



Home Office



Drugs Misuse: Findings from the 2018/19 Crime Survey for England and Wales

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Further information

This release examines the extent and trends in 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 2018/19 Crime Survey for England and Wales (CSEW). The main analysis presented in this bulletin is based on data for 16 to 59 year olds (and the sub-group of 16 to 24 year olds). Data for 60 to 74 year olds is presented separately as the intention is to review the quality of these data before the 2020/21 survey and make a decision on whether to continue to ask these questions to the 60 to 74 age group. If the data continue to be collected after this point, a new time series will be produced for 16 to 74 year olds, alongside the main 16 to 59 time series measure. As estimates are very low, analysis for 60 to 74 year olds has been limited to the extent of drug use and also drug use by sex.

The release covers the following topics:

- extent and trends in drug use among adults, including separate analysis of young adults (16 to 24 year olds);
- frequency of drug use in the last year;
- drug use, by personal, household and area characteristics, and lifestyle factors;
- use of new psychoactive substances (NPS);
- perceived ease of obtaining illegal drugs.

While responsibility for the CSEW transferred to the Office for National Statistics (ONS) 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 ONS) 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.gov.uk

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This statistical bulletin is produced to the highest professional standards and is free from political interference. It has been produced by statisticians working in the Home Office Crime and Policing Analysis Unit in accordance with the Home Office's [statement of compliance](#) with the Code of Practice for Statistics, which covers Home Office policy on revisions and other matters. The Chief Statistician, as Head of Profession, reports to the National Statistician with respect to all professional statistical matters and oversees all Home Office National Statistics products with respect to the Code, being responsible for their timing, content and methodology.

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Conventions used in figures and tables

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. In columns relating to significance testing, this indicates that an estimate for one or both of the comparator years is not available. This is also the case if there were no responses in that particular category for one or both of the comparator years.
- '-'** 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 Crime Survey for England and Wales drug users

Estimates are rounded to the nearest 1,000.

Reporting of statistically significant changes

Only increases or decreases that are statistically significant at the 5% level (and are therefore likely to be genuine) are described as changes within the main bulletin, and in the tables and figures these are identified by asterisks.

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1 Extent and trends in drug use

INTRODUCTION

This chapter covers the extent and trends in illicit drug¹ use among adults aged 16 to 59 measured by the 2018/19 Crime Survey for England and Wales (CSEW). Additional analysis for the subgroup of young adults aged 16 to 24 is also provided. Figures are presented since 1996, when comparable questions were first included in the survey. The [User Guide to Drug Misuse Statistics](#) provides further details relating to drug use measures and definitions.

In 2017/18, for the first time, the survey invited those aged 60 to 74 to participate in the CSEW self-completion module which includes questions on drug use. Previously, only those aged 16 to 59 were invited to participate in this module. The analysis of data collected for 60 to 74 year olds for the 2017/18 and 2018/19 survey years is presented in section 3.1 of this publication. Data for 60 to 74 year olds is presented separately as the intention is to review the quality of these data before the 2020/21 survey and make a decision on whether to continue to ask these questions to the 60 to 74 age group. If the data continue to be collected after this point, a new time series will be produced for 16 to 74 year olds, alongside the main 16 to 59 time series measure.

The CSEW is recognised as a good measure of recreational drug use for the drug types and population it covers. However, it does not provide as good coverage of problematic drug use, as many such users may not be a part of the household resident population which is covered by the survey, or they may lead such chaotic lifestyles that they are unlikely to take part in the survey.

The 2018/19 survey measured levels of drug use in the *last year* prior to interview, as well as drug use in the *last month* prior to interview, and at any point in the respondent's *lifetime (use ever)*. The questions on *last year* use and *use ever* are regularly included in the CSEW, while there was a gap in the series of *last month* use estimates in the 2012/13 and 2013/14 survey years as these questions were not included in those years.

Care should be taken comparing year on year changes as being based on a sample survey estimates are subject to a degree of fluctuation associated with sampling variability. Looking over a longer-time period it is easier to observe genuine changes in trend and to put individual point estimates in context.

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

The complete available time series of estimates of drug use can be found in the [Appendix Tables](#). Commentary on the estimates is presented in this chapter.

Only increases or decreases that are statistically significant at the 5 per cent level (and are therefore likely to be real) are described as changes within this chapter.

¹ The substances covered by the term 'illicit drugs' are those included in the 'any drug' measure in the [Appendix Tables](#). These are amphetamines, 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'. This term does not include new psychoactive substances and nitrous oxide, which are covered separately in [Chapter 4](#). For further detail (including classification of these drugs according to the Misuse of Drugs Act 1971), please see Section 2 of the [User Guide to Drug Misuse Statistics](#).

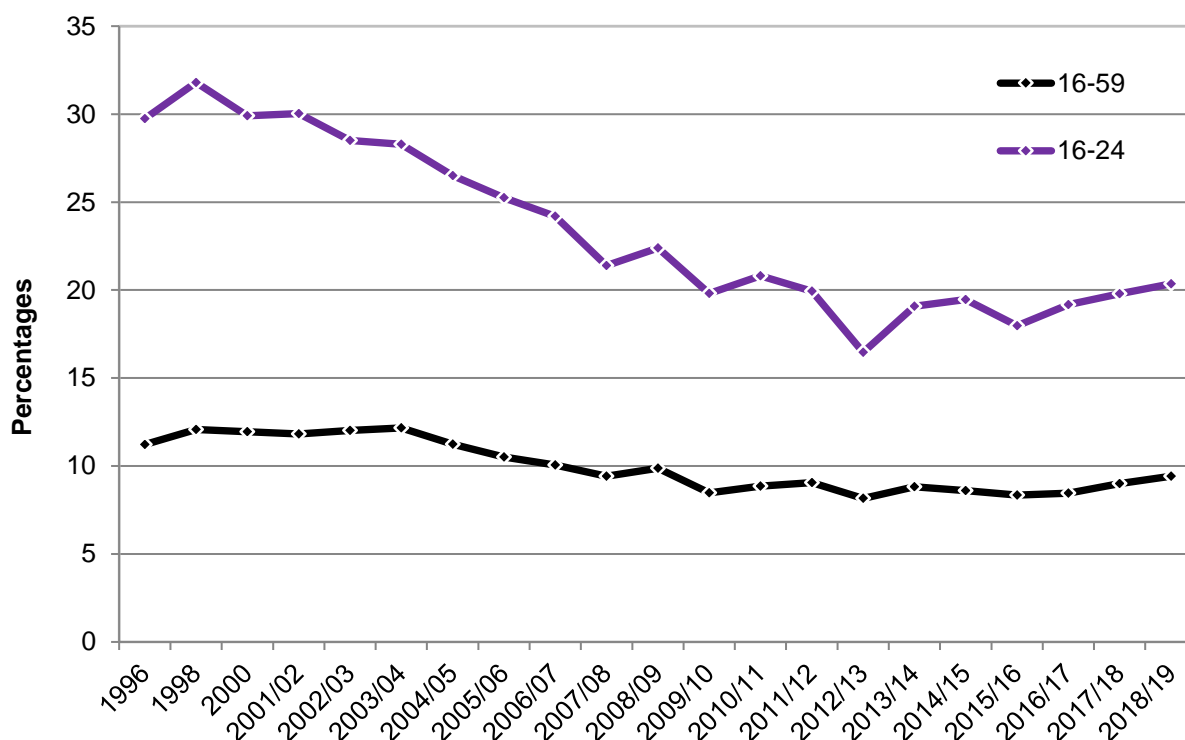
KEY FINDINGS

- **Around 1 in 11 (9.4%) adults aged 16 to 59 had taken a drug in the last year.** This equated to around 3.2 million people. While the latest estimate was not significantly higher than the previous year's (9.0%, in the 2017/18 CSEW) there has been an upward trend since the 2015/16 survey (8.3%). The latest estimate is similar to the 2008/09 CSEW (9.9%) but remains lower than in 1996 (11.2%), when the time series began.
- **Around 1 in 5 (20.3%) adults aged 16 to 24 had taken a drug in the last year,** which equates to around 1.3 million people. Whilst not significant, there has been an apparent upward trend in last year drug use among adults aged 16 to 24 since 2015/16 (18.0%), with the latest estimate similar to the 2017/18 survey (19.8%). The latest estimate was lower than in 1996 (29.7%), but there was no significant change compared with a decade ago (22.4% in 2008/09 CSEW).
- **The survey measure of recent drug use showed that around 1 in 20 (5.0%) adults aged 16 to 59 had taken a drug in the last month.** Prevalence of 'any drug' showed an increase compared with 2017/18 for adults aged 16-59 (4.3%), however there has been a general downward trend since 2003/04 (7.3%).
- **Around 1 in 9 (11.4%) young adults aged 16 to 24 had taken a drug in the last month.** There was no significant change for adults aged 16 to 24 compared with 2017/18 (9.6%) or with a decade ago. Similarly to adults aged 16 to 59, there has been a general downward trend, for which drug use in the last month has decreased from a high of 20.8 per cent in 1998.
- **Around one-third (34.2%) of adults aged 16 to 59 had taken drugs at some point during their lifetime.** This was a similar level to the previous year's survey (34.6% according to the 2017/18 CSEW) but an increase compared with the 1996 survey (30.5%).
- **Around 1 in 25 (3.7%) adults aged 16 to 59 had taken a Class A drug in the last year,** which equates to around 1.3 million people. This has increased compared with the 1996 survey (2.6%) and is similar to the previous year's estimate (3.5%). While there is some fluctuation from year-to-year, there has been a general upward trend in class A drug use since the 1996 survey.
- **Among young adults aged 16 to 24, 8.7 per cent had taken a Class A drug in the last year.** Although there appears to have been an upward trend in the use of Class A drugs, the changes are not statistically significant compared with the previous year (8.4%) and a decade ago (8.0%). There was an increase compared with the 2011/12 estimate (6.2% to 8.7%), with the 2018/19 estimate the highest since 2002/03 (8.9%). This is mainly driven by an increase in powder cocaine and ecstasy use.

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 'any drug' and Class A drugs, among adults aged 16 to 59 and young adults aged 16 to 24. These trends are shown in Figures 1.1 and 1.2 below and in the [Appendix Tables](#). Commentary on the trends is presented below the chart.

Figure 1.1: Trends in ‘any drug’ use in the last year among adults, 16 to 59 and 16 to 24 year olds, 1996 to 2018/19 CSEW



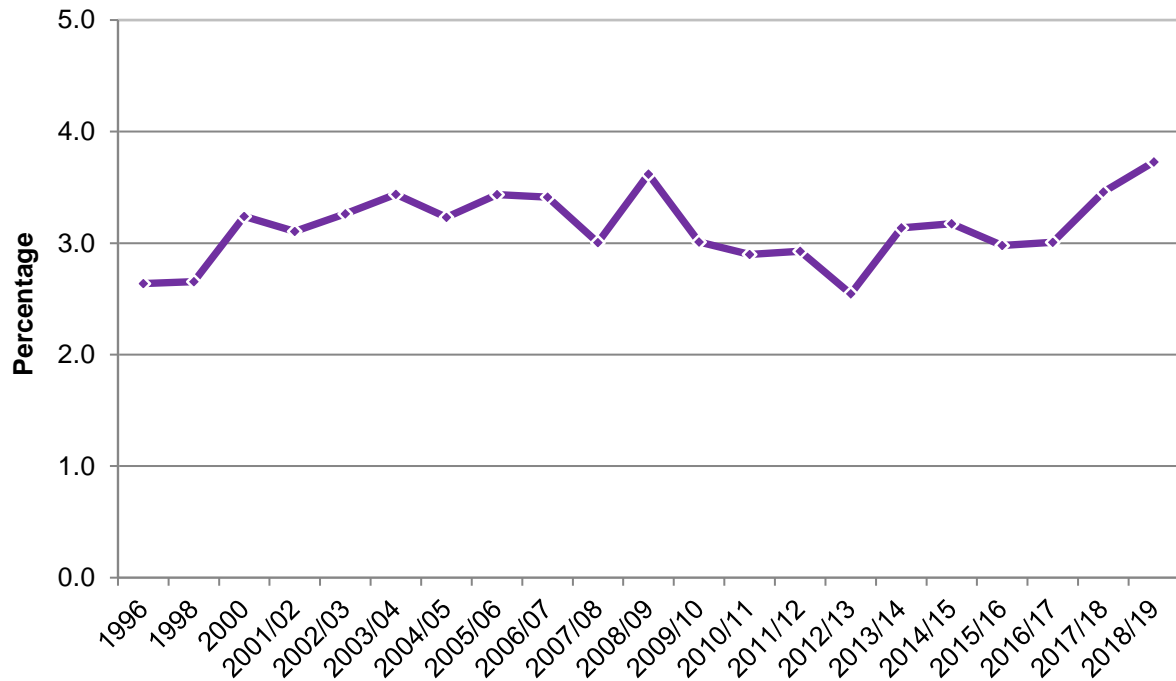
Source: Home Office, [Appendix Tables 1.02 and 1.06](#).

Last year drug use among adults aged 16 to 59

The 2018/19 CSEW shows that around 1 in 11 (9.4%) adults aged 16 to 59 had taken a drug in the last year, which equates to around 3.2 million people. The trend in the proportion of 16 to 59 year olds taking a drug in the last year was relatively flat between 1996 and 2003/04, followed by small year-on-year decreases until 2007/08. Since the 2009/10 survey, the proportion taking a drug in the last year has remained relatively flat, with the prevalence estimate remaining between 8.2 and 9.4 per cent. The 2018/19 estimate is similar to a decade ago in the 2008/09 CSEW (9.9%) and the 2007/08 CSEW (9.4%), but it is lower than all survey years before 2007/08. For further details see [Appendix Tables 1.02 and 1.04](#).

Figure 1.2 below shows the trend in Class A drug use in the last year among 16 to 59 year olds. According to the 2018/19 CSEW, 3.7 per cent of adults aged 16 to 59 had taken a Class A drug in the last year, equating to around 1.3 million people. There was a general upward trend in Class A drug use from 1996 (when the series began) until the 2008/09 survey which was then followed by a general downward trend until the 2011/12 survey (2.9%). Since 2011/12, the trend has reversed and has generally been upward, although the 2018/19 estimate was at a similar level to 2017/18 (3.5%). The increase in Class A drug use has been primarily driven by increases in powder cocaine and ecstasy use among 16 to 24 year olds. Trends in this broader age group tend to be driven by the 16 to 24 year old population where levels of drug use were substantially higher than among older adults (see Chapter 3).

Figure 1.2: Trends in Class A drug use in the last year among adults aged 16 to 59, 1996 to 2018/19 CSEW



Source: Home Office, [Appendix Table 1.02](#)

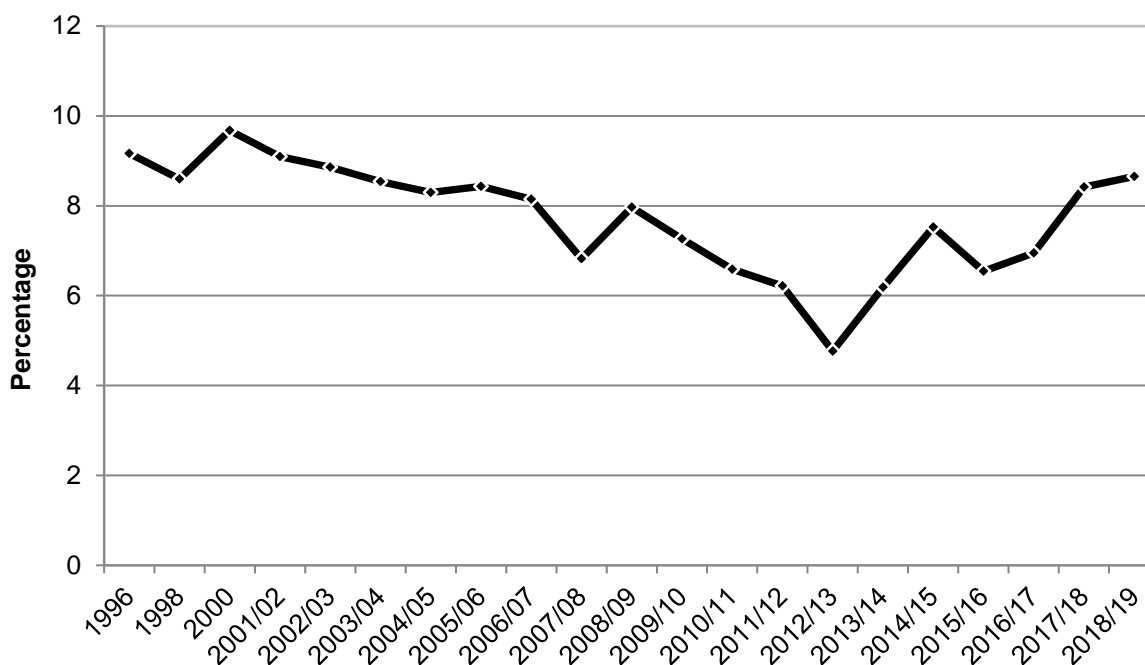
Last year drug use among young adults aged 16 to 24

Around 1.3 million young adults (aged 16 to 24) took 'any drug' in the past year (2018/19 CSEW, 20.3%). Whilst the long-term trend is downward, from 29.7 per cent in 1996, there has been a general upward trend since 2013/14 (19.1%), although the 2018/19 estimate showed no significant change from last year's (2017/18 CSEW, 19.8%). It should be noted that this 'any drug' measure may mask some variation in trends by type of drug.

According to the 2018/19 CSEW, 8.7 per cent of young adults aged 16 to 24 had taken a Class A drug in the last year, equating to around 550,000 young people. There was no significant change from last year (8.4%) but this is the highest estimate since the 2002/03 survey (8.9%).

The trend in Class A drug use among 16 to 24 year olds is displayed in Figure 1.3 below. There was a general downward trend in the prevalence of Class A drug use between 1996 and 2011/12 (from 9.2% to 6.2%), followed by an increase to 8.7 per cent in 2018/19. While estimates for year-on-year changes tend not to be statistically significantly different from each other, the cumulation of these small increases has resulted in a statistically significant rise between the 2011/12 and 2018/19 survey years, indicating a genuine rise in Class A drug use among this age group. For further detailed figures, see [Appendix Tables 1.06 and 1.08](#).

Figure 1.3: Trends in Class A drug use in the last year among young adults, 16 to 24 year olds, 1996 to 2018/19 CSEW



Source: Home Office, [Appendix Table 1.06](#)

The most recent (2018) survey of Smoking, Drinking and Drug Use among Young People (SDD)² showed that the proportion of 11 to 15 year olds in England who had taken ‘any drug’ (excluding NPS) in the last year had remained flat between 2016 and 2018 (15.2% and 14.5%). Cannabis was the most commonly used drug among 11 to 15-year olds, with 8.1% reporting that they had used it in the last year in 2018, a similar proportion to 2016 (7.9%). The proportion reporting Class A drug use remained flat between 2016 and 2018 (3.2% and 3.0% respectively). While the CSEW shows a general increase in Class A drug use for 16 to 24-year olds since 2011/12, Class A drug use among 11 to 15-year olds in the SDD has only recently increased, up from 2.0 per cent in 2014.

The most recent Opiate and Crack User (OCU)³ estimates showed that the number of 15 to 64 year olds in England who were opiate and/or crack cocaine users had increased by 4.4 per cent from 300,783 in 2014/15 to 313,971 in 2016/17. The estimated number of people who used opiates in 2016/17 (261,294 people) increased by 1.5% compared with 2014/15, whilst the estimated number of people who used crack cocaine (180,748 people in 2016/17) decreased by 1.1%, however neither change was statistically significant.

1.2 EXTENT AND TRENDS IN INDIVIDUAL DRUG USE

Cannabis

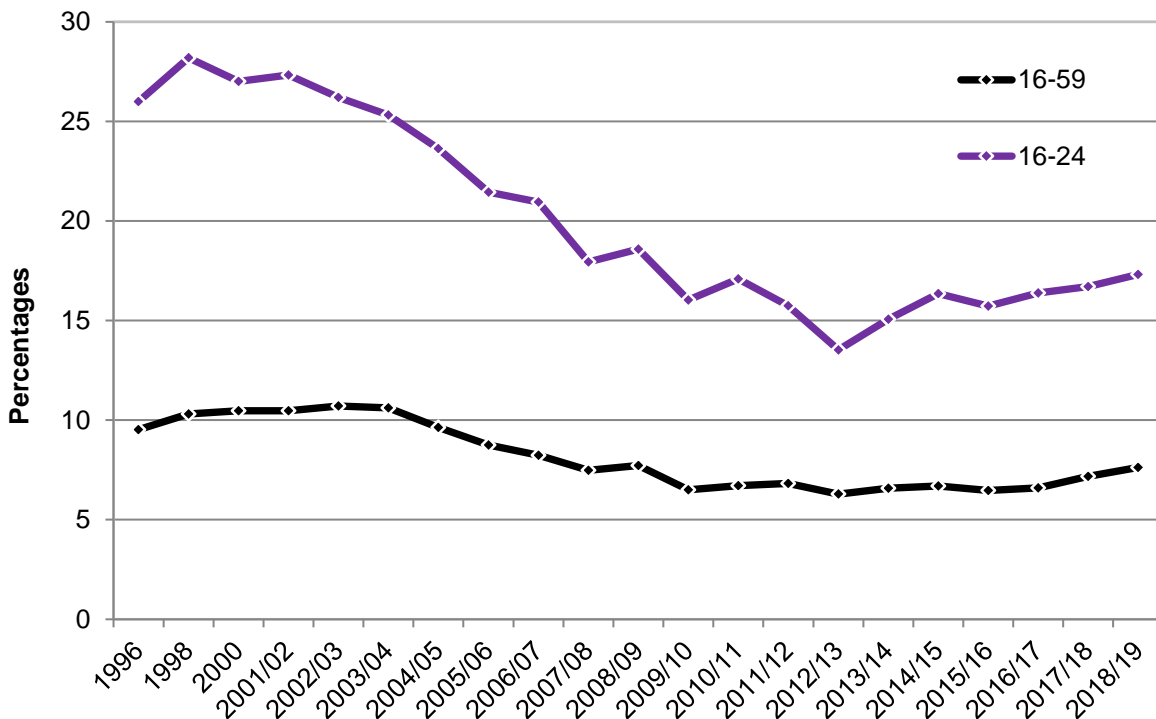
² NHS Digital published the [SDD](#) as a National Statistic annually until 2014, usually in July to coincide with publication of Drug Misuse. Currently the survey is only funded every two years, and the latest survey (covering 2018) was published in August 2019.

³ Public Health England and Liverpool John Moores University published the latest [OCU](#) estimates (covering 2016/17) in March 2019.

Similarly to previous surveys, cannabis was the most commonly used drug by respondents in the 2018/19 CSEW, with 7.6 per cent of adults aged 16 to 59 having used it in the last year, equating to around 2.6 million people. As shown in Figure 1.4 below, there was a long-term decline in the proportion of adults who used cannabis in the last year, decreasing from a high of 10.7 per cent in 2002/03 to 6.5 per cent in 2009/10. The trend was then relatively flat until 2016/17 but has since shown a one percentage point increase in last year use of cannabis, to 7.6 per cent in 2018/19.

Cannabis was also the most commonly used drug by young adults aged 16 to 24, with 17.3 per cent having used it in the last year according to the 2018/19 CSEW (around 1.1 million young adults). The long-term decline in prevalence of cannabis use in the last year was more apparent in this age group, falling from 28.2 per cent in 1998 down to 15.1 per cent in the 2013/14 survey. Since then there has been a general upward trend although the latest estimate is similar to the previous year (2017/18 CSEW, 16.7%).

Figure 1.4: Proportion of adults using cannabis in the last year, 16 to 59 and 16 to 24 year olds, 1996 to 2018/19 CSEW



Source: Home Office, [Appendix Tables 1.02 and 1.06](#).

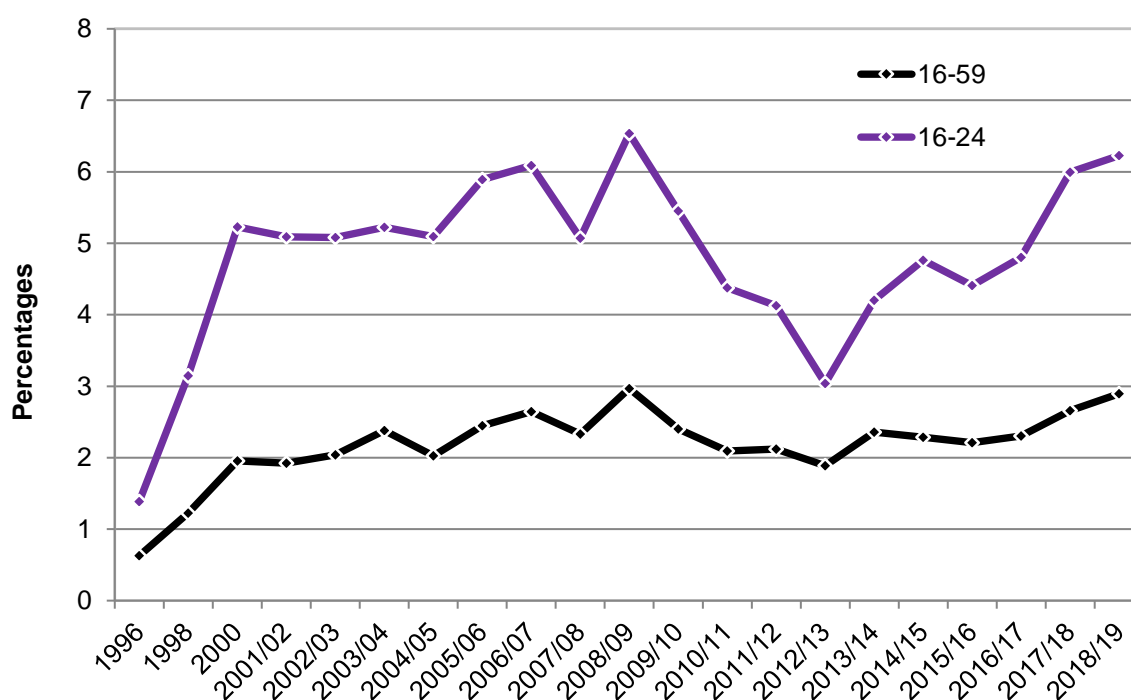
Powder cocaine

As in recent years, the second most commonly used drug in the last year among adults aged 16 to 59 was powder cocaine (2.9% in the 2018/19 survey, equating to around 976,000 people). Among young adults aged 16 to 24 it was the third most commonly used drug (6.2%, around 395,000 young adults), behind cannabis (17.3%) and nitrous oxide (8.7%). Trends in last year cocaine use are prone to fluctuation from year to year, as can be seen in Figure 1.5, making it difficult to interpret short-term trends in cocaine use.

Powder cocaine use among 16 to 59 year olds increased between the 1996 and 2000 survey years (0.6% to 2.0%), driven by a sharp increase among the 16 to 24 age group (1.4% to 5.2%). These increases were followed by slower rises to reach a peak in the 2008/09 survey for both 16 to 59 and 16 to 24 year olds (3.0% and 6.5% respectively).

From 2008/09, last year use of powder cocaine fell before starting to rise again in 2011/12 for both age groups (see Figure 1.5 below) and there has been a general upward trend since. Although there were no statistically significant changes between the 2017/18 and 2018/19 surveys, there has been a statistically significant increase in powder cocaine use for both age groups compared with the 2011/12 CSEW. Last year use of cocaine increased among adults aged 16 to 59 from 2.1 per cent in the 2011/12 CSEW to 2.9 per cent in 2018/19. The comparable figures for those aged 16 to 24 were 4.1 per cent and 6.2 per cent.

Figure 1.5: Proportion of adults using powder cocaine in the last year, 16 to 59 and 16 to 24 year olds, 1996 to 2018/19 CSEW



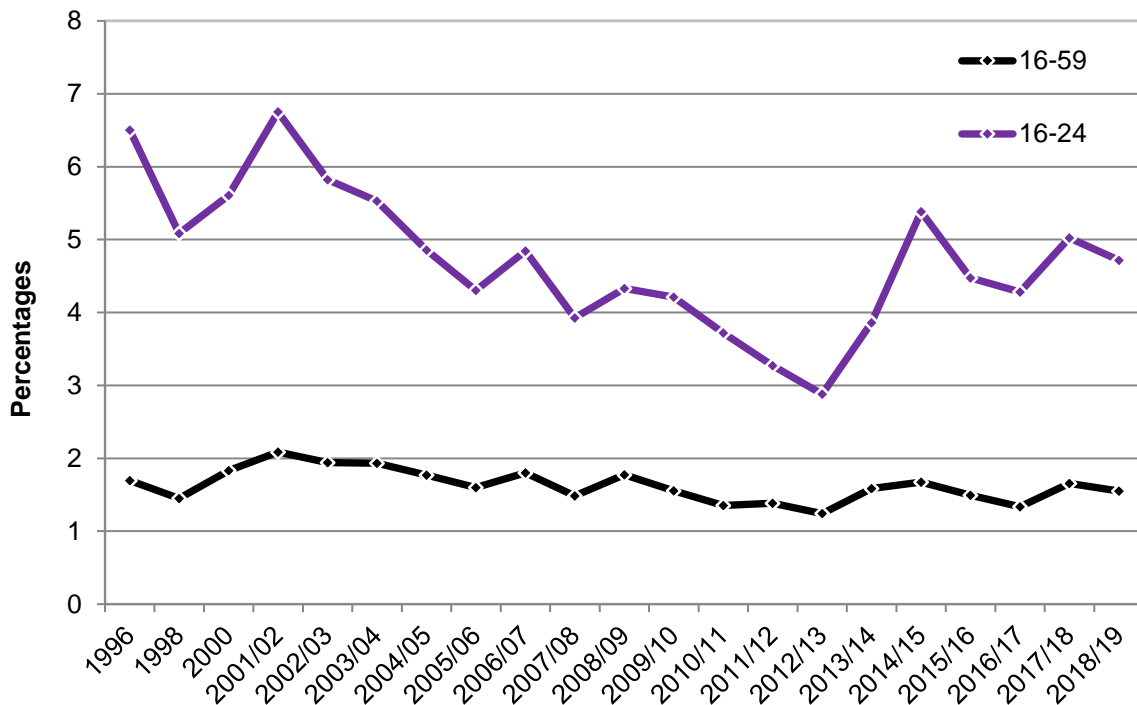
Source: Home Office, [Appendix Tables 1.02 and 1.06](#).

Ecstasy

The trend in the proportion of 16 to 59 year olds using ecstasy in the last year has been relatively flat throughout the lifetime of the survey, fluctuating between one and two per cent (Figure 1.6). The proportion of last year ecstasy users aged 16 to 59 in the 2018/19 survey (1.6%) was similar to the 2017/18 CSEW (1.7%).

Among 16 to 24 year olds, the trend shows greater fluctuation between years. Following a generally downward trend from the start of the times series, there was an increase in last year use among this age group between the 2011/12 (3.3%) and 2018/19 (4.7%) surveys. Whilst estimated levels of use have fluctuated between 4.3 and 5.4 per cent in recent years, prevalence of ecstasy use among 16-24 year olds remain below its peak of 6.8 per cent estimated from the 2001/02 survey.

Figure 1.6: Proportion of adults using ecstasy in the last year, 16 to 59 and 16 to 24 year olds, 1996 to 2018/19 CSEW



Source: Home Office, [Appendix Tables 1.02 and 1.06](#).

Other drugs

The information below presents findings on some of the less commonly used drugs. These can be found in [Appendix Table 1.02](#). Due to the lower number of people using these drugs, even small changes in prevalence can be statistically significant. Changes from one year to the next should be interpreted with caution and greater attention paid to the medium and longer-term trends in these drugs.

- Use of amphetamines decreased among both 16 to 59 and 16 to 24 year olds.** For those aged 16 to 59, prevalence of amphetamine use has followed a general downward trend since a high of 3.3 per cent in 1996 to 0.6 per cent in 2018/19. Use of amphetamines followed a similar trend for those aged 16 to 24, falling from a high of 11.7 per cent in 1996 to 1.0 per cent in 2018/19.
- Ketamine use has increased from a decade ago across both age groups.** For adults aged 16 to 59, use of ketamine has fluctuated in the last decade, with the latest estimate at 0.8 per cent, an increase compared with 2008/09 (0.5%). Use among adults aged 16 to 24 also showed a lot of variation in the last decade, although there was a general increase from 1.9 per cent in 2008/09 to 2.9 per cent in 2018/19, with a particularly large rise between 2016/17 and 2017/18 (1.3% to 3.1% respectively).
- Nitrous oxide continued to be the second most used drug among 16 to 24 year olds,** with 8.7% having used it, a similar proportion (8.8%) to last year's survey. This equates to around 552,000 young adults who used nitrous oxide in the last year. Use of new psychoactive substances among 16 to 24 year olds in the 2018/19 survey was also at a similar proportion to last year's survey (1.4% and 1.2% respectively).

1.3 LAST YEAR USE OF PRESCRIPTION-ONLY PAINKILLERS

The 2014/15 CSEW included a question for the first time on the misuse of prescription-only painkillers⁴; respondents were asked whether they had taken prescription-only painkillers not prescribed to them “for the feeling or experience” it gave them. Since the 2015/16 survey, respondents have been asked whether they had taken prescription-only painkillers not prescribed to them (hereon referred to as prescription-only painkillers), and if so, whether i) it was for “medical reasons⁵” or ii) “for the feeling/experience” it gave them. This change was made to better understand the drivers of painkiller misuse. However, this means that estimates of painkiller misuse in the years before 2015/16 are not directly comparable with estimates from those afterwards.

The 2018/19 survey estimated that 6.4 per cent of adults aged 16 to 59 had taken a prescription-only painkiller for “medical reasons” in the last year. This was similar to the estimate of 7.0 per cent in the 2017/18 survey. A further 0.2 per cent of respondents to the 2018/19 survey said that they had taken a prescription-only painkiller solely for the feeling or experience it gave them, the same proportion as in 2017/18 (data not shown in tables).

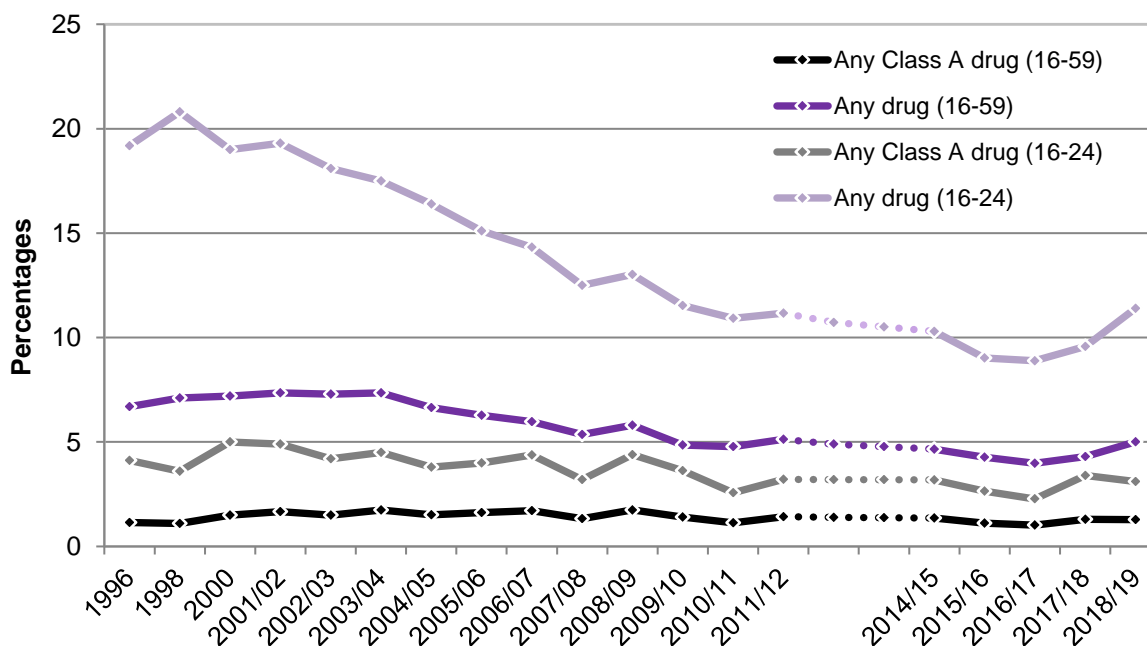
Of those adults aged 16 to 59 who had taken an illicit drug in the last year, 10.7 per cent had also taken painkillers for medical reasons. Of those who had not taken an illicit drug in the last year, a lower proportion had taken painkillers for medical reasons (5.9%). Further analysis of prescription-only painkiller misuse by demographic factors is shown in [Chapter 3](#).

