to 24 had taken an NPS in the last year, compared with 47,000 young women.

**Figure 4.1: Prevalence of NPS use ever and in the last year, by sex, 16 to 59 and 16 to 24 year olds, 2014/15 CSEW**



Source: Home Office Table 4.01.

Overall, 2.9 per cent of adults aged 16 to 59 had used an NPS in their lifetime (937,000 people). Compared with those who had used an NPS in the last year, similar relationships with age and sex can be seen among those who had used an NPS in their lifetime; men were around twice as likely (3.9%) as women (1.9%) to have used an NPS, and young adults aged 16 to 24 were around twice as likely (6.1%) to have used an NPS as those in the wider 16 to 59 age group (2.9%). Among those who had used an NPS in their lifetime, younger men (8.0%) and younger women (4.2%) were both more likely to have used an NPS than all adults aged 16 to 59. This is likely to be due to the fact that these substances are relatively new, and the picture of use of these substances ever will change as time goes on and the population ages. (Table 4.01)

<sup>9</sup> Figure not shown in tables. For the analysis of NPS use, those who said they had never heard of new psychoactive substances or 'legal highs' were assumed not to have taken them.

It is possible that the CSEW underestimates the use of NPS, because it may be more concentrated in specific subgroups of the population, which are difficult to access using a household survey. For example, anecdotal evidence suggests that those in prisons, young people aged under 16, and those subject to drug testing at work, or in professional roles, may be more likely to use NPS.

## 4.2 USE OF NPS BY LIFESTYLE FACTORS

The 2014/15 CSEW revealed that some behaviours make it significantly more likely that an individual will have used an NPS in the last year. Factors investigated were whether individuals had consumed alcohol, visited a pub or visited a nightclub in the last month, and whether individuals had taken another illicit drug in the last year (Table 4.02).

### Other illicit drug use in the last year

Those adults aged 16 to 59 who had taken another illicit drug in the last year were more likely to have also used an NPS in the last year: 8.4 per cent compared with only 0.2 per cent of those who had not used any other illicit drugs. Among young adults aged 16 to 24, 12.3 per cent of those who had taken another illicit drug had also used an NPS, compared with only 0.6 per cent of those who had not taken any other illicit drugs.

A similar analysis of other individual illicit drug use in the last year<sup>10</sup> revealed that people in both age groups were significantly more likely to have used an NPS in the last year if they had taken almost any of the other illicit drug types in the last year. The exceptions were heroin and methadone among adults aged 16 to 59, and crack cocaine and anabolic steroids among young adults aged 16 to 24, for which there was no statistically significant differences; this may have been due to the small numbers of respondents who said that they had taken these drug types in the last year.

**Table 2: NPS use in the last year by use of an illicit drug in the last year, 16 to 59 and 16 to 24 year olds, 2014/15 CSEW**

Percentages	Adults 16-59	Adults 16-24
Used an illicit drug in the last year	8.4	12.3
Did not use an illicit drug in the last year	0.2	0.6

Source: Home Office, Table 4.02.

Approaching the comparison from a different perspective, adults aged 16 to 59 who had used an NPS in the last year were likely to have taken another illicit drug in the last year: 83.0 per cent of those who had taken an NPS in the last year also reported having taken another illicit drug. Among 16 to 24 year olds this proportion was similar: 84.2 per cent. (These figures are not shown in tables.) Overall, the comparison of NPS use and other illicit drug use suggests that adults who used a psychoactive substance in the last year (new or well-established) are likely to have also used another (or other) illicit drug(s) in the last year<sup>11</sup>.

### Visits to a nightclub or disco in the last month

People who had visited a nightclub or disco in the last month were significantly more likely to have used an NPS in the last year than those who had not. Of those adults aged 16 to 59 who had visited a nightclub or disco in the last month, 3.0 per cent had used an NPS in the last year, compared with 0.5 per cent of those who had not. Among young adults aged 16 to 24, these figures were 4.9 per cent and 1.6 per cent, respectively.

<sup>10</sup> Figures on use of individual drug types among users of NPS are not shown in tables.

<sup>11</sup> This refers to use of another drug at any point during the last 12 months prior to interview. This does not refer to simultaneous use of more than one drug. The simultaneous drug use analysis in Chapter 5 does not include NPS.

**Table 3: NPS use in the last year by frequency of visits to a nightclub or disco in the last month, 16 to 59 and 16 to 24 year olds, 2014/15 CSEW**

Percentages	Adults 16-59	Adults 16-24
No visits to a nightclub or disco in the last month	0.5	1.6
Visited a nightclub or disco in the last month	3.0	4.9
<i>1-3 times in the last month</i>	2.7	4.7
<i>4+ times in the last month</i>	4.2	5.5

Source: Home Office, Table 4.02.

## Visits to a pub or wine bar in the last month

People who had visited a pub or wine bar in the last month were also significantly more likely to have used an NPS. Of those adults aged 16 to 59 who had visited a pub or a wine bar in the last month, 1.1 per cent had used an NPS in the last year, compared with 0.5 per cent of those who had not. Among young adults aged 16 to 24, these figures were 3.6 per cent and 1.5 per cent respectively.

**Table 4: NPS use in the last year by frequency of visits to a pub or wine bar in the last month 16 to 59 and 16 to 24 year olds, 2014/15 CSEW**

Percentages	Adults 16-59	Adults 16-24
No visits to a pub or wine bar in the last month	0.5	1.5
Visited a pub or wine bar in the last month	1.1	3.6
<i>1-3 times in the last month</i>	0.7	1.6
<i>4-8 times in the last month</i>	1.6	5.2
<i>9+ times in the last month</i>	2.6	6.7

Source: Home Office, Table 4.02.

## Alcohol consumption

People who had consumed alcohol once or more in the last month were significantly more likely to have used an NPS in the last year. Of those adults aged 16 to 59 who had consumed alcohol once or more in the last month, 1.1 per cent had used an NPS in the last year, compared with 0.4 per cent of those who had not consumed alcohol in the last month. Similarly, among young adults aged 16 to 24 who had consumed alcohol once or more in the last month, 4.0 per cent had also used an NPS, compared with only 0.8 per cent of those who had not had any alcohol.

**Table 5: NPS use in the last year by frequency of alcohol consumption in the last month 16 to 59 and 16 to 24 year olds, 2014/15 CSEW**

Percentages	Adults 16-59	Adults 16-24
Did not consume alcohol in the last month	0.4	0.8
Consumed alcohol once or more in the last month	1.1	4.0
<i>Less than a day a week in the last month</i>	0.8	1.9
<i>1-2 days a week in the last month</i>	1.2	4.3
<i>3 or more days a week in the last month</i>	1.1	7.7

Source: Home Office, Table 4.02.

### 4.3 OTHER FINDINGS

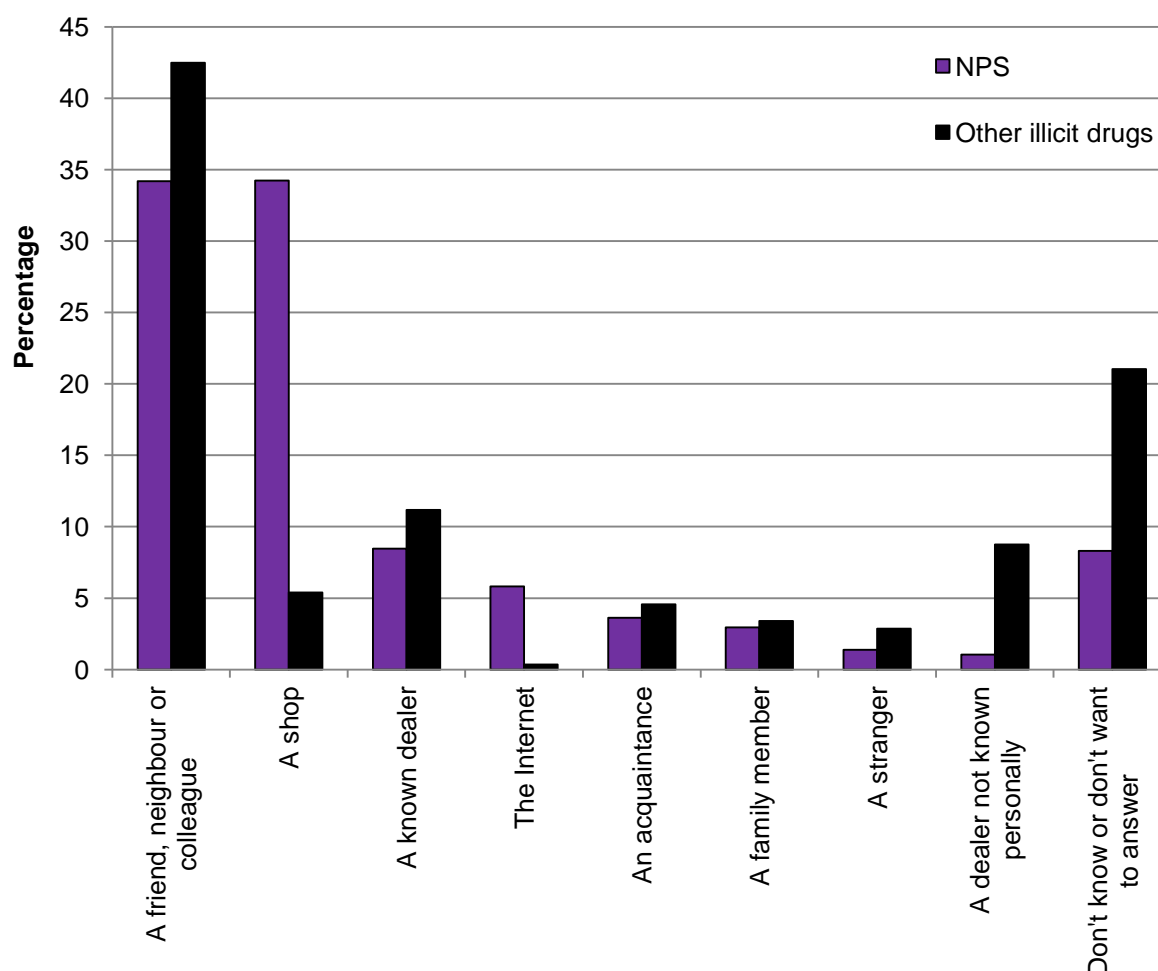
The 2014/15 CSEW also asked about the last occasion on which an individual had used an NPS. Specifically, the survey asked what type of substance had been used and where it had been obtained on that occasion.

