



Home Office



Drug Misuse: Findings from the 2016/17 Crime Survey for England and Wales

Statistical Bulletin 11/17

Edited by: Dan Broadfield

July 2017

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 2016/17 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 and nitrous oxide;
- perceived ease of obtaining illegal drugs.

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

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

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

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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.
- '**'

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 2016/17 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.

A consultation on the future of the CSEW, which is the responsibility of the Office for National Statistics (ONS), was held between the 13th June and 23rd July 2017. This consultation outlined a series of future options following a reduction in the funding of the survey. Further details can be found on the ONS website: <https://consultations.ons.gov.uk/crime-statistics/changes-to-the-crime-survey-for-england-and-wales/>.

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

The 2016/17 survey measured levels of drug use in the *last year* prior to interview, as well as drug use in the *last month* prior to interview, and at any point in the respondent's *lifetime (use ever)*. The questions on *last year* use and *use ever* are regularly included in the CSEW, while there was a 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 ONS) provides further information on demographic and area classifications, and statistical conventions and methodology.

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

KEY FINDINGS

- **Around 1 in 12 (8.5%) adults aged 16 to 59 had taken a drug in the last year.** This equated to around 2.8 million people, and was similar to the 2015/16 survey (8.4%). The trend in last year drug use among 16 to 59 year olds has been flat for the last eight years, although it is statistically significantly lower than a decade ago (10.1% in the 2006/07 survey).
- **Around 1 in 5 (19.2%) adults aged 16 to 24 had taken a drug in the last year.** This proportion was more than double that of the wider age group, and equates to around 1.2 million people. This level of drug use was similar to the 2015/16 survey (18.0%), but statistically significantly lower than a decade ago (24.2% in the 2006/07 survey).
- **Around 1 in 25 (4.0%) adults aged 16 to 59 had taken a drug in the last month, while around 1 in 11 (9.0%) young adults aged 16 to 24 had done so.** Neither proportion has changed statistically significantly compared with the 2015/16 survey. Both are statistically significantly lower compared with a decade ago, where 6.0 per cent of 16 to 59 year olds reported taking a drug in the last month and 14.3 per cent of 16 to 24 year olds had done so.

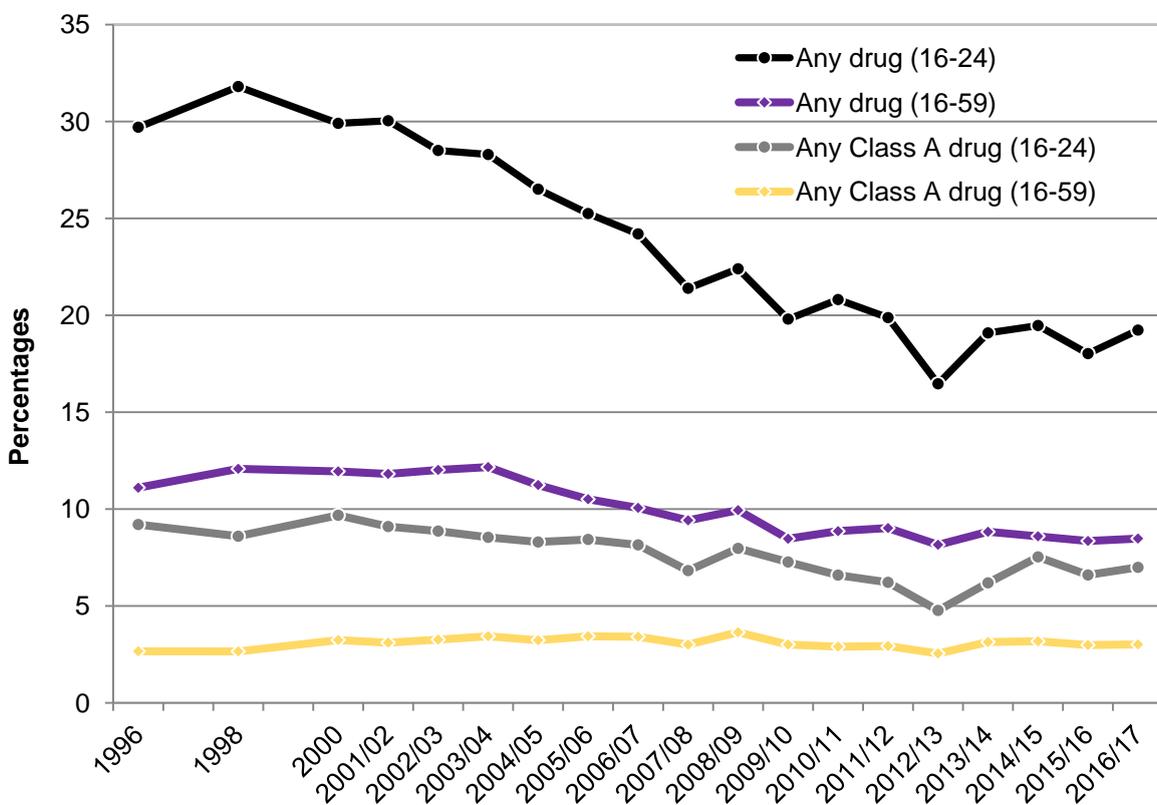
¹ The substances covered by the term 'illicit drugs' are those included in the 'any drug' measure in the [Appendix Tables](#). These are amphetamines, amyl nitrite (for the yearly measure only), anabolic steroids, cannabis, powder cocaine, crack cocaine, ecstasy, heroin, ketamine, LSD, magic mushrooms, mephedrone, methadone, methamphetamine, tranquillisers, 'unknown pills or powders', 'something unknown smoked', or 'any other drug'. This term does not include new psychoactive substances and nitrous oxide, which are covered separately in [Chapter 4](#). For further detail (including classification of these drugs according to the Misuse of Drugs Act 1971), please see Section 2 of the [User Guide to Drug Misuse Statistics](#).

- **Around one-third (34.2%) of adults aged 16 to 59 had taken drugs at some point during their lifetