



Home Office



Drug Misuse: Findings from the 2015/16 Crime Survey for England and Wales

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Errata

Chapter 2 of the bulletin has been updated after an inconsistency in Table 2.06 was identified and resolved.

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 2015/16 Crime Survey for England and Wales (CSEW).

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 acceptability of use and ease of obtaining illegal drugs;
- drug use within generations over time (a pseudo-cohort analysis).

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.gsi.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 Official 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.

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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 2015/16 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 CSEW is recognised as a robust measure of recreational drug use for the drug types it covers. However, it may not provide as good a coverage of problematic drug users as they may not necessarily be a part of the household resident population, or be concentrated in specific and relatively small subgroups of the population.

The 2015/16 survey measured levels of drug use in the *last year* prior to interview, as well as drug use *last month* 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 break in the series of *last month* use estimates in the 2012/13 and 2013/14 survey years.

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 Office for National Statistics) 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.

KEY FINDINGS

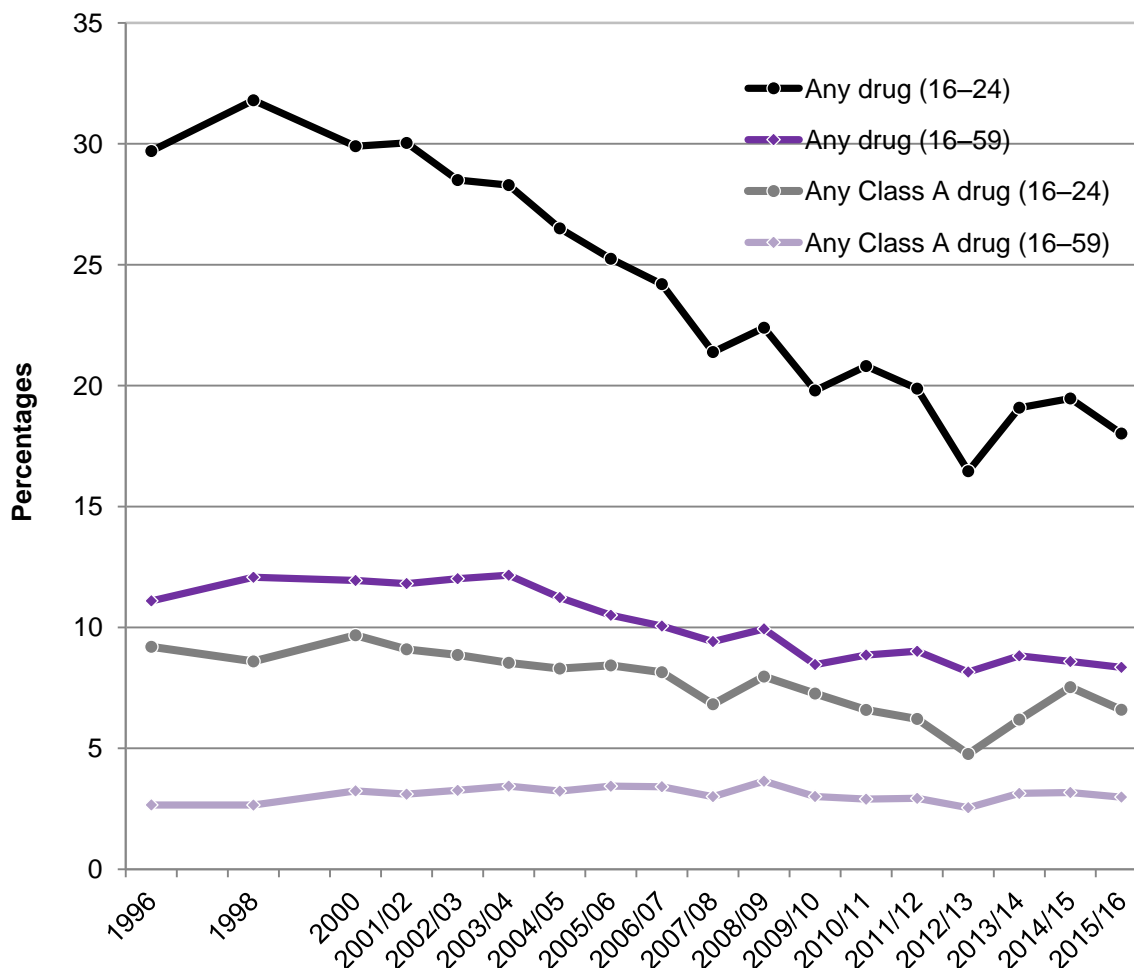
- **Around 1 in 12 (8.4%) adults aged 16 to 59 had taken a drug in the last year.** This equated to around 2.7 million people. This level of drug use was similar to the 2014/15 survey (8.6%), but is statistically significantly lower than a decade ago (10.5% in the 2005/06 survey). The trend in last year drug use among 16 to 59 year olds has been flat for 7 years, since the 2009/10 survey.
- **Around 1 in 5 (18.0%) young adults aged 16 to 24 had taken a drug in the last year.** This proportion is more than double that of the wider age group, and equates to around 1.1 million people. This level of drug use was similar to the 2014/15 survey (19.5%), but statistically significantly lower than a decade ago (25.2% in the 2005/06 survey).
- **Under 1 in 20 (4.3%) adults aged 16 to 59 had taken a drug in the last month, while around 1 in 11 (9.1%) young adults aged 16 to 24 had done so.** Neither proportion has changed statistically significantly compared with the 2014/15 survey, but both are significantly lower compared with a decade ago, when 6.3 per cent of 16 to 59 year olds had reported taking a drug in the last month and 15.1 per cent of 16 to 24 year olds had done so.
- **Over one-third (35.0%) of adults aged 16 to 59 had taken drugs at some point during their lifetime.** This is an increase from 30.4 per cent in the 1996 survey, but similar to more recent figures, such as 35.1 per cent a decade ago in the 2005/06 survey. Use of illegal drugs in a person's lifetime is likely to be affected by generational effects, discussed in [Chapter 6](#).

¹ The substances covered by the term 'illicit drugs' are those included in the 'any drug' measure in the [Appendix Tables](#). These are amphetamines, amyl nitrite, anabolic steroids, cannabis, powder cocaine, crack cocaine, ecstasy, heroin, ketamine, LSD, magic mushrooms, mephedrone, methadone, methamphetamine, tranquillisers, 'unknown pills or powders', 'something unknown smoked', or 'any other drug'. This term does not include new psychoactive substances (NPS), which are covered 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](#).

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

This section summarises the long-term trends in last year use of drugs (of any kind covered in the questionnaire) and Class A drugs, among adults aged 16 to 59 and young adults aged 16 to 24. These trends are shown in Figure 1.1 below and in the Appendix Tables. Commentary on the trends is presented below the chart.

Figure 1.1: Trends in drug use in the last year among adults, 16 to 59 and 16 to 24 year olds, 1996 to 2015/16 CSEW



Source: Home Office, Appendix Tables 1.02 and 1.06.

Last year drug use among adults aged 16 to 59

The 2015/16 CSEW shows that around 1 in 12 (8.4%) adults aged 16 to 59 had taken a drug in the last year, which equates to around 2.7 million people. The trend in the proportion of people taking a drug in the last year has been relatively flat since the 2009/10 survey, with the estimates fluctuating between eight and nine per cent. However, the 2015/16 estimate is statistically significantly lower than any survey estimates prior to the 2009/10 CSEW; for example, the 2005/06 CSEW shows that 10 years ago last year drug use was around 2 percentage points higher (10.5% of 16 to 59 year olds). The fall compared with the 2005/06 survey year is largely accounted for by falls in cannabis and, to a lesser extent, amphetamine use; for further detail, see [Appendix Tables 1.02 and 1.04](#).

According to the 2015/16 CSEW, 3.0 per cent of adults aged 16 to 59 had taken a Class A drug in the last year, equivalent to just under 1 million people. Class A drug use has fallen statistically significantly compared with the 2005/06 survey year (3.4%), but is has remained similar to the 2014/15 survey estimate. The fall in Class A drug use compared with 2005/06 is largely accounted for by a fall in hallucinogen use (in particular magic mushrooms).

Last year drug use among young adults aged 16 to 24

The proportion of young adults aged 16 to 24 taking any drug in the last year was more than double the proportion in the 16 to 59 age group, at 18.0 per cent. This proportion equates to 1.1 million young people. It is this younger age group that largely drives the trend seen in the wider group of adults aged 16 to 59.

Over the last five years there has been some fluctuation in this series, but is likely that the recent trend in drug use among 16 to 24 year olds is relatively flat. However, the long-term trend is downward; the 2015/16 estimate is statistically significantly lower compared with 10 years ago (25.2% in the 2005/06 survey year) and with the start of the time series in 1996 (29.7%). The fall compared with the 2005/06 survey year is accounted for by significant falls for most drug types.

The 2015/16 CSEW found that 6.6 per cent of young adults aged 16 to 24 had taken a Class A drug in the last year, equating to 407,000 young people. Again, the apparent fall compared with the 2014/15 CSEW (7.5%) was not statistically significant, but this trend has fallen significantly compared with a decade ago (8.4%) and 1996 (9.2%). As with the trend in any drug use, the trend in Class A drug use has been relatively stable since the 2009/10 survey year, with the exception of the 2012/13 estimate, which looks to be out of line with recent results. For further detailed figures, see [Appendix Tables 1.06 and 1.08](#).

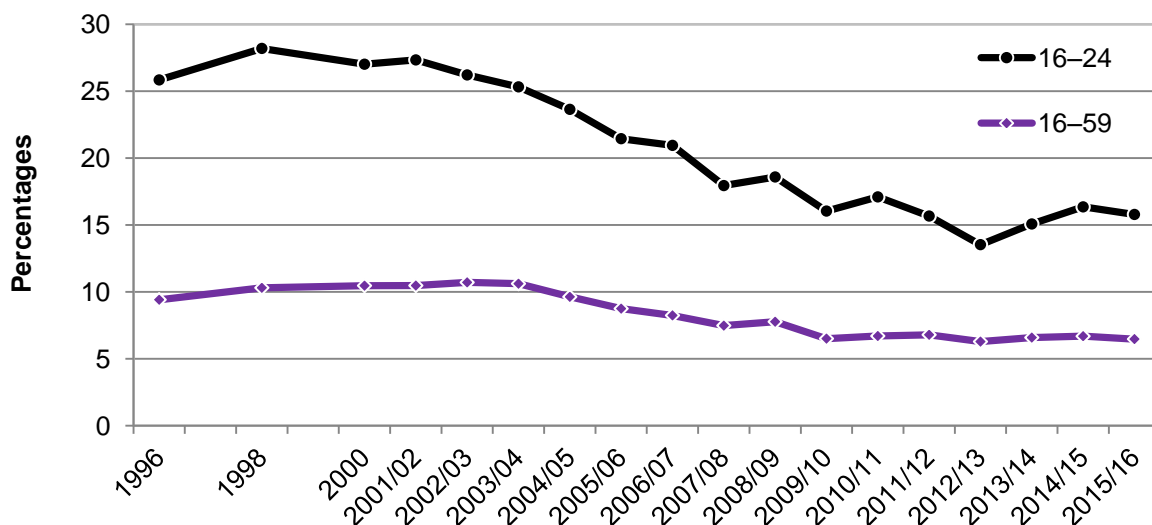
1.2 EXTENT AND TRENDS IN INDIVIDUAL DRUG USE

Cannabis

As in previous years, cannabis was the most commonly used drug, with 6.5 per cent of adults aged 16 to 59 having used it in the last year (around 2.1 million people), similar to the 2014/15 survey (6.7%; Figure 1.2), but showing statistically significant falls compared with a decade ago (8.7%) and the start of measurement in 1996 (9.4%). The trend from the 2009/10 survey onwards is relatively flat, remaining between six and seven per cent, as illustrated by Figure 1.2 (See [Appendix Table 1.02](#) for detailed figures).

Among younger adults aged 16 to 24, cannabis was also the most commonly used drug, with 15.8 per cent having used it in the last year (around 975,000 young adults). This was similar to the 2014/15 estimate (16.4%), but showed statistically significant falls compared with the 2005/06 survey (21.4%) and the 1996 survey year (25.8%). Similar to the trend for the wider age group, the trend in cannabis use among young adults has been relatively flat since the 2009/10 survey year, although showing more fluctuation.

Figure 1.2: Proportion of adults using cannabis in the last year, 16 to 59 and 16 to 24 year olds, 1996 to 2015/16 CSEW

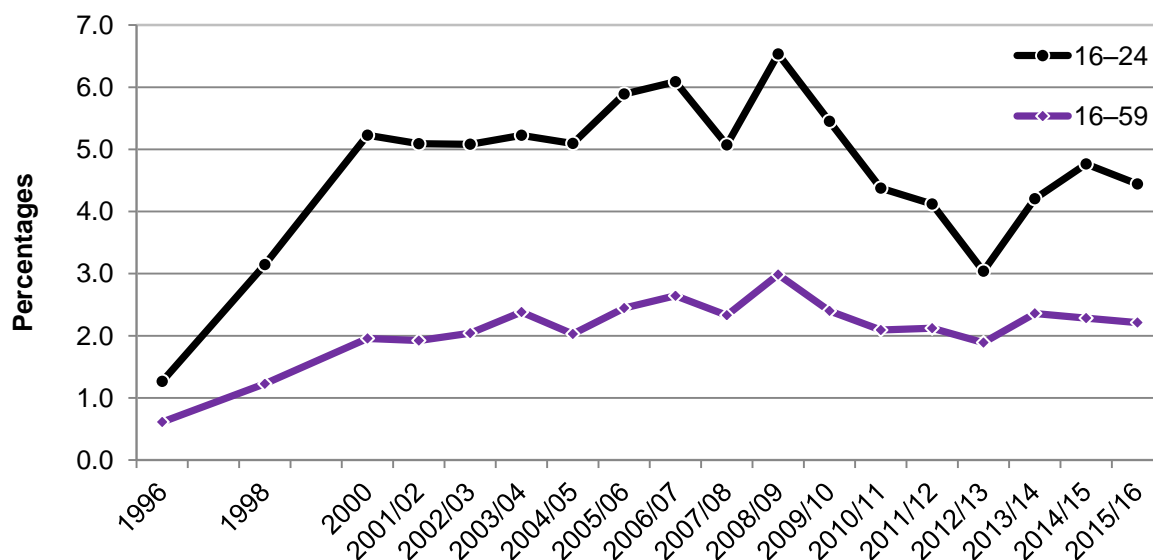


Source: Home Office, Appendix Tables 1.02 and 1.06.

Powder cocaine

As in recent years, the next most commonly used drug in the last year (after cannabis) among adults aged 16 to 59 was powder cocaine (2.2% in the 2015/16 survey, equating to around 725,000 people). By contrast, powder cocaine is the third most commonly used drug among young adults aged 16 to 24 (4.4% or 274,000 young adults) after cannabis and ecstasy (see below). Both proportions have remained similar to the previous year (2.3% among 16 to 59 year olds and 4.8% among 16 to 24 year olds in the 2014/15 survey).

Figure 1.3: Proportion of adults using powder cocaine in the last year, 16 to 59 and 16 to 24 year olds, 1996 to 2015/16 CSEW



Source: Home Office, Appendix Tables 1.02 and 1.06.

Powder cocaine use among 16 to 59 year olds rose sharply between the 1996 and 2000 survey years (0.6% to 2.0%), driven by an even sharper increase among the 16 to 24 age group (1.3% to 5.2%). These increases were followed by slower increases to a peak in the trends in the 2008/09 survey for both 16 to 59 and 16 to 24 year olds: 3.0 per cent among 16 to 59 year olds and 6.5 per cent among 16 to 24 year olds. Although the latest figures from the 2015/16 survey represent increases for both age groups compared with the 1996 survey, both are statistically significantly lower compared with the peak estimates from the 2008/09 survey year (3.0% among 16 to 59 year olds and 6.5% among 16 to 24 year olds). However, there is no significant difference between last year use of powder cocaine in the 2015/16 survey and a decade ago in the 2005/06 survey. Since the 2009/10 survey year, the trend in powder cocaine use among 16 to 59 year olds has remained relatively flat, fluctuating between 1.9 and 2.4 per cent.

Among 16 to 24 year olds the trend has fluctuated for a number of years, making it difficult to assess its overall direction. In part this is due to the 2012/13 survey estimate, which looks to be out of line with recent results; however the trend is likely to be flat over the last six years, similar to the trend for the wider age group.