Herbal smoking mixtures were most commonly used (61% of last year users aged 16 to 59, 64% of users aged 16 to 24). The next most frequently used substances were powders, crystals, tablets and other substances, while the least commonly used form of substance were liquids (4% of users aged 16 to 59, 6% of users aged 16 to 24).

Adults aged 16 to 59 typically obtained NPS from a shop (34%), a friend, neighbour or colleague (34%), or a known dealer (9%). For young adults aged 16 to 24 these were also the most popular sources of NPS (39%, 37% and 12%, respectively). Of all adults aged 16 to 59, six per cent bought the NPS on the Internet, while only one per cent of younger people did so (Table 4.03).

There is a similarity to the most common source of other illicit drugs, as they were also frequently obtained from a friend, neighbour or colleague (42% of 16 to 59 year olds who had used illicit drugs in the last year), or from a known dealer (11%). There is a contrast, as a much smaller proportion of other illicit drugs had been bought from a shop (5%) and almost none came from the Internet (0%).

**Figure 4.2: Sources of NPS and other illicit drugs on the last occasion they were used by adults aged 16 to 59, who had used NPS or other illicit drugs in the last year, 2014/15 CSEW**



Source: Home Office, Tables 1.09 and 4.03.

## 5 Simultaneous polydrug and polysubstance use

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### INTRODUCTION

This chapter examines the concept of simultaneous polydrug and polysubstance use among adults aged 16 to 59 as measured by the Crime Survey for England and Wales (CSEW). As numbers of polydrug and polysubstance users are small, two years of survey data (2013/14 and 2014/15) have been combined for this analysis.

Polydrug use is considered to be the use of more than one type of drug being taken either at the same time (*simultaneous use*) or more than one type of drug being taken within the same period of time, for example, in the last year (*concurrent use*). The corresponding measure of polysubstance use includes the use of alcohol alongside drugs and is classified in the same way.

Prior to the 2010/11 survey, it was not possible to examine simultaneous polydrug and polysubstance use as appropriate questions to enable the analyses were not included in the survey. Previous publications therefore have only covered analysis of *concurrent* polydrug and polysubstance use. Growing interest in this area resulted in the addition of a question to explore this phenomenon in the 2010/11 and 2011/12 surveys and were repeated in the 2013/14 and 2014/15 surveys (see 'Technical Annex' below for the questions and the list of drugs<sup>12</sup> that were included).

Polydrug and polysubstance use, and particularly simultaneous use is of particular interest due to potential interactions between substances, leading to an increased risk of negative health and social outcomes.

The [User Guide to Drug Misuse Statistics](#) provides further details relating to illicit drug use measures.

Estimates of polydrug and polysubstance use among adults from the 2013/14 and 2014/15 CSEW can be found in the [data tables](#).

### KEY FINDINGS

- **In the combined 2013/14 and 2014/15 surveys, nine per cent of respondents who used drugs in the last year said that the last time they used drugs, they used more than one drug at the same time.** This has increased significantly from 7 per cent in the 2010/11 and 2011/12 surveys.
- **Mephedrone (68%), ecstasy (57%), amphetamines (50%), and tranquilisers (35%) were the drugs most likely to be used simultaneously with other drugs.**
- **The lowest prevalence of polydrug use was found among those who had used cannabis the last time they had used drugs** (9% of those who used cannabis last used it alongside another drug).
- **Polydrug users were more likely than single drug users to obtain their drugs from a dealer last time they took drugs.**

### 5.1 EXTENT OF SIMULTANEOUS POLYDRUG USE

According to the 2013/14 and 2014/15 CSEW, nine per cent of respondents who said they had used drugs in the last year used two or more drugs at the same time the last time they took drugs, significantly higher than the figure from the 2010/11 and 2011/12<sup>13</sup> surveys (7%). This consisted of

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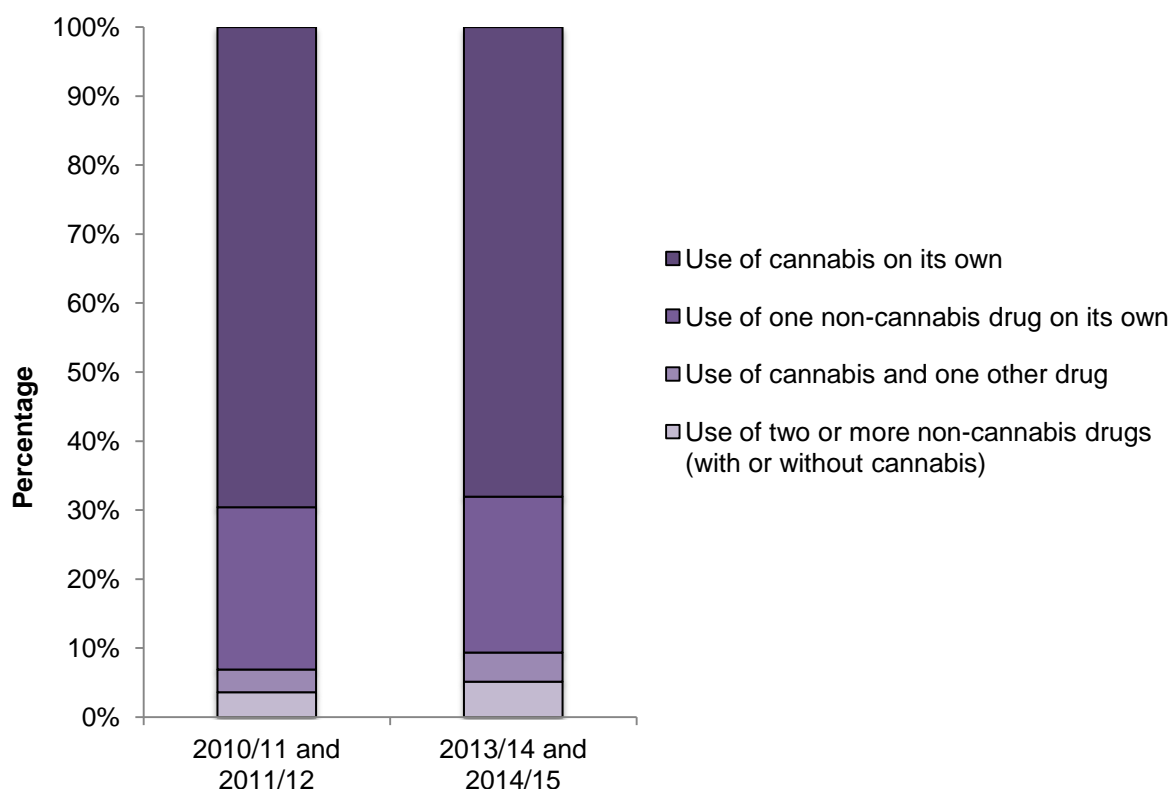
<sup>12</sup> Salvia, nitrous oxide, painkillers that were not prescribed by a doctor, khat and new psychoactive substances (NPS) were excluded from the analysis as they were not asked in both survey years.

<sup>13</sup> 2010/11 and 2011/12 figures are different to previously published ones as they exclude liquid 'E', legal 'E' and spice for consistency with 2013/14 and 2014/15.

four per cent who used cannabis and one other drug and five per cent who used two or more non-cannabis drugs (although cannabis may also have been used).

In addition to polydrug users, 68 per cent of the most recent incidents of drug use in the last year consisted of the use of cannabis alone and 23 per cent the use of a single non-cannabis drug.

**Figure 5.1: Composition of drug use the last time drugs were used among adults aged 16 to 59, 2013/14 and 2014/15 combined, CSEW**



Source: Home Office: Table 5.01.

### 5.2 COMPOSITION OF SIMULTANEOUS POLYDRUG USE

Cannabis was the most prevalent drug in cases of simultaneous polydrug use, being used in 70 per cent of the most recent incidents. This reflects its high levels of overall use among those who had taken drugs in the last year. This was followed by powder cocaine (53%), ecstasy (48%) and mephedrone<sup>14</sup> (20%). At least one of these four drugs was used in 97 per cent of all cases of polydrug use.

Patterns of polydrug use for these drugs tended to reflect overall prevalence rates, with little variation between them in their frequency of use with specific other drugs:

- Where cannabis was used simultaneously with other drugs, it was most often used with powder cocaine (used in 45% of cases where cannabis was used simultaneously with another drug) or ecstasy (44%), followed by mephedrone (15%).
- Where powder cocaine was used simultaneously with other drugs, it was most often used with cannabis (59%), ecstasy (43%) or mephedrone (21%).
- Where ecstasy was used simultaneously with other drugs, it was most often used with cannabis (64%), powder cocaine (47%) or mephedrone (25%). (Table 5.02)

<sup>14</sup> Mephedrone is not shown separately in Table 5.02 as there were only 41 respondents who took it alongside another drug.

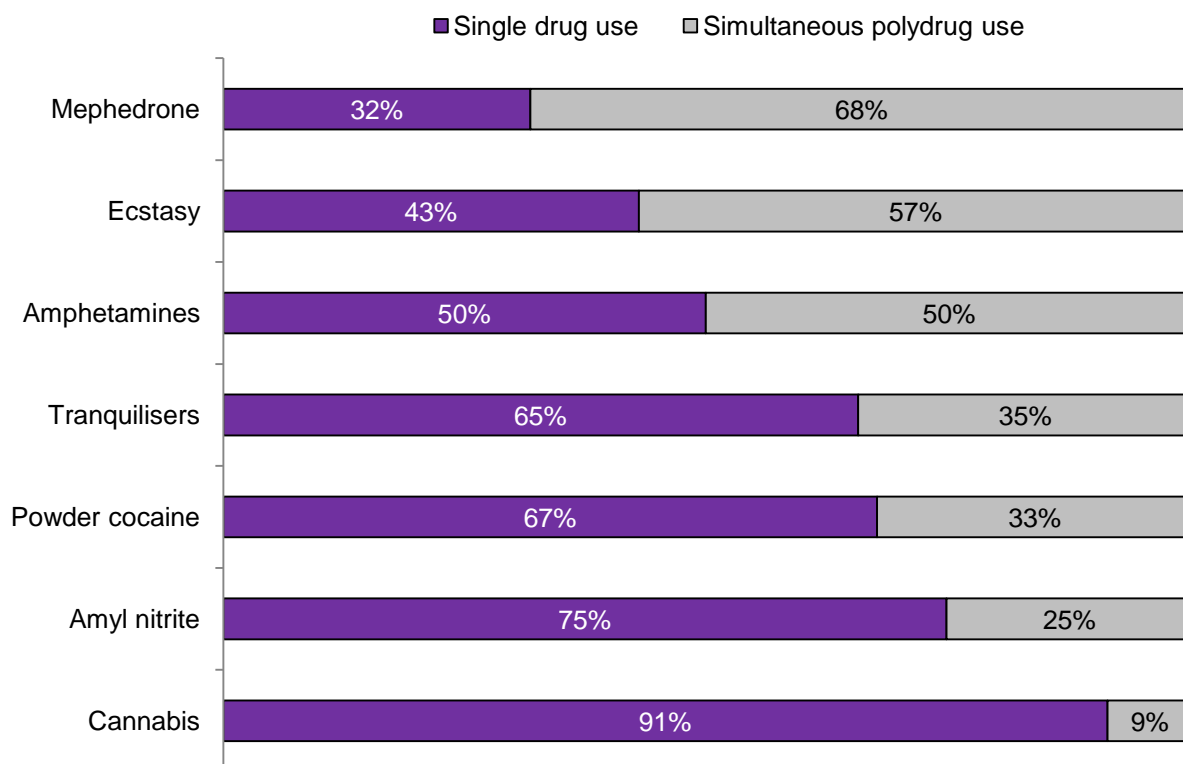


Overall, the most common pairing of drugs used together was cannabis and powder cocaine, or cannabis and ecstasy, with these two pairings being used together in 31 per cent of all cases of simultaneous polydrug use, respectively (Table 5.03). This also includes cases where all 3 drugs were used together.