1.4 LAST MONTH USE OF DRUGS

Use in the last month’ is an indicator of very recent drug use, but it is subject to more variation as fewer respondents will have used a drug in the last month compared with the last year. The questions on last month use were temporarily removed⁶ from the 2012/13 and 2013/14 surveys, before being reinstated from the 2014/15 survey onwards.

More detail is available in the [Appendix Tables](#) and the trends in last month drug use are shown in Figure 1.7 below. Commentary on the trends is presented below the chart.

Figure 1.7: Trends in drug use in the last month among adults, 16 to 59 and 16 to 24 years old, 1996 to 2018/19 CSEW



⁴ Figures relating to painkillers are included in [Appendix Tables 3.13 and 3.14](#).

⁵ For medical reasons as perceived by the respondent, not on the advice of a doctor.

⁶ The questions were rotated out of the survey to make space for other high-priority questions across the CSEW.

Source: Home Office, [Appendix Tables 1.03 and 1.07](#). The questions on last month use of drugs were not included in the 2012/13 or 2013/14 survey years.

The number of adults aged 16 to 59 who had taken drugs in the last month has decreased over the lifetime of the survey. The 2018/19 CSEW showed the following trends in last month drug use:

- Around 1 in 20 adults (5.0%) aged 16 to 59 said they had taken a drug in the last month, equating to around 1.7 million people. Since the series began there has been a general decline in last month drug use among this age group (6.7% in 1996), although the latest estimate was higher compared with last year (2017/18, 4.3%) ([Appendix Tables 1.03 and 1.04](#); Figure 1.7).
- The proportion among young adults aged 16 to 24 followed a similar trend, although the estimate of drug use in the last month in the 2018/19 CSEW was more than double that of the wider age group (11.4%), which equates to around 724,000 young people having taken a drug in the month prior to interview. There was a decline in the proportion of last month users from the peak in 1998 (20.8%) to 8.9 per cent in 2016/17. Since the 2016/17 survey there have been small but non-significant increases, in the proportion who used a drug in the last month ([Appendix Tables 1.07 and 1.08](#); Figure 1.7).

1.5 USE OF DRUGS IN THE RESPONDENT'S LIFETIME

Respondents were also asked about drugs they have ever used in their lifetime, i.e. at *any* point prior to the interview; this is different from last year drug use, which is intended to measure more current drug use⁷. Detailed figures on *lifetime use* of drugs are in [Appendix Tables 1.01 and 1.05](#). It should be noted that the 'last year' measure of drug use remains the best measure of tracking genuine changes as this is a standard measure for all respondents that covers more recent use, whilst lifetime use will vary depending on the age of the respondent and will be influenced by cohort effects.

The 2018/19 CSEW showed that 34.2 per cent of adults aged 16 to 59 had used a drug at some point in their lives (11.6 million people), while only 9.4 per cent had done so in the last year (3.2 million people). The latest lifetime drug use estimates for 16 to 59 year olds represented an increase from the 1996 survey (30.5%) and a decrease from the 2008/09 survey (36.8%), but was similar to the 2017/18 survey (34.6%). Among the subgroup of young adults aged 16 to 24, 33.9 per cent (around 2.2 million young adults) had used a drug in their lifetime, compared with 20.3 per cent (around 1.3 million young adults) who had done so in the last year. The latest lifetime drug use estimates for 16 to 24 year olds represented a decrease from the 1996 survey (48.6%) but no change from 2017/18 (34.8%).

For all adults aged 16 to 59, the drug most commonly reported as ever used at some point during the respondent's lifetime was cannabis at 30.2 per cent (around 1 in 3 adults). Other drugs were used less commonly with 10.7% having ever used powder cocaine, and slightly lower proportions having used ecstasy (9.9%) and amphetamines (8.8%). Among adults aged 16 to 59, 16.0 per cent (around 5.4 million) had taken a Class A drug in their lifetime. This was an increase from 9.7 per cent in the 1996 survey and is similar to 2017/18 (16.1%).

1.6 SUMMARY OF TRENDS

The summary in Table 1 and in [Appendix Tables 1.02 and 1.06](#) show the trends in last year drug use by adults aged 16 to 59 and the subgroup of younger adults aged 16 to 24. Compared with the start of measurement in 1996, there have been reductions in the use of around a third of drug types measured by the CSEW among adults aged 16 to 59 and adults aged 16 to 24. However, both age groups have shown an increase in the use of powder cocaine relative to the 1996 estimates.

⁷ Questions on the use of mephedrone in the respondent's lifetime 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 drugs (in terms of the way they are obtained), 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.

Although trends in 'any drug' have remained fairly flat over the last ten years, upward trends are evident since 2011/12 in the use of Class A drugs, particularly among 16 to 24 year olds and more specifically in last year use of powder cocaine.

Table 1: Last year drug use among adults aged 16 to 59 and young adults aged 16 to 24, with a summary of trends, 2018/19 CSEW

Class	Drug types	Adults aged 16 to 59			Adults aged 16 to 24				
		2018/19	compared with:		2018/19	compared with:			
		Proportion reporting use (%)	1996	2008/09	2017/18	Proportion reporting use (%)	1996	2008/09	2017/18
A	Any cocaine	2.9	↑			6.2	↑		
	Powder cocaine	2.9	↑			6.2	↑		
	Crack cocaine	0.1				0.0			
	Ecstasy	1.6				4.7			
	Hallucinogens	0.7	↓			2.3	↓		
	LSD	0.4	↓			1.3	↓		
	Magic mushrooms	0.5				1.6			
	Opiates	0.1				0.0			
	Heroin	0.1				0.0			
	Methadone	0.1				0.0			
A/B	Any amphetamine	0.6	n/a	↓		1.0	n/a	↓	
	Amphetamines	0.6	↓	↓		1.0	↓	↓	
	Methamphetamine	0.0	n/a	↓		0.0	n/a	↓	
B	Cannabis	7.6	↓			17.3	↓		
	Ketamine	0.8	n/a	↑		2.9	n/a	↑	
	Mephedrone	0.0	n/a	n/a	↓	0.0			
B/C	Tranquillisers	0.4		↓	↓	0.6			
C	Anabolic steroids	0.2				0.3			
	New psychoactive substances	0.5	n/a	n/a		1.4	n/a	n/a	
	Nitrous oxide	2.3	n/a	n/a		8.7	n/a	n/a	
	Any Class A drug	3.7	↑			8.7			
	Any drug	9.4	↓			20.3	↓		
	<i>Unweighted base</i>	<i>20,087</i>				<i>2,049</i>			

Source: Home Office, [Appendix Tables 1.02 and 1.06](#).

'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, ketamine, mephedrone, heroin, methadone, amphetamines, methamphetamines, cannabis, tranquillisers, anabolic steroids, 'unknown pills or powders', 'something unknown smoked' and 'any other drug'. From the 2017/18 survey onwards, no questions have been included on the use of amyl nitrite.

The composite measure 'any stimulant' has not been included in this year's publication, as NPS consist of both stimulants and non-stimulants, and the survey does not distinguish between them. Further information is provided in the [User Guide](#).

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.

2 Frequency of drug use in the last year

INTRODUCTION

This chapter investigates levels of frequent drug use among adults aged 16 to 59 and young adults aged 16 to 24. Frequent drug use is defined as **taking a drug more than once a month in the last year**. The [User Guide to Drug Misuse Statistics](#) provides further details relating to drug use measures and definitions.

Questions on frequency of ecstasy and cocaine use were removed from the 2014/15 survey, but the question on frequency of cannabis use was retained. The questions on frequency of ecstasy and cocaine use were re-introduced from the 2015/16 survey onwards.

Estimates of 'frequent' drug use for cannabis, powder cocaine, ecstasy and 'any drug' in the last year among adults from the 2018/19 CSEW can be found in the [Appendix Tables](#).

Only increases or decreases that are statistically significant at the 5 per cent level (and are therefore likely to be real) are described as changes within this chapter.

KEY FINDINGS

- According to the 2018/19 CSEW, **2.4 per cent of all adults aged 16 to 59 years were classed as 'frequent' drug users (had taken a drug more than once a month in the last year)**. This equated to around 811,000 people. This was a similar level to the previous year's survey (2.1%).
- **As with drug use in general, young adults (16 to 24 year olds) were more likely to be 'frequent' drug users than the wider age group (16 to 59 year olds)**. The proportion of young adults who were classed as 'frequent' drug users was 4.9 per cent (equivalent to around 312,000 young people). This was similar to that found by the 2017/18 CSEW (4.1%).
- As in previous years, of the three drugs with specific questions on frequency of use, **cannabis was the most likely to be frequently used**, with over a third (36.7%) of cannabis users aged 16 to 59 years classed as such. This compares with a lower percentage of 'frequent' users of powder cocaine (14.4%) and ecstasy (3.5%).
- **Over the last ten years the proportion of 'frequent' users of both powder cocaine and ecstasy aged 16 to 59 years has decreased**. The proportion of 'frequent' powder cocaine users fell by 12 percentage points, from 26.0 per cent in the 2008/09 survey to 14.4 per cent in the 2018/19 survey, while the proportion of 'frequent' users of ecstasy fell by 11 percentage points, from 14.5 per cent to 3.5 per cent. In contrast, the proportion of 'frequent' users of cannabis has shown considerable variation between survey years. The latest proportion of users of all three drugs was at a similar level to the 2017/18 survey (34.5% for cannabis, 12.8% for powder cocaine and 6.2% for ecstasy).
- **The majority of ecstasy and powder cocaine users aged 16 to 59 reported having taken the drugs once or twice a year rather than more frequently**. (73.8% for ecstasy and 52.0% for powder cocaine users).

2.1 EXTENT OF 'FREQUENT' USE OF 'ANY DRUG'

Respondents who had taken 'any drug' in the last year were asked how often they had taken them. In the 2014/15 survey, the question asking about frequency of drug use changed from asking about each drug individually, to asking about all drugs in one question. This change resulted in a larger number of 'don't know' responses and refusals to answer the 'any drug' question compared with previous years. This is likely to be because respondents found it harder to think about their overall drug use than each drug they had used individually. This does however enable a single measure of drug use frequency to be monitored which is more comparable over time.

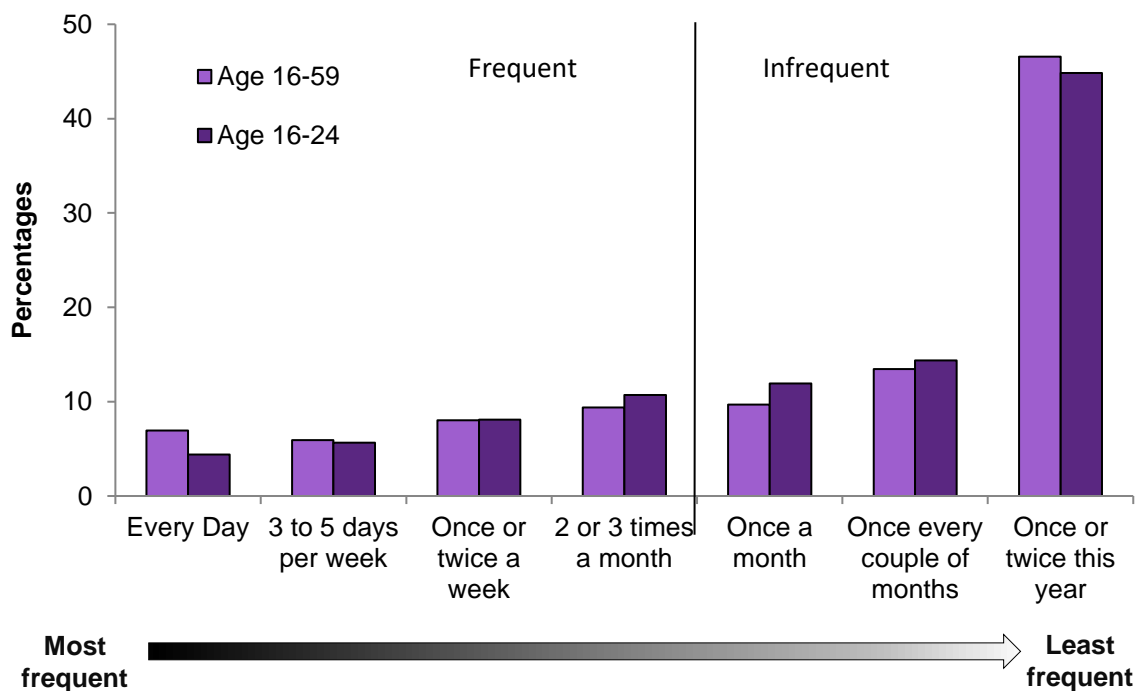
Therefore, trends in 'frequent' use of 'any drug' prior to 2014/15 have not been presented as these years are not directly comparable with the new approach from 2014/15 onwards.

Estimates from the 2018/19 CSEW showed that 2.4 per cent of all adults aged 16 to 59 were defined as 'frequent' drug users (having taken 'any drug' more than once a month on average in the last year) ([Appendix Table 2.01](#)). This was at a similar level to the 2017/18 CSEW (2.1%), and equated to around 811,000 people⁸. For 16 to 24 year olds, 4.9 per cent were defined as 'frequent' drug users, equivalent to around 312,000 young people.

Of the adults aged 16 to 59 who reported having used 'any drug' within the last year, almost a third (30.3%) were defined as 'frequent' drug users, with a similar proportion (28.9%) among 16 to 24 year olds. These proportions are likely to be driven by cannabis users, as cannabis was found to be the most commonly used drug in the 2018/19 CSEW ([Appendix Table 1.02](#)).

Figure 2.1 shows the frequency of 'any drug' used in the last year. Just under half of all adults who reported 'any drug' use in the last 12 months used drugs 'once or twice' (46.6% of 16 to 59 year olds and 44.8% of 16 to 24 year olds). By comparison, 6.9 per cent of 16 to 59 year olds and 4.4 per cent of 16 to 24 year olds reported using drugs every day ([Appendix Table 2.02](#)).

Figure 2.1: Frequency of 'any drug' used in the last year, adults aged 16 to 59 and 16 to 24, 2018/19 CSEW



Source: Home Office, [Appendix Table 2.02](#).

⁸ Data on number of 'frequent' drug users not shown in data tables.

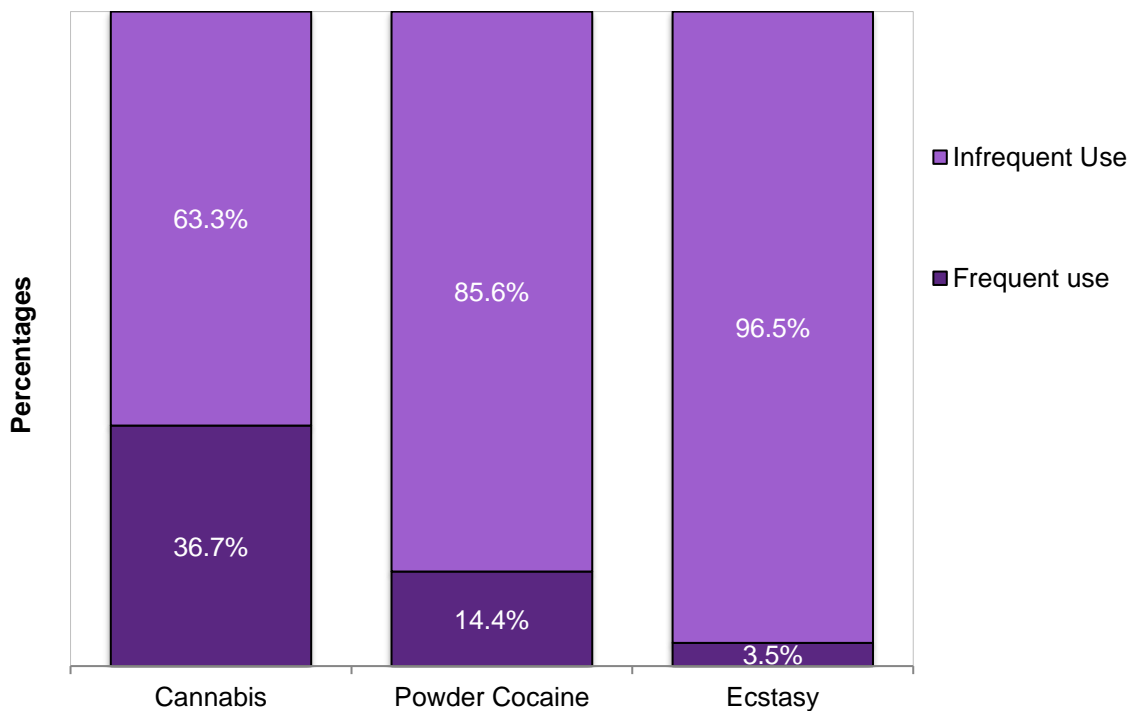
2.2 FREQUENCY OF INDIVIDUAL DRUG USE

Respondents were asked how frequently they used cannabis, cocaine and ecstasy if they said they had taken it during the last year. Figure 2.2 shows the frequency of use of these three drugs.

As reported in the previous chapter ([Extent and trends in drug use](#)), cannabis was the most prevalent drug taken in the last year among adults aged 16 to 59 (7.6%, [Appendix Table 1.02](#)). Of those aged 16 to 59 who used cannabis during the last year, over a third (36.7%) reported 'frequent' use of this drug. The equivalent proportion for young adults aged 16 to 24 was similar, at 35.5 per cent ([Appendix Table 2.03](#)).

As in previous years, cannabis had the highest proportion of 'frequent' users (36.7% of last year cannabis users), with one in ten (9.7%) cannabis users reporting daily use. There was a lower percentage of 'frequent' users for powder cocaine (14.4%) and ecstasy (3.5%). Taking drugs 'once or twice this year' was the most common frequency across users of all three drug types: 43.5 per cent for cannabis users, 52.0 per cent for powder cocaine users and 73.8 per cent for ecstasy users. ([Appendix Tables 2.04 and 2.05](#)).

Figure 2.2: Frequency of drug use by individual drug type, adults aged 16 to 59 who took the drug in the last year, 2018/19 CSEW



Source: Home Office, [Appendix Tables 2.03 to 2.05](#).

Frequent use is defined as taking a drug more than once a month, and infrequent use is defined as taking a drug once a month or less.