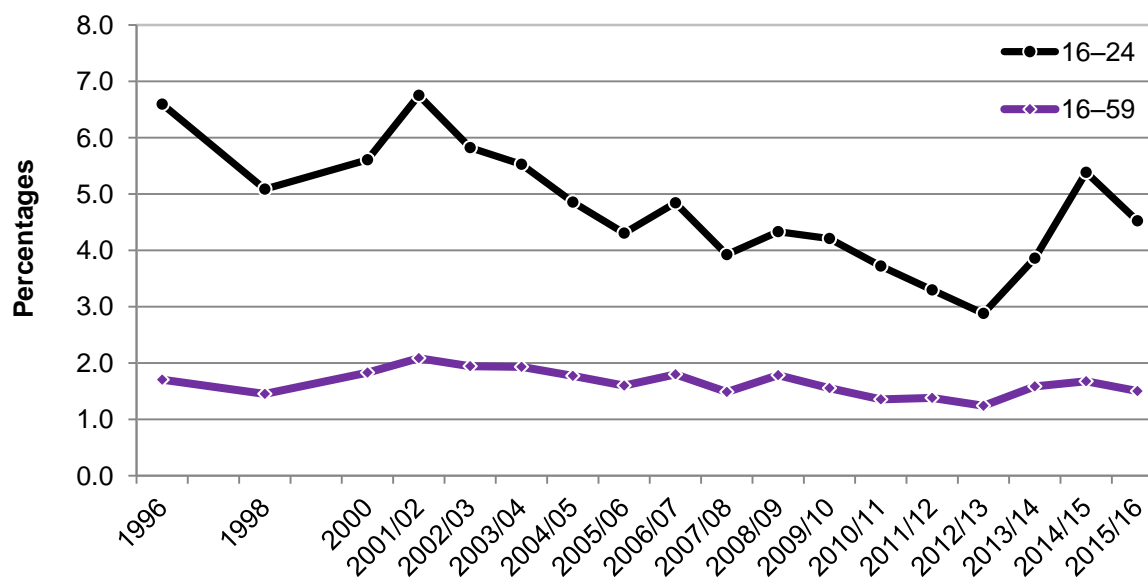
Ecstasy

The level of last year ecstasy use by adults aged 16 to 59 in the 2015/16 survey (1.5%, or 492,000 people) was similar to the previous year (1.7%), and to that seen in the 1996 survey year (also 1.7%). Generally, 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 1 and 2 per cent since measurement began in 1996 (Figure 1.4).

In the 2015/16 survey, the proportion of 16 to 24 year olds reporting ecstasy use in the last year was 4.5 per cent, equating to around 279,000 young adults. This appears to be lower than the 2014/15 estimate of 5.4 per cent, but the difference is not statistically significant. The trend in ecstasy use

among young adults was generally downward until the 2012/13 survey year (although estimates in this survey year appear to be out of line with recent results for many drug types and may be a result of sampling variation). Estimates in the last 3 years have been higher, and last year ecstasy use among young people is similar to the level 10 years ago (4.3%) (Figure 1.4). In general, the trend in ecstasy use over the past decade is difficult to assess due to fluctuation, but the latest estimate shows significant falls compared with the 1996 estimate of 6.6 per cent and the 2001/02 peak of 6.8 per cent.

Figure 1.4: Proportion of adults using ecstasy in the last year, 16 to 59 and 16 to 24 year olds, 1996 to 2015/16 CSEW



Source: Home Office, Appendix Tables 1.02 and 1.06.

Other drugs

There were statistically significant falls in the use of most drug types compared with a decade ago (2005/06 CSEW). These can be seen in [Appendix Table 1.02](#). There were also statistically significant changes between the 2014/15 and 2015/16 survey years for a number of drug types, outlined below.

- **LSD use fell, driven largely by a fall among young adults aged 16 to 24.** The fall for 16 to 59 year olds was from 0.4 to 0.2 per cent, the difference representing around 58,000 fewer people than last year. Use among 16 to 24 year olds halved, falling from 1.2 to 0.6 per cent – a difference of 42,000 fewer people compared with last year. However, the estimates for LSD use among 16 to 59 year olds in the 2014/15 (and 2013/14) surveys look out of line with the flat trend prior to these two years, while the latest 2015/16 estimate is consistent with the previously flat trend. This suggests a return to the usual level of LSD use, after two years of fluctuation.
- **Mephedrone use fell, driven largely by a fall among young adults aged 16 to 24.** The fall for 16 to 59 year olds was from 0.5 to 0.3 per cent (around 73,000 fewer people than the previous year). This was largely accounted for by a fall from 1.9 to 0.9 per cent among 16 to 24 year olds – 60,000 fewer people than in the 2014/15 survey. Mephedrone use among 16 to 59 year olds has been falling steadily since questions were first asked in the 2010/11 CSEW (the 2010/11 estimate of last year mephedrone use was 1.3% of adults).
- **Ketamine use fell among 16 to 59 year olds,** from 0.5 to 0.3 per cent. The 2015/16 CSEW showed that around 94,000 adults had used ketamine in the last year. The use of ketamine has remained steady between 0.3 and 0.6 per cent since the start of measurement in the 2006/07 survey.
- **Anabolic steroid use fell among 16 to 24 year olds.** Steroid use among this age group fell from 0.5 per cent to 0.1 per cent of 16 to 24 year olds (equating to around 4,000 young adults who had used anabolic steroids in the last year).

The summary of trends in Table 1 below and [Appendix Tables 1.02 and 1.06](#) show trends in last year drug use. Over the longer term (compared with the start of measurement in 1996) there have been falls in the use of most drug types among adults aged 16 to 59 as well as among young adults aged 16 to 24, although both age groups show an increase in the use of powder cocaine relative to the 1996 estimates.

1.3 LAST YEAR USE OF KHAT

Khat² became controlled as a Class C drug on 24 June 2014 and a question on last year use of khat was reinstated in the 2014/15 and 2015/16 CSEW following this legislation. Prior to June 2014, khat was not controlled, but questions on khat were asked in the 2010/11 and 2011/12 surveys. The 2014/15 estimate of last year khat use should be treated with caution, as khat was not a controlled substance for part of the survey year. Depending on the time of the interview, some respondents were asked to recall a 12-month period in which khat was legal, while for others khat had been legal at the start of the 12-month period they were asked about, but became illegal during the 12-month period.

The 2015/16 CSEW found that 0.06 per cent of adults aged 16 to 59 had used khat in the last year; this equates to around 20,000 people. This is similar to the 0.05 per cent estimated in 2014/15, but a statistically significant fall compared with 0.2 per cent in the previous two survey years when khat use was measured. However, it should be noted that a household survey such as the CSEW may underestimate the use of substances such as khat, the use of which is concentrated in individuals of a specific national origin.

1.4 LAST YEAR USE OF NEW PSYCHOACTIVE SUBSTANCES

The 2015/16 CSEW asked questions on the last year use of new psychoactive substances (NPS); this is the second year these questions have been asked. 'NPS' refers to newly available drugs that mimic the effect of drugs such as cannabis, ecstasy and powder cocaine. Some NPS were previously legal to buy, but all are now illegal to supply under the Psychoactive Substances Act 2016, which commenced on 26 May 2016. These substances are discussed in detail in [Chapter 4](#).

1.5 LAST YEAR USE OF PRESCRIPTION-ONLY PAINKILLERS

The 2014/15 CSEW included a question for the first time on the misuse of prescription-only painkillers;³ this asked respondents whether they had taken prescription-only painkillers not prescribed to them for the feeling or experience it gave them. In the 2015/16 CSEW, the question was split into two parts, first asking respondents whether they had taken prescription-only painkillers not prescribed to them, and secondly, if so, whether it was for medical reasons or for the feeling or experience it gave them. This change was made as part of continuous survey development, to improve clarity; however, this means that estimates of painkiller misuse from the two survey years are not directly comparable.

The 2015/16 survey estimated that in the last year 7.5 per cent of adults aged 16 to 59 had taken a prescription-only painkiller not prescribed to them: 7.4 per cent (around 2.4 million adults) said that they had taken the painkillers purely for medical reasons, while a small proportion (0.2%, or 33,000 adults) said it was just for the feeling or experience it gave them. A further very small number of adults said it was for both. This tendency was also true for young adults aged 16 to 24.

Of the 16 to 59 year olds who had reported misuse of prescription-only painkillers, 15.3 per cent reported having taken another drug in the last year, suggesting that those who misuse painkillers do not tend to use other drugs. This is in contrast with users of NPS, of whom the majority (85%) had used another drug in the last year (see [Chapter 4](#)). Further analysis of prescription-only painkiller misuse by demographic factors is shown in [Chapter 3](#).

² Estimates of khat use have not been included in the Appendix Tables.

³ Figures relating to painkillers have not been included in the Appendix Tables.

1.6 LAST MONTH USE OF DRUGS

'Use in the last month' is a good indicator of very recent drug use, but it is subject to more variation due to the smaller number of last month users interviewed. The questions on last month use were temporarily removed⁴ in the 2012/13 and 2013/14 surveys, before being reinstated in the 2014/15 and 2015/16 surveys.

More detail is available in the [Appendix Tables](#) and the trends in last month drug use are shown in Figure 1.5 below. Commentary on the trends is presented below the chart.

Figure 1.5: Trends in drug use in the last month among adults, 16 to 59 and 16 to 24 years old, 1996 to 2015/16 CSEW

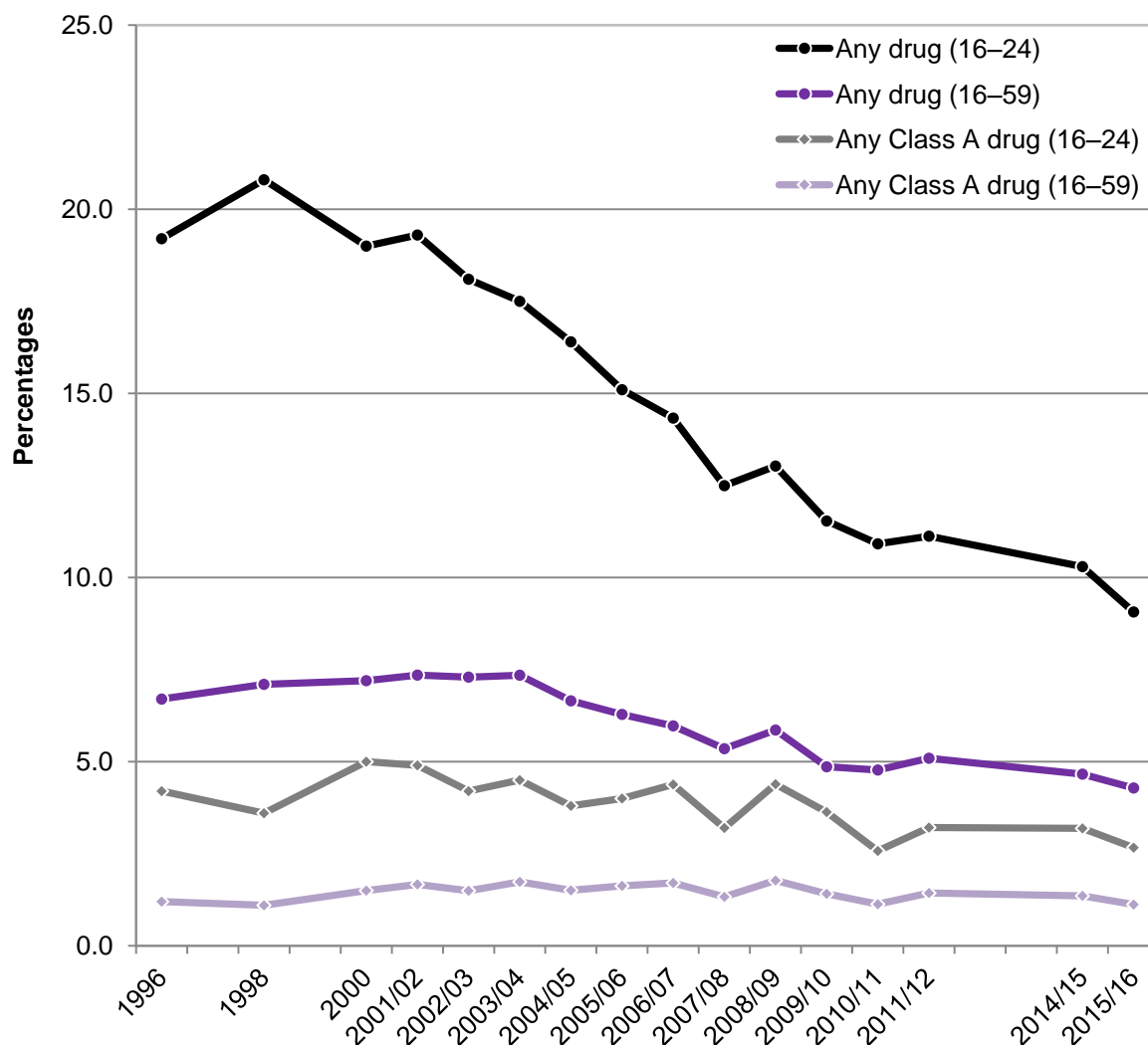


Chart notes

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 2015/16 CSEW showed the following trends in drug use during the last month.

- Around 4.3 per cent of adults aged 16 to 59 said they had taken a drug in the last month. This equates to around 1.4 million people. The proportion is similar to the previous year (4.7% in the 2014/15 CSEW) and is statistically significantly lower than those observed a decade ago in the 2005/06 survey (6.3%) and when CSEW measurements began in 1996 (6.7%) ([Appendix Tables 1.03 and 1.04](#); Figure 1.5).

⁴ The questions were rotated out of the survey to make space for other high-priority questions across the CSEW.

- The proportion among young adults aged 16 to 24 followed a similar pattern, although the proportion was 9.1 per cent, more than double that of the wider age group. This equates to around 560,000 young people aged 16 to 24 having taken a drug in the month prior to interview compared with 10.3 per cent in the 2014/15 survey. Again, this represents statistically significant falls compared with 15.1 per cent in the 2005/06 survey and 19.2 per cent in the 1996 survey ([Appendix Tables 1.07 and 1.08](#); Figure 1.5).
- Last month use of Class A drugs was reported by 1.1 per cent of adults aged 16 to 59 and 2.7 per cent of young adults aged 16 to 24. Similarly to any drug use in the last month, these proportions have not changed statistically significantly compared with the previous survey year, but are significantly down compared with a decade ago ([Appendix Tables 1.03 and 1.07](#); Figure 1.5).
- Among adults aged 16 to 59, the drugs most commonly taken in the last month were cannabis (3.2%, down from 3.7% in the 2014/15 survey), powder cocaine (0.8%, similar to previous year) and ecstasy (0.4%, down from 0.6% in the 2014/15 survey).
- Among adults aged 16 to 24, the drugs most commonly taken in the last month were cannabis (7.7%), powder cocaine (2.0%) and ecstasy (1.4%). The use of these three drugs in the last month by 16 to 24 year olds has not changed statistically significantly compared with the previous survey year, although LSD use has fallen significantly from 0.4 to 0.05 per cent.

1.7 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 use.⁵ Detailed figures on *lifetime use* of drugs are in [Appendix Tables 1.01 and 1.05](#).

According to the 2015/16 CSEW, 35.0 per cent of adults aged 16 to 59 had used a drug at some point in their lives (11.4 million people), while only 8.4 per cent had done so in the last year (2.7 million people). By contrast, among the subgroup of young adults aged 16 to 24, a similar proportion (34.7%, or 2.1 million young adults) had used a drug in their lifetime, compared with 18.0 per cent (1.1 million young adults) who had done so in the last year. These comparisons of trends in last year drug use and use at any point in the respondent's lifetime are consistent with the theory that drug use tends to begin relatively early in life, and that those who have used a drug at some point in their lives may not have done so recently.

For all adults aged 16 to 59, the drug most commonly reported as ever used was cannabis, with around 3 in 10 (29.4%) adults reporting using this drug at some point during their lifetime. Furthermore, around 1 in 10 adults aged 16 to 59 said that they had used amphetamines (10.3%), powder cocaine (9.7%) or ecstasy (9.4%) and 1 in 12 said they had used amyl nitrite (8.3%) at some point in their lives. Among adults aged 16 to 59, 15.4 per cent (5 million) had taken a Class A drug in their lifetime. This is a statistically significant increase from 9.6 per cent in the 1996 survey and from 14.1 per cent in the 2005/06 survey a decade ago.

⁵ Questions on the use of mephedrone ever 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.

1.8 SUMMARY OF TRENDS

Table 1 provides a summary of the trends in the last year use of drugs by adults aged 16 to 59 and the subgroup of younger adults aged 16 to 24.

Table 1: Last year drug use among adults aged 16 to 59 and young adults aged 16 to 24, with a summary of trends, 2015/16 CSEW

Class	Drug types	Adults aged 16 to 59				Adults aged 16 to 24			
		2015/16	compared with:			2015/16	compared with:		
		Proportion reporting use (%)	1996	2005/06	2014/15	Proportion reporting use (%)	1996	2005/06	2014/15
A	Any cocaine	2.3	↑			4.4	↑	↓	
	Powder cocaine	2.2	↑			4.4	↑	↓	
	Crack cocaine	0.1				0.0		↓	
	Ecstasy	1.5				4.5	↓		
	Hallucinogens	0.5	↓	↓		1.6	↓	↓	
	LSD	0.2	↓		↓	0.6	↓		↓
	Magic mushrooms	0.4	↓	↓		1.3		↓	
	Opiates	0.1				0.1			
	Heroin	0.1				0.0		↓	
	Methadone	0.1				0.1			
A/B	Any amphetamine	0.6	n/a	n/a		1.1	n/a	n/a	
	Amphetamines	0.6	↓	↓		1.1	↓	↓	
	Methamphetamines	0.0	n/a	n/a		0.2	n/a	n/a	
B	Cannabis	6.5	↓	↓		15.8	↓	↓	
	Ketamine	0.3	n/a	n/a	↓	1.0	n/a	n/a	
	Mephedrone	0.3	n/a	n/a	↓	0.9	n/a	n/a	↓
B/C	Tranquillisers	0.4				0.5			
C	Anabolic steroids	0.2				0.1		↓	↓
n/a	Amyl nitrite	0.6	↓	↓		1.2	↓	↓	
	Any Class A drug	3.0		↓		6.6	↓	↓	
	Any stimulant drug	3.3	↓	↓		6.8	↓	↓	
	Any drug	8.4	↓	↓		18.0	↓	↓	
	<i>Unweighted base</i>	<i>20,685</i>				<i>2,379</i>			

Table notes

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, amyl nitrite, any other pills/powders/drugs smoked.