Although cannabis use features heavily in cases of simultaneous polydrug use, this is largely due to its high prevalence overall in cases of drug use. In fact, cannabis was the least likely drug to be used simultaneously with another drug. In only nine per cent of cases where cannabis was used, was another drug taken at the same time.

Mephedrone was the drug most likely to be used simultaneously with other drugs (68% of all cases of mephedrone usage). Ecstasy (57%), amphetamines (50%), and tranquilisers (35%) were the drugs next most likely to be used simultaneously with other drugs. Powder cocaine was also likely to be used with another drug, although it still had a relatively low level of simultaneous polydrug use (33%). (Table 5.04)

**Figure 5.2: Composition of drug use the last time drugs were used among adults aged 16 to 59, by drug, 2013/14 and 2014/15 combined, CSEW**



Source: Home Office: Table 5.04.

### 5.3 SIMULTANEOUS POLYDRUG USE INVOLVING TWO OR MORE NON-CANNABIS DRUGS

Cluster analysis was carried out on adults who took two or more non-cannabis drugs at the same time the last time they took drugs, in order to identify patterns of drug use. This analysis showed that there were a diverse range of combinations of drugs used in cases of simultaneous polydrug use, most of which were dominated by use of the four most prevalent drugs; cannabis, powder cocaine, ecstasy and mephedrone. The only strong alternative grouping that was identified was those using a combination of heroin, methadone and tranquilisers. However, this group was too small (23 respondents) to carry out more detailed analysis.



### 5.4 SIMULTANEOUS POLYSUBSTANCE USE

Simultaneous polysubstance use refers to the use of one or more drugs at the same time as drinking alcohol<sup>15</sup>. Table 5.05 only shows individual drugs where more than 50 respondents had taken the drug in the last year.

Overall, 56 per cent of the most recent incidents of drug use in the last year also involved drinking alcohol at the same time. Ecstasy and powder cocaine were used with alcohol on the majority of the occasions they were used (91% and 81% respectively).

Correspondingly, powder cocaine and ecstasy were the drugs most likely to be used simultaneously with another substance (another drug and/or alcohol). Powder cocaine was used simultaneously with another drug or alcohol almost every time it was used (95%), while the equivalent figure for ecstasy was 90 per cent.

Amyl nitrite was used with alcohol on 68 per cent of occasions when it was used. (Table 5.05)

### 5.5 CHARACTERISTICS OF SIMULTANEOUS POLYDRUG USERS

There were few differences between single and polydrug users in terms of demographic characteristics. The main differences were in behavioural characteristics; particularly those related to how drugs were obtained the last time they were used:

- A greater proportion of polydrug users (75%) were men than single drug users (68%)
- Polydrug users were more likely to have obtained drugs from a dealer last time they used drugs (40% compared with 23% of single drug users) and less likely to have obtained drugs from someone well known to them (47% and 61% respectively).
- Polydrug users were more likely to have gone to a nightclub in the past month (51% compared with 37% of single drug users).
- Polydrug users were more likely to have gone to a pub in the past month (85% compared with 75% of single drug users). (Table 5.06)

Many of these differences between single and polydrug users are likely to reflect the mixture of drugs being taken and the demographic characteristics of different drug users (see Chapter 3 for more information). For example, cannabis use makes up by far the largest proportion of single drug use (75%) and it also makes up a large proportion of polydrug use (70%), however powder cocaine is far more prevalent in cases of simultaneous polydrug use than in cases of single drug use (53% and 11% respectively). (Table 5.02)

### 5.6 REASONS FOR SIMULTANEOUS DRUG USE

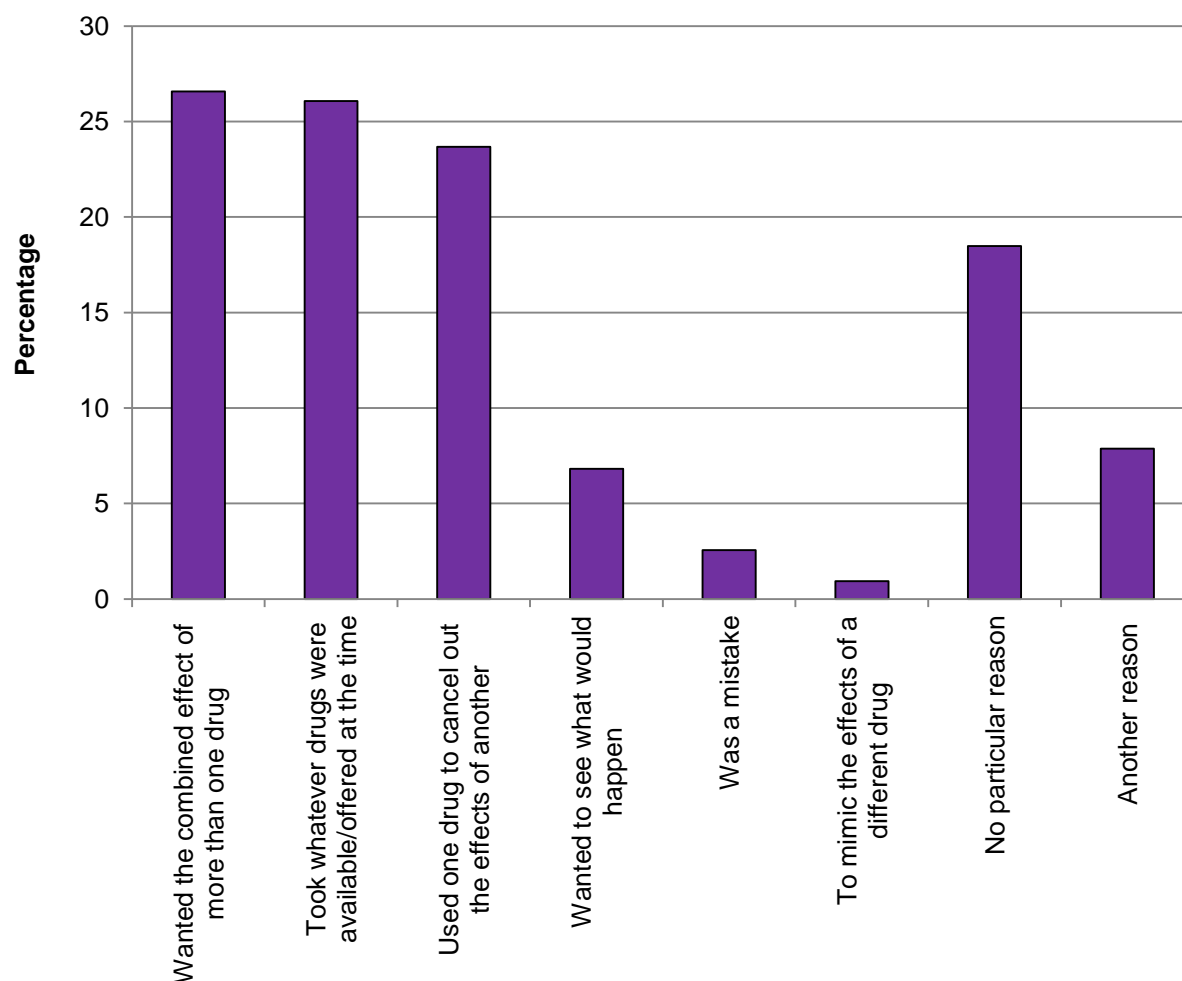
Respondents who had taken more than one drug on the last occasion were asked their main reason for doing so.

Over a quarter of respondents (27%) said they took the particular combination of drugs last time as they wanted the combined effect of more than one drug, for example to make the effects stronger or longer lasting. A further quarter (26%) said they just took whatever drugs were available or offered to them at the time, 24 per cent said they used one drug to cancel the effects of the other, for example to 'come up' or 'come down' and a sixth (18%) said they took them for no particular reason.

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<sup>15</sup> The question on use of alcohol was not asked in 2014/15.

**Figure 5.3: Main reason for taking the particular combination of drugs the last time drugs were used among adults aged 16 to 59, 2013/14 and 2014/15 combined, CSEW**



Source: Home Office: Table 5.08.

Powder cocaine and ecstasy users were more likely than cannabis users to take the combination of drugs because they just took whatever drugs were available or offered to them at the time (36% and 37% respectively compared with 21% of those who took cannabis in combination with other drugs). (Table 5.08)

# Annex A. Older drug users

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## INTRODUCTION

Building on the age breakdowns provided in Chapter 3, this annex presents findings from the Crime Survey for England and Wales (CSEW) on older drug users<sup>16</sup>, and includes comparisons against younger drug users.

For the purposes of this annex older drug users are defined as those aged 40 to 59 years old. This age range was chosen as it provides sufficient cases for robust analysis while reflecting an appropriate age for 'older' drug users. The CSEW self-completion module is only asked to those aged 16 to 59 years old; therefore it is not possible to examine drug misuse among those aged 60 or over. When comparisons are made to younger users, this refers to those who are aged 16 to 39 years old.

This annex covers prevalence of drug use, frequency of drug use, and age of initiation. This annex has been produced to provide additional information on older drug users that is not available in the demographics chapter, using questions from several different years of the CSEW.

The CSEW has included a self-completion module on drug use since 1996; however several of the questions used for this analysis have only been included intermittently. Where this is the case, analysis is presented using the year they were most recently included.

The [User Guide to Drug Misuse Statistics](#) provides further details relating to illicit drug use measures and definitions.