2.3 TRENDS IN FREQUENCY OF INDIVIDUAL DRUG USE

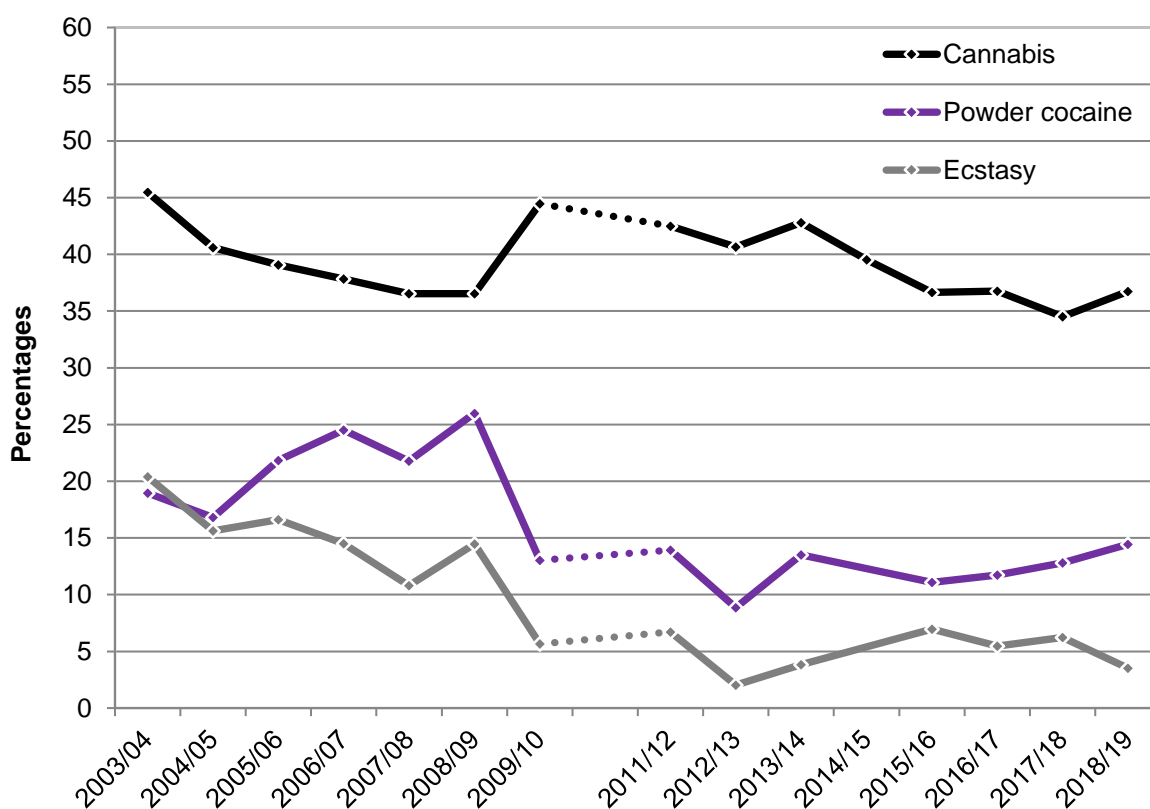
The CSEW can also provide information on trends in the proportion of 'frequent' users of individual drugs (Figure 2.3). Analysis has been conducted for the three most commonly used drugs (cannabis, powder cocaine and ecstasy). It is important to note that this analysis is based on a small sample size therefore estimates are prone to fluctuation between survey years. This analysis shows that while the proportion of last year cannabis users aged 16 to 59 who were 'frequent' users has shown considerable variation between survey years, there has been a general long-term downward trend since the series first began in 2003/04, falling from 45.5 per cent to 36.7 per cent in the latest survey year. Between 2003/04 and 2008/09 there was a decline in the proportion of 'frequent' users of cannabis (down to

36.5%), which was followed by a rise in the following year (44.5%) and has since shown a general downward trend.

There have been long-term decreases also in the proportion of 'frequent' users of powder cocaine and ecstasy. For example, the proportion of last year powder cocaine users who were 'frequent' users fell from 26.0 per cent in the 2008/09 survey to 14.4 per cent in the 2018/19 survey. Similarly, the proportion of last year ecstasy users who were 'frequent' users decreased from 14.5 per cent in the 2008/09 CSEW to 3.5 per cent in the most recent survey. Furthermore, latest figures show the proportion of 'frequent' ecstasy users decreased by 17 percentage points from the 2003/04 survey (20.4%), representing the most pronounced long-term decrease across the three drugs since the series began.

The latest figures regarding all three drugs were not statistically significantly different from those in the 2017/18 survey (when 34.5% of cannabis users, 12.8% of powder cocaine users and 6.2% of ecstasy users were 'frequent' users).

Figure 2.3: Trends in the proportion of last year drug users considered 'frequent' users of cannabis, ecstasy and powder cocaine, 2003/04 to 2018/19 CSEW



Source: Home Office, [Appendix Table 2.06](#).
 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.

2.4 FREQUENCY OF LAST MONTH CANNABIS AND POWDER COCAINE USE

Respondents who said that they had used cannabis in the last month were asked how often they had done so. The question has been asked from the 2015/16 survey onwards and was previously asked in the 2010/11 CSEW. [Appendix Table 2.07](#) shows that just under half (46.3%) of 'last month' cannabis users said they used cannabis less than once a week, and 25.4 per cent said they used it daily or almost

daily. There were no statistically significant changes in the 2018/19 survey compared with the 2017/18 one (41.8% and 25.1%, respectively).

The 2017/18 CSEW included a question for the first time on frequency of powder cocaine use in the last month. [Appendix Table 2.08](#) shows that in the 2018/19 survey the majority of last month powder cocaine users (72.1%) used it less than once a week, and a small proportion (5.9%) reported using it daily or almost daily. These are similar to the 2017/18 survey (75.7% and 3.9%, respectively). However, it should be noted that these estimates are based on relatively small numbers of respondents and subject to a larger degree of fluctuation than other estimates.

3. Drug use by personal, household and area characteristics and lifestyle factors

INTRODUCTION

This chapter presents findings from the 2018/19 Crime Survey for England and Wales (CSEW) on levels of drug use in the last year by a range of background characteristics and lifestyle factors. The [User Guide to Drug Misuse Statistics](#) provides further details relating to 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 (ONS).

Estimates of last year drug use by personal, household and area characteristics and lifestyle factors (including additional characteristics that are not commented on here), alongside long-term trends for certain characteristics, can be found in the [Appendix tables](#). Only increases or decreases that are statistically significant at the 5 per cent level (and are therefore likely to be real) are described as changes within this chapter.

The main analysis presented in this bulletin is based on data for 16 to 59 year olds (and the sub-group of 16 to 24 year olds). Data for 60 to 74 year olds is presented separately as the intention is to review the quality of these data before the 2020/21 survey and make a decision on whether to continue to ask these questions to the 60 to 74 age group. If the data continue to be collected after this point, a new time series will be produced for 16 to 74 year olds, alongside the main 16 to 59 time series measure. As estimates are very low, analysis for 60 to 74 year olds has been limited to the extent of drug use and also drug use by sex.

KEY FINDINGS

- **As with findings in previous survey years, younger people were more likely to take drugs than older people.** The level of 'any drug' use in the last year was highest amongst 16 to 19 year olds (18.4%) and 20 to 24 year olds (21.7%), although prevalence was lower for both these ages groups compared with when the series started in 1996 (31.8% and 28.1% respectively). The level of any drug use declined with age in general, with prevalence in the oldest age category at 1.7 per cent of 55 to 59 year olds.
- **Men (12.6%) were around twice as likely as women (6.3%) to take any drug in the last year.**
- **Higher prevalence rates of drug use were associated with higher frequency of visits to pubs, bars and nightclubs.** For example, use of any Class A drug in the last year was around 11 times higher among those who had visited a nightclub at least four times in the past month (24.5%), compared with those who had not visited a nightclub in the past month (2.3%).
- **People living in urban areas (9.8%) were more likely to have taken any drug in the last year than those living in rural areas (7.7%).**
- **People with self-reported lower levels of happiness were more likely to have taken any drug in the last year than those with self-reported higher levels of happiness.** Around 1 in 5 (19.3%) adults who had classified themselves as having low levels of happiness reported using 'any drug' in the last year. In comparison, among those who were classified as having very high levels of self-reported happiness, around 1 in 16 (6.2%) had used a drug in the last year.

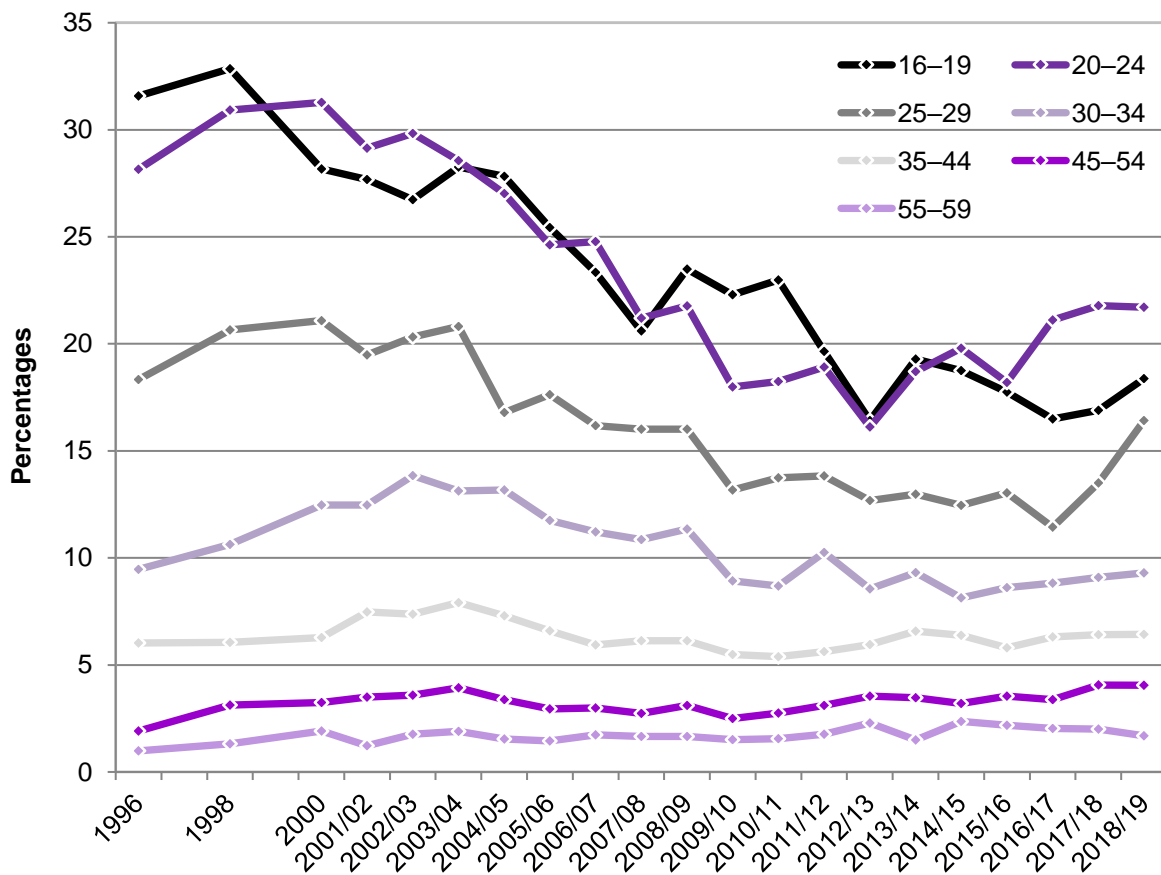
3.1 EXTENT AND TRENDS IN DRUG USE BY AGE GROUP

As in previous years, the level of any drug use in the last year was highest among the youngest age groups; 18.4 per cent of 16 to 19 year olds and 21.7 per cent of 20 to 24 year olds reported any drug use in the last year. Levels of drug use then decreased as age increased, from 16.4 per cent of 25 to 29 year olds to 1.7 per cent of 55 to 59 year olds ([Appendix Table 3.01](#)).

Between the 1996 and 2018/19 surveys, there was a fall in last year use of any drug among 16 to 59 year olds overall ([Appendix Table 1.02](#)). This was largely due to declines in drug use among the 16 to 24 age group and to a lesser extent 25 to 29 year olds (as shown in Figure 3.1).

Among those aged 25 to 29 use of 'any drug' in the last year increased from 13.5 per cent in 2017/18 to 16.4 per cent in 2018/19 (Figure 3.1). This change was mainly driven by an increase in last year use of cannabis, amphetamines, and powder cocaine.

Figure 3.1: Proportion of 16 to 59 year olds using any drug in the last year by age group, 1996 to 2018/19 CSEW



Source: Home Office: [Appendix Table 3.04](#).

Across all drug types asked about, levels of use in the last year were highest among those aged 20 to 24, with the exception of amphetamines where it was similar to 25 to 29 year olds.

Class A drug use was highest in the 20 to 24 year old category, with 10.4 per cent reporting usage in the last year. The lowest use of Class A drugs was seen in the 55 to 59 age group, with less than one per cent of respondents having used this type of drug in the last year.

Drug use among adults aged 60 to 74 was first collected in the 2017/18 CSEW, prior to this only those aged 16 to 59 were invited to participate in the drugs module. Data has been collected again in 2018/19 and results can be found in the [Appendix Tables \(6.01 to 6.03\)](#).

Levels of drug use in the last year were comparatively low in the 60 to 74 age group with the use of 'any drug' at around one per cent in both 2017/18 and 2018/19 survey years. Cannabis was the drug most likely to be used with 0.8 per cent having used it in the last year in 2018/19 and 0.7 per cent in 2017/18. Very few reported use of any Class A drug use with 0.1 per cent having done so in both survey years. For all other drugs in 2018/19, last year use remained at less than 0.2 per cent. [Appendix Table 6.02](#) shows the proportion of last year drug use among 60 to 74 year olds in 2017/18 and 2018/19.

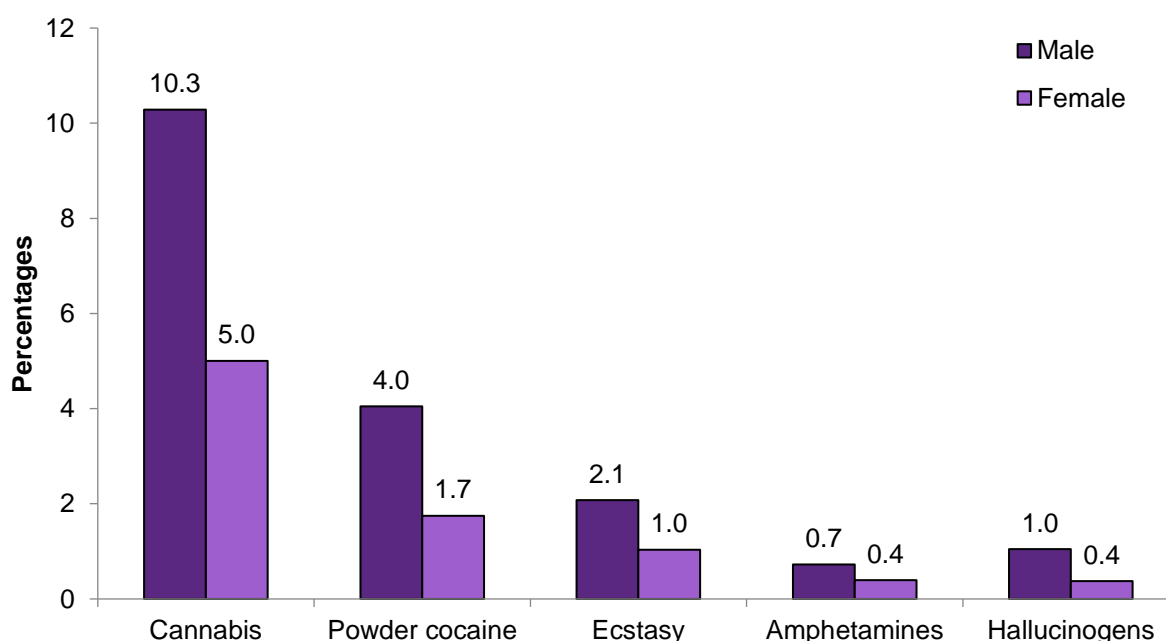
3.2 EXTENT AND TRENDS IN DRUG USE BY SEX

Analysis of the 2018/19 CSEW indicated that levels of drug use during the last year were higher among men than among women. Almost one in eight men (12.6%) reported taking 'any drug' in the last year compared with 6.3 per cent of women. While there has been a general downward trend over the series for both men and women, use of 'any drug' in the last year increased between 2016/17 and 2018/19 from 11.4 per cent to 12.6 percent among men and from 5.5 per cent to 6.3 per cent among women (see [Appendix Table 3.05](#)).

When considering individual drugs, e.g. cannabis, powder cocaine, men were generally twice as likely as women to take drugs (Figure 3.2). The 2018/19 CSEW indicated that:

- around one in ten (10.3%) men reported using cannabis in the last year compared with one in twenty women (5.0%);
- men were more than twice as likely to have taken powder cocaine in the last year (4.0 per cent of men compared with 1.7 per cent of women);
- 2.1 per cent of men reported having taken ecstasy in the last year compared with 1.0 per cent of women (Figure 3.2; [Appendix Table 3.01](#)).