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

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

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 measure of frequency of use for 'any drug' used for the 2014/15 and 2015/16 Crime Surveys for England and Wales (CSEWs) are calculated slightly differently than previously as they are based on one specific question that asks about the frequency of any drug use. In 2013/14 and previous years, frequent use was calculated by combining the individual questions that ask about use for each individual drug in the survey. Therefore no direct comparisons have been made with 2013/14 or previous years for frequent drug use. Questions on the frequency of drug use for most individual drug types were included until the 2014/15 survey year, in which only the question on frequency of cannabis use was retained. The questions on frequency of ecstasy and cocaine use were re-introduced in the 2015/16 CSEW.

The [User Guide to Drug Misuse Statistics](#) provides further details relating to drug use measures, and changes made to the 2015/16 survey.

Estimates of frequent drug use for cannabis, powder cocaine, ecstasy and any drug in the last year among adults from the 2015/16 CSEW can be found in the [Appendix Tables](#).

KEY FINDINGS

- According to the 2015/16 CSEW, **3.3 per cent of all adults aged 16 to 59 were classed as frequent drug users**. This equated to around 1.1 million people.
- **Young adults were more likely to be frequent drug users than the wider age group (16 to 59 year olds)**. The proportion of young adults aged 16 to 24 who were classed as frequent drug users was 4.7 per cent (equivalent to 292,000 young people).
- **Cannabis was the drug most likely to be frequently used**, with 37 per cent of cannabis users being classed as frequent users in the 2015/16 survey.
- **The majority of ecstasy and powder cocaine users only take the drug once or twice a year** (69% for ecstasy and 61% for powder cocaine users).
- **There have been decreases in the frequent use of powder cocaine and ecstasy**: for example, the proportion of frequent drug users of powder cocaine fell from 24.5 per cent in the 2006/07 survey to 11.1 per cent in 2015/16.

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.

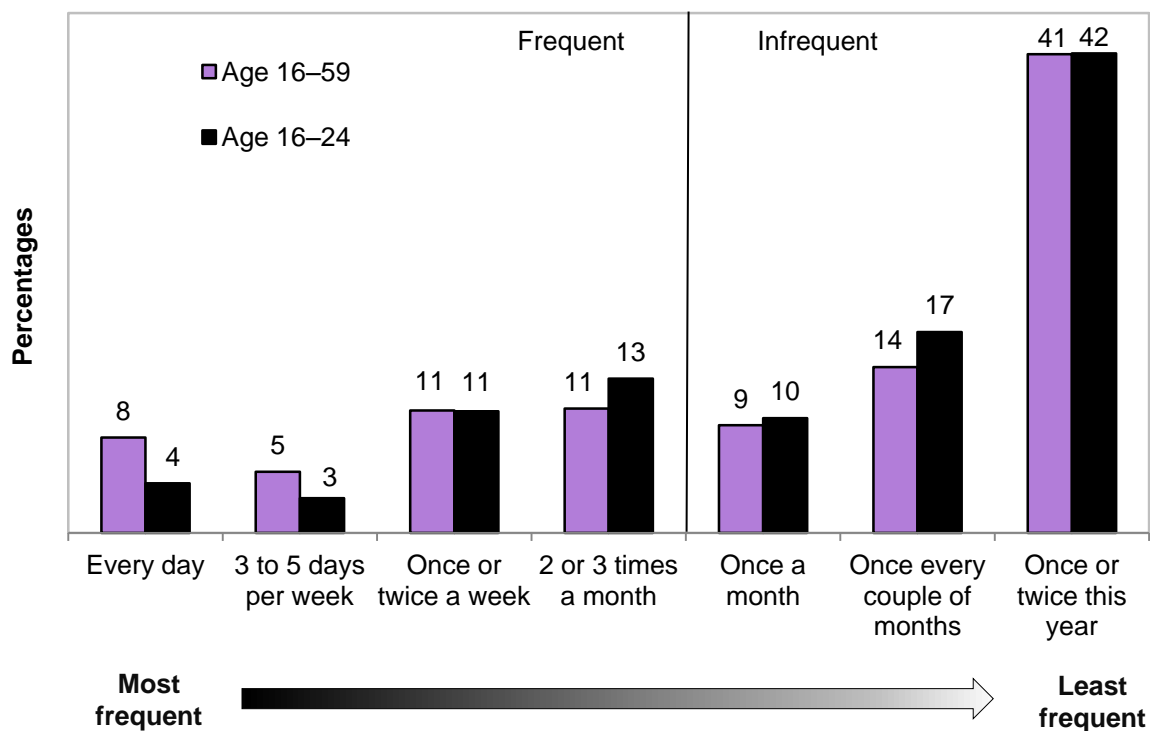
Therefore, trends in frequent use of any drug prior to 2014/15 have not been presented as this year is not directly comparable with previous years.

2. Frequency of drug use in the last year

Estimates from the 2015/16 CSEW show that 3.3 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 equated to around 1.1 million people (data not shown in data tables). Frequent drug users made up over a third (35%) of the adults who reported drug use within the last year; 8 per cent of adults who reported using drugs in the last year said they had used drugs every day ([Appendix Table 2.02](#)).

The proportion of 16 to 24 year olds defined as frequent drug users was higher (4.7%, equivalent to 292,000 young people) than the proportion of frequent drug users aged 16 to 59 (3.3%). However, similar proportions of 16 to 24 year olds and 16 to 59 year olds who had taken drugs in the last year were frequent drug users (35% for 16 to 59 year olds and 31% for 16 to 24 year olds). Younger drug users were less likely to say they used drugs every day (4%) compared with those aged 16 to 59 (8%). This is likely to be due to the types of drugs used by younger drug users. ([Appendix Tables 1.02 and 1.06](#))

Figure 2.1: Frequency of any drug used, adults aged 16 to 59 and 16 to 24, 2015/16 CSEW



Source: Home Office, Appendix Table 2.02.

2.2 FREQUENCY OF INDIVIDUAL DRUG USE

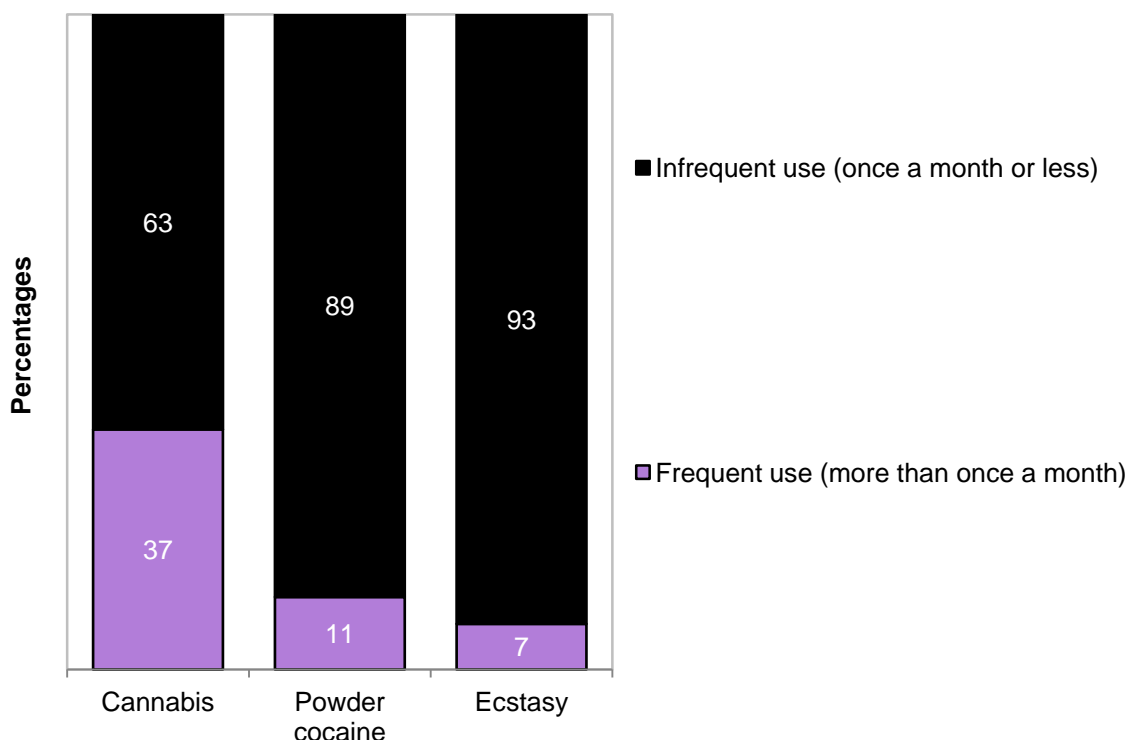
Respondents were asked how frequently they used cannabis, cocaine and ecstasy if they said they had taken it during the last year.

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 (6.5%, [Appendix Table 1.02](#)). Of those aged 16 to 59 using cannabis during the last year, 37 per cent reported frequent use of this drug. The equivalent proportion for young adults aged 16 to 24 was similar, at 36 per cent ([Appendix Table 2.03](#)).

Figure 2.2 shows that of the three specific drugs asked about, cannabis had the highest proportion of frequent users (37% of last-year cannabis users). Powder cocaine (11%) and ecstasy (7%) were used less frequently. A small proportion of cannabis users used it every day (8%). Taking drugs 'once or

twice a year' was the most common frequency across all drug types: 43% for cannabis users, 61% for powder cocaine users and 69% for ecstasy users. That is, the majority of powder cocaine and ecstasy users only do so once or twice a year ([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, 2015/16 CSEW



Source: Home Office, Appendix Tables 2.03 to 2.05.

2.3 TRENDS IN INDIVIDUAL DRUG USE

The CSEW can also be used to provide information on trends in the frequent use of drugs. Analysis has been conducted for the three most popular drugs (cannabis, powder cocaine and ecstasy). This analysis shows that the proportion of users of cannabis who were frequent users was relatively flat between the 2003/04 and 2013/14 surveys, although there is considerable fluctuation between survey years. The latest estimate, from the 2015/16 survey, shows that the proportion of last year cannabis users aged 16 to 59 who were frequent users has dropped to 36.6 per cent, the lowest proportion since these questions were first asked in 2003/04 (when 45.3% of last year cannabis users were frequent users). Given the considerable fluctuation between surveys and due to changes in the questions asked in the survey (questions relating to frequency of drug use were only asked for cannabis and any drug in 2014/15), it is too early to say whether this is a real decrease or due to sampling variability or a question effect.

There are clearer downward trends in frequent use of ecstasy and cocaine. Frequent use of ecstasy has shown a general downward trend since the 2003/04 survey, while frequent use of cocaine has fallen since the 2008/09 CSEW (Figure 2.3). For example, in the 2003/04 survey, the proportion of ecstasy users who were frequent drug takers was 20.2 per cent. This has decreased to 7.0 per cent in the 2015/16 survey.

Figure 2.3: Trends in the proportion of drug users considered frequent users of cannabis, ecstasy and powder cocaine, 2003/04 to 2015/16 CSEW

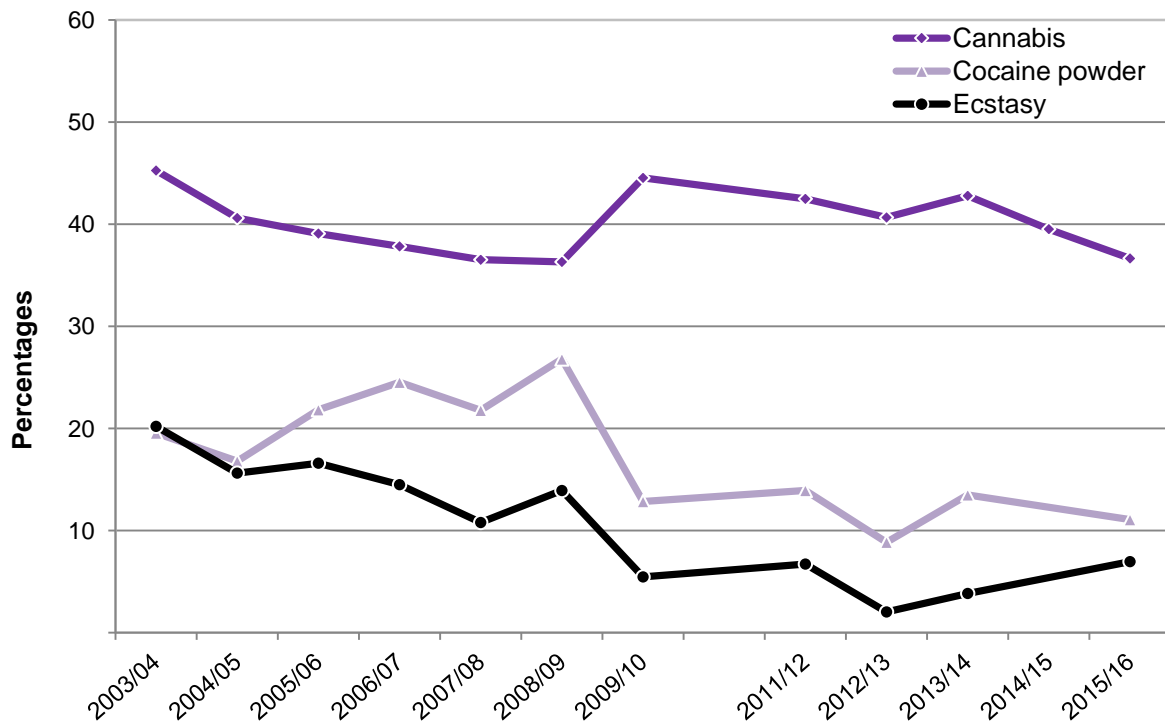


Chart notes

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 USE

Respondents who said that they had used cannabis in the last month were asked how often they had done so. The question was last asked in the 2010/11 CSEW. The European measure of frequency of use is different to this and so a split-sample experiment was carried out to inform the decision as to which question to use from 2016/17. The results of this experiment are presented in the [methodological annex](#).

[Appendix Table 2.07](#) shows that just under half (47%) of last month cannabis users said they used cannabis less than once a week, and only 14 per cent said they used it daily or almost daily. In the 2015/16 CSEW, last month cannabis users were more likely to say they used it at least once a week (but not as often as several times a week) compared with 2010/11 (24% and 15% respectively).

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

INTRODUCTION

This chapter presents findings from the 2015/16 Crime Survey for England and Wales (CSEW) on levels of drug use in the last year, by age, sex, frequency of nightclub or disco and pub or bar visits, alcohol consumption, personal well-being and other characteristics. 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.

Estimates of last year drug use by personal, household and area characteristics, and lifestyle factors (including additional characteristics that are not commented on here) from the 2015/16 CSEW, alongside long-term trends for certain characteristics, can be found in the [Appendix Tables](#).

KEY FINDINGS

- **Younger people are more likely to take drugs than older people.** The level of any drug use in the last year was highest among 16 to 19 year olds (17.8%) and 20 to 24 year olds (18.2%). The level of drug use was much lower in the oldest age group (2.2% of 55 to 59 year olds).
- **Men are more likely to take drugs than women.** Around 1 in 8 (11.8%) men aged 16 to 59 had taken any drug in the last year, compared with 1 in 20 (5.0%) women.
- **People living in urban areas reported higher levels of drug use than those living in rural areas.** Around 1 in 11 (8.8%) people living in urban areas had used any drug in the last year compared with 1 in 16 (6.3%) of those living in rural areas.
- **Increased levels of drug use are associated with increased frequency of visits to pubs, bars and nightclubs.** For example, use of any Class A drug in the last year was around 10 times higher among those who had visited a nightclub at least 4 times in the past month (17.6%) compared with those who had not visited a nightclub in the past month (1.7%). A similar pattern was found for those visiting pubs and bars more frequently.

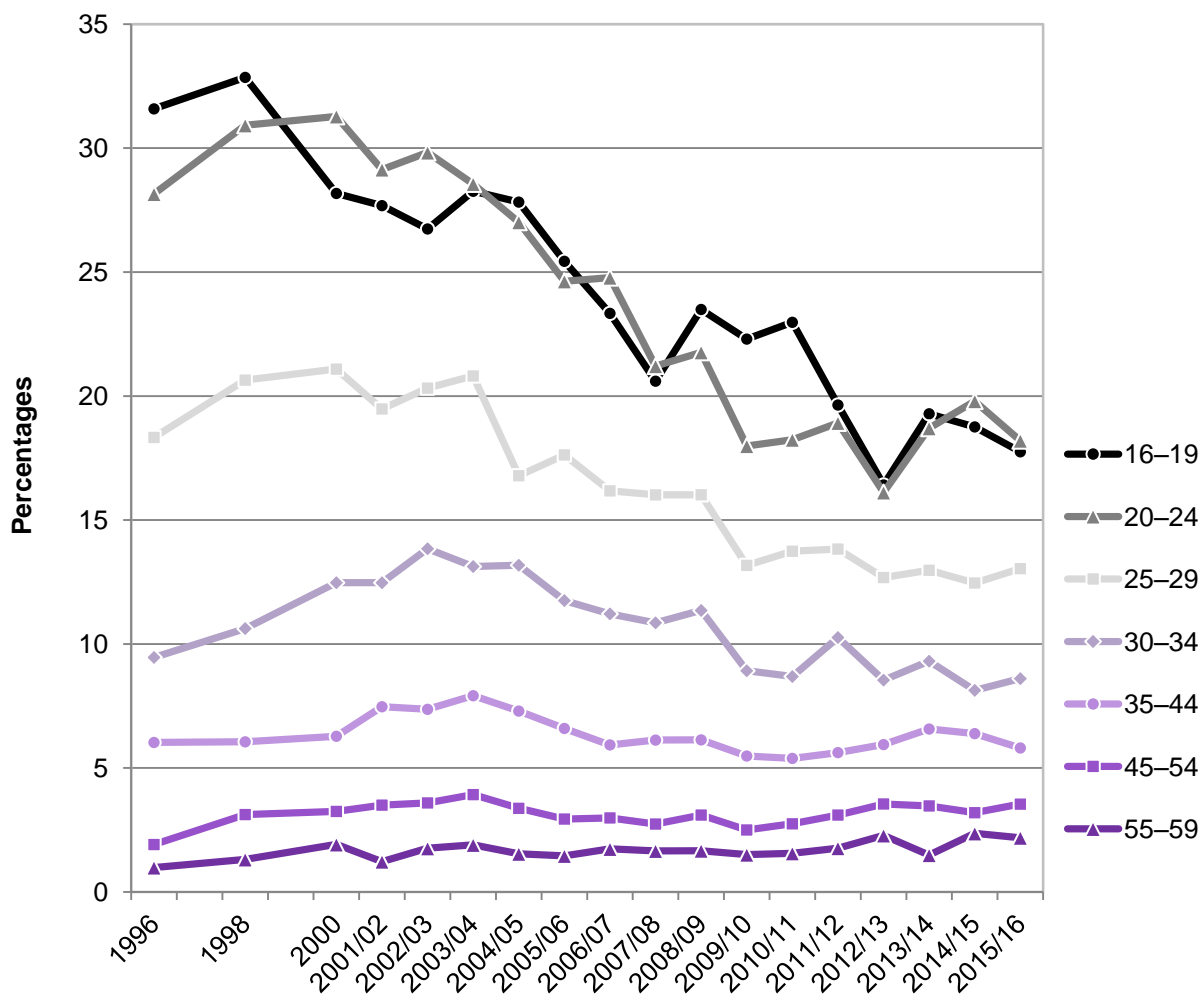
3.1 EXTENT AND TRENDS IN DRUG USE, BY AGE GROUP

As shown in previous years, the 2015/16 CSEW shows the level of any drug use in the last year was highest among the youngest age groups; 17.8 per cent of 16 to 19 year olds and 18.2 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 13.0 per cent of those aged 25 to 29 to 2.2 per cent of 55 to 59 year olds ([Appendix Table 3.01](#)).