Estimates of last year illicit drug use by age from the 2014/15 CSEW, alongside long-term trends can be found in the [data tables](#).

## KEY FINDINGS

- **Overall last year drug use among older adults has increased since the 1996 survey, and remained stable over the past decade. Last year drug use among younger adults has fallen over the same period.** This is likely to be down to a cohort effect, with a greater number of those who have used drugs when they were young continuing to do so as they age.
- **Trends in prevalence vary by drug type.** For example, use of cannabis in the last year by older adults peaked at 3.3 per cent in the 2002/03 survey and has declined since (2.5% in the 2014/15 survey). By comparison, last year use of powder cocaine has steadily increased, from 0.2 per cent in the 2001/02 survey to 0.6 per cent in the 2014/15 survey.
- **The majority of older adults who used cocaine or ecstasy in the last year were not frequent<sup>17</sup> users of these drugs**, with 92 per cent of those who had used cocaine and 100 per cent<sup>18</sup> of those that used ecstasy being infrequent users. In contrast, 49 per cent of older adults who used cannabis in the last year were frequent users of the drug.
- **Older adults who have ever used drugs tended to have initiated drug use at a slightly later age than younger adults who have ever used drugs;** for example, the most common age of initiation for powder cocaine and ecstasy was 18 among younger adult who have ever used these drugs, compared with 25 for older adults who have ever used these drugs.
- **Despite older drug users' later ages of initiation, almost all older users (97% of cannabis users, 96% of cocaine users, and 95% of ecstasy users) initiated before the age of 40.** (Figures not shown in tables.)

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<sup>16</sup> This annex does not cover heroin and crack cocaine use. As a household survey, the CSEW does not cover groups such as the homeless, or those living in institutions such as prisons, who have potentially higher rates of heroin and crack cocaine use and are unable to take part in an interview. Other methods better describe the ageing cohort of heroin and crack cocaine users, for example, [Hay et al., 2014](#).

<sup>17</sup> For the purpose of this annex, frequent drug use is defined as those last-year drug users who took drugs more than once a month. Infrequent users are last-year drug users who used drugs once a month or less.

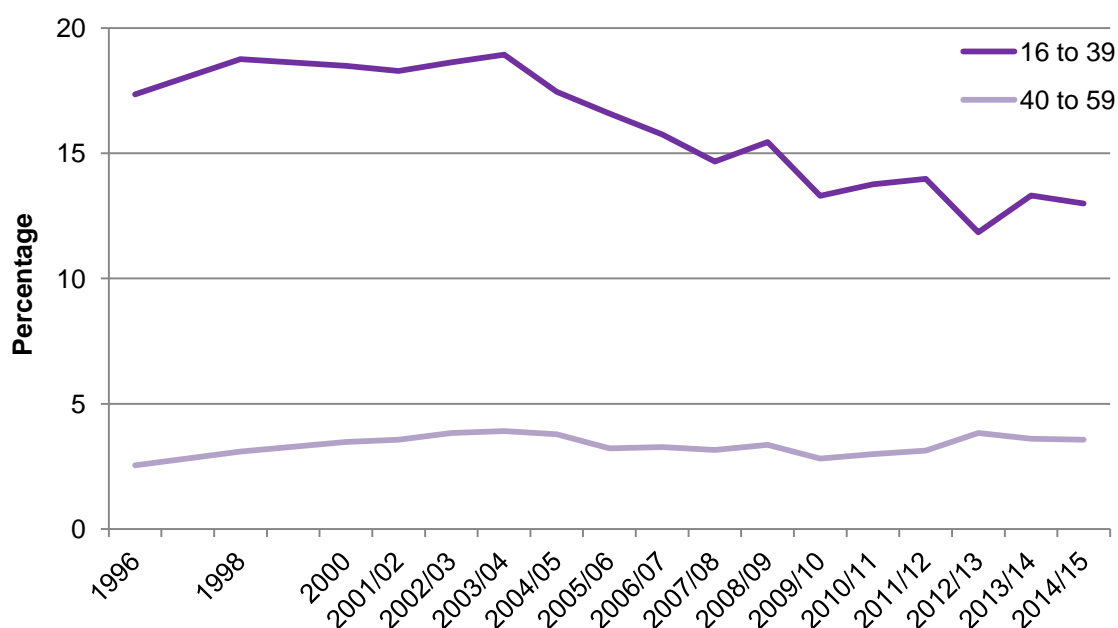
<sup>18</sup> It should be noted that this is an estimate from a survey and is therefore subject to sampling variability.

## A.1 EXTENT AND TRENDS IN ILLICIT DRUG USE – OLDER AND YOUNGER USERS

There has been a long-term decline in the use of any illicit drugs in the last year among younger adults (those aged 16 to 39), falling from 17.4 per cent in the 1996 survey to 13.0 per cent in the 2014/15 survey. However, this decline has not been seen in older adults (those aged 40 to 59), with overall drug use in the last year increasing from 2.5 per cent in the 1996 survey, and remaining broadly stable over the past ten years (3.8% in the 2004/05 survey, 3.6% in the 2014/15 survey) (Table A.01).

This makes older drug users of particular interest as, despite their lower levels of drug use, they have not been following the overall downward trend.

**Figure A.1: Proportion of 16 to 39 and 40 to 59 year olds using any drug in the last year, 1996 to 2014/15, CSEW**



Source: Home Office: Table A.01.

## A.2 EXTENT AND TRENDS IN ILLICIT DRUG USE BY DRUG TYPE

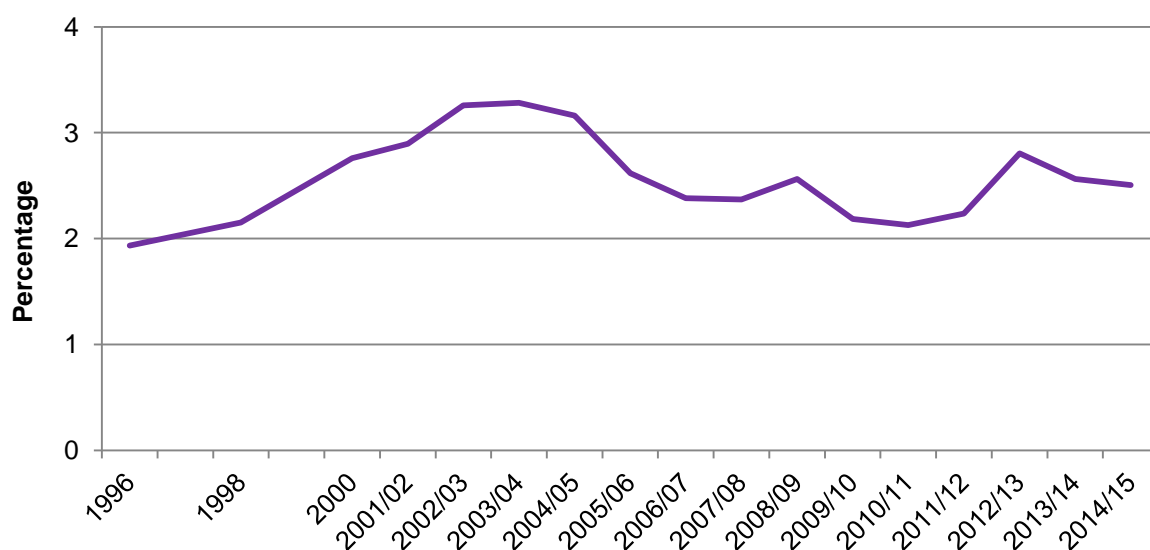
Across all drug types analysed<sup>19</sup>, levels of use were higher among younger adults than older adults. However, there were different trends in drug use across different drug types.

### Cannabis

Among older adults, last year use of cannabis peaked in the 2002/03 survey at 3.3 per cent. Levels of last year cannabis use have since declined to 2.5 per cent in 2014/15, a broadly similar level to the 1996 survey (1.9% in the 1996 survey).

This is similar to the trend for younger adults, where there has been a long term fall in last year cannabis use (from a peak of 16.7% in the 2003/04 survey, to 10.4% in the 2014/15 survey) (Table A.01).

<sup>19</sup> Statistics are only presented for cannabis, powder cocaine and ecstasy as sample sizes were insufficient for other drug types.

**Figure A.2: Proportion of 40 to 59 year olds using cannabis in the last year, 1996 to 2014/15 CSEW**

Source: Home Office: Table A.01

### Type of cannabis

In the 2013/14 CSEW, those who reported taking cannabis in the last year were asked two follow up questions on the type of cannabis taken. It is important to note that cannabis users may not be able to tell if a particular sample of 'skunk' actually has a higher potency than an equal amount of traditional herbal cannabis because the potencies of different products overlap substantially, so these data refer to what respondents *believed* they were taking rather than what they were necessarily taking.

When compared with younger cannabis users, older cannabis users were less likely to report using skunk (61% compared with 72%) and more likely to report using cannabis resin (36% compared with 27%) in 2013/14.

There have been changes in the type of cannabis taken by both older and younger users since the 2009/10 survey. The proportion of cannabis users who reported taking resin has fallen, and the proportion of cannabis users who reported taking herbal cannabis has increased. The proportion of both older and younger cannabis user who reported taking skunk has remained stable of the same period (Table A.02).

**Table 6: Proportion of 16 to 39 and 40 to 59 year old last year cannabis users using skunk, and other types of cannabis, 2013/14, CSEW**

Percentages	England and Wales, 2013/14 CSEW	
	16-39	40-59
<b>Skunk</b>	72	61
<i>Unweighted Base</i>	591	249
<b>Other types of Cannabis:</b>		
Herbal	77	70
Resin	27	36
Oil	6	3
<i>Unweighted Base</i>	897	333

Source: Home Office, Table A.02

## Powder Cocaine

The 2014/15 CSEW estimates that 0.6 per cent of older adults used powder cocaine in the last year. This follows a rising trend in use among older adults since the beginning of the last decade (from 0.2% in the 2001/02 survey).