Figure 3.2: Proportion of 16 to 59 year olds reporting use of selected drugs in the last year by sex, 2018/19 CSEW



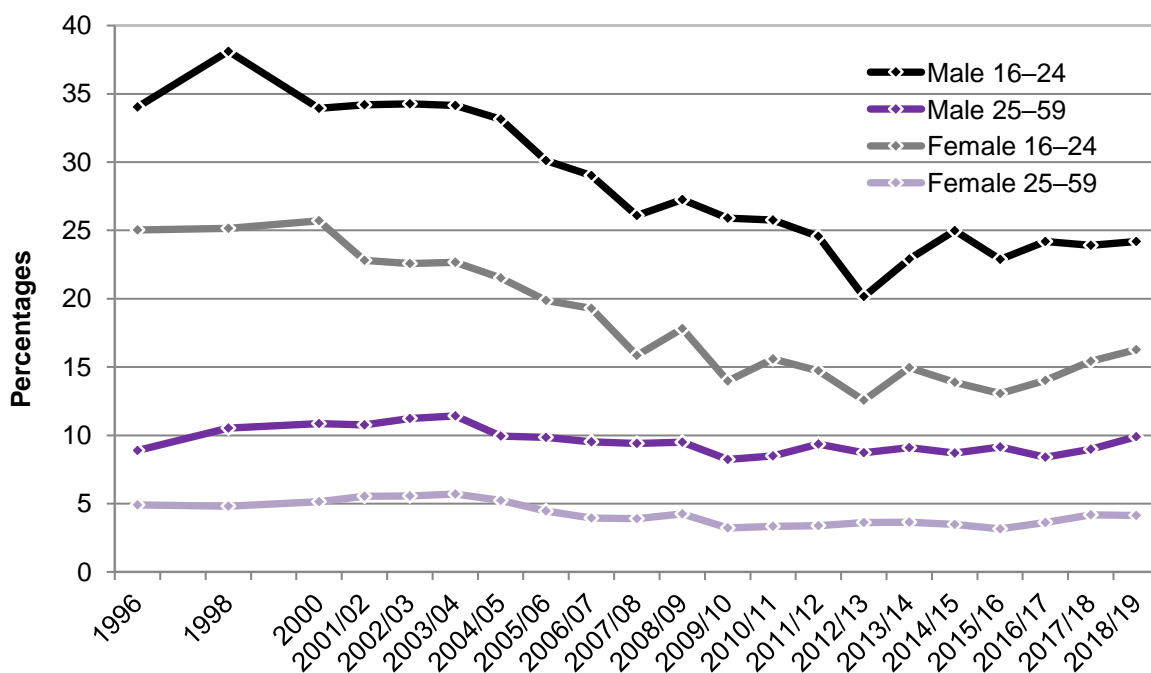
Source: Home Office: [Appendix Table 3.01](#).

3.3 EXTENT AND TRENDS IN DRUG USE BY SEX AND AGE

Following the patterns seen in drug use by sex and age individually, levels of 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).

- Use of 'any drug' was highest among men aged between 16 and 24, with 19.4 per cent of 16 to 19 year old men and 27.5 per cent of 20 to 24 year old men reporting use of 'any drug' in the last year in 2018/19, compared with 1.6 per cent of women aged 55 to 59 ([Appendix Table 3.02](#)).
- Use of any Class A drug in the last year was higher among men aged 16 to 24 and 25 to 29 (7.8% and 13.4 % respectively) than women in the same age groups (4.4% and 7.2% respectively).
- Between the 1996 and 2018/19 surveys, there has been an overall decline in last year use of 'any drug' among 16 to 24 year old men (from 33.9% to 24.2%) and women from the same age group (from 25.3% to 16.3%).
- Following a relatively flat period from 1996 to 2003/04, there was a general downward trend in 'any drug' use among men aged 25 to 59 to 2016/17 (8.4%). However, between the 2016/17 and 2018/19 survey years, there was an increase in 'any drug' use among men aged 25 to 59, from 8.4 per cent to 9.9 per cent.
- Among women aged 16 to 24, there was a general downward trend in 'any drug' use from 1996 to 2015/16 (25.3% to 13.1% respectively). Since 2015/16, drug use in this group has increased, albeit not significantly, to 16.3 per cent (2018/19 CSEW) (Figure 3.3, Appendix Table 3.06).
- Among adults aged 60 to 74, use of 'any drug' in the last year was higher among men than women in 2018/19 (1.6% and 0.7% respectively, [Appendix Table 6.02](#)).

Figure 3.3: Proportion of 16 to 24 and 25 to 59 year olds using any drug in the last year by sex, 1996 to 2018/19 CSEW



Source: Home Office, [Appendix Table 3.06](#).

3.4 EXTENT OF DRUG USE BY LIFESTYLE FACTORS

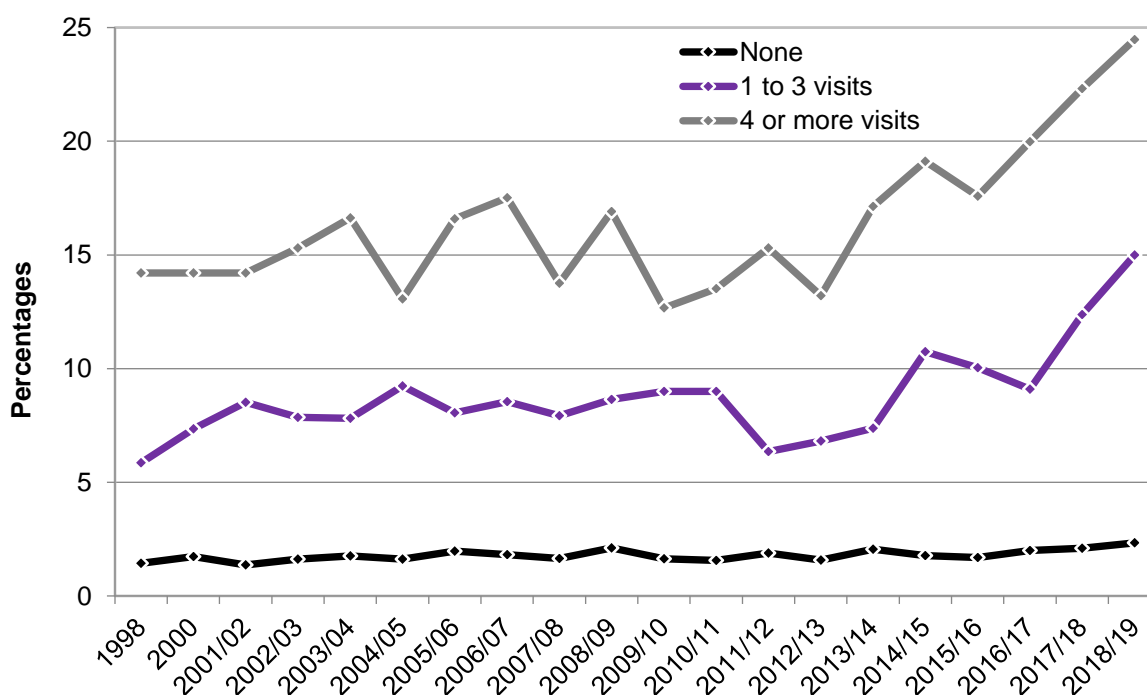
Drug use varied by lifestyle factors such as frequency of nightclub visits, pub/bar visits and alcohol consumption.

It is important to note that demographic factors are not necessarily independently associated with higher drug use. For example, visiting nightclubs and bars is associated with higher drug use, but some of this association may be driven by age, as younger people are more likely to visit nightclubs or bars.

As per previous years, levels of drug use in the last year increased in line with the frequency of nightclub and pub or bar visits ([Appendix Tables 3.07 and 3.08](#)). The 2018/19 CSEW showed that among adults aged 16 to 59:

- ‘Any drug’ use in the last year by those visiting a nightclub between 1 and 3 times in the last month increased for the second year running, from 20.9 per cent in 2016/17 to 28.6 per cent in 2018/19.
- A quarter (24.5%) of those who visited a nightclub at least four times in the last month took a Class A drug in the last year, compared with 2.3 per cent of those who had not visited a nightclub. Prevalence of Class A drug use increased between 2016/17 and 2018/19 among those who had visited a nightclub between 1 and 3 times in the last month (from 9.1% to 15.0%) (Figure 3.4).
- Last year use of powder cocaine was around 11 times higher among those who had visited a nightclub at least four times in the past month (20.7%) compared with those who had not visited a nightclub in the past month (1.8%).
- Adults who frequently visited a nightclub were around 20 times more likely to have used ecstasy in the last year (15.5%) compared with those who had not visited a nightclub in the past month (0.8%).
- The proportion of adults visiting a nightclub between 1 to 3 times within the last month and reporting use of powder cocaine increased over the 10 year period from 7.1 per cent to 11.4 per cent.

Figure 3.4: Proportion of 16 to 59 year olds using a Class A drug in the last year, by visits to a nightclub in the last month, 1998 to 2018/19 CSEW



Source: Home Office, [Appendix Table 3.07](#).

3. Drug use by personal, household and area characteristics, and lifestyle factors

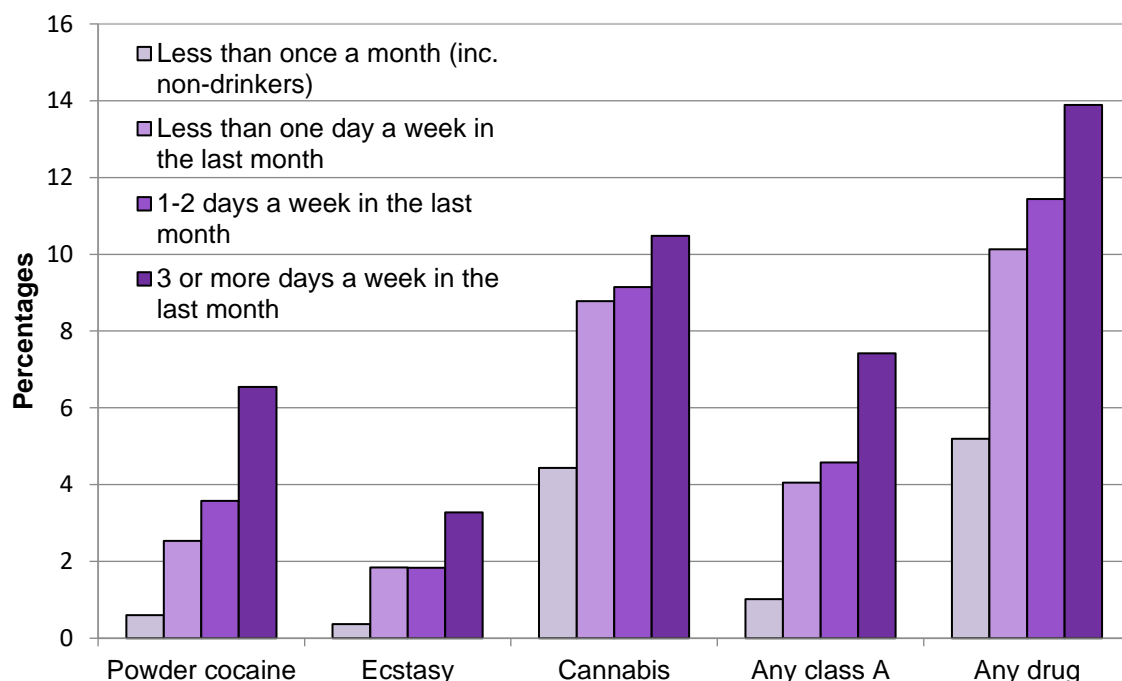
The 2018/19 CSEW also found the following correlations between frequency of visits to a pub or bar and last year drug use among adults aged 16 to 59:

- Use of powder cocaine in the last year was around 22 times more prevalent among those who had visited a pub or bar at least nine times in the last month (at 17.6%, an increase from 2017/18) than those who had not visited a pub or bar in the last month (0.8%).
- Last year ecstasy use was around 36 times higher among those who had visited a pub or bar at least nine times in the last month (10.9%) compared to those who had not visited a pub or bar in the last month (0.3%).
- Between 2017/18 and 2018/19 there was increased use in 'any drug' (8.1% to 9.6%), any Class A drug (2.7% to 3.5%), ecstasy (0.9% to 1.4%) and cannabis (6.5% to 7.9%) seen in those who had visited a pub or bar between 1 and 3 times in the last month.
- Between 2017/18 and 2018/19 there was increased use in 'any drug' (26.2% to 32.0%) and any Class A drug use (15.2% to 21%) among those visiting a pub or bar nine times or more in the last month.

Among those who visited a pub or bar nine or more times, prevalence of Class A drug use increased from 14.2 per cent in 2008/09 to 21.0 per cent in 2018/19, whilst use of 'any drug' increased from 26.5 per cent to 32.0 per cent over the same period. Among those who visited a pub or bar between 1 and 3 times in the last month, prevalence of 'any drug' use increased from 8.1 per cent in 2008/09 to 9.6 per cent in 2018/19.

The CSEW also provides information on last year drug use by frequency of alcohol consumption. Figure 3.5 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 more than twice as likely (13.9%) than those drinking less than once a month including non-drinkers (5.2%) to have used any drug. The difference was over seven times more likely for Class A drugs, at 7.4 per cent compared with 1.0 per cent for the same categories.

Figure 3.5: Proportion of 16 to 59 year olds reporting use of selected drugs in the last year by frequency of alcohol consumption, 2018/19 CSEW



Source: Home Office: [Appendix Table 3.01](#).

3.5 EXTENT OF DRUG USE BY OTHER FACTORS

In the 2018/19 CSEW, levels of last year 'any drug' use varied by other personal and household characteristics ([Appendix Tables 3.01 and 3.03](#)).

- Use of 'any drug' was higher among those living in urban areas compared with those living in rural areas at 9.8 per cent and 7.7 per cent respectively.
- There was variation in drug use by output area classification. Those living in areas classified as 'Cosmopolitans' were more likely to have used any drug in the last year (21.4%) compared with other area types, such as Suburbanites (6.1%) or those living in 'Constrained city dwellers' areas (12.2%).
- Patterns of use of Class A drugs were similar, with the highest use among those living in 'Cosmopolitans' areas (11.0%) compared with other types of area (for example 3.5% of those living in 'Hard-pressed living' areas).
- Those who reported being a victim of any crime in the last year were more likely to report use of 'any drug' and any Class A drug. For example, 15.4 per cent of those who reported being a victim of any CSEW crime in the last year also reported using any drug in the last year, compared with 8.2 per cent of those who did not.
- Any drug use in the last year was lower amongst those who were married or in a civil partnership (3.3%) when compared with those whose marital status was single or cohabiting (18.1% and 10.7% respectively).

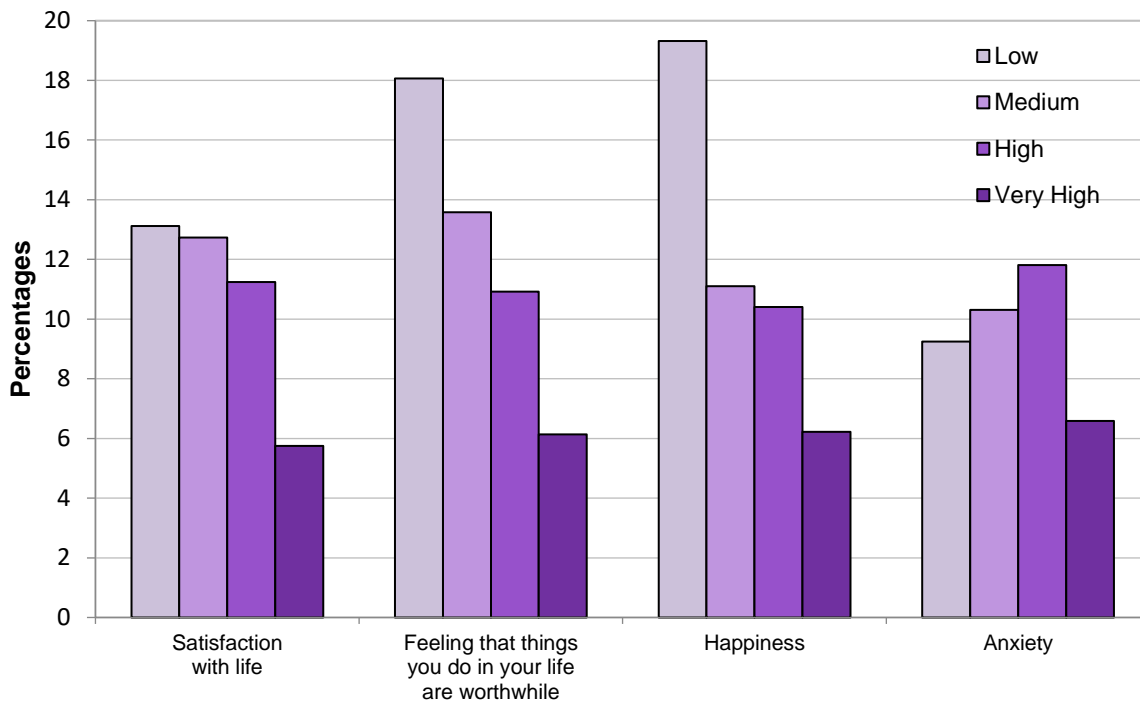
3.6 EXTENT OF DRUG USE AND PERSONAL WELL-BEING

This section presents analysis of the relationship between drug use and personal well-being. Four measures of personal well-being are used which form part of the CSEW and follow the ONS standardised approach to this aspect of measurement. Further information about well-being measures can be found in the ONS publication [Personal well-being in the UK: July 2017 to June 2018](#).

It is important to note that these findings only report associations between personal well-being and drug use, not causal links. It is not possible to infer a causal link between these variables. Firstly, it is not possible to identify the direction of any association. For example, it is equally possible that low life satisfaction could lead to drug use, or that drug use could lead to low life satisfaction. Secondly, an unknown third variable could cause both low life satisfaction and drug use.

- Drug use decreased as life satisfaction increased. Of those who reported low levels of satisfaction with life, 13.1 per cent also reported last year use of 'any drug', compared with 12.7 per cent of those who reported medium life satisfaction, 11.2 per cent for high life satisfaction and 5.8 per cent for very high life satisfaction ([Appendix Table 3.01](#), Figure 3.6).
- A similar relationship was observed between drug use and feeling that 'Things done in life are worthwhile'. Around 1 in 6 people (18.1%) who had low levels of this feeling reported using any drug in the last year, compared with 1 in 17 (6.1%) of those with very high levels.
- There was also a similar relationship between drug use and happiness. Of those who were classified as having low levels of happiness, 19.3 per cent reported using any drug in the last year, compared with 6.2 per cent of those who were classified as having very high levels of happiness.
- Drug use was higher among those who experienced medium and high levels of anxiety (10.3% and 11.8% respectively), compared with those who had low levels of anxiety (9.2%) and very high levels (6.6%).

Figure 3.6: Proportion of 16 to 59 year olds reporting use of any drug in the last year by wellbeing measures, 2018/19 CSEW



Source: Home Office: [Appendix Table 3.01](#).

3.7 EXTENT OF PRESCRIPTION PAINKILLER MISUSE BY PERSONAL AND HOUSEHOLD FACTORS

Since the 2015/16 survey, respondents have been asked whether they had taken prescription-only painkillers not prescribed to them (hereon referred to as prescription-only painkillers), and if so, whether

- i) it was for medical reasons or
- ii) for the feeling/experience it gave them.