Between the 1996 and 2015/16 surveys, last year use of any drug fell ([Appendix Table 1.02](#)). This was largely due to the declines in drug use among 16 to 24 year olds, and to a lesser extent, 25 to 29 year olds (as shown in Figure 3.1). Over the same period, there have been increases in any drug use among older drug users, with last year use of any drug among 55 to 59 year olds increasing from 1.0 per cent in the 1996 survey, to 2.2 per cent in the 2015/16 survey. The increase in any drug use among 55 to 59 year olds has mainly been driven by increases in the use of cannabis, although use of all types of drugs among this age group is still low compared with younger age groups ([Appendix Table 3.04](#)). Further analysis focusing on older drug users is available in Annex A of the [Drug Misuse: findings from the 2014/15 CSEW](#) publication.

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

Figure 3.1: Proportion of 16 to 59 year olds using any drug in the last year, by age group, 1996 to 2015/16 CSEW



Source: Home Office, Appendix Table 3.04.

Across most drug types, levels of use in the last year were highest among the youngest age groups, specifically those aged 16 to 19 and 20 to 24 in the 2015/16 CSEW. The exception to this is powder cocaine, where use was highest in those aged 20 to 24 and 25 to 29.

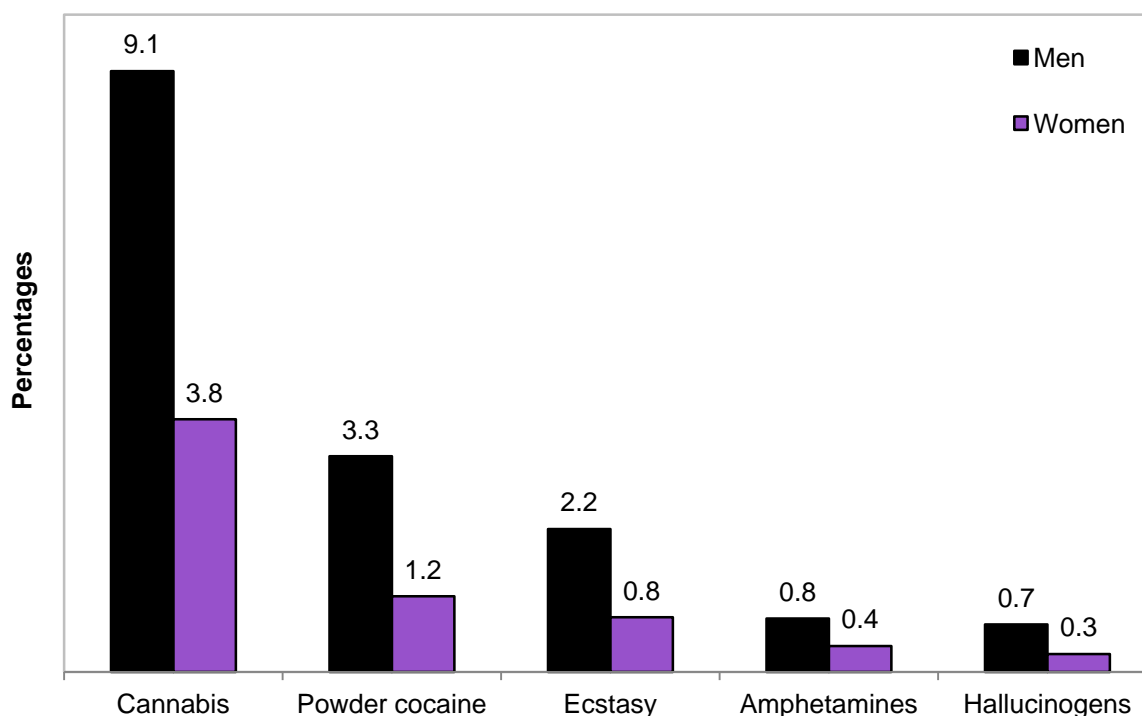
Class A drug use was highest among 20 to 24 year olds with 7.3 per cent reporting use of these types of drugs in the last year and lowest among 55 to 59 year olds (0.2%).

3.2 EXTENT AND TRENDS IN DRUG USE, BY SEX

Levels of drug use during the last year were higher among men than women according to the 2015/16 survey, with 11.8 per cent of men aged 16 to 59 reporting taking any drug in the last year, compared with 5.0 per cent of women. This pattern has existed since the 1996 survey, even though levels of use have fallen for both sexes (13.6% of men and 8.6% of women in 1996).

In the 2015/16 survey, men were more than twice as likely to report using cannabis in the last year than women (9.1% of men had used cannabis in the last year, compared with 3.8% of women). Men were almost three times more likely than women to take powder cocaine (3.3% compared with 1.2%) and ecstasy (2.2% compared with 0.8%) in the last year (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, 2015/16 CSEW



Source: Home Office, Appendix Table 3.05.

Between the 2014/15 and 2015/16 surveys, the use of hallucinogens by men in the last year fell from 1.1 per cent to 0.7 per cent. There were no other statistically significant changes between the 2014/15 and 2015/16 surveys for either men or women.

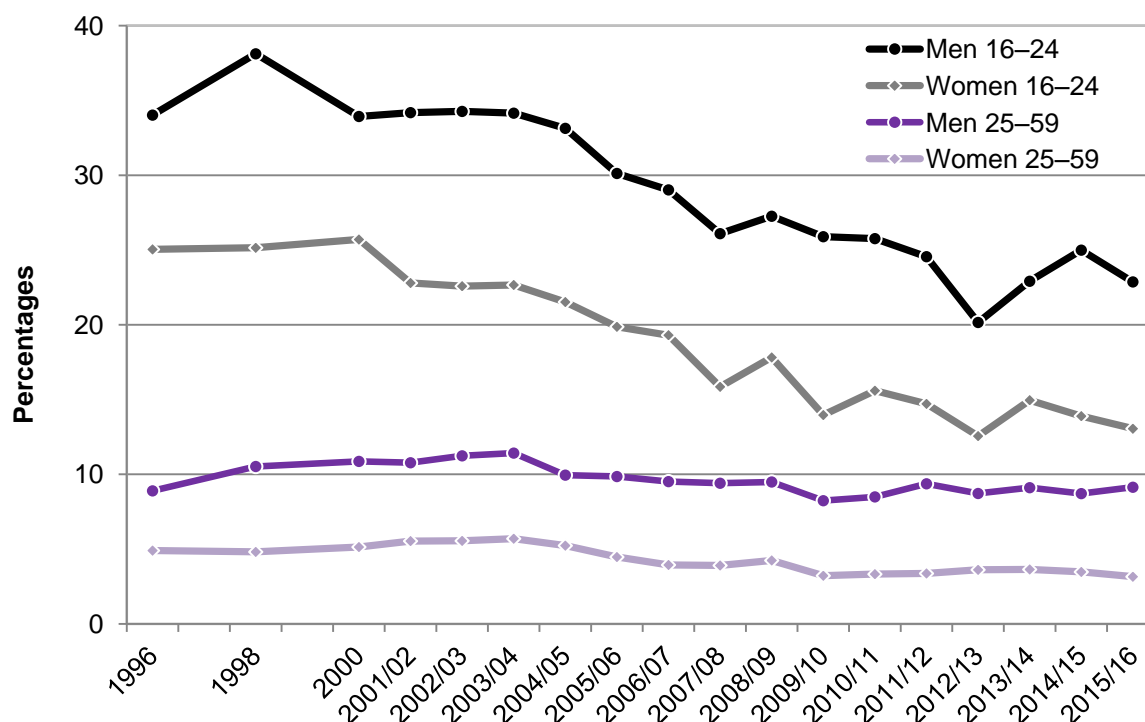
3.3 EXTENT AND TRENDS IN DRUG USE, BY SEX AND AGE

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) in the 2015/16 CSEW.

- Between 1 in 4 and 1 in 5 men aged 29 or under reported using any drug in the last year (20.7% for 16 to 19 year olds, 24.4% for 20 to 24 year olds, and 19.6% for 25 to 29 year olds), compared with 1 in 100 women aged 55 to 59 (1.0%). ([Appendix Table 3.02.](#))
- Use of any Class A drug in the last year was higher among men than women in the same age groups. For example, 10.2 per cent of men aged 20 to 24 and 9.4 per cent of men aged 25 to 29 reported using any Class A drug in the last year, compared with 4.3 per cent of women aged 20 to 24, and 2.8 per cent of women aged 25 to 29.
- Over the last decade, there has been a decline in last year use of any drug among women aged 16 to 24 and 25 to 59 (from 19.9% to 13.1%, and from 4.5% to 3.2% respectively). Among men, last year use of any drug fell for those aged 16 to 24 (from 30.1% to 22.9%), but remained stable in those aged 25 to 59 (9.9% and 9.1%). (Figure 3.3; [Appendix Table 3.06.](#))

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

Figure 3.3: Proportion of 16 to 59 year olds using any drug in the last year, by age group, 1996 to 2015/16 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 or bar visits and alcohol consumption.

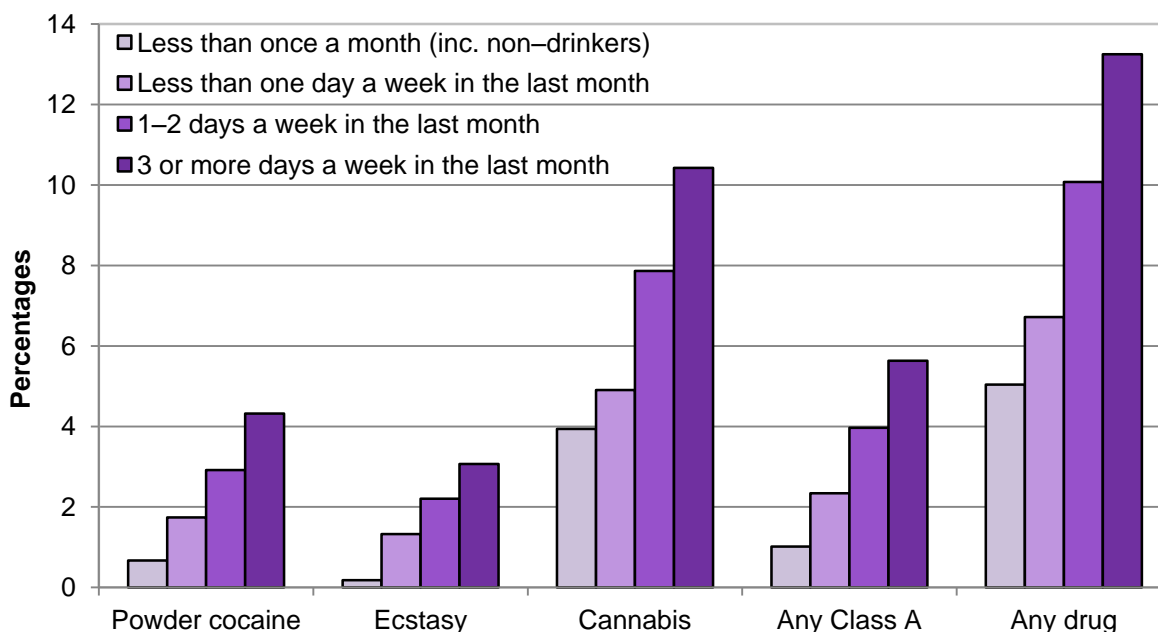
It is important to note that demographic factors are not necessarily independently associated with higher drug use. For example, those with higher household incomes may be married and have two main incomes, so analysis that suggests that household income is an important factor, may actually mask the fact that the underlying factor could be marital status. A previously published regression analysis of CSEW demographic characteristics and lifestyle factors found that age, sex, frequency of alcohol consumption and marital status were the most important factors associated with drug use ([Drug misuse declared: findings from the 2009/10 British Crime Survey](#)).

As shown in previous years, levels of drug use in the last year increase with the frequency of nightclub visits and pub or bar visits ([Appendix Table 3.01](#)). For example, the 2015/16 CSEW showed the following for adults aged 16 to 59.

- Use of any Class A drug in the 12 months prior to interview was around 10 times higher among those who had visited a nightclub at least 4 times in the past month (17.6%) compared with those who had not visited a nightclub in the past month (1.7%).
- Higher levels of Class A drug use among those who were regular visitors to nightclubs was driven mainly by last year use of powder cocaine and ecstasy. Last year use of powder cocaine was around 10 times higher among those who had visited a nightclub at least 4 times in the past month (12.6%) compared with those who had not visited a nightclub in the past month (1.2%). Last year use of ecstasy was 20 times higher among those who had visited a nightclub at least 4 times in the past month (12.0%) compared with those who had not visited a nightclub in the past month (0.6%).
- Similarly, powder cocaine use was around 17 times higher among those who had visited a pub or bar at least 9 times in the last month (10.2%) than those who had not visited a pub or bar at all in the last month (0.6%). A similar pattern was also seen with ecstasy.

The CSEW also provides information on last year drug use, by frequency of alcohol consumption. Figure 3.4 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 3 or more days per week in the last month were more than twice as likely to have used any drug (13.2% compared with 5.0%) and over 5 times more likely to have used a Class A drug (5.6% compared with 1.0%) in the last year than those who reported drinking less than once a month (including non-drinkers).

Figure 3.4: Proportion of 16 to 59 year olds reporting use of selected drugs in the last year, by frequency of alcohol consumption, 2015/16 CSEW



Source: Home Office, Appendix Table 3.01.

3.5 EXTENT OF DRUG USE, BY OTHER FACTORS

In the 2015/16 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, any Class A drug and any stimulant drug, were higher among those living in urban areas compared with those living in rural areas. For example, 8.8 per cent of people living in urban areas had used any drug in the last year compared with 6.3 per cent of those living in rural areas.
- 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 (16.6%) than those living in any other types of areas (for example, 5.7% of those living in 'suburbanites' areas and 11.8% of those living in 'constrained city dwellers' areas). Patterns of use of any Class A drug were similar, with the highest use among those living in 'cosmopolitans' areas (7.9%) compared with other types of area (for example, 1.8% of those living in 'suburbanites' 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, 12.4 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 7.5 per cent of those who did not.

3.6 EXTENT OF DRUG USE AND PERSONAL WELL-BEING

For the first time in this publication, analysis has been undertaken on drug use and personal well-being. This uses two of the measures of personal well-being that are included in the CSEW, which follow the Office for National Statistics (ONS) standardised approach to measurement. Further

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

information about these measures can be found in the ONS publication [Personal well-being in the UK: 2015 to 2016](#). It is important to note that these findings only report associations between personal well-being and drug use, not causal links. For example, it is equally possible that low levels of life satisfaction could lead to drug use, or that drug use could lead to low levels of life satisfaction, or that a unknown third variable could cause both low levels of life satisfaction and drug use.

- Drug use decreases as life satisfaction increases; 16.7 per cent of those who reported low levels of life satisfaction also reported last year use of any drug, compared with 10.4 per cent of those who reported medium life satisfaction, 8.7 per cent for high life satisfaction, and 5.0 per cent for very high life satisfaction. ([Appendix Table 3.13](#).)
- A similar relationship was observed between the use of any drug and feeling that things done in life are worthwhile. For example, nearly 1 in 5 (19.3%) who had low levels of feeling that things done in life are worthwhile reported using any drug in the last year, compared with 5.1 per cent of those with very high levels.

3.7 EXTENT OF PRESCRIPTION PAINKILLER MISUSE, BY PERSONAL AND HOUSEHOLD FACTORS

The 2014/15 CSEW included a question for the first time on the misuse of prescription-only painkillers. It asked respondents whether they had taken prescription-only painkillers not prescribed to them, which they took only for the feeling or experience it gave them. In the 2015/16 CSEW the question was split into two parts, first asking respondents whether they had taken prescription-only painkillers not prescribed to them, and if so, whether it was for medical reasons or for the feeling or experience it gave them. This change was made as part of continuous survey development, to improve the precision of estimates. However, this means that estimates of painkiller misuse from the two survey years are not comparable. (See also [section 1.5](#).)