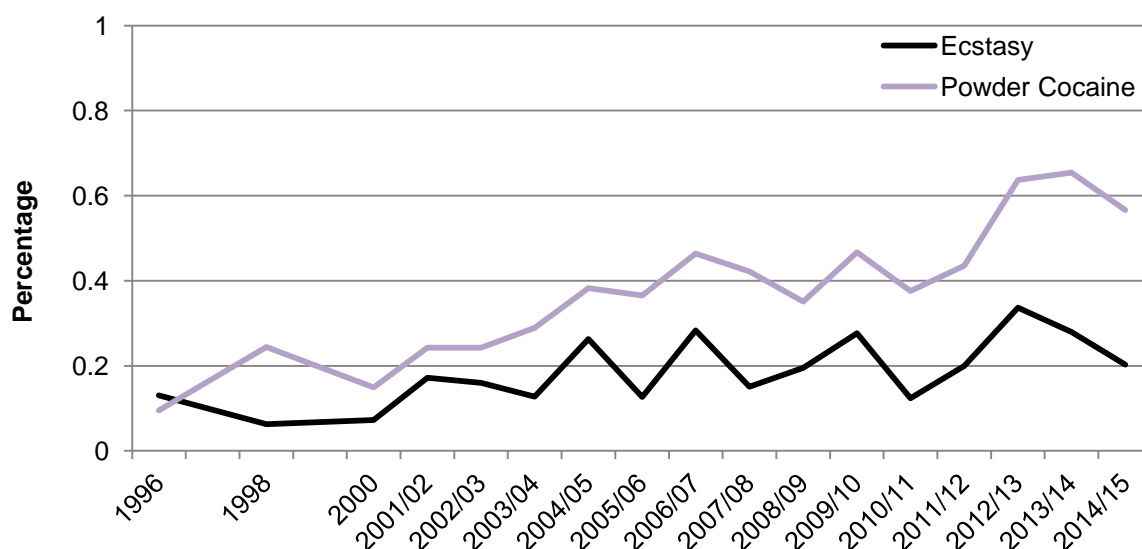
This was different to the trend for younger adults, where use of powder cocaine in the last year rose from 1.0 per cent in the 1996 survey to a peak of 5.2 per cent in the 2008/09 survey, before falling to 3.8 per cent in the 2014/15 survey.

## Ecstasy

Ecstasy use among older adults has remained stable over time. The 2014/15 CSEW estimates that 0.2 per cent of older adults reported using ecstasy in the last year, a similar level to the 2004/05 survey (0.3%) and the 1996 survey (0.1%).

There was different to the trend in younger adults, where last year ecstasy use peaked in the 2001/02 survey at 3.6 per cent. Ecstasy use in the last year among younger adults is now at a similar level as in the 1996 survey (2.8% in the 1996 survey, 3.6% in the 2001/02 survey, and 3.0% in the 2014/15 survey).

**Figure A.3: Proportion of 40 to 59 year olds using powder cocaine and ecstasy in the last year, 1996 to 2014/15, CSEW**



Source: Home Office: Table A.01

## A.3 FREQUENCY OF DRUG USE

Just under half of older cannabis users were frequent users, with 49 per cent using cannabis more than once a month. This is in contrast to both powder cocaine and ecstasy, where the majority of older users (92% for powder cocaine, 100% for ecstasy<sup>20</sup>) were infrequent users, using the drug once a month or less (Table A.03).

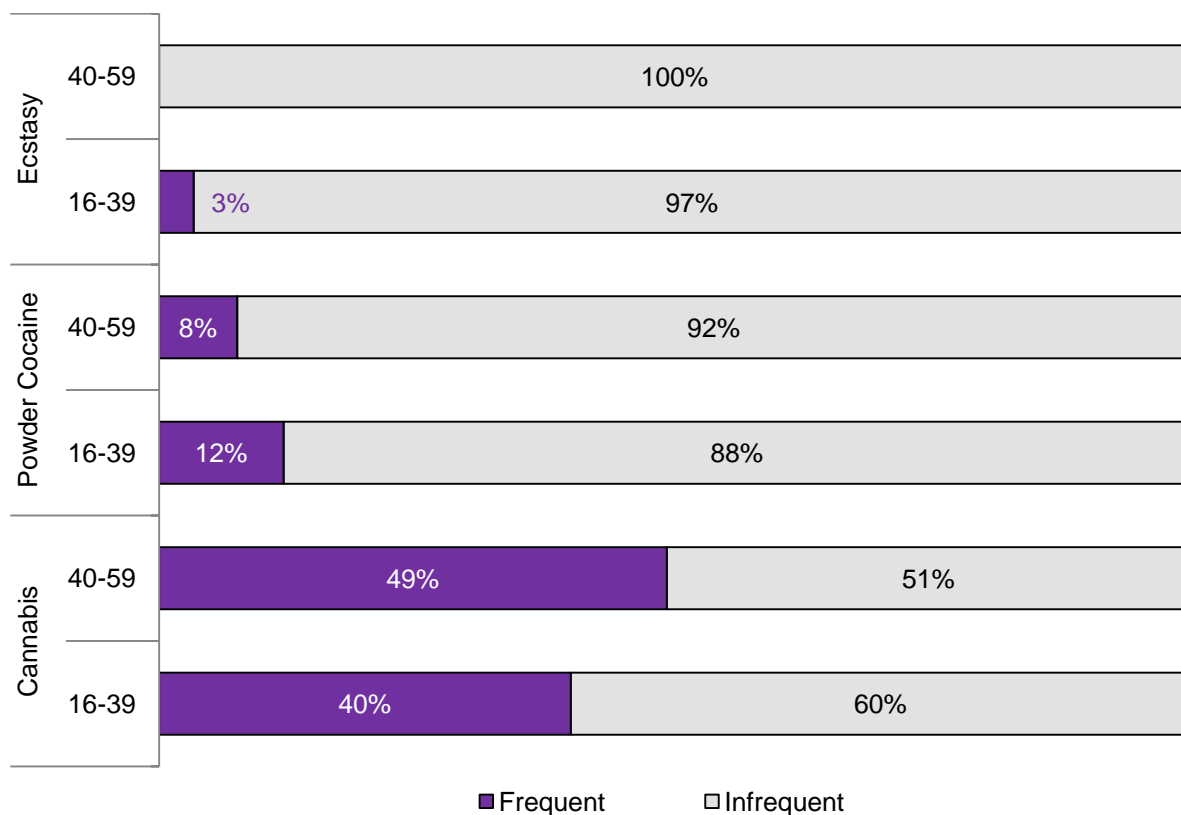
Differences in frequency of use were also present among younger users (Figure A.4):

- Older cannabis users were more likely than younger users to use frequently.
- Levels of frequent cocaine use were similar between older and younger users.

<sup>20</sup> It should be noted that this is an estimate from a survey and is therefore subject to sampling variability.

- Older ecstasy users were less likely than younger users to be frequent users.

**Figure A.4: Frequency of individual drug use in the last year, adults aged 16 to 39 and 40 to 59 who took the drug in the last year, 2012/13 and 2013/14 combined, CSEW**



#### Chart notes

Source: Home Office: Table A.03

For the questions on frequency of use, individual survey years have an insufficient sample size for a robust analysis of older users, therefore the 2012/13 and 2013/14 datasets have been merged. 2014/15 data has not been used as questions asking respondents how frequently they took each individual drug were not asked in 2014/15 except for cannabis and 'any drug'.

More detailed breakdowns are available for cannabis (see Table 6). Breakdowns for other drug types are not available due to sample size limitations.

**Table 7: Frequency of cannabis use in the last year, adults aged 16 to 39 and 40 to 59 who took cannabis in the last year, 2012/13 and 2013/14 combined, CSEW**

Percentages	England and Wales, 2012/13 and 2013/14 combined CSEW	
Frequency of use	Younger users	Older users
Every day	8	12
3 to 5 times a week	9	13
Once or twice a week	12	14
2 or 3 times a month	11	10
Once a month	6	6
Once every couple of months	15	12
Once or twice this year	39	33
<i>Unweighted Base</i>	<i>1,657</i>	<i>644</i>

Source: Home Office

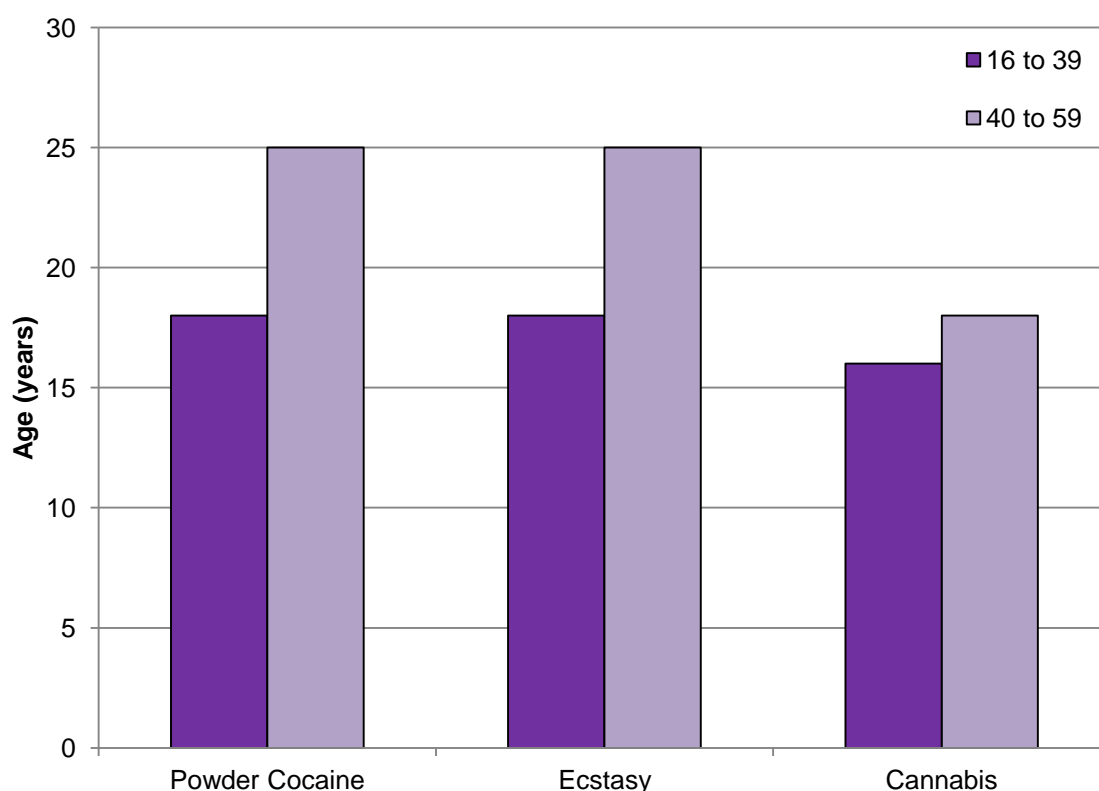
## A.4 AGE OF ONSET

This section investigates the age at which illicit drugs were first taken (age of onset) by older and younger adults who had ever taken illicit drugs as measured by the 2011/12 CSEW (the most recent time these questions were asked). Figures are presented only for the three most prevalent drugs: cannabis, powder cocaine and ecstasy.