The following section reports demographic characteristics of those who reported taking prescription-only painkillers for medical reasons. Due to the small number of cases in the CSEW sample, it has not been possible to produce robust demographic breakdowns for those who report use of prescription-only painkillers for the feeling or experience it gave them.

Across some demographic factors, patterns of use (of prescription-only painkillers for medical reasons) were similar to those of other drugs. Gender and wellbeing were factors in use as was disability.

- In the 2018/19 CSEW, use of prescription-only painkillers for medical reasons was higher among men (6.9%) than women (5.9%) ([Appendix Table 3.12](#)), however use was lower compared to 2015/16 for both men and women (8.0% and 6.9% respectively).
- The use of prescription-only painkillers for medical reasons decreased as life satisfaction increased. Of those with low levels of life satisfaction, 10.3 per cent reported use in the last year, compared with 4.7 per cent of those with very high levels of life satisfaction.
- Over twice as many people with a long-standing illness or disability reported use of prescription-only painkillers for medical reasons (12.6%) compared with those with no long-standing illnesses (5.6%).

For other demographic factors patterns of use diverge from those seen in other drugs. The use of prescription-only painkillers for medical reasons was relatively similar over the different age groups (6.1% of those aged 16 to 24, compared with 6.5% of those aged 25 to 59) however use among those aged 25 to 59 was lower than the 2017/18 CSEW (7.2%).

The use of prescription-only painkillers for medical reasons did not increase with higher levels of alcohol consumption. Those who drank less than once a month recorded 6.5 per cent (including non-drinkers) compared with 6.7 per cent of those who drank 3 or more days in a week during the last month.

4. New psychoactive substances and nitrous oxide

INTRODUCTION

This chapter covers the use of new psychoactive substances (NPS) among adults aged 16 to 59. In this context “NPS” refers to newly available drugs that mimic the effect of existing drugs such as cannabis, ecstasy and powder cocaine. Some NPS were previously legal to supply if they were not already controlled under the Misuse of Drugs Act 1971⁹. However, under the Psychoactive Substances Act 2016¹⁰, which came into effect on 26 May 2016, all of these are now illegal to supply, produce and import. Despite this, it is possible that some respondents to the more recent Crime Survey for England and Wales (CSEW) surveys may still associate such substances with the term “legal highs”. This terminology was therefore retained in the survey questionnaire, along with an explanation of the nature of these substances. More information is available in the [User Guide to Drug Misuse Statistics](#).

The use of generic, rather than specific, NPS was first asked about in the 2014/15 CSEW, and in each of the subsequent years. Evidence suggests that there may be particularly high prevalence of NPS use in prison settings and among the homeless community¹¹. These individuals would not be captured in the sample population of the CSEW, which is likely to mean that the survey underestimates the overall prevalence of NPS as well as other illicit drugs across the total population.

Questions on the use of individual NPS have been included in some past CSEW surveys, including salvia which was measured in the 2011/12 and 2012/13 surveys, BZP (a stimulant similar to amphetamines), synthetic cannabinoids (“Spice”) and GHB/GBL which were measured in the 2010/11 and 2011/12 surveys. Findings on the use of these substances are presented in the [previous Drug Misuse bulletins](#). Questions on the use of nitrous oxide (which is not considered to be an NPS but is in the scope of the Psychoactive Substances Act) were previously asked in the 2012/13 and 2013/14 surveys and have been reintroduced since the 2016/17 survey¹². Only increases or decreases that are statistically significant at the 5% level (and are therefore likely to be a genuine change) are described as changes within this chapter.

Estimates of NPS and nitrous oxide use among adults from the 2018/19 CSEW can be found in the [Appendix Tables](#). The responses to questions on the ease of obtaining NPS or nitrous oxide are discussed in Chapter 5. Some comparisons have been made with other illicit drugs; a more detailed comparison can be found in Chapter 1.

KEY FINDINGS

- **Levels of use of NPS have not changed in the most recent survey year.** Approximately, 0.5 per cent of adults aged 16 to 59 had used NPS in the last year (which is equivalent to 152,000 adults in England and Wales), similar to the 2017/18 and 2016/17 surveys (both 0.4%) but a decrease from the 2014/15 survey (0.9%). The latest NPS estimate is similar to that of amphetamines (0.6%) and tranquilisers (0.4%).
- **As in previous years, around half of all NPS users were aged 16 to 24.** In the last year, 1.4 per cent of individuals aged 16 to 24 used NPS (which is equivalent to 86,000 young adults in England and Wales). This is similar to last year’s survey, when 1.2 per cent of those aged 16 to 24 reported NPS use and a decrease from the 2014/15 survey, when 2.8 per cent in this age group reported such use.

⁹ Which can be found here: [Misuse of Drugs Act 1971](#)

¹⁰ Which can be found here: [Psychoactive Substances Act 2016](#)

¹¹ For example, [Highways and buyways: A snapshot of UK drug scenes 2016](#) and [HM Chief Inspector of Prisons for England and Wales Annual Reports](#)

¹² The introduction of the question on use of nitrous oxide could have affected respondents’ answers to the subsequent question on generic NPS use, so care should be taken when interpreting comparisons of 2016/17 and 2015/16 estimates of generic NPS use.

- **Levels of use of nitrous oxide have not changed in the most recent survey year.** In the last year, 2.3 per cent of adults aged 16 to 59 had used nitrous oxide (which is equivalent to 763,000 individuals in England and Wales). This is similar to the previous year's survey, when 2.2 per cent reported nitrous oxide use. As such, nitrous oxide use was the third most prevalent among adults aged 16 to 59 in the last year after cannabis (7.6%) and cocaine (2.9%).
- **As in previous years, around two in three nitrous oxide users were aged 16 to 24.** In the last year, 8.7 per cent of individuals aged 16 to 24 had used nitrous oxide (which is equivalent to 552,000 young adults in England and Wales). This is similar to the previous year's survey, when 8.8 per cent of those aged 16 to 24 reported nitrous oxide use. Among 16 to 24-year olds, nitrous oxide was thus the second most prevalent drug after cannabis (17.3%).
- **NPS use was associated with other behaviours.** For instance, adults aged 16 to 59 who had used other illicit drugs were more likely to have used NPS in the last year than those who had not (4.2% compared with 0.1%). Similarly, those who had visited a nightclub or disco on four or more occasions in the last month were more likely to have used NPS in the last year compared with those who had not visited such places (5.4% compared with 0.2%). **The associations with these other behaviours were particularly pronounced among 16 to 24-year olds.**
- Around a quarter of users aged 16 to 59 reported having taken NPS in the form of a powder, crystal or tablets (27.0%) or as a herbal mixture (24.1%) at their last use, compared with a lower proportion of users having taken a liquid form of NPS (17.9%). **In 2018/19, the most common form of NPS reported to have been used was 'another substance' which was not specified (31.0%).**
- **NPS continued to be more likely than other illicit drugs to be obtained from shops and the internet.** Around one in four (23.6%) of last year NPS users aged 16 to 59 obtained the last NPS they had used from either a shop (13.9%) or the internet (9.7%), compared with 4.3 percent and 0.7 percent respectively for other illicit drugs.

4.1 EXTENT OF NPS USE

NPS use in the last year

The 2018/19 CSEW showed that the prevalence of NPS use in the last year among individuals aged 16 to 59 (0.5%) had remained similar to the previous two years' surveys. NPS prevalence also remained generally low compared with more well-established drugs such as cannabis, powder cocaine and ecstasy (see Chapter 1).

Around 0.5 per cent of adults aged 16 to 59 (which is equivalent to around 152,000 people) reported having used NPS in the last year. This is similar to the 2017/18 CSEW (0.4%) but lower than in the 2014/15 survey when 0.9 per cent had used NPS in the last year.

NPS use in the last year was more pronounced among young people aged 16 to 24 with 1.4 per cent reporting having used NPS in the last year, equating to around 86,000 young people (compared with 0.5% among those aged 16 to 59). This was similar to the previous two survey years (both 1.2%) but was lower than the 2014/15 survey (2.8%). This level of NPS use among young adults is similar to prevalence levels reported by 11 to 15-year olds in a recent 'Smoking, Drinking and Drug Use among Young People in England' survey conducted with young people of secondary school age, which found that 1.4 per cent had used NPS in the last year¹³.

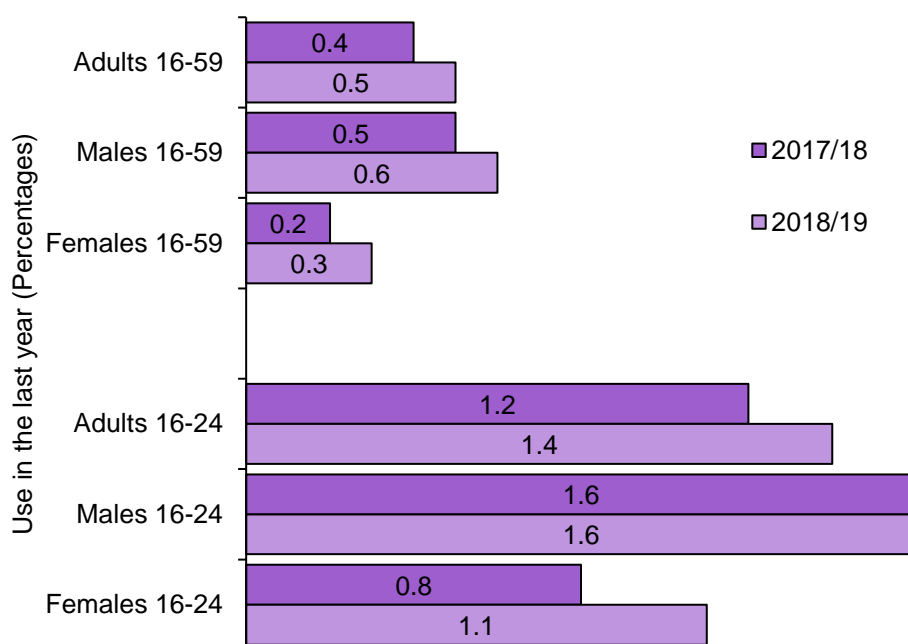
¹³ Which can be found here: [Smoking, Drinking and Drug Use among Young People in England 2018](#)

4. New psychoactive substances and nitrous oxide

Young men aged 16 to 24 remained the most prevalent NPS users with 1.6 per cent reporting use of NPS in the last year, which equates to around 53,000 people and is a decrease from the 2014/15 survey (4.1%).

A slightly higher proportion of men aged 16 to 59 reported having used NPS in last year (0.6%) compared to women in the same age group (0.3%), however this difference was not statistically significant. While estimates for both men and women have remained relatively stable since the 2016/17 survey, there has been a decrease in NPS use reported by men aged 16 to 59 since the 2014/15 survey (1.3%).

Figure 4.1: Prevalence of NPS use in the last year, by sex, 16 to 59 and 16 to 24-year olds, 2017/18 and 2018/19 CSEW



Source: Home Office, [Appendix Table 4.01](#)

Frequency of NPS use

The 2017/18 survey introduced a question on the frequency of NPS use in the last year, which was retained in the 2018/19 survey. Nearly half of those who had used NPS in the last year (48.6%) had used it once or twice that year, while around one in four (26.6%) had used NPS two or more times a month. Around eight per cent (7.8%) reported having used NPS daily in the last year.

Table 2: Frequency of NPS use in the last year, 16 to 59-year olds, 2018/19 CSEW

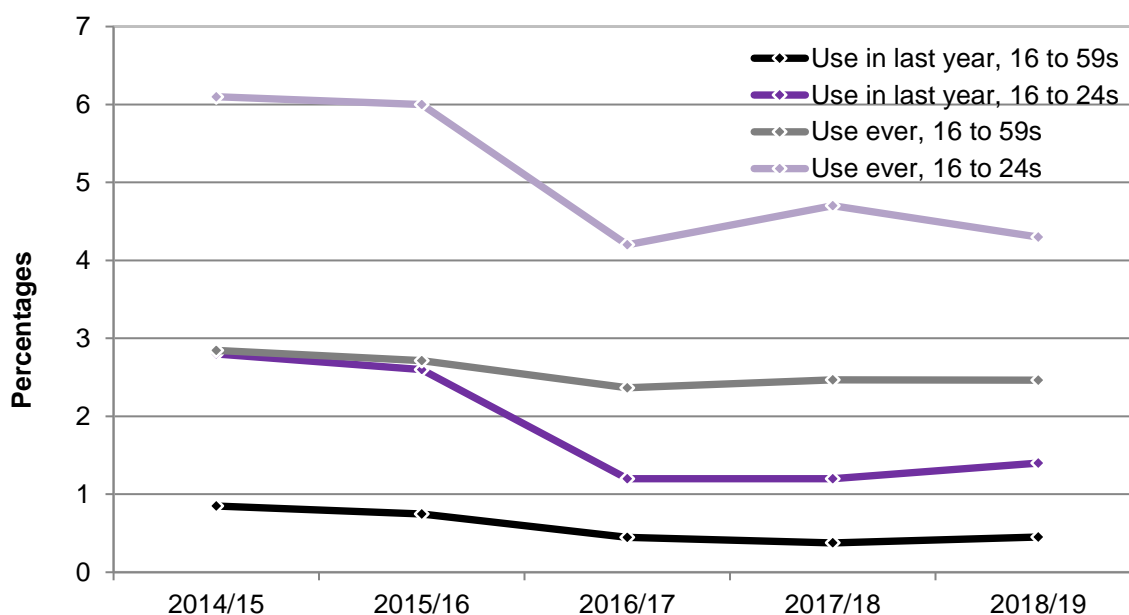
Percentages of frequency of NPS use	
Frequent use	26.6
Every day	7.8
3 to 5 days per week	1.0
Once or twice a week	3.9
2 or 3 times a month	14.0
Infrequent use	73.4
Once a month	7.8
Once every couple of months	17.0
Once or twice this year	48.6

Source: Home Office, [Appendix Table 4.02](#) Unweighted base: 61

Use of NPS in respondents' lifetime

The 2018/19 CSEW found that 2.5 per cent of individuals aged 16 to 59 reported having used NPS in their lifetime (equating to around 831,000 people), which is similar to the previous two years' surveys (2.5% in 2017/18 and 2.4% in 2016/17). It is, however a decrease from 2014/15, when 2.8 per cent had used NPS in their lifetime. Men were twice as likely than women to report having used NPS at some point in their lives (3.1% and 1.8% respectively), which was similar to the previous two years' surveys (3.3% and 1.7% respectively in 2017/18, and 3.1% and 1.6% respectively in 2016/17). Around 1 in 25 adults aged 16 to 24 reported having used NPS in their lifetime (4.3%, which is around 275,000 people) compared with 1 in 40 for those in the wider 16 to 59 age group (2.5%). While similar to the previous year, this is a decrease from 2014/15, when 6.1 per cent of those aged 16 to 24 had used NPS in their lifetime.

Figure 4.2: Prevalence of NPS use in last year and use ever, 16 to 59-year olds and 16 to 24-year olds, CSEW



Source: Home Office, [Appendix Table 4.01](#)

4.2 EXTENT OF NITROUS OXIDE USE

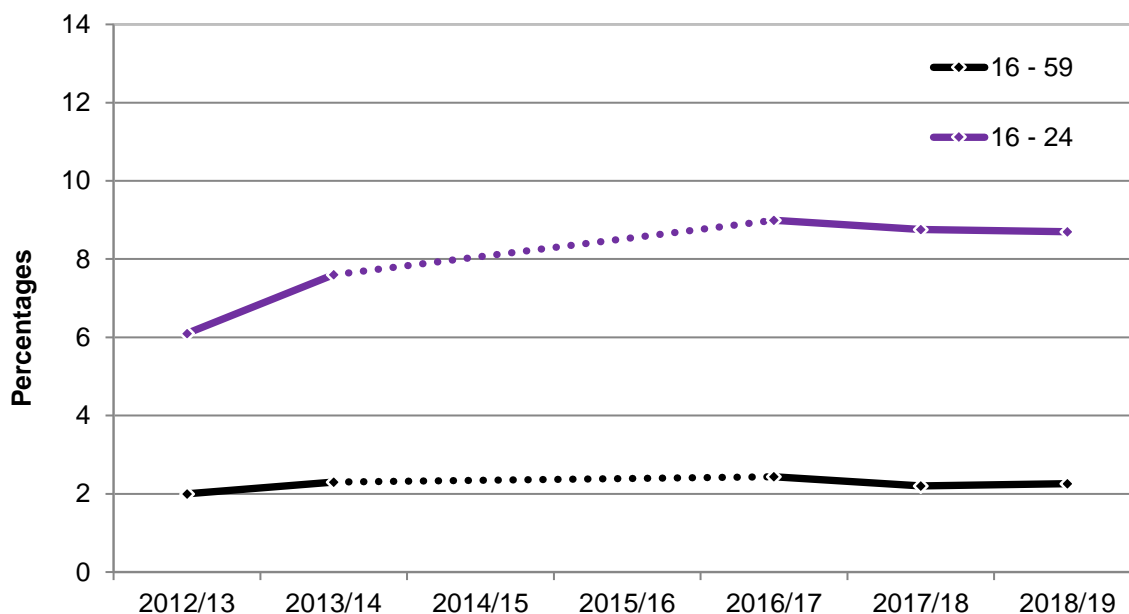
The survey also asked respondents whether they had used nitrous oxide (also known as laughing gas) in the last year. While nitrous oxide is included in the Psychoactive Substances Act, it is still sold legally for other legitimate uses (such as in dentistry and for certain catering purposes¹⁴).

The prevalence of nitrous oxide use reported in the CSEW in the last year was 2.3 per cent among individuals aged 16 to 59 (which equates to around 763,000 people). This was similar to the 2017/18 survey when 2.2 per cent had used nitrous oxide in the last year.

As with other drugs, levels of nitrous oxide use were highest among those respondents aged 16 to 24. In the 2018/19 CSEW, 8.7 per cent of those aged 16 to 24 (which equates to around 552,000 people) had used nitrous oxide in the last year. This was more than three times higher compared with the wider 16 to 59 age group (2.3%) and was similar to levels found in the 2017/18 survey (8.8%). This level of nitrous oxide use among young adults mirrors prevalence levels reported by 15-year olds in the most recent 'Smoking, Drinking and Drug Use among Young People in England' survey conducted with young people of secondary school age¹⁵, which found that 8.7 per cent of 15-year olds had taken nitrous oxide in the last year.