The following section reports demographic characteristics of those who reported taking non-prescribed prescription-only painkillers for medical reasons. Due to the small number of cases, it has not been possible to produce robust demographic breakdowns for those who report non-prescribed prescription-only painkillers for the feeling or experience it gave them. Across some demographic factors, patterns of use were similar to those for any drug.

- Use of non-prescribed prescription-only painkillers for medical reasons was higher among men (7.9%) than women (6.8%). ([Appendix Table 3.14](#).)
- The use of non-prescribed prescription-only painkillers for medical reasons decreases as life satisfaction increases; 12.7 per cent of those with low levels of life satisfaction reported use in the last year, compared with 5.7 per cent of those with very high levels of life satisfaction.

However, across other demographic factors, patterns of use diverge from those seen in the use of other drugs.

- Use of non-prescribed prescription-only painkillers for medical reasons was similar in different age groups (7.7% of those aged 16 to 24, compared with 7.3% of those aged 25 to 59).
- Over twice as many people with a long-standing illness or disability reported use of non-prescribed prescription-only painkillers for medical reasons (13.7%) compared with those with no long-standing illnesses (6.3%).
- The use of non-prescribed prescription-only painkillers for medical reasons did not increase with higher levels of alcohol consumption (7.6% of those who drank less than once a month, including non-drinkers, compared with 6.8% of those who drank on 3 or more days a week in the last month).

4. New psychoactive substances

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 drugs such as cannabis, ecstasy and powder cocaine. Respondents to the 2015/16 Crime Survey for England and Wales (CSEW) may have associated such substance with the term 'legal highs', as some NPS may or may not have been illegal to buy during the period they were asked to recall. This terminology was therefore retained in the survey question. All such substances are now illegal to supply under the Psychoactive Substances Act 2016 (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 this chapter presents the first available year-on-year comparison. Questions on the use of individual NPS have been included in some past CSEW surveys, but were not included in overall headline estimates of drug use. These include salvia and nitrous oxide ('laughing gas') measured in the 2012/13 and 2013/14 surveys, as well as BZP (a stimulant similar to amphetamines), synthetic cannabinoids ('spice') and GHB/GBL measured in the 2010/11 and 2011/12 surveys (as well as for six months in the 2009/10 survey). Findings on the use of these substances are shown in the [Drug Misuse bulletins](#) covering these past survey years.

Where NPS use is discussed in comparison with the use of 'other drugs' in this chapter, the latter phrase refers to those drugs that are included in the measure of 'any drug use' discussed in the previous chapters, whereas NPS use is not included in this composite measure. Estimates of NPS use among adults from the 2015/16 CSEW can be found in the [Appendix Tables](#).

KEY FINDINGS

- **The prevalence of NPS use is generally low among adults aged 16 to 59.** Fewer than 1 in 100 (0.7%) adults had used an NPS in the last year. This equates to around 244,000 adults and is similar to the estimate from the 2014/15 CSEW.
- **Use of NPS in the last year is concentrated among young adults aged 16 to 24.** Around 1 in 40 (2.6%) young adults aged 16 to 24 took an NPS in the last year – a proportion more than three times higher than among the wider age group. This equates to around 162,000 young adults aged 16 to 24 and again is similar to the estimate from the 2014/15 CSEW.
- **Use of NPS in the last year was concentrated among young men.** Among men aged 16 to 24, 3.6 per cent had used an NPS in the last year. This equates to around 113,000 people, accounting for almost half of all last year NPS users. Young men were also more likely to have used an NPS in the last year than young women (1.6% or 49,000).
- **The majority of last year NPS users had also used another drug in the last year.** Among adults aged 16 to 59 who had used an NPS, 84.9 per cent had used another drug in the last year. This proportion was similar for young adults aged 16 to 24 (85.2%).
- **Several lifestyle factors were associated with last year NPS use.** These included visits to a pub or a nightclub in the last month, consumption of alcohol in the last month and use of another drug in the last year.
- **Herbal smoking mixtures were the most commonly used NPS in the last year.** More than half (52%) of last year NPS users aged 16 to 59 had taken such a substance on the last occasion that they used NPS.
- **NPS used on the last occasion were most commonly obtained from a friend, neighbour or colleague (35%).** Other common sources were shops (25%), known dealers (9%) or the Internet (8%).

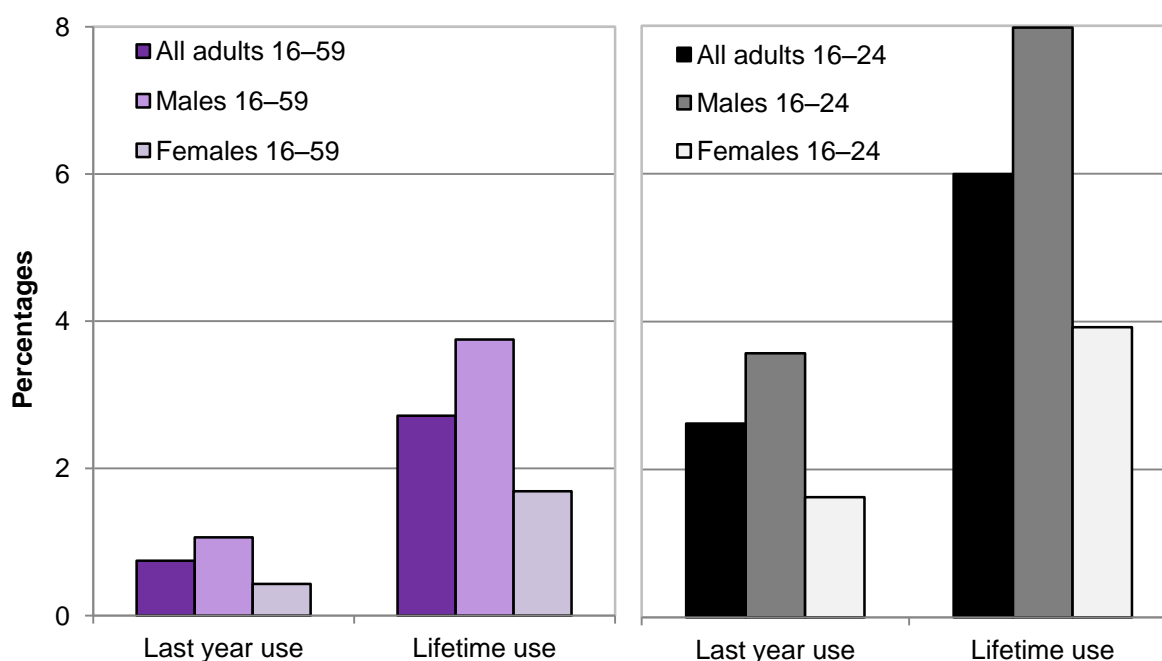
4.1 EXTENT OF NEW PSYCHOACTIVE SUBSTANCES USE

The 2015/16 survey showed that overall, the prevalence of NPS use (both in the last year and in their lifetime) among adults aged 16 to 59 was generally low, compared with the prevalence of well established drugs such as cannabis, powder cocaine and ecstasy (see [Chapter 1](#)).

The 2015/16 CSEW estimated that 0.7 per cent of adults aged 16 to 59 (around 244,000 people) had used an NPS in the last year. Younger adults aged 16 to 24 were more than three times as likely to have used an NPS (2.6%) equating to around 162,000 young people. The younger age group accounts for around two-thirds of all last year users of NPS. These estimates are not statistically significantly different from those measured by the 2014/15 survey.

Men were statistically significantly more likely to have used an NPS than women: 1.1 per cent of men (174,000) had done so, compared with 0.4 per cent of women (71,000). In particular, young men aged 16 to 24 were around five times more likely (3.6%, or 113,000) to have used an NPS than all adults aged 16 to 59 (0.7%). Young men were also significantly more likely than young women (1.6%, or 49,000) to have used an NPS in the last year. The estimates from the 2014/15 survey were similar.

Figure 4.1: Prevalence of new psychoactive substance use in the last year and ever in the adult's lifetime, by sex, 16 to 59 and 16 to 24 year olds, 2015/16 CSEW



Source: Home Office, Appendix Table 4.01.

Overall, 2.7 per cent of adults aged 16 to 59 had used an NPS in their lifetime (890,000 people). As with last year NPS use, men were around twice as likely (3.8%) as women (1.7%) to have used an NPS at some point in their lives, and young adults aged 16 to 24 were around twice as likely (6.0%) to have used an NPS as those in the wider 16 to 59 age group (2.7%). ([Appendix Table 4.01.](#))

4.2 USE OF NEW PSYCHOACTIVE SUBSTANCES, BY LIFESTYLE FACTORS

The 2015/16 CSEW showed that some behaviours make it statistically significantly more likely that an individual will have used an NPS in the last year. Factors investigated were whether individuals had taken another drug in the last year, and whether they had consumed alcohol, visited a nightclub or visited a pub or bar in the last month ([Appendix Table 4.02](#)). These findings were similar to those from the 2014/15 survey.

Other drug use in the last year

The majority (84.9%) of adults aged 16 to 59 who had used an NPS in the last year had also taken another drug in the last year. Among 16 to 24 year olds this proportion was similar, at 85.2 per cent. This is also similar to the 2014/15 findings. (These figures are not shown in the Appendix Tables.)

Use of another drug in the last year was associated with last year NPS use; 7.7 per cent of last year drug users aged 16 to 59 had also taken an NPS in the last year, compared with only 0.1 per cent of those who had not used any other drugs. Among last year drug users aged 16 to 24, 12.7 per cent had also used an NPS in the last year, compared with only 0.5 per cent of those who had not taken any other drugs. These findings are similar to the 2014/15 survey estimates (Appendix Table 4.02) and suggest that NPS use and other drug use may be driven by similar factors.

Looking at the use of individual drugs in the last year, people in both age groups were statistically significantly more likely to have used an NPS in the last year if they had taken almost any of the other drug types in the last year, suggesting that the above association of NPS use with other drug use is not driven by any specific substance (data not shown).

Table 2: New psychoactive substance use in the last year, by use of another drug, 16 to 59 and 16 to 24 year olds, 2015/16 CSEW

Percentages*	Adults 16–59	Adults 16–24
Used another drug in the last year	7.7	12.7
Did not use another drug in the last year	0.1	0.5

Table notes

Source: Home Office, Appendix Table 4.02.

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

Visits to a nightclub or disco in the last month

People who had visited a nightclub or disco in the last month were statistically significantly more likely to have used an NPS in the last year than those who had not. The subgroups with more frequent nightclub visits in the last month had a higher prevalence of NPS use in the last year (Table 3). These figures are similar to 2014/15 estimates, shown in Appendix Table 4.02.

Table 3: New psychoactive substance 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, 2015/16 CSEW

Percentages*	Adults 16–59	Adults 16–24
No visits to a nightclub or disco in the last month	0.4	1.6
Visited a nightclub or disco in the last month	2.7	4.6
1–3 times in the last month	2.3	4.2
4+ times in the last month	4.3	5.6

Table notes

Source: Home Office, Appendix Table 4.02.

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

Evening visits to a pub or bar in the last month

People who had visited a pub or bar in the evening in the last month were also statistically significantly more likely to have used an NPS in the last year than those who had not. Similar to nightclub visits, the subgroups with more frequent pub visits in the last month had a higher prevalence of NPS use in the last year (Table 4).

Table 4: New psychoactive substance 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, 2015/16 CSEW

Percentages*	Adults 16–59	Adults 16–24
No visits to a pub or bar in the last month	0.4	1.1
Visited a pub or bar in the last month	1.0	3.5
<i>1–3 times in the last month</i>	0.4	1.3
<i>4–8 times in the last month</i>	1.6	5.0
<i>9+ times in the last month</i>	2.9	7.5

Table notes

Source: Home Office, Appendix Table 4.02.

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

Alcohol consumption

People who had consumed alcohol once or more in the last month were statistically significantly more likely to have used an NPS in the last year than those who had not. This association of drinking with NPS use is particularly strong among young adults aged 16 to 24. Of those who had consumed alcohol once or more in the last month, 3.8 per cent had also used an NPS in the last year, compared with 1.0 per cent of those who had not had any alcohol. Again, similar to the pattern seen for pub and nightclub visits, the proportions of people who used NPS in the last year are higher among those groups with more frequent alcohol consumption.

Table 5: New psychoactive substance use in the last year, by frequency of alcohol consumption in the last month, 16 to 59 and 16 to 24 year olds, 2015/16 CSEW

Percentages*	Adults 16–59	Adults 16–24
Did not consume alcohol in the last month	0.4	1.0
Consumed alcohol once or more in the last month	1.0	3.8
<i>Less than a day a week in the last month</i>	0.7	2.2
<i>1–2 days a week in the last month</i>	1.0	3.7
<i>3+ days a week in the last month</i>	1.1	6.9

Table notes

Source: Home Office, Appendix Table 4.02.

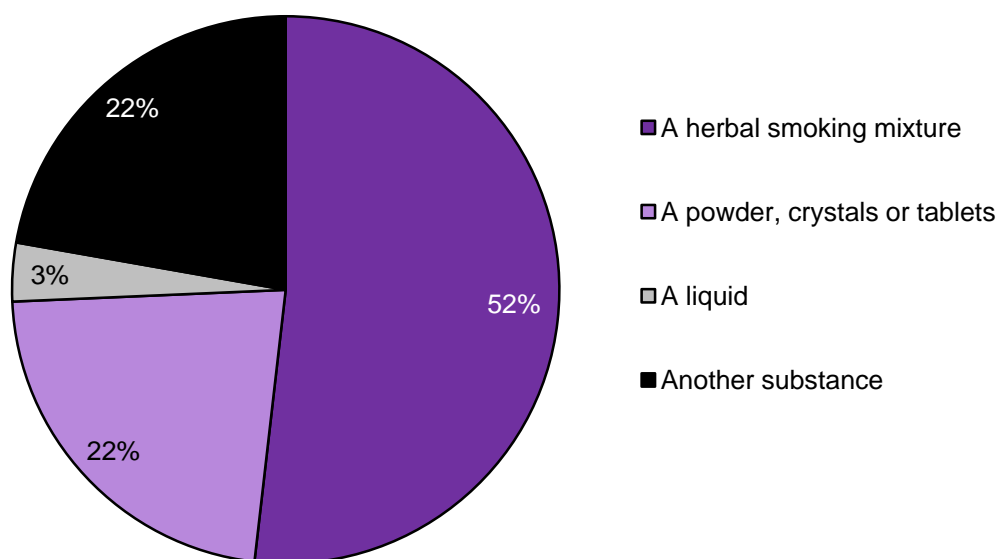
*Percentages who took NPS in the last year, among each population group shown in the table.

4.3 NATURE AND SOURCES OF NEW PSYCHOACTIVE SUBSTANCES USED ON LAST OCCASION

For those who had taken NPS in the last year, the 2015/16 CSEW asked for more information about the last occasion on which an individual had used an NPS. Specifically, the survey asked what type of substance had been used and where it had been obtained on that occasion ([Appendix Table 4.03](#)).

Herbal smoking mixtures were the most commonly used NPS in the last year (52% of last year NPS users aged 16 to 59). This is similar to the proportion observed in the 2014/15 survey. The next most frequently used substances were powders, crystals, tablets (22%) and other substances (22%), while liquids (3%) were the least commonly used form of substance.

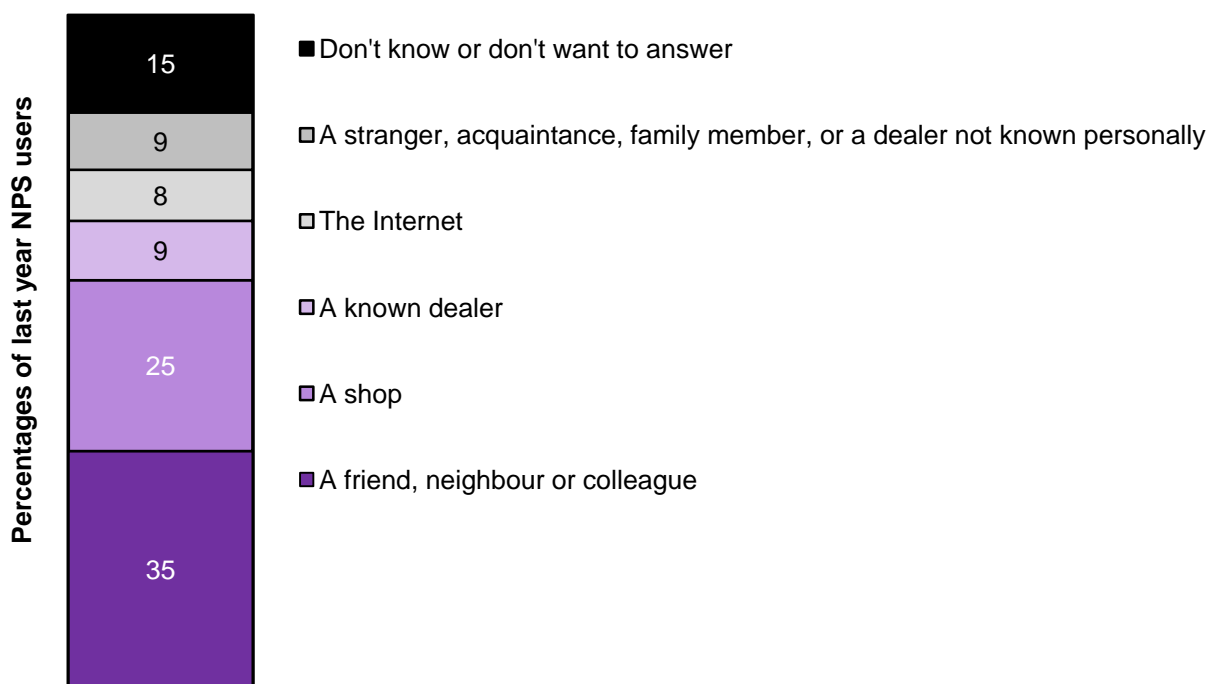
Figure 4.2: Type of new psychoactive substances used on the last occasion, by adults aged 16 to 59, 2015/16 CSEW



Source: Home Office, Appendix Table 4.03.