Older adults who have ever used drugs tend to have first taken drugs at a later age than younger adults (see Figure A.5). The most commonly reported age for first taking powder cocaine and ecstasy, was 18 among younger adults who had ever used these drugs, and 25 for older adults who had ever used these drugs. It is important to note that younger adults will not yet have had to opportunity to start drug use at all ages, due to their current age (Table A.04).

The ages of onset were lower for cannabis, but differences between the two age groups remained. The most commonly reported age for first taking cannabis for younger adults who have ever used cannabis was 16, and 18 for older adults who used cannabis.

**Figure A.5: Most common (modal) age when 16 to 39 year olds and 40 to 59 year olds who had ever reported taking powder cocaine, ecstasy or cannabis, reported first taking each type of drug, 2011/12, CSEW**

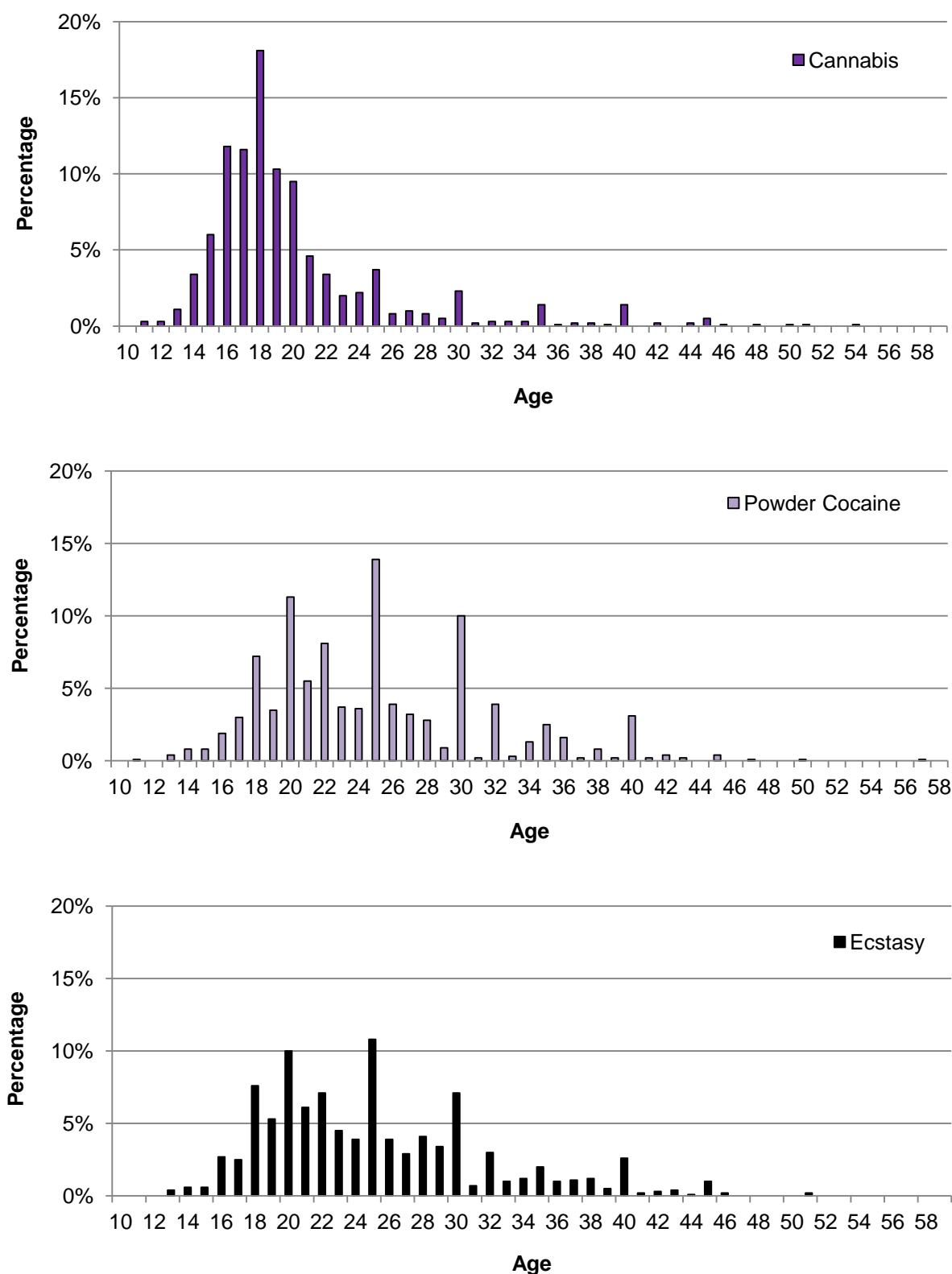


Source: Home Office: Table A.04

Despite older adults later ages of onset, almost all older adults reported first taking drugs before they were 40: 97 per cent of older cannabis users, 96 per cent of older cocaine users, and 95 per cent of older ecstasy users started before this age. This suggests that older drug users are those that have taken drugs over their adult lives, or at some point over their adults lives, and are now continuing to do so as they age. The full range of ages of onset can be seen in Figure A.6.



**Figure A.6: Proportion of 40 to 59 year old cannabis, powder cocaine, and ecstasy users who first took each drug at each age, 2011/12, CSEW**



#### Chart notes

Source: Home Office

The spikes at the ages of 30 and 40 are likely to be down to respondents being unable to recall the exact age of initiation, and answering with an approximate answer. This is also likely to be the case for spikes at other ages, such as those at 18 and 25.

## Annex B. Drug use within generations over time

Additional analysis was undertaken to see how drug use<sup>21</sup> changes across different generations, or *pseudo-cohorts*, through the years of the CSEW. A more detailed explanation of the pseudo-cohort analysis is given in the [Technical Annex](#). Here, pseudo-cohorts are referred to simply as 'cohorts', although it should be noted that each 'cohort' does not include the same group of people, but rather people in the same five-year age group. This pseudo-cohort analysis allows us to:

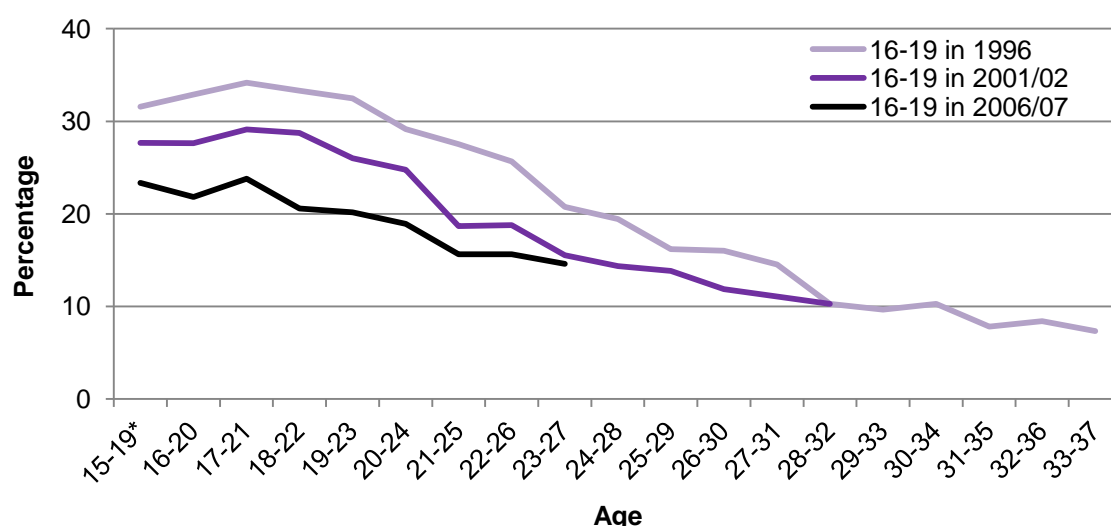
- track changes within the cohort – i.e. how drug use changes within the same age cohort over time. For example, how levels of drug use for those aged 20 to 24 in the 2001/02 survey compare with the same cohort in the 2011/12 survey (i.e. when they are aged 30 to 34 years);
- identify differences between cohorts – for example, how drug use differs for those aged 16 to 19 in 1996 compared with the same age group who came into the survey five (2001/02) and ten (2006/07) years later.

### B.1 GENERATIONAL EFFECTS ON OVERALL DRUG USE

Figure B.1 shows that across all cohorts, drug use from the early 20s onwards decreases as age increases. However, between cohorts, there are differences in drug use at the same age:

- For ages under 30, later cohorts have lower levels of drug use at the same age. For example, among those who were 16 to 19 years old when interviewed for the 2006/07 CSEW, 23.3 per cent reported using an illicit drug, compared with 27.7 per cent of 16 to 19 year olds in the 2001/02 survey and 31.6 per cent in 1996.
- At around 30 years old these differences narrow, as the cohorts age and their drug use declines. For example, drug use among those aged 28 to 32 years was at the same level for the 1996 and 2001/02 cohorts (10.3% for both). At older ages, the narrowing of differences between cohorts suggests a possible reduction in the decline of levels of use, although further data are required to confirm this. (Table B.01)

**Figure B.1: Proportion of adults using any drug in the last year, by age cohort, 1996 to 2014/15, CSEW**



#### Chart notes

Source: Home Office: Table B.01.

1. Data are not available for the 1996 cohort when aged 16-20 and 18-22 as the CSEW drugs misuse module was not conducted in 1997 and 1999.

2. To maintain the 5-year age cohorts it was necessary to start the first cohort with just 4 years (i.e. 16-19) as data are not available for 15 year olds.

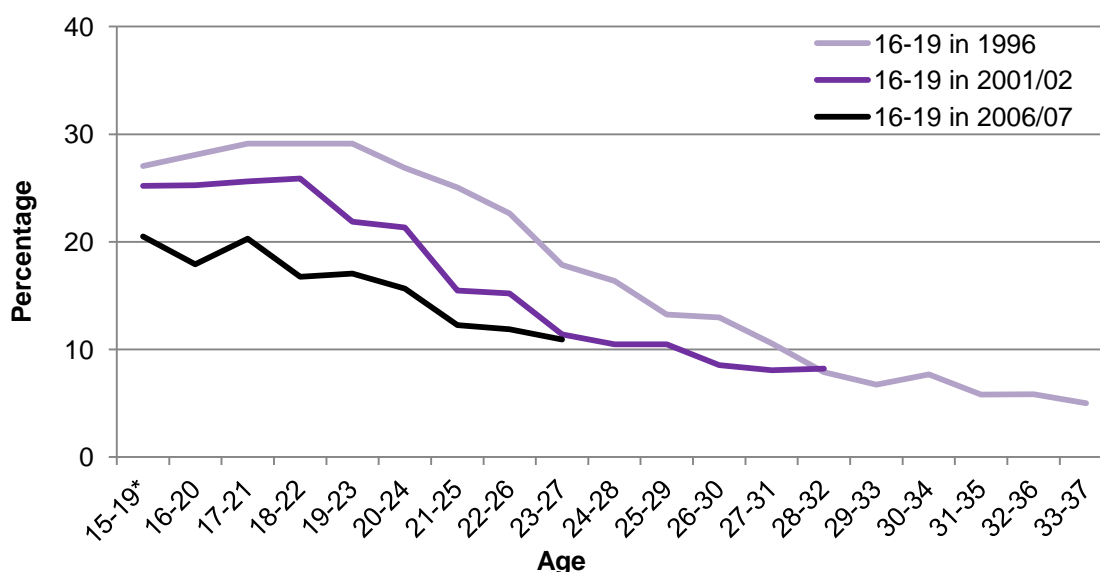
<sup>21</sup> Within this annex, all references to drug use refer to use in the last year.