In the 2018/19 CSEW as in previous years, prevalence of nitrous oxide use differed between men and women, both in the wider 16 to 59-year old age group as well as among 16 to 24-year olds. Men aged 16 to 59 were more likely to report having used nitrous oxide (2.8%, equating to around 468,000 men) than women (1.8%, equating to around 297,000 women). Likewise, among those aged 16 to 24 young men were more likely to have used nitrous oxide in the last year (10.2%, which equates to 334,000 people) than young women (7.1%, which equates to 218,000 people).

Figure 4.3: Prevalence of nitrous oxide use in last year, 16 to 59-year olds and 16 to 24-year olds, 2012/13 to 2018/19, CSEW ¹⁶



¹⁴ Nitrous oxide is covered by the Psychoactive Substances Act but is currently still legal to sell for medical use or as a propellant (e.g. to whip cream for catering purposes).

¹⁵ Which can be found here: [Smoking, Drinking and Drug Use among Young People in England 2018](#)

¹⁶ Questions on nitrous oxide use were not included in the 2014/15 and 2015/16 surveys.

Source: Home Office, [Appendix Tables 4.01 and 4.03](#)

4.3 USE OF NPS BY LIFESTYLE FACTORS

The 2018/19 CSEW showed that, as in previous years, some behaviours were associated with the likelihood that an individual had used NPS in the last year. Factors included in the analyses were whether individuals had taken another drug in the last year, whether they had consumed alcohol and whether they had visited a nightclub or visited a pub or bar in the last month

It is important to note that these factors are not necessarily independently associated with, or the cause of, higher drug use. For instance, visiting nightclubs and bars is associated with higher drug use, but much of this association is likely to be driven by age, as younger people are more likely to visit nightclubs or bars. 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 use¹⁷.

Other drug use¹⁸ in the last year

Around 0.1 per cent of those aged 16 to 59 who had not used any other drugs in the last year had used NPS in the last year. This was unchanged from the 2017/18, 2016/17 and 2015/16 surveys (0.1% respectively). In contrast, 4.2 per cent of those aged 16 to 59 who had used any other drug in the last year had also taken NPS in the last year, again similar to previous years (4.1% in the 2016/17 survey and 3.5% in the 2017/18 survey). For those aged 16 to 24 the difference in NPS use between those who had also used other illicit drugs and those who had not was even greater (6.5% and 0.1% respectively).

Table 3: NPS use in the last year, by use of another drug in the last year, 16 to 59 and 16 to 24-year olds, 2018/19 CSEW

Percentages who used NPS in the last year*	Adults aged 16 to 59	Unweighted base	Adults aged 16 to 24	Unweighted base
Used another drug in the last year	4.2	1,581	6.5	395
Did not use another drug in the last year	0.1	18,484	0.1	1,651

Source: Home Office, [Appendix Table 4.04](#)

Of those adults aged 16 to 59 who had used NPS in the last year, the majority (87.3%) had also taken another drug. This was similar to the 2017/18 survey (81.7%). The proportion of individuals who reported using NPS who had also taken other illicit drugs was even higher among those aged 16 to 24 (95.6%) in 2018/19. (These figures are not shown in the Appendix Tables).

Visits to a nightclub or disco in the last month

Individuals who had visited a nightclub or disco in the last month were more likely to have used NPS in the last year (2.4%) than those who had not visited either in the last month (0.2%). This is a similar finding for those aged 16 to 24 (3.3% compared with 0.6% respectively). There was no significant change in 'last year' NPS use among those who had visited a nightclub or disco in the last month compared with last year's survey, for both those aged 16 to 24 and those aged 16 to 59.

¹⁷ [Drug Misuse Declared: Findings from the 2009/10 British Crime Survey England and Wales](#)

¹⁸ 'Other drug use' refers to those drugs which are captured in the 'any drug' measure.

4. New psychoactive substances and nitrous oxide

Table 4: 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, 2018/19 CSEW

Percentages who used NPS in the last year*	Adults aged 16 to 59	Unweighted base	Adults aged 16 to 24	Unweighted base
No visits to a nightclub or disco in the last month	0.2	18,893	0.6	1,536
Visited a nightclub or disco in the last month	2.4	1,547	3.3	550
1-3 times in the last month	1.9	1,358	2.7	442
4+ times in the last month	5.4	189	5.8	108

Source: Home Office, [Appendix Table 4.04](#).

*Percentages who took NPS in the last year, among each population subgroup shown in the table.

Visits to a pub or bar in the last month

The 2018/19 CSEW found that adults aged 16 to 59 who reported having visited a pub or bar in the last month were more likely to have used NPS in the last year than those who had not (0.6% compared with 0.3%). The difference was larger among 16 to 24-year olds, (2.0% compared with 0.5%). Similarly to nightclub visits (discussed above), those with more frequent pub or bar visits in the last month reported a higher prevalence of NPS use in the last year (shown for both age groups), as illustrated in Table 5 below.

The prevalence of NPS use among those aged 16 to 24 who said they had visited a pub or bar in the last month, in 2018/19 was similar to that in 2017/18 (2.0% and 1.8% respectively). There was, however, an increase among those aged 16 to 59 who reported having visited a pub or bar at least nine times in the last month, from 1.4 per cent in 2017/18 to 3.3 per cent in 2018/19.

Table 5: NPS use in the last year, by frequency of visits to a pub or bar in the last month, 16 to 59 and 16 to 24-year olds, 2018/19 CSEW

Percentages who used NPS in the last year*	Adults aged 16 to 59	Unweighted base	Adults aged 16 to 24	Unweighted base
No visits to a pub or bar in the last month	0.3	9,421	0.5	903
Visited a pub or bar in the last month	0.6	11,013	2.0	1,183
1-3 times in the last month	0.2	7,175	0.9	643
4-8 times in the last month	0.7	3,022	1.8	383
9+ times in the last month	3.3	816	6.3	157

Source: Home Office, [Appendix Table 4.04](#).

*Percentages who took NPS in the last year, among each population subgroup shown in the table.

Alcohol consumption

The latest survey year has shown that NPS use in the last year was higher among adults aged 16-59 who had consumed alcohol once or more in the last month (0.6%), compared with those who had not consumed any alcohol (0.2%). This was even more evident among 16 to 24-year olds (2.3% compared with 0.2 respectively) and was particularly pronounced among those aged 16 to 24 who had consumed alcohol three or more days a week in the last month (5.1%), as illustrated in Table 6. Compared with last year's survey, there was no significant change in last year NPS use for those who had consumed alcohol once or more in the last month, for both those aged 16 to 24 and 16 to 59.

Table 6: NPS use in the last year, by frequency of alcohol consumption in the last month, 16 to 59 and 16 to 24-year olds, 2018/19 CSEW

Percentages who used NPS in the last year*	Adults aged 16 to 59	Unweighted base	Adults aged 16 to 24	Unweighted base
Did not consume alcohol in the last month	0.2	7,406	0.2	913
Consumed alcohol once or more in the last month	0.6	12,861	2.3	1,151
<i>Less than a day a week in the last month</i>	0.6	3,092	1.9	374
<i>1-2 days a week in the last month</i>	0.5	5,892	1.4	580
<i>3 or more days a week in the last month</i>	0.9	3,877	5.1	197

Source: Home Office, [Appendix Table 4.04](#).

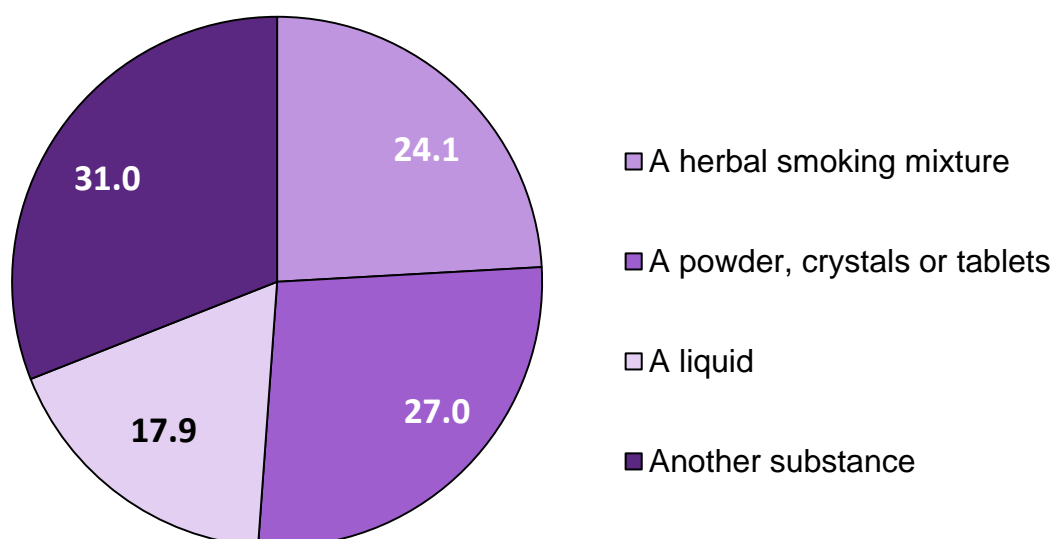
*Percentages who took NPS in the last year, among each population subgroup shown in the table.

4.4 Nature and sources of NPS and nitrous oxide used on last occasion

The 2018/19 CSEW asked those respondents, who had said yes to having taken NPS in the last year, what type of substance they had used on the last occasion. In addition, those who had taken either NPS or nitrous oxide were asked where they had obtained the substance on the last occasion.

As shown in Figure 4.4, the most frequently used category on the ‘last occasion’ of NPS use was “another substance”, reported by almost a third of adults aged 16 to 59 (31.0%). This compares with just over a quarter of users who stated that on the ‘last occasion’ of NPS use they had used powder, crystals or tablets (27.0%) and around a quarter who had used a herbal smoking mixture (24.1%) on the ‘last occasion’. The prevalence of the use of liquid NPS reported on the ‘last occasion’ was 17.9 per cent.

Figure 4.4: Types of NPS used on the last occasion, by adults aged 16 to 59, 2018/19 CSEW



Source: Home Office, [Appendix Table 4.05](#)

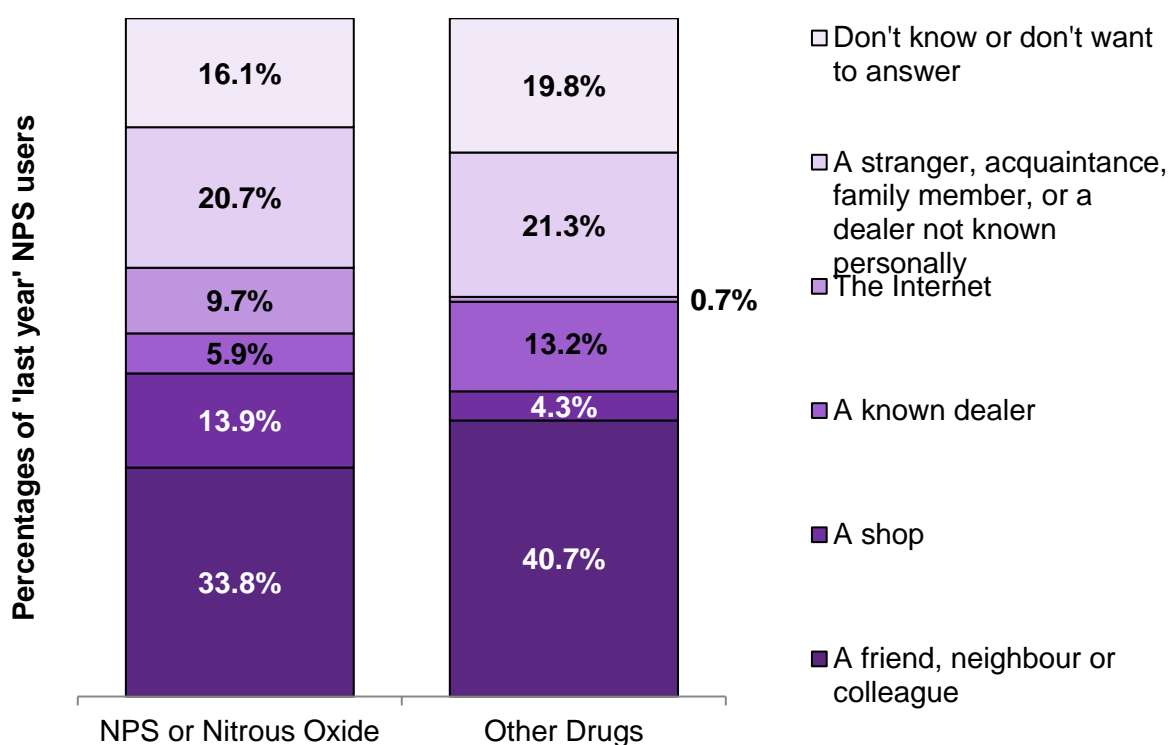
4. New psychoactive substances and nitrous oxide

Respondents who reported that they had used NPS or nitrous oxide in the last year were also asked where (or from whom) they had obtained them on the last occasion. As illustrated in Figure 4.5, 'last year' NPS or nitrous oxide users aged 16 to 59 most commonly obtained them from a friend, neighbour or colleague (33.8%), a stranger, acquaintance, family member or dealer not known personally (20.7%), a shop (13.9%), or the Internet (9.7%).

A considerable proportion of NPS or nitrous oxide users (13.9%) reported that they had sourced NPS from shops despite the survey having been carried out after the Psychoactive Substances Act was introduced, when the sale of NPS (and nitrous oxide for use as an intoxicant) became illegal. This is most likely because, while nitrous oxide is covered by the Psychoactive Substances Act, it is currently still legal to sell for certain purposes¹⁹. The proportion of respondents who reported that they obtained NPS or nitrous oxide from a shop was similar to that reported in the 2017/18 and 2016/17 surveys²⁰ (15.1% and 12.9% respectively).

Respondents who reported that they had used any other illicit drugs were also asked where (or from whom) they had obtained them on the last occasion. In the 2018/19 CSEW, the proportions of users aged 16 to 59 that had sourced other illicit drugs from the Internet, shops and strangers were lower compared with those for NPS or nitrous oxide (see Figure 4.5). Conversely, the proportion of users that had sourced drugs from a friend, neighbour or colleague, and from a known dealer was higher for other illicit drugs than for NPS or nitrous oxide.

Figure 4.5: Immediate sources of NPS or nitrous oxide and other drugs used on the last occasion, adults aged 16 to 59, 2018/19 CSEW



Source: Home Office, [Appendix Table 4.06](#)

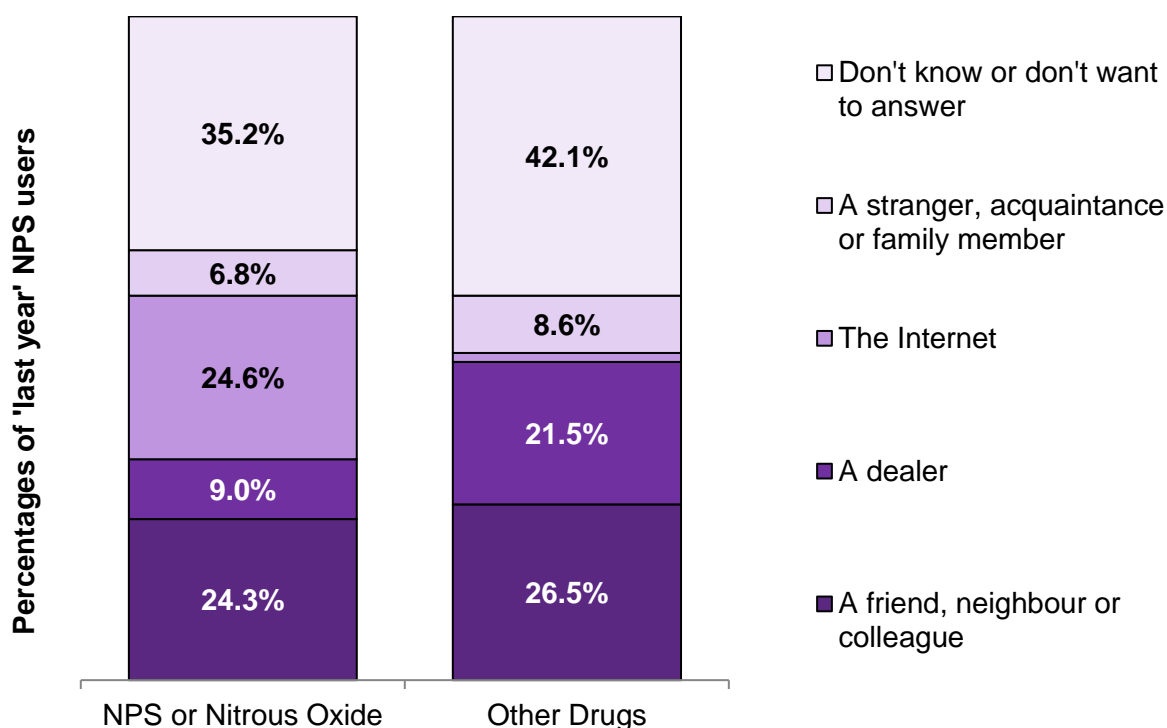
¹⁹ For example, for medical use by doctors and dentists or as a propellant to whip cream for catering purposes. It is, therefore, possible that users of nitrous oxide who purchased it from a shop did so while claiming this as the intended use. This is discussed in further detail in the [Review of the Psychoactive Substances Act](#), which was published in November 2018.

²⁰ CSEW asks respondents about where they sourced NPS/nitrous oxide in the previous 12 months, so interviews that were conducted between 1st April 2017 and 25th May 2017 for the 2016/17 survey would have referred to up to two months before the Psychoactive Substances Act was introduced.

The 2017/18 survey introduced an additional question to respondents who reported that they had last obtained drugs from a family member or someone else well known to them. This question was retained in the 2018/19 survey, and, like in the previous year, it asked them about the original source of the drug they had obtained. This was asked separately to respondents who had obtained NPS or nitrous oxide, and to those who had obtained other drugs, enabling a comparison between these groups of drug users.

As illustrated in Figure 4.6, where NPS or nitrous oxide had been sourced from a person well-known to them, users were much more likely to report that the drug had been originally sourced from the internet (24.6%) compared with other illicit drugs (1.3%). Conversely, users of other illicit drugs were more likely to report that the drugs had been originally sourced from a dealer (21.5%) than users of NPS or nitrous oxide (9.0%). When asked about the original source of drugs, 35.2 per cent of NPS or nitrous oxide users and 42.1 per cent of those who had used other drugs reported that they did not know or did not want to answer.

Figure 4.6: Original sources of NPS or nitrous oxide and other drugs used on the last occasion, adults aged 16 to 59, 2018/19 CSEW²¹



Source: Home Office, [Appendix Table 4.07](#)

²¹ The questions about original sources of NPS/nitrous oxide or other drugs was asked only to those who reported first obtaining drugs from a family member or someone else well known to them, so the chart is based on these responses only.

5. Perceived ease of obtaining illegal drugs

INTRODUCTION

This chapter examines respondents' perceptions about the ease of obtaining drugs. Respondents to the 2018/19 Crime Survey for England and Wales (CSEW) were asked how easy it would be for them to obtain illegal drugs.

This chapter summarises analysis of these questions and more detailed estimates can be found in the [Appendix Tables](#).

KEY FINDINGS

- **Around two fifths (41.0%)** of adults aged 16 to 59 thought that it would be very or fairly easy for them personally to obtain illegal drugs within 24 hours if they wanted them.
- **Around a quarter (23.9%)** of adults aged 16 to 59 thought that it would be very or fairly easy for them personally to obtain new psychoactive substances (NPS) or nitrous oxide within 24 hours if they wanted them.

5.1 EASE OF OBTAINING ILLEGAL DRUGS

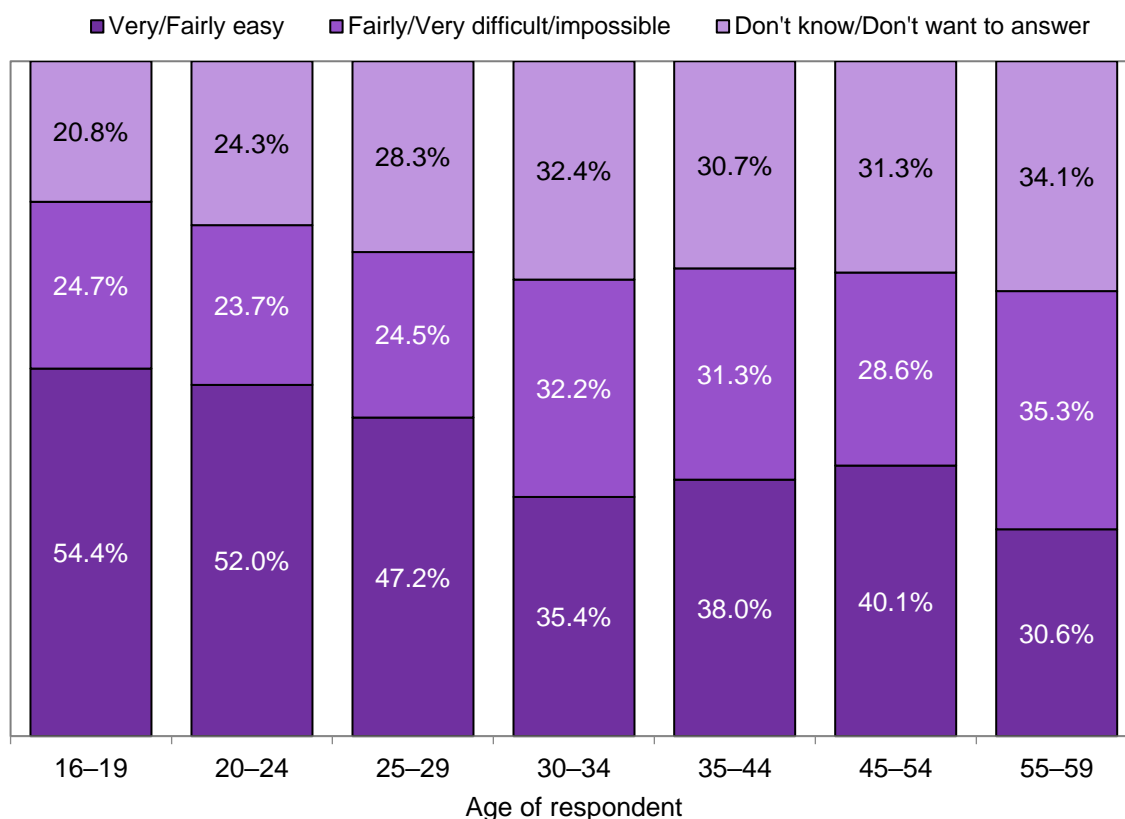
In the 2018/19 CSEW around one quarter of respondents were randomly selected to answer the question "*How difficult or easy do you think it would be for you personally to obtain illegal drugs within 24 hours, if you wanted some*"²². This question was first asked in the 2016/17 survey and values have fluctuated minimally over the series.

In addition to this question, all respondents who completed the self-completion module on drug use were asked a question about the perceived ease of obtaining NPS or nitrous oxide. The responses to this question are described in section 5.2. In terms of the ease of obtaining illegal drugs the following was observed:

- Around two fifths (41.0%) of adults aged 16 to 59 claimed that it would be very easy or fairly easy for them personally to obtain illegal drugs within 24 hours if they wanted them. Around one in five (19%) thought it would be very easy, an increase from 14.0 per cent in 2016/17.
- Less than a fifth (18.7%) thought that it would be fairly or very difficult for them to personally obtain illegal drugs within 24 hours if they wanted them, while 10.5 per cent said it would be impossible ([Appendix Table 5.01](#)).
- Just under a third (29.8%) of respondents reported not knowing how easy or difficult it would be to obtain drugs.
- A higher proportion of men (44.4%) than women (37.5%) thought that it would be very or fairly easy for them personally to obtain illegal drugs within 24 hours ([Appendix Table 5.02](#)).

²² Respondents were offered the following responses to this question: impossible, very difficult, fairly difficult, fairly easy, very easy, don't know or don't want to answer.

Figure 5.1: Ease of obtaining illegal drugs within 24 hours, by age, adults aged 16 to 59, 2018/19 CSEW

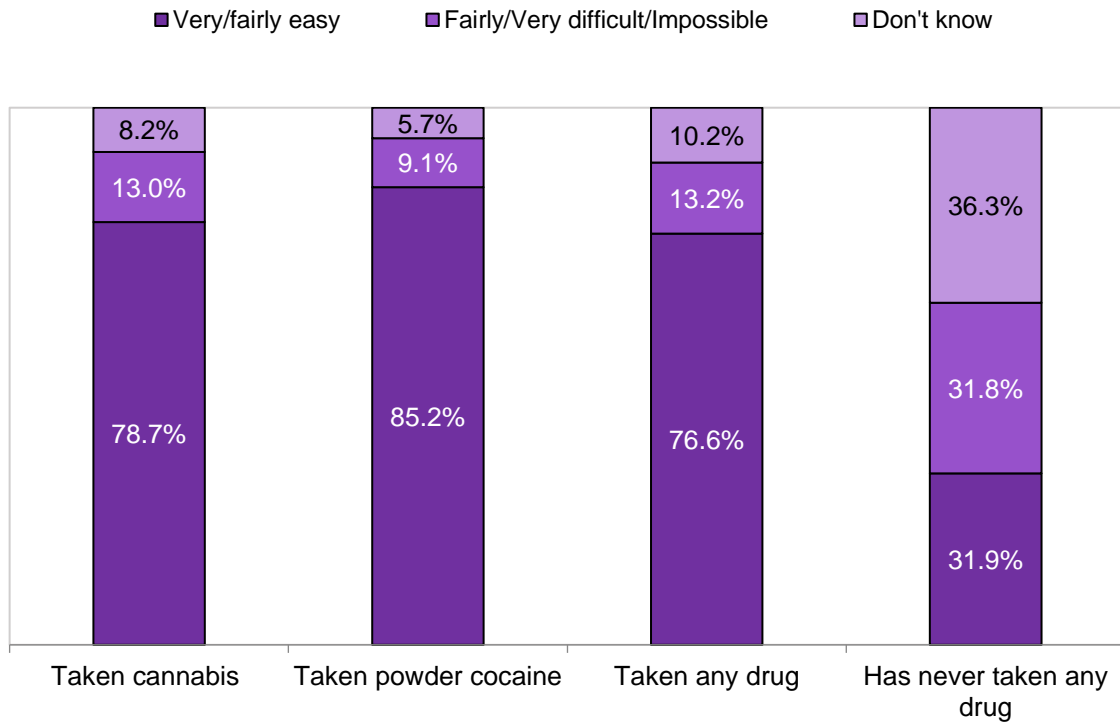


Source: Home Office, [Appendix Table 5.01](#)

The perceived ease of obtaining drugs generally increased as the age of respondents decreased. Over half of adults aged 16 to 19 thought that it would be very or fairly easy for them personally to obtain drugs within 24 hours (54.4%) compared with 30.6 per cent of those in the 55 to 59 age bracket ([Appendix Table 5.02](#); Figure 5.1). This is in line with previous findings and may, to some extent, reflect differences in the prevalence of drug use across different age groups.

More than twice as many of those who had taken any drug in the last year also thought it would be very or fairly easy to obtain drugs within 24 hours, compared with those who had never taken drugs (76.6% compared with 31.9%, [Appendix Table 5.02](#)). This perceived ease of obtaining drugs varied by type of drug use - those who had used ecstasy in the last year were the most likely to think it would be easy to obtain illegal drugs (89.2%), followed by users of cocaine (85.2%) and cannabis (78.7%).

Figure 5.2: Ease of obtaining illegal drugs within 24 hours, by drug use in last year, adults aged 16 to 59, 2018/19 CSEW



Source: Home Office, [Appendix Table 5.02](#)

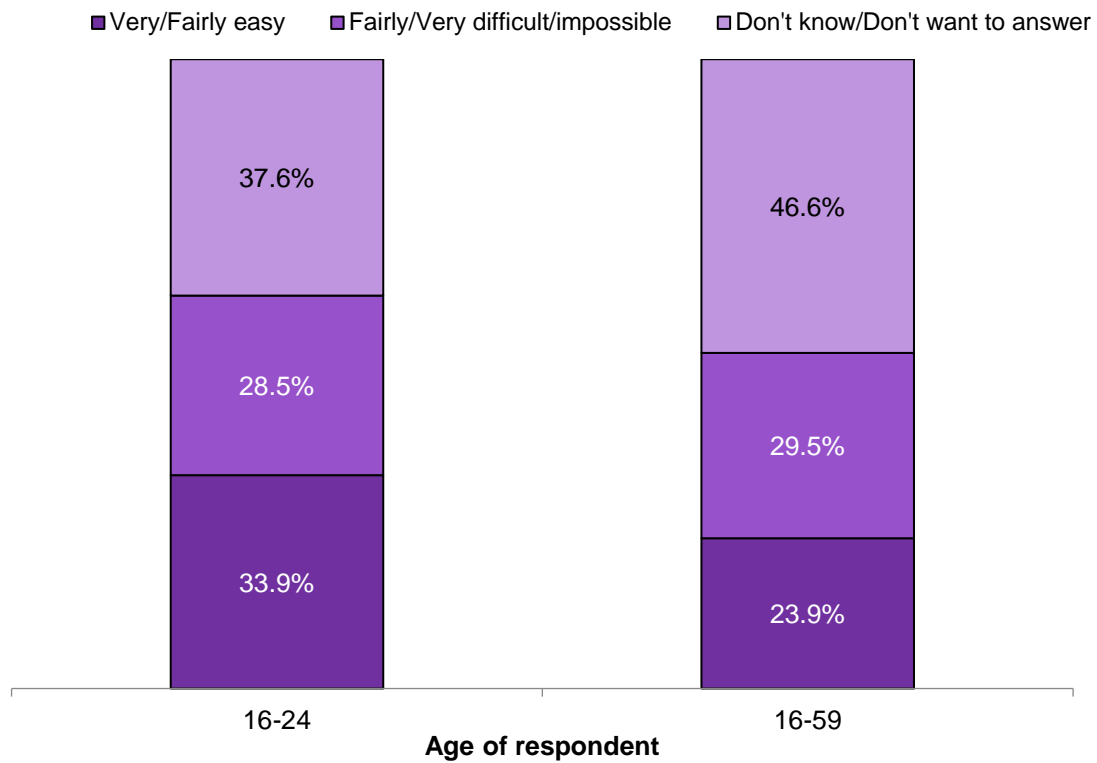
5.2 EASE OF OBTAINING NPS OR NITROUS OXIDE

From 2016/17, the CSEW has asked all respondents who completed the self-completion module on drug use about how easy or difficult they believed it would be to obtain NPS or nitrous oxide within 24 hours, if they had wanted them ([Appendix Table 5.03](#)).

Responses on the ease of obtaining NPS or nitrous oxide were similar to those for other drugs:

- Approximately 23.9 per cent of adults aged 16 to 59 said that it would be very or fairly easy for them to personally obtain NPS or nitrous oxide if they wanted them, no change from last year (23.4%).
- Conversely, 29.5 per cent thought that it would be fairly difficult, very difficult or impossible for them to personally obtain NPS or nitrous oxide if they had wanted them.
- Just under half of adults (46.6%) did not wish to answer or did not know, an increase from 2017/18 (44.0%).
- Adults aged 16 to 24 were more likely than the wider 16 to 59 year old age group to think that it would be very or fairly easy for them to personally obtain NPS or nitrous oxide if they wanted them (33.9% versus 23.9%, Figure 5.3).

Figure 5.3: Ease of obtaining NPS or nitrous oxide within 24 hours, by age, adults aged 16 to 24 and 16 to 59, 2018/19 CSEW



Source: Home Office, [Appendix Table 5.03](#) split by age group.

Technical annex

INTRODUCTION

Since 1996, the Crime Survey for England and Wales (CSEW) has provided estimates of drug use among adults aged 16 to 59 resident within the **general household population** of England and Wales. In 2017/18, for the first time, the survey invited those aged 60 to 74 to participate in the CSEW self-completion module which includes questions on drug use. Previously, only those aged 16 to 59 were invited to participate in this module. The analysis of data collected for 60 to 74 year olds for the 2017/18 and 2018/19 survey years is presented in section 3.1 of this publication. Data for 60 to 74 year olds is presented separately as the intention is to review the quality of these data before the 2020/21 survey and make a decision on whether to continue to ask these questions to the 60 to 74 age group. If the data continue to be collected after this point, a new time series will be produced for 16 to 74 year olds, alongside the main 16 to 59 time series measure.

The CSEW provides an effective measure of the more commonly used drugs for which the majority of users are contained within the general household population. As a household survey, the CSEW does not cover:

- groups such as the homeless;
- 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.

The 2018/19 survey provides estimates of 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 [Chapter 1](#). However, the discussion on trends focuses mainly on last year use, which is deemed to be the most reliable measure of recent drug use.

Only increases or decreases between years or differences between demographic or other groups that are statistically significant at the 5 per cent 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. [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 INTERPRETING THE FIGURES

Frequent drug use

In the context of this release, frequent drug use is defined as using a 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 the 2009/10 CSEW. 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'. From 2015/16 onwards, respondents were asked about the frequency of use of 'any drug' as well as three specific drug-types: cannabis, powder cocaine and ecstasy.

The omission of questions asking about the frequency of each individual drug use and the inclusion of one question asking about the frequency of 'any drug' use (and cannabis individually in 2014/15 and cannabis, powder cocaine and ecstasy individually in 2015/16) means that the estimates for the frequency of any drug use for 2014/15 to 2018/19 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 the 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 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 (for example, Mixed ethnic groups tend to have younger age profiles than White ethnic groups). It is also worth noting that where subgroup sizes are small, quite large apparent differences between groups may not be statistically significant.

T.2 RE-WEIGHTING THE CSEW

The 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 subgroups. For more information on calibration weighting see the [User Guide to Crime Statistics for England and Wales](#).

Following the 2011 Census, the Office for National Statistics (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. 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.

The methodology for estimating numbers of drug users was subsequently improved, to 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 were asked to complete this module, and some may refuse to do so, with 60 to 74 year olds asked to complete the module since the 2017/18 survey. This further detail was taken into account when dealing with non-response to produce more accurate estimates and led to a further revision of the estimated numbers of drug users in the 2014/15 Drugs Misuse release.

In 2016, the ONS announced a methodological change to the handling of repeat victimisation in the CSEW. This resulted in a small change to the weighting procedure for all historic datasets. In 2018/19, only historic data where direct comparisons have been made between years have been re-analysed.

T.3 OTHER DATA SOURCES

Public Health England (PHE) publishes information annually on the age, sex and ethnicity of clients aged 18 years and over accessing specialist substance misuse services in England in its annual report *Substance misuse treatment for adults: statistics 2017 – 2018*. A separate report is produced to cover those aged under 18. The latest reports are available online at: <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2017-to-2018>

Statistics on Drug Misuse: England, 2018 is published by the Health and Social Care Information Centre and is available online at:
<https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-drug-misuse/2018>

Opiate and crack cocaine use: prevalence estimates for local populations is published by PHE. Latest figures for 2016/17 are available online at:
<https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations>

The *Smoking, Drinking and Drug Use Among Young People in England* survey is run in alternate years. The 2018 report is published by the Health and Social Care Information Centre and includes extensive information on drug use for 11 to 15 year olds. It is available online at:
<https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2018>

The *Deaths related to drug poisoning in England and Wales – 2018 registrations* report published by the Office for National Statistics (ONS) contains statistics on deaths related to drug-poisoning and drug-misuse and is available online at:
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2018registrations>

The *Deaths involving legal highs in England and Wales: between 2003 and 2014* report published by the ONS contains statistics on drug-related deaths involving legal highs and is available online at:
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/deathsinvolvinglegalhighsinenglandandwales/between2004and2013>

The *Seizures of drugs in England and Wales, financial year ending 2018* report is published by the Home Office and included statistics on the number and quantity of drug seizures made by police forces and the Border Force. The latest report is available online at:
<https://www.gov.uk/government/statistics/seizures-of-drugs-in-england-and-wales-financial-year-ending-2018>

The *Scottish Crime and Justice Survey – Drug use report, 2014–15* is published by The Scottish Government and examines the findings from the self-completion questionnaire on drug use in Scotland. It explores the prevalence of drug use in Scotland, trends in self-reported drug use and the experiences of those who reported drug use in Scotland. The latest report is available online at:
<http://www.gov.scot/Publications/2016/06/8687/0>

Statistical Bulletins are prepared by staff in the Crime and Policing Analysis Unit 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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