Respondents were also asked where (or from whom) they obtained the NPS on the last occasion that they used any. As illustrated by Figure 4.3, around a third of last year NPS users aged 16 to 59 obtained the NPS from a friend, neighbour or colleague, a quarter bought it from a shop and relatively small proportions of users obtained the NPS from another source (Appendix Table 4.03).

Figure 4.3: Source of new psychoactive substances used on the last occasion, by adults aged 16 to 59, 2015/16 CSEW



Source: Home Office, Appendix Table 4.03.

5. Perceived acceptability of use and ease of obtaining illegal drugs

INTRODUCTION

This chapter examines respondents' attitudes towards the acceptability of using certain drugs and alcohol. Specifically, respondents to the 2015/16 Crime Survey for England and Wales (CSEW) were asked whether they thought that it was acceptable for people of their own age to take cannabis, cocaine or ecstasy, or to get drunk.

This chapter also includes analysis on the ease of obtaining illegal drugs.

Estimates from the 2015/16 CSEW of respondents' perceptions on the acceptability of using drugs and alcohol and the ease of obtaining drugs can be found in the [Appendix Tables](#).

KEY FINDINGS

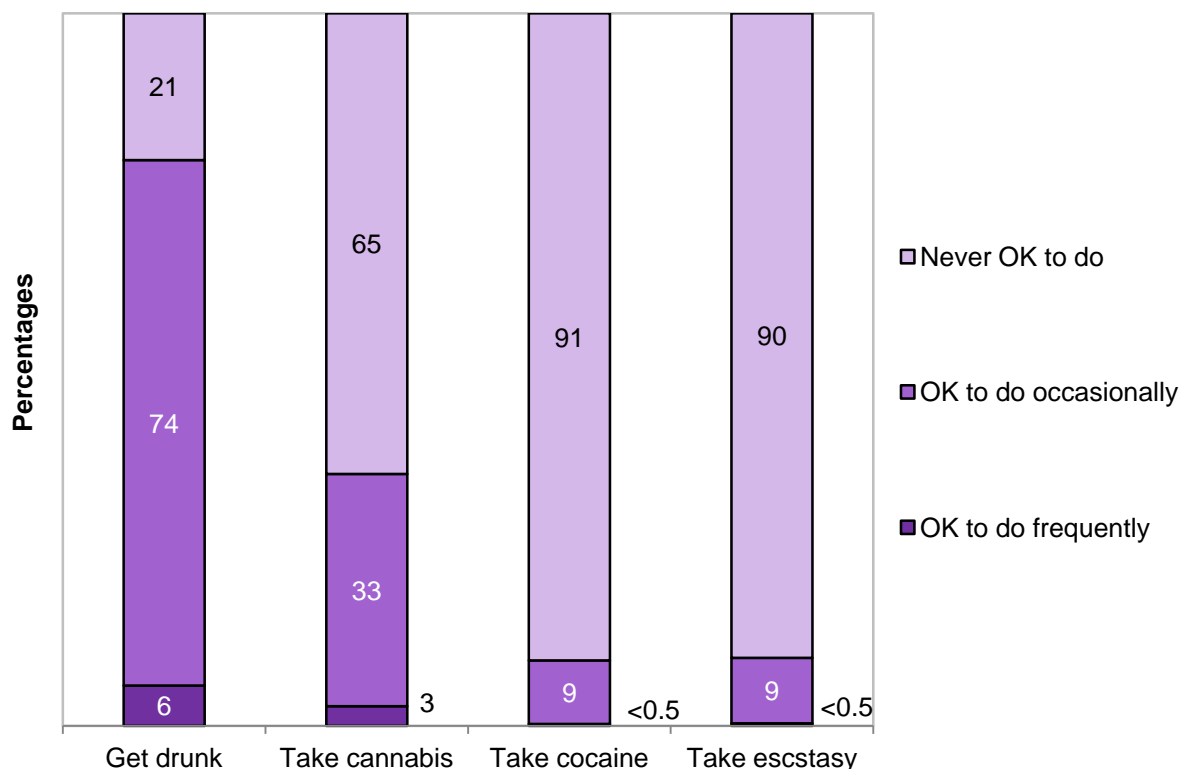
- **The majority of adults thought that it was acceptable to get drunk occasionally.** Around three-quarters (74%) of adults aged 16 to 59 thought that it was acceptable for people of their own age to get drunk occasionally; only 6 per cent of adults believed that it was acceptable to get drunk frequently.
- **The majority of adults believed that it was never acceptable to take cannabis.** Almost two-thirds (65%) of adults aged 16 to 59 thought that it was never acceptable for people of their own age to take cannabis, while one-third (33%) thought that it was acceptable to do so.
- **The majority of adults did not think that it was ever acceptable to take either cocaine or ecstasy.** The majority (91%) of adults aged 16 to 59 thought that it was never acceptable for people of their own age to take cocaine; only 9 per cent thought that it was acceptable to do so. The proportions for ecstasy were similar.
- **Thirty eight per cent of adults aged 16 to 59 thought that it would be very or fairly easy for them personally to get drugs within 24 hours if they wanted them.**

5.1 ATTITUDES TOWARDS ACCEPTABILITY OF DRINKING AND DRUG-TAKING

The 2015/16 CSEW asked respondents about their views on the acceptability of people of their own age getting drunk or taking drugs, specifically cannabis, cocaine or ecstasy. These questions were last asked in the 2012/13 survey.

Around three-quarters (74%) of adults aged 16 to 59 thought that it was acceptable for people of their own age to get drunk occasionally, the same proportion as in the 2012/13 CSEW. A minority (6%) believed that it was acceptable to get drunk frequently ([Appendix Table 5.01](#); Figure 5.1).

Figure 5.1: Acceptability of people of own age occasionally or frequently getting drunk, taking cannabis, cocaine or ecstasy, adults aged 16 to 59, 2015/16 CSEW



Source: Home Office, Table 5.01.

Adults aged 16 to 59 were less accepting towards people of their own age taking cocaine and ecstasy than taking cannabis.

- One-third (33%) of adults aged 16 to 59 thought that it was acceptable for people of their own age to take cannabis occasionally, while just under two-thirds (65%) thought that it was never acceptable. Only three per cent thought that it was acceptable to take cannabis frequently.
- Nine per cent of adults aged 16 to 59 thought that it was acceptable to take cocaine occasionally; the majority (91%) thought that it was never acceptable. The proportions for ecstasy were similar.
- Less than 0.5 per cent of adults aged 16 to 59 thought that it was acceptable to take either ecstasy or cocaine frequently.

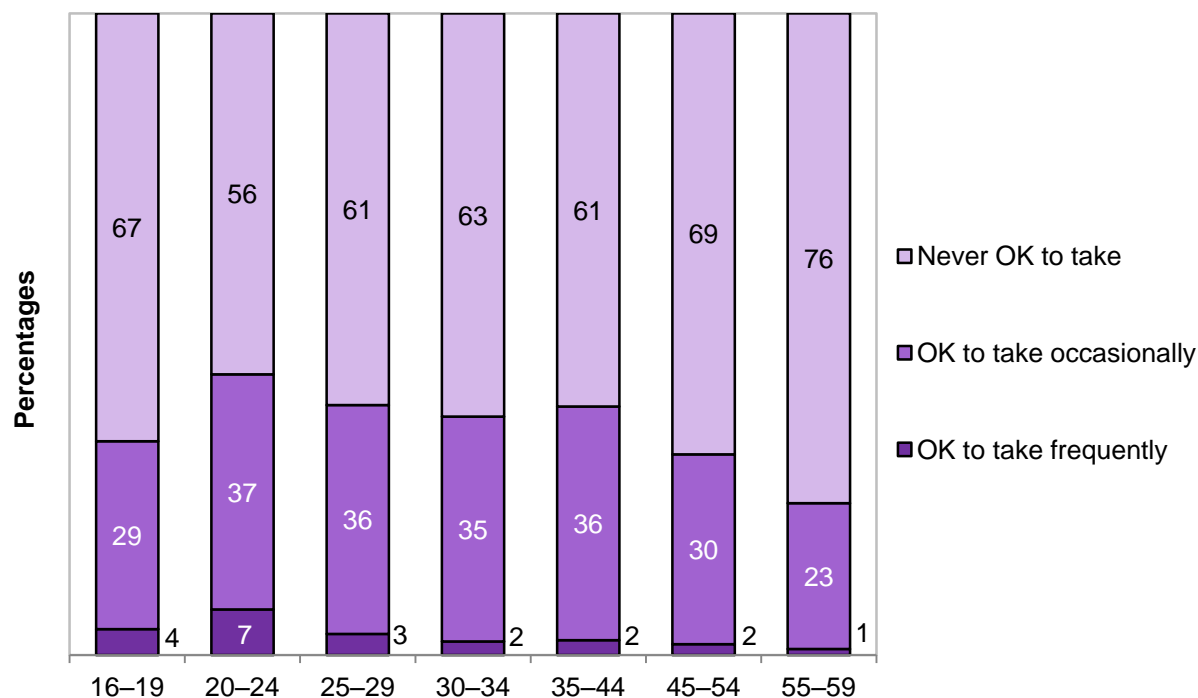
Acceptability of drug-taking, by age

The perceived acceptability of getting drunk and taking drugs varied by age. Tolerance of getting drunk tended to decrease with age. For example, 12 per cent of those aged 16 to 24 thought that it was acceptable for people of their own age to get drunk frequently, whereas just 1 per cent of those aged 55 to 59 thought that this was acceptable.

A third (33%) of 16 to 19 year olds and 44 per cent of 20 to 24 year olds thought that it was acceptable for people of their own age to take cannabis (either frequently or occasionally), compared with 24 per cent of those aged 55 to 59.

As was the case in 2012/13, in no age group did a majority of people think that it was acceptable for people of their own age to take cannabis either frequently or occasionally ([Appendix Table 5.01](#); Figure 5.2).

Figure 5.2: Acceptability of people of own age taking cannabis, by age, adults aged 16 to 59, 2015/16 CSEW



Source: Home Office, Table 5.01.

Acceptability of drug-taking, by personal, household and area characteristics, and lifestyle factors

Attitudes towards the use of cannabis, cocaine and ecstasy varied across different characteristics and factors.

- Men were more likely than women to think that drug taking is acceptable. For example, 42 per cent of men aged 16 to 59 believed that it was acceptable to take cannabis either frequently or occasionally compared with 29 per cent of women ([Appendix Table 5.01](#)).
- Adults aged 16 to 59 who drank alcohol on three or more days a week were more likely to think it is acceptable to take cannabis, cocaine or ecstasy than those who drank less frequently, or not at all. For example, 52 per cent of adults who drank alcohol on three or more days a week in the last month thought that it was acceptable to take cannabis, compared with 15 per cent of adults who drank alcohol less frequently or not at all ([Appendix Table 5.01](#)).

A full breakdown of attitudes to the acceptability of taking cannabis, ecstasy and cocaine and getting drunk by personal, area and household characteristics, and lifestyle factors appears in [Appendix Tables 5.01 and 5.02](#).

Acceptability of drug-taking, by whether a person used drugs

The proportion of adults aged 16 to 59 who thought that it was acceptable to take cannabis was higher than the proportion who had actually ever taken cannabis. While 35 per cent of 16 to 59 year olds thought that it was acceptable to take cannabis (either frequently or occasionally), the proportion who had ever actually taken cannabis was 29 per cent ([Appendix Table 1.01](#)). Figure 5.3 shows cannabis use and attitudes towards cannabis use, by age. In each age group, a higher proportion of adults thought that it was acceptable to take cannabis than had ever actually taken the drug.

Figure 5.3: Acceptability of people of own age taking cannabis (occasionally or frequently) and proportion of adults having ever taken cannabis, by age, 2015/16 CSEW

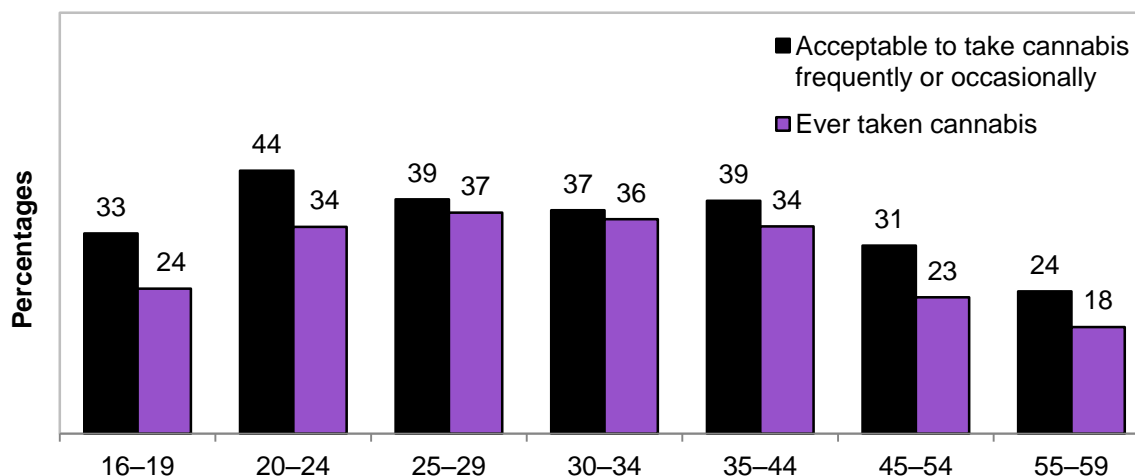


Chart notes

Source: Home Office, Appendix Tables 5.01
 Ever taken cannabis by age not shown in data tables.

Of those adults who thought that it was acceptable for people of their own age to take cannabis frequently, almost half (48%) had taken cannabis in the last year and a further 28 per cent had taken cannabis within their lifetime but not in the past year ([Appendix Table 5.03](#)).

Perhaps unsurprisingly, of those who thought that it was never acceptable for people of their own age to take cannabis, just 1 per cent had done so in the last year and 11 per cent had taken cannabis in their lifetime but not in the last year ([Appendix Table 5.03](#)).

The 2015/16 CSEW shows that adults aged 16 to 59 were less likely to think that it is acceptable to take cocaine or ecstasy than it is to take cannabis.

In four out of seven age groups from 16 to 59 years, more people had ever taken cocaine than thought it was acceptable to do so (either frequently or occasionally) ([Figure 5.4](#)). In the 25 to 44 age groups, more people had ever taken ecstasy than thought it was acceptable to do so.

Figure 5.4: Acceptability of people of own age taking cocaine (occasionally or frequently) and proportion of adults having ever taken powder cocaine, by age, adults aged 16 to 59, 2015/16 CSEW

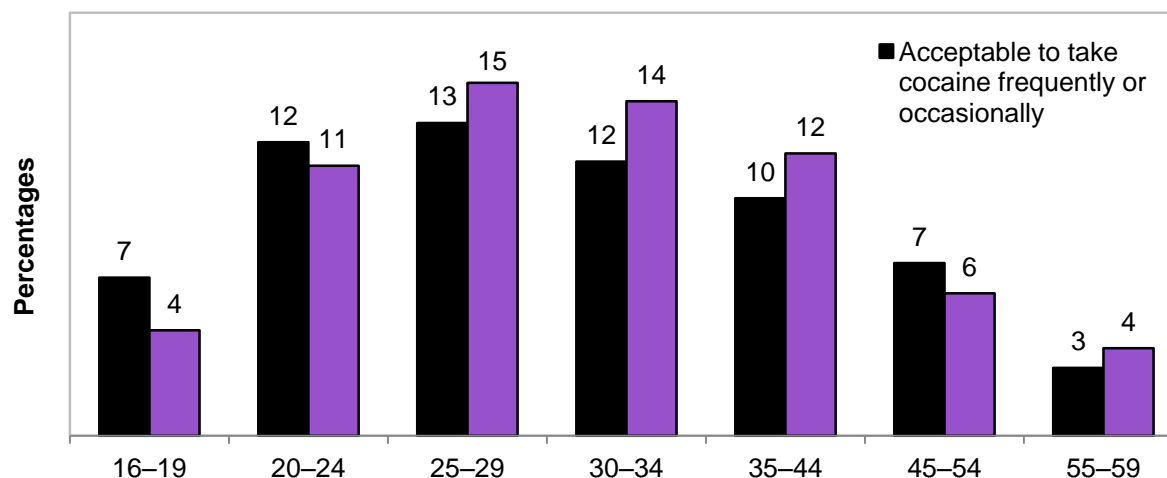


Chart notes

Source: Home Office, Appendix Table 5.01.
 Ever taken cocaine by age not shown in data tables.

5. Perceived acceptability of use and ease of obtaining illegal drugs

The 2015/16 CSEW showed that a greater proportion of adults aged 16 to 59 believed that it was acceptable to take cocaine occasionally (9%), compared with the 2012/13 CSEW (7%). The proportion of adults who believed that it was never acceptable to take either cocaine or ecstasy was lower in 2015/16 than in 2012/13 ([Appendix Table 5.04](#)).

5.2 EASE OF OBTAINING ILLEGAL DRUGS

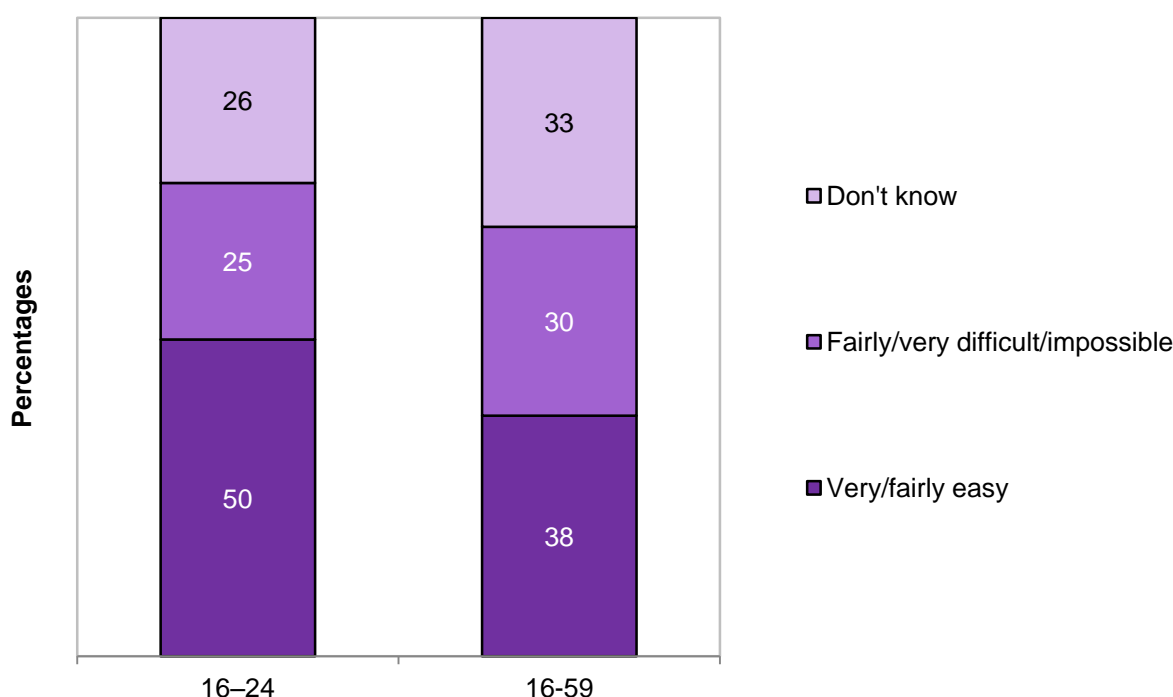
The 2015/16 CSEW asked respondents about how easy or difficult they believed it would be for them personally to obtain illegal drugs within 24 hours, if they wanted them. A question on the ease of obtaining illegal drugs was last asked in the 2011/12 survey although the question did not ask how easy or difficult it would be to do so *within 24 hours*, thus responses for the two years are not comparable. The question was changed to provide a better measure of how easy or difficult it is to obtain illegal drugs.

Respondents who said that they did not know how easy or difficult it would be to personally obtain illegal drugs within 24 hours were included in the analysis; a third (33%) of adults aged 16 to 59 responded to the question in this way.

More than a third (38%) of adults aged 16 to 59 thought that it would be very easy or fairly easy for them personally to get illegal drugs within 24 hours if they wanted them and 30 per cent thought that it would be fairly difficult, very difficult or impossible. Half of 16 to 24 year olds thought that it would be very or fairly easy for them personally to illegal obtain drugs within 24 hours ([Appendix Table 5.06](#); Figure 5.6).

A higher proportion of men than women thought that it would be very or fairly easy for them personally to obtain illegal drugs within 24 hours (41% and 34% respectively) ([Appendix Table 5.06](#)).

Figure 5.5: Ease of obtaining illegal drugs within 24 hours, by age group, adults aged 16 to 59, 2015/16 CSEW

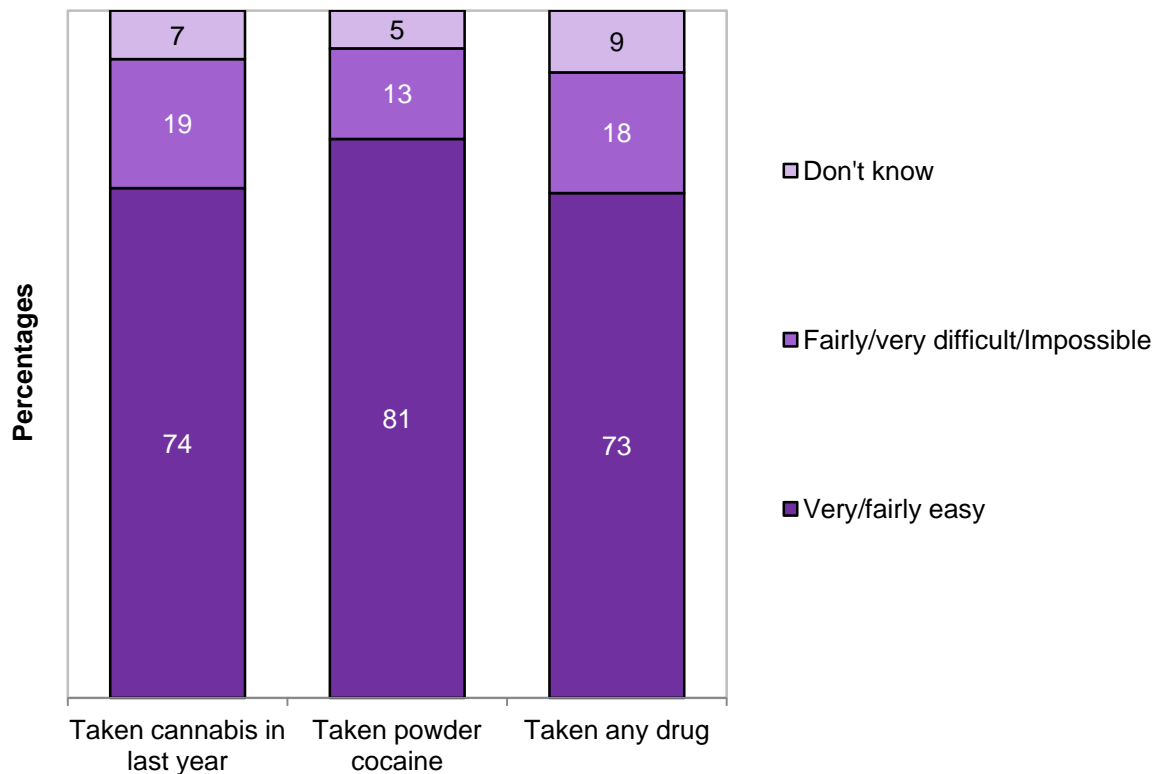


Source: Home Office, Table 5.06

People who had taken drugs in the last year were more likely to say that it would be very or fairly easy to obtain drugs within 24 hours than those who had not taken drugs in the last year. For example, the majority (73%) of adults aged 16 to 59 who had taken any drug in the last year thought that it would

be very or fairly easy for them personally to obtain illegal drugs within 24 hours. In comparison, 29 per cent of adults aged 16 to 59 who had never taken a drug thought that it would be very or fairly easy.

Figure 5.6: Ease of obtaining illegal drugs within 24 hours, by drug use in last year, adults aged 16 to 59, 2015/16 CSEW



Source: Home Office, Appendix Table 5.06

6. Drug use within generations over time

INTRODUCTION

This chapter presents findings from analysis that explores how drug use⁶ changes across different generations. It does this by tracking different generations, or *pseudo-cohorts*, through the years of the Crime Survey for England and Wales (CSEW). A more detailed explanation of the pseudo-cohort analysis is given in the [Technical Annex](#). Here, pseudo-cohorts are referred to simply as 'cohorts', although it should be noted that each 'cohort' does not include the same group of people, but rather people in the same five-year age group. This pseudo-cohort analysis allows the analysis to:

- track changes within the cohort – i.e. how drug use changes within the same age cohort over time. For example, how levels of drug use for those aged 20 to 24 in the 2001/02 survey compare with the same cohort in the 2011/12 survey (i.e. ten years later when this cohort is now aged 30 to 34);
- identify differences between cohorts – for example, how drug use differs for those aged 16 to 19 in 1996 compared with the same age group who came into the survey 5 (2001/02), 10 (2006/07) and 15 (2011/12) years later.

This chapter continues and updates analysis that was first published in an annex of the [Drug Misuse: Findings from the 2014 to 2015 Crime Survey for England and Wales](#) publication. An additional year of data now allows for the inclusion of a fourth cohort of those who were 16 to 19 years old in the 2011/12 survey.

Throughout this chapter the term 'cohort' is also used as an abbreviation to refer to the year in which each generation first entered the survey. For example, those who were 16 to 19 years old in 1996 are referred to as the '1996 cohort'.

6.1 GENERATIONAL EFFECTS ON OVERALL DRUG USE

Figure 6.1 shows that across most cohorts, drug use from the early 20s onwards decreases as age increases (Appendix Table 6.01). However, between cohorts, there are differences in drug use at the same age.

- For ages under 30, there is a downward trend in drug use across cohorts; later cohorts have lower levels of drug use at the same age. For example, 31.6 per cent of the 1996 cohort reported using any drug when they were 16 to 19 years old, compared with 27.7 per cent in the 2001/02 cohort, 23.3 per cent in the 2006/07 cohort, and 19.6 per cent in the 2011/12 cohort.
- At around 30 years old these differences narrow, as the cohorts age and their drug use declines. For example, drug use among those aged 28 to 32 was at the same level in the 1996 and 2001/02 cohorts (10.3% for both). At older ages, the narrowing of differences between cohorts suggests a possible reduction in the decline of levels of use, although further data are required to confirm this.
- The 2011/12 cohort follows a different pattern from other cohorts. Their drug use started at a lower level than the 2006/07 cohort (19.6% compared with 23.3% when both cohorts were aged 16 to 19), although four years later their drug use is at a similar level to the 2006/07 cohort (19.8% compared with 20.2% when both cohorts were aged 19 to 23).

⁶ Within this chapter, all references to drug use refer to use in the last year.

Figure 6.1: Proportion of adults using any drug in the last year, by age cohort, 1996 to 2015/16 CSEW

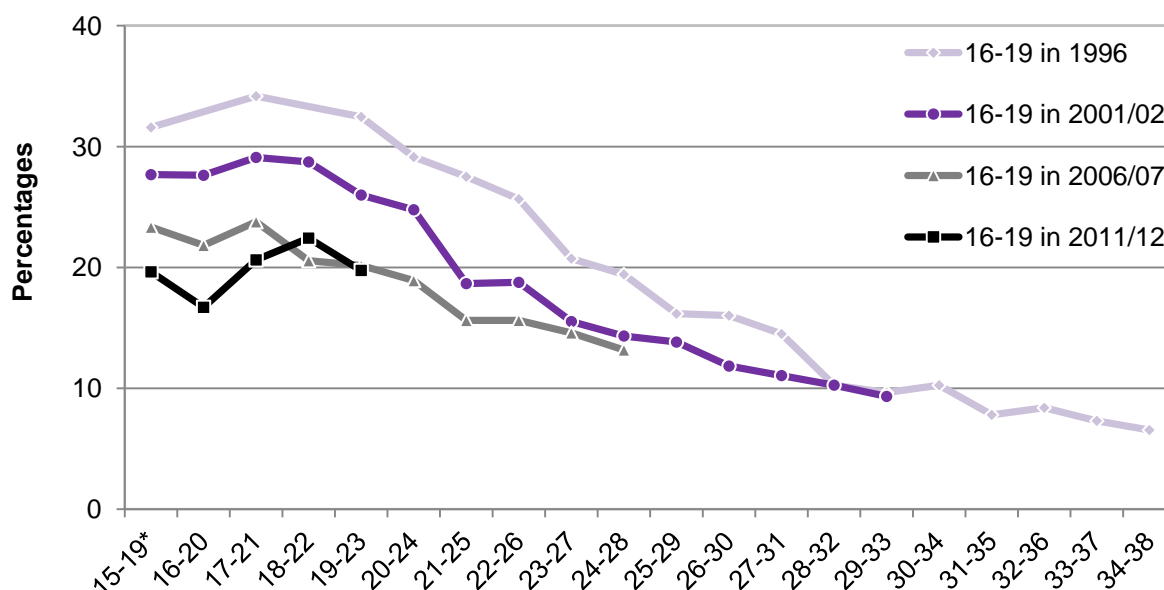


Chart notes

Source: Home Office, Appendix Table 6.01.

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

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

6.2 GENERATIONAL EFFECTS ON CANNABIS, POWDER COCAINE AND ECSTASY USE

Cannabis

Across cohorts, cannabis use peaks in the late teens/early 20s, and then declines with age. As cannabis is the most prevalent drug, trends in cannabis use are similar to those for any drug; higher levels of use under the age of 30 in earlier cohorts. ([Appendix Table 6.02](#))

For example, 15.7 per cent of the 2011/12 cohort reported using cannabis in the last year when they were 16 to 19 years old, compared with 20.5 per cent of the 2006/07 cohort at the same age, 25.2 per cent of the 2001/02 cohort and 27.0 per cent of the 1996 cohort ([Appendix Table 6.02](#); Figure 6.2).

Unlike other cohorts, cannabis use in the 2011/12 cohort appears to have increased with age (from 15.7% when aged 16 to 19, to 20.2% when aged 18 to 22), and is now at a similar level to the 2006/07 cohort (17.2% compared with 17.1% when aged 19 to 23).

Figure 6.2: Proportion of adults using cannabis in the last year, by age cohort, 1996 to 2015/16 CSEW

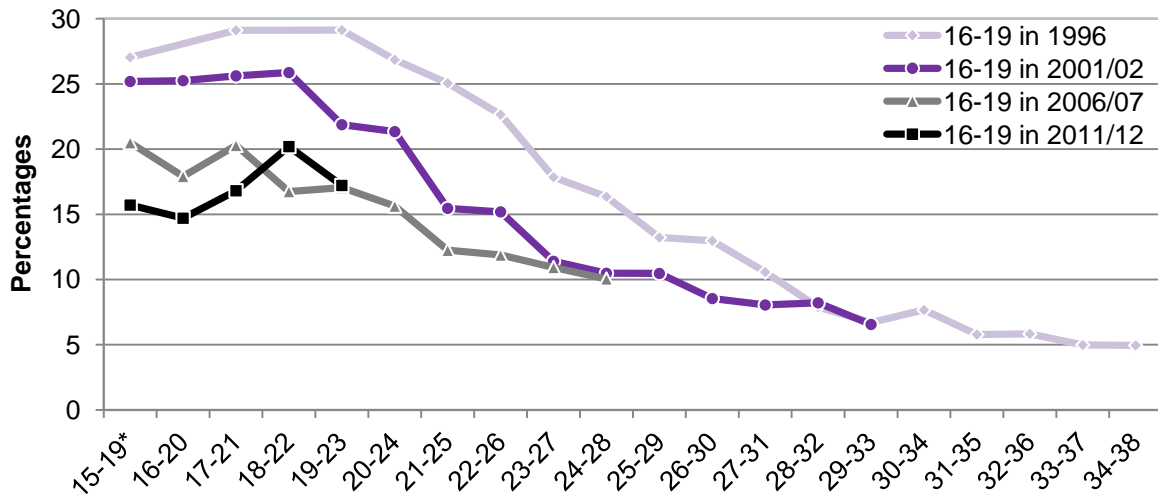


Chart notes

Source: Home Office, Appendix Table 6.02.

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

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

Powder cocaine

In line with the trends presented in Chapter 1, use of powder cocaine is lower than cannabis in all cohorts. The differences in powder cocaine use between cohorts are less noticeable than those for cannabis ([Appendix Tables 6.02 and 6.03](#)).

Powder cocaine use increases with age until the early 20s, and then remains at a similar level until the cohorts reach the later 20s. Unlike cannabis, use of powder cocaine was highest in the 2001/02 cohort, peaking at 8.6 per cent when this cohort was 20 to 24 years old. This is higher than the 1996 cohort (5.8% when 20 to 24 years old).

Figure 6.3: Proportion of adults using powder cocaine in the last year, by age cohort, 1996 to 2015/16 CSEW

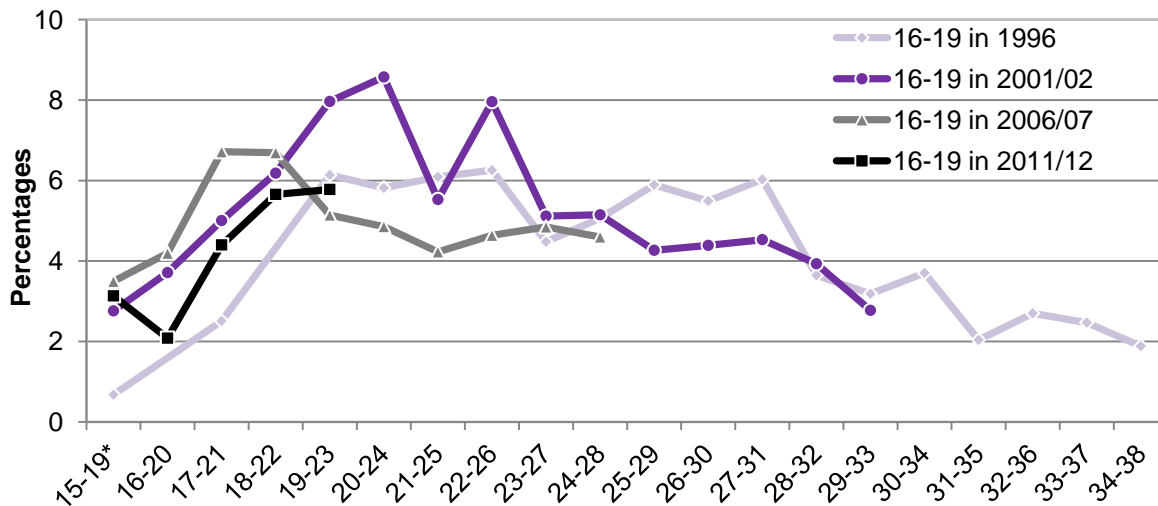


Chart notes

Source: Home Office, Appendix Table 6.03.

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

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

Ecstasy

Similar to powder cocaine, overall use is lower than cannabis and the use of ecstasy rises with age into the early 20s, and then remains at this level until the cohorts reach the later 20s. However, unlike powder cocaine, ecstasy use within the cohorts generally follows the trend for overall drug use, with higher levels of use under the age of 30 in the earlier cohorts. For example, in the 1996 cohort, 7.2 per cent reported use of ecstasy when they were 20 to 24 years old, higher than the 6.3 per cent in the 2001/02 cohort at the same age and 4.4 per cent of the 2006/07 cohort at the same age. ([Appendix Table 6.04](#), Figure 6.4).

However, this trend is not followed by the 2011/12 cohort. Ecstasy use was lower than all other cohorts when the 2011/12 cohort was aged 16 to 19. Ecstasy use has subsequently increased with age; by age 18 to 22, use of ecstasy was higher than the 2006/07 cohort (7.0% compared with 4.7%), but not statistically significantly different from the 2001/02 cohort (5.7%). Further survey years are required to see if this high level of use is sustained over the life course, or if after the early rise, it follows the general pattern of declining use with age.

Figure 6.4: Proportion of adults using ecstasy in the last year, by age cohort, 1996 to 2015/16 CSEW

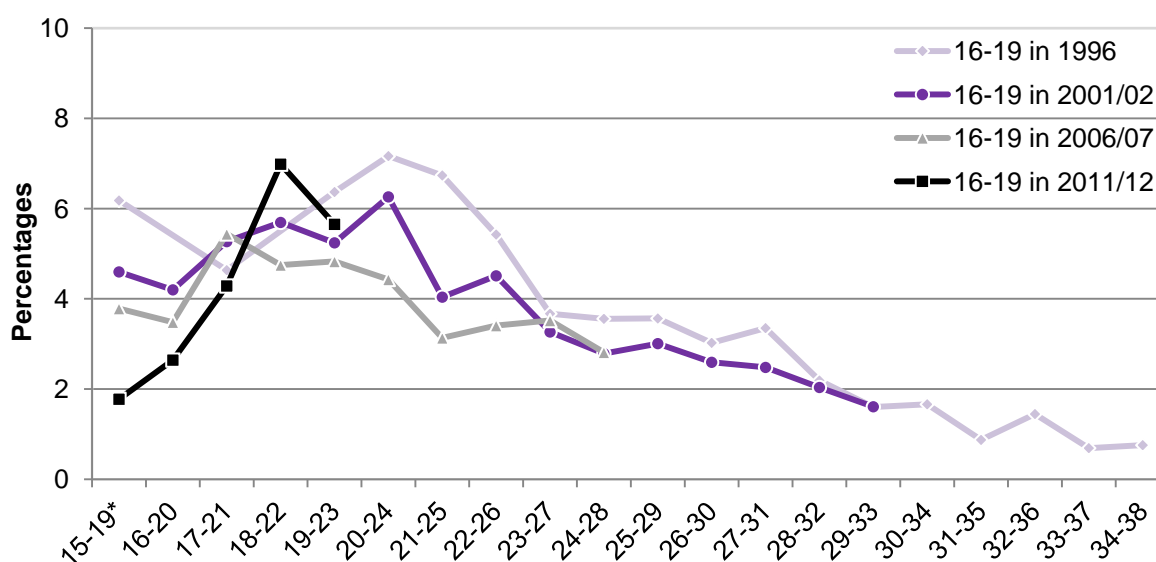


Chart notes

Source: Home Office: Table 6.04.

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

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

Methodological annex: Experiment testing questions measuring frequency of last month cannabis use

INTRODUCTION

Estimates from the Crime Survey for England and Wales (CSEW) are used to provide general population prevalence of drug use to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). One of the requested indicators is the frequency of cannabis use in the previous month.⁷ Such a question is not routinely included in the CSEW but a similar question, which is not well aligned with the EMCDDA definition, was included in the 2010/11 survey.⁸

This annex describes a split sample experiment carried out among adults aged 16 to 59 in the 2015/16 CSEW to test whether or not to adopt the EMCDDA question in the 2016/17 survey. Those who took cannabis in the last month were randomly assigned to answer one of two questions: the previously-asked question (existing) or the proposed question (alternative). As the existing question was only previously asked in the 2010/11 survey, moving to the new question would not lead to the loss of a long-term time series.

While the response categories are not directly comparable, particularly for more frequent use, for the purpose of this experiment they are considered sufficiently similar – see Table 6.⁹

Table 6: Existing and alternative questions in the split-sample experiment, 2015/16 CSEW

Existing	How often during the last MONTH have you taken CANNABIS (MARIJUANA, GRASS, HASH, GANJA, BLOW, DRAW, SKUNK, WEED, SPLIFF, DOPE)?	<ol style="list-style-type: none"> 1. Daily or almost daily 2. Several times a week 3. At least once a week 4. Less than once a week 5. Don't know 6. Don't want to answer
Alternative	How many days during the last MONTH have you taken CANNABIS (MARIJUANA, GRASS, HASH, GANJA, BLOW, DRAW, SKUNK, WEED, SPLIFF, DOPE)?	<ol style="list-style-type: none"> 1. 20 days or more 2. 10–19 days 3. 4–9 days 4. 1–3 days 5. Don't know 6. Don't want to answer

The way respondents answer behavioural frequency questions is not well understood but there is some evidence to suggest that respondents:

- retrieve and count episodes;
- retrieve or estimate rates of occurrence; or
- convert a general impression of frequency into a numerical quantity (Conrad *et al.*, 2010¹⁰).

Asking the alternative question style (“*how many days*” rather than “*how often*”) therefore encourages respondents to retrieve and count episodes, which may produce more accurate estimates. This method, whereby respondents recall and count individual incidents, is more likely to take place during

⁷ The EMCDDA published a reference document for general population surveys that includes guidelines to improve the quality and comparability of instruments of the general population survey key indicator (EMCDDA, 2002).

⁸ The 2010/11 CSEW question on frequency of last month cannabis use reflected the style of questions already asked about last year use, discussed in Chapter 2.

⁹ Estimates of frequent cannabis use in the last month among adults from the 2010/11 and 2015/16 CSEW can be found in section 2.4 and the data tables for Chapter 2.

¹⁰ Conrad, F. G., Brown, N. R. and Cashman, E. R. (1998) ‘Strategies for Estimating Behavioural Frequency in Survey Interviews’, *Memory*, vol. 6 (4), pp 339–366. Routledge. DOI: 10.1080/741942603

short recall periods (Burton and Blair, 1991¹¹), so is appropriate for asking about frequency within the previous month. However, the ability to recall accurately a precise number of days may vary by levels of cannabis use.

M.1 METHODOLOGY

The sample for the split sample experiment was those who reported having taken cannabis in the last month in the 2015/16 CSEW. A programmed random allocation that took place just before the question was asked allocated respondents to the existing or alternative question.

Using this split-sample method, differences in rates can be judged using standard statistical tests to determine whether differences between the two sets of questions were statistically significant. Any differences are likely to be due to differences in the questions themselves if the randomly-drawn samples are similar.

After the allocation, 277 respondents received the existing and 312 the alternative question. According to statistical tests there was no bias in the selection of respondents by age and sex across the split sample ([Appendix Table M.01](#)). This is a relatively small sample of a few hundred respondents so, even with the random allocation, unequal sample size and some variation in respondent characteristics may be expected. However, further investigation into the distribution of some other sample characteristics that have an association with drug misuse (see [Chapter 3](#)) found little bias. The only statistically significant difference was a higher proportion of respondents who had gone to a nightclub between one and three times in the past month in the existing than in the alternative question sample.

Whether the self-completion module was answered with the assistance of an interviewer was also reviewed as it could have some effect on levels of reported drug misuse (see [User Guide to Drug Misuse Statistics](#)).¹² There was no statistically significant difference for the two questions in how last month cannabis users responded to the self-completion module (3% of responses to the existing question were completed with interviewer assistance, similar to the 4% for the alternative question; data not shown).

In addition, there was no external bias to this experiment since there was no change to the standard interviewer administration of the survey and interviewers were largely unaware of question allocation as it was part of the self-completion module.

M.2 RESULTS

The overall picture of the frequency of cannabis use was similar between the two questions. This was most clearly shown for the least frequent categories, which are the most comparable. For example, of last month cannabis users, 47 per cent reported taking cannabis less than once a week (existing question) and 45 per cent said that they took it on 1 to 3 days in the last month (alternative question) (Figure M.1; [Appendix Table M.02](#)).

There was only one response category (most frequent use) that showed a statistically significant difference between the two question sets. There was a higher proportion of last month cannabis users reporting most frequent use in the alternative question (23% reporting use 20 days or more in the last month) compared with the existing question (14% reporting taking cannabis daily or almost daily) (Figure M.1).¹³ However, as noted previously, the response categories are not directly comparable, so this difference may be expected.

¹¹ **Burton, S. and Blair, E.** (1991) 'Task conditions, response formulation processes, and response accuracy for behavioral frequency questions in surveys', *Public Opinion Quarterly*, 55, pp 50–79.

¹² When respondents are asked to continue into the self-completion part of the survey some may refuse to take part or voluntarily request interviewer assistance – interviewers will encourage respondent completion, but will agree if necessary to complete the survey with the respondent to obtain responses.

¹³ These proportions exclude cases where respondents said "Don't know" or "Don't want to answer" as is standard in the presentation of prevalence and frequency of use estimates in this publication.

The difference could potentially reflect an element of greater reporting – respondents not being put off by considering themselves ‘daily users’ which could be considered an unwanted ‘label’ (with associated stigma) – but it is not possible to say for certain.

There were no statistically significant differences between the existing and alternative questions in the proportion of last month cannabis users who provided “Don’t know” or “Don’t want to answer” responses ([Appendix Table M.03](#)).

Figure M.1: Proportion of frequency of use of last month cannabis users in the split-sample experiment, 2015/16 CSEW

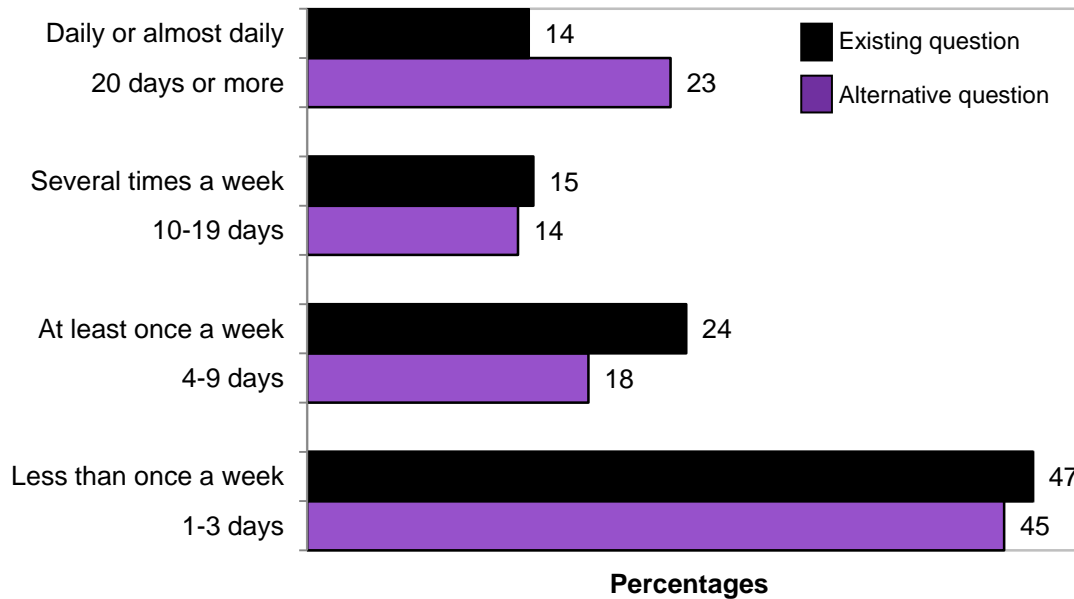


Chart notes

Source: Home Office, Table M.02.
Excludes “Don’t know” and “Don’t want to answer” responses, as is standard in the presentation of prevalence and frequency of use estimates in this publication.

M.3 OUTCOME

There was no impact on this experiment in terms of sample bias, respondent experience or interviewer bias so the results from this experiment can be considered reliable. There was no known impact on interview length,¹⁴ cost or burden as one question substituted the other.

Overall, there was little difference between estimates from the existing and alternative questions.¹⁵ This supports the move to the alternative question, which meets the aim of improving cross-European quality and comparability.

¹⁴ Survey contractors measure timings of question sets rather than individual questions so the average timings for each of the questions are not available.

¹⁵ Some cognitive testing could be helpful in understanding the seemingly higher responses to the most frequent use category.

Technical annex

INTRODUCTION

The Crime Survey for England and Wales (CSEW) provides estimates of drug use among adults aged 16 to 59 within the **general household population** of England and Wales. As such, the CSEW provides an effective measure of the more commonly used drugs for which the majority of users are contained within this population. As a household survey, the CSEW does not cover:

- groups such as the homeless;
- those living in institutions such as prisons or student halls of residences, who have potentially high proportions of drug use; and
- problematic drug users who are unable to take part in an interview.

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

The 2015/16 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 is based on last year use, which is deemed to be the most reliable measure of recent drug use.

Only increases or decreases between years 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. [The User Guide to Crime Statistics for England and Wales](#) (published by the Office for National Statistics) provides further information on demographic and area classifications, and statistical conventions and methodology.

T.1 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'. In 2015/16 respondents were asked about the frequency of use of 'any drug', 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 and 2015/16 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 CRIME SURVEY FOR ENGLAND AND WALES

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 are asked to complete this module, and some may refuse to do so. 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.

Following further quality assurance of the figures, there was a small revision made to the prevalence and number of any drug users for 2006/07 to 2013/14 in the [Appendix tables](#) accompanying this release.

T.3 PSEUDO-COHORT ANALYSIS

Pseudo-cohort analysis tracks people who were born in the same time period. Unlike conventional cohort analysis using longitudinal surveys, pseudo-cohort analysis uses cross-sectional surveys; therefore, individuals surveyed are not the same from year to year. While the respondents differ from year to year, it is assumed that they are representative of their particular cohort in any given survey year.

The advantage of this type of analysis is that it can be used to differentiate between age, time period and cohort effects. Table T.1 below shows the basic method of the analysis, with those aged 20 to 24 in the 2001/02 survey being from the same cohort as those aged 30 to 34 in the 2011/12 survey. This analysis was first included in the 2014/15 publication, and an additional year of data now allows for the inclusion of a fourth cohort (of those who were 16 to 19 years old in the 2011/12 survey) in the 2015/16 publication. Further information on this type of analysis can be found in the ONS paper '[The GHS Pseudo Cohort Dataset \(GHSPCD\): Introduction and Methodology](#)'.

Table 7: Progression of age cohorts^{16,17} through Crime Survey for England and Wales, 1996 to 2015/16

Survey year	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
16-19 in 2011/12														15-19	16-20	17-21	18-22	19-23
16-19 in 2006/07									15-19	16-20	17-21	18-22	19-23	20-24	21-25	22-26	23-27	24-28
16-19 in 2001/02				15-19	16-20	17-21	18-22	19-23	20-24	21-25	22-26	23-27	24-28	25-29	26-30	27-31	28-32	29-33
16-19 in 1996	15-19	17-21	19-23	20-24	21-25	22-26	23-27	24-28	25-29	26-30	27-31	28-32	29-33	30-34	31-35	32-36	33-37	34-38

T.4 OTHER DATA SOURCES

Public Health England (PHE) publishes information annually on the age, sex and ethnicity of clients aged 18 years and over accessing specialist substance misuse services in England in its annual report *Adult substance treatment activity in England 2014–15*. A separate report is produced to cover those aged under 18. The latest reports are available online at: <http://www.nta.nhs.uk/statistics.aspx>

Statistics on Drug Misuse: England, 2016 is published by the Health and Social Care Information Centre and is available online at: <http://www.hscic.gov.uk/pubs/statdrugs16>

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

The *Smoking, drinking and drug use among young people in England survey* is run in alternate years. The 2014 report is published by the Health and Social Care Information Centre and includes extensive information around first drug use for 11 to 15 year olds and is available online at: <http://www.hscic.gov.uk/pubs/sdd14>

The *Deaths Related to Drug Poisoning in England and Wales – 2014 registrations* report published by the ONS contains statistics on deaths related to drug-poisoning and drug-misuse and is available online at: <http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2015-09-03>

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/deathsinvolvelegalhighsinenglandandwales/between2004and2013>

The *Seizures of drugs in England and Wales, financial year ending 2015* 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-2015>

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

¹⁷ Shading indicates that the specific age cohort was not present in that CSEW year.

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 Home Office Statistics under the National Statistics Code of Practice and can be downloaded from GOV.UK:

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

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