## B.2 GENERATIONAL EFFECTS ON CANNABIS, POWDER COCAINE AND ECSTASY USE

### Cannabis

Across all cohorts, cannabis use peaks in the late teens/early 20s, and then declines with age. As cannabis is the most prevalent illicit drug, trends in cannabis use are similar to those for any drug; with higher levels of use under the age of 30 in earlier cohorts. For example, of those aged 16 to 19 when interviewed for the 2006/07 CSEW, 20.5 per cent reported using cannabis in the last year, compared with 25.2 per cent of 16 to 19s in the 2001/02 survey and 27.0 per cent in 1996 (Table B.02, Figure B.2).

**Figure B.2: Proportion of adults using cannabis in the last year, by age cohort, 1996 to 2014/15, CSEW**



#### Chart notes

Source: Home Office: Table B.02

1. Data are not available for the 1996 cohort when aged 16-20 and 18-22 as the CSEW drugs misuse module was not conducted in 1997 and 1999.

2. To maintain the 5-year age cohorts it was necessary to start the first cohort with just 4 years (i.e. 16-19) as data are not available for 15 year olds.

### Powder cocaine

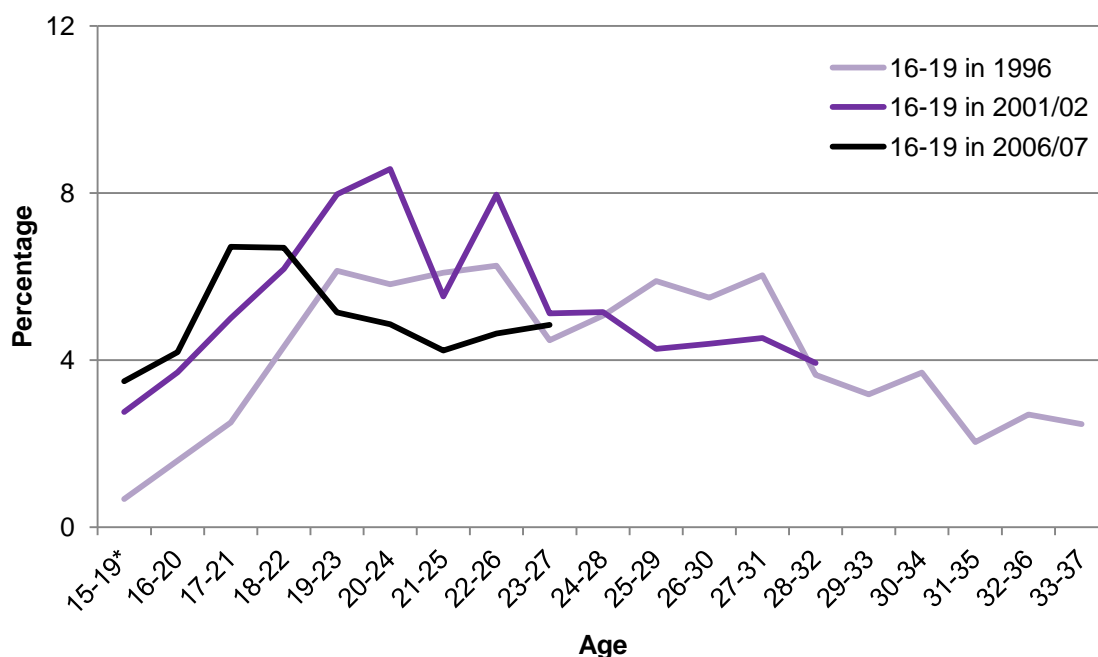
In line with the trends presented in Chapter 1, use of powder cocaine is lower than cannabis in all cohorts.

The peak age for powder cocaine use is in the early 20s, later than for cannabis users (although in the 1996 cohort, use remains high throughout the 20s). Unlike cannabis, use of powder cocaine was highest in the 2001/02 cohort, peaking at 8.6 per cent when this cohort was 20 to 24 years old. This is higher than the 1996 cohort (5.8% when 20 to 24 years old).

### Ecstasy

Similarly to powder cocaine, use of ecstasy peaks in the early 20s, and overall use is lower than cannabis. However, unlike powder cocaine, ecstasy use within the cohorts generally follows the trend for overall drug use, with higher levels of use under the age of 30 in the earlier cohorts. For example, in the 1996 cohort, 7.2 per cent reported use of ecstasy when they were 20 to 24 years old, higher than the 6.3 per cent in the 2001/02 cohort at the same age and 4.4 per cent of the 2006/07 cohort at the same age. However, by their late 20s, ecstasy use had fallen to around two per cent (Table B.04, Figure B.4).

**Figure B.3: Proportion of adults using powder cocaine in the last year, by age cohort, 1996 to 2014/15, CSEW**

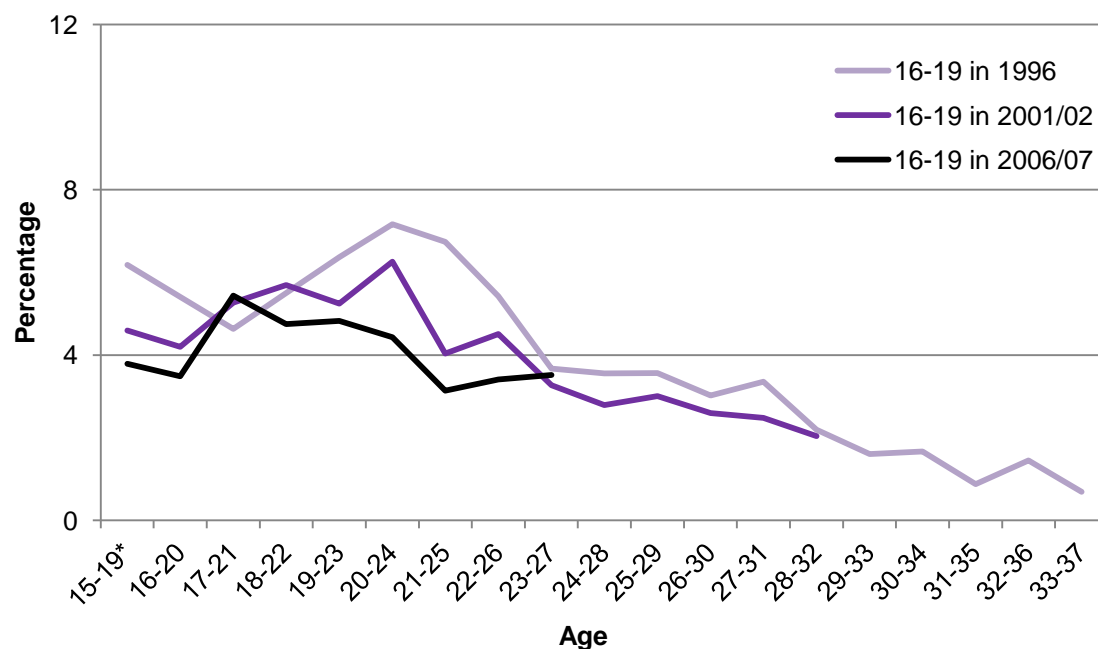


**Chart notes**

Source: Home Office: Table B.03

1. Data are not available for the 1996 cohort when aged 16-20 and 18-22 as the CSEW drugs misuse module was not conducted in 1997 and 1999.
2. To maintain the 5-year age cohorts it was necessary to start the first cohort with just 4 years (i.e. 16-19) as data are not available for 15 year olds.

**Figure B.4: Proportion of adults using ecstasy in the last year, by age cohort, 1996 to 2014/15, CSEW**



**Chart notes**

Source: Home Office: Table B.04.

1. Data are not available for the 1996 cohort when aged 16-20 and 18-22 as the CSEW drugs misuse module was not conducted in 1997 and 1999.
2. To maintain the 5-year age cohorts it was necessary to start the first cohort with just 4 years (i.e. 16-19) as data are not available for 15 year olds.

# Technical annex

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## INTRODUCTION

The CSEW provides estimates of illicit drug use among adults aged 16 to 59 within the **general household population** of England and Wales. As such, the CSEW provides an effective measure of the more commonly used drugs for which the majority of users are contained within this population. As a household survey, the CSEW does not cover groups such as the homeless, or those living in institutions such as prisons, or student halls of residences, who have potentially high proportions of drug use, and problematic drug users who are unable to take part in an interview.

Figures presented from the CSEW are only for adults aged between 16 and 59 as this is the age range of the self-completion module of the CSEW where necessarily these sensitive questions on illicit drug use are asked.

The 2014/15 survey provides estimates of illicit drug use among adults over three time periods: ever in their lifetime, in the last year and in the last month. Information on these measures is provided for the extent of drug use and is contained in the tables for this Chapter. However, the discussion on trends is based on last year use, which is deemed to be the most reliable measure of recent drug use.

Only increases or decreases between years that are statistically significant at the 5% level (and are therefore likely to be real) are described as changes within the text; in the tables these changes are identified by asterisks.

The [User Guide to Drug Misuse Statistics](#) provides further background information on the CSEW self-completion module on drug use, as well as classifications of different drugs and other information pertaining specifically to the Drug Misuse statistical collection. [The User Guide to Crime Statistics for England and Wales](#) (published by the Office for National Statistics) provides further information on demographic and area classifications, and statistical conventions and methodology.

## T.1 INTERPETING THE FIGURES

### Mephedrone

A question on mephedrone use in the last year was added to the 2010/11 CSEW to gather information about the extent of its use in the general population. Legislation was passed on 16 April 2010 under the Misuse of Drugs Act 1971 to control mephedrone as a Class B substance.

From 2012/13, mephedrone has been included in an overall 'Any drug (inc. mephedrone)' use measure, for the years 2010/11 to 2013/14. This measure was presented alongside the existing 'Any drug' measure, to allow for comparability over a longer time period. From 2014/15, mephedrone has been included in the 'Any drug' measure as standard.

### Frequent drug use

In the context of this release, frequent drug use is defined as using the same illicit drug more than once a month on average during the last year.

Questions on frequency of use in the last year have been asked of 16 to 24 year olds since the 2002/03 CSEW and were first completed by all adults aged 16 to 59 in 2009/10. These questions were rotated out of the 2010/11 questionnaire and added in again for the 2012/13 and 2013/14 CSEW. They were rotated out again in 2014/15, with the exception of 'any drug' and 'cannabis'.

The omission of questions asking about the frequency of individual drug use and the inclusion of one question asking about the frequency of 'any drug' use (and cannabis individually) means that the estimate for the frequency of any drug use for 2014/15 cannot be compared with previous years. This

is because it is based on one specific question rather than a composite variable made up of individual questions that ask about frequency of use for each individual drug.

### Personal, household and area characteristics

The CSEW collects a rich set of information on the personal, household and area characteristics as well as lifestyle factors of adults that are used to explore differences in illicit drug use. While 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. Mixed ethnic groups tend to have younger age profiles than White ethnic groups). It is also worth noting that where sub-group sizes are small, quite large apparent differences between groups may not be statistically significant.

### Source of illicit drug

Although the 2014/15 CSEW asked all last year drug users where they obtained the drug(s) on the last occasion, proportions presented here exclude those respondents who had misused prescription-only painkillers in the last year, or refused to answer the question on painkiller misuse. This was done to ensure comparability with previous survey years, when respondents would not have been asked about painkillers prior to answering the question about the source of the drugs they used on the last occasion.

### New psychoactive substances (NPS)

The term 'new psychoactive substances' (NPS) refers to newly available drugs that mimic the effect of drugs such as cannabis, ecstasy and powder cocaine, and which may or may not be illegal to buy. NPS is not a perfect term, as some of these substances were first synthesised a considerable time ago and are not inherently 'new'; rather, they are newly available or newly misused. Other expressions to describe NPS, such as the colloquial phrase 'legal highs', are inaccurate, as many NPS have been controlled under the Misuse of Drugs Act 1971, and therefore NPS can refer to both controlled and non-controlled substances.

The use of generic, rather than specific, new psychoactive substances has been measured by the 2014/15 Crime Survey for England and Wales (CSEW) for the first time. As for other questions on illicit drug use, the survey questions on NPS use included a description of the drugs of interest using the better-understood term, rather than the official term 'NPS'. The survey explained that "*There are a range of substances sometimes called 'legal highs' that have the same effects as drugs such as cannabis, ecstasy, or cocaine. These are herbal or synthetic substances that you take to get 'high', which may or may not be illegal to buy. These substances can come in different forms such as herbal mixtures which you smoke, powders, crystals, tablets, or liquids.*" It then asked respondents about their experience of using these substances.

### Simultaneous polydrug and polysubstance use

Adults who said they had taken any of the drugs below in the last 12 months were asked the following question in the CSEW:

*Thinking only about the LAST TIME you took drugs, which of the drugs below did you take on that occasion? If you took more than one different type of drug at the same time, please mention all the drugs you took.*

The lists of drugs presented in each survey year for which polydrug and polysubstance use analyses were carried out are presented overleaf.

Respondents were only given the option of those drugs they had previously said they had taken in the last 12 months.

## Drugs included in polydrug and polysubstance use analyses

2010/11 and 2011/12	2013/14	2014/15
<ul style="list-style-type: none"> <li>• Amphetamines</li> <li>• Methamphetamine</li> <li>• Cannabis/skunk</li> <li>• Cocaine powder</li> <li>• Crack cocaine</li> <li>• Ecstasy</li> <li>• Heroin</li> <li>• LSD/Acid</li> <li>• Magic mushrooms</li> <li>• Methadone/physeptone (not prescribed by a doctor)</li> <li>• Tranquillisers (not prescribed by a doctor)</li> <li>• Amyl nitrite</li> <li>• Anabolic steroids</li> <li>• Ketamine</li> <li>• Mephedrone</li> <li>• Liquid 'E'/'G'/GBL/GHB</li> <li>• Legal 'E'/'BZP</li> <li>• Spice (or any other synthetic cannabinoids)</li> </ul>	<ul style="list-style-type: none"> <li>• Amphetamines</li> <li>• Methamphetamine</li> <li>• Cannabis/skunk</li> <li>• Cocaine powder</li> <li>• Crack cocaine</li> <li>• Ecstasy</li> <li>• Heroin</li> <li>• LSD/Acid</li> <li>• Magic mushrooms</li> <li>• Methadone/physeptone (not prescribed by a doctor)</li> <li>• Tranquillisers (not prescribed by a doctor)</li> <li>• Amyl nitrite</li> <li>• Anabolic steroids</li> <li>• Ketamine</li> <li>• Mephedrone</li> <li>• Salvia</li> <li>• Nitrous oxide</li> </ul>	<ul style="list-style-type: none"> <li>• Amphetamines</li> <li>• Methamphetamine</li> <li>• Cannabis/skunk</li> <li>• Cocaine powder</li> <li>• Crack cocaine</li> <li>• Ecstasy</li> <li>• Heroin</li> <li>• LSD/Acid</li> <li>• Magic mushrooms</li> <li>• Methadone/physeptone (not prescribed by a doctor)</li> <li>• Tranquillisers (not prescribed by a doctor)</li> <li>• Amyl nitrite</li> <li>• Anabolic steroids</li> <li>• Ketamine</li> <li>• Mephedrone</li> <li>• Khat</li> <li>• Painkillers (not prescribed by a doctor)</li> </ul>

Painkillers that were not prescribed by a doctor were excluded from this analysis as there were a large number of single drug users but very few polydrug users of prescription-only painkillers, which skewed the results. Salvia, nitrous oxide, new psychoactive substances (NPS) and khat were also excluded from the analysis as they were not asked about in both of the most recent survey years. The analysis on 2010/11 and 2011/12 data was rerun excluding the individual NPS asked about in those survey years to make the drug list more consistent with that used in the 2013/14 and 2014/15 surveys.

## T.2 RE-WEIGHTING THE CSEW

The Crime Survey for England and Wales (CSEW) uses population estimates in calibration weighting, which is designed to make adjustments for known differentials in response rates between different regions and different age by sex sub-groups. For more information on calibration weighting see the [User Guide to Crime Statistics for England and Wales](#).

Following the 2011 Census, the ONS re-weighted the CSEW data from the 2001/02 to 2012/13 surveys using the most recent population estimates. The new population weights were applied to estimates of drug use among 16 to 59 year olds, and these revised estimates were published in the 2013/14 release. The methodology for estimating numbers of drug users was subsequently improved, to better account for the fact that respondents to the CSEW self-completion module on drug use are a sub-sample of the whole target population. Only those aged 16 to 59 are asked to complete this module, and some may refuse to do so, while agreeing to answer other parts of the CSEW. This further detail has been taken into account when dealing with non-response to produce more accurate estimates. The methodological improvement led to a further revision of the estimated numbers of drug users; the revised time series are shown in Table 1.04\_back\_series and Table 1.08\_back\_series in the [data tables](#).

For more detail on the re-weighting of CSEW data, please see the methodological note ['Presentational and methodological improvements to National Statistics on the Crime Survey for England and Wales'](#) published by the ONS.

### T.3 PSEUDO-COHORT ANALYSIS

Pseudo-cohort analysis tracks people who were born in the same time period. Unlike conventional cohort analysis using longitudinal surveys, pseudo-cohort analysis uses cross-sectional surveys; therefore individuals surveyed are not the same from year to year. While the respondents differ from year to year, it is assumed that they are representative of their particular cohort in any given survey year. The advantage of this type of analysis is that it can be used to differentiate between age, time period and cohort effects. The table below shows the basic method of the analysis, with those aged 20 to 24 in the 2001/02 survey being from the same cohort as those aged 30 to 34 in the 2011/12 survey. Further information on this type of analysis can be found in the ONS paper '[The GHS Pseudo Cohort Dataset \(GHSPCD\): Introduction and Methodology](#)'

**Table 8: Progression of age cohorts<sup>22,23</sup> through CSEW years**

Survey year	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014-15
16-19 in 2006/07									15-19	16-20	17-21	18-22	19-23	20-24	21-25	22-26	23-27
16-19 in 2001/02				15-19	16-20	17-21	18-22	19-23	20-24	21-25	22-26	23-27	24-28	25-29	26-30	27-31	28-32
16-19 in 1996	15-19	17-21	19-23	20-24	21-25	22-26	23-27	24-28	25-29	26-30	27-31	28-32	29-33	30-34	31-35	32-36	33-37

### T.4 OTHER DATA SOURCES

Public Health England (PHE) publishes information annually on the age, sex and ethnicity of clients aged 18 years and over in drug treatment contact in England in its annual report **Statistics from the National Drug Treatment Monitoring System (NDTMS)**. A separate report is produced to cover those aged under-18. The latest reports are available online at: <http://www.nta.nhs.uk/statistics.aspx>

**Statistics on Drug Misuse: England, 2014** are published by the Health and Social Care Information Centre and are available online at: <http://www.hscic.gov.uk/catalogue/PUB15943>

**National and regional estimates of the prevalence of opiate and/or crack cocaine use** are published by the National Treatment Agency (now Public Health England). Latest figures are available for 2011/12 online at: <http://www.nta.nhs.uk/facts-prevalence.aspx>

The **Smoking, drinking and drug use among young people in England – 2014** report includes extensive information around first drug use for 11 to 15 year olds and is available online at: <http://www.hscic.gov.uk/pubs/sdd14>

The **Deaths Related to Drug Poisoning England and Wales – 2013** report published by the ONS contains statistics on deaths related to drug-poisoning and drug-misuse and is available online at: <http://www.ons.gov.uk/ons/rel/subnational-health3/deaths-related-to-drug-poisoning/england-and-wales---2013/index.html>

<sup>22</sup> To maintain the 5-year age cohorts it was necessary to start the first cohort with just 4 years (i.e. 16-19) as data are not available for 15 year olds.

<sup>23</sup> Grey shading indicates that the specific age cohort was not present in that CSEW year.



Statistical Bulletins are prepared by staff in Home Office Statistics under the National Statistics Code of Practice and can be downloaded from GOV.UK:

<https://www.gov.uk/government/organisations/home-office/about/statistics>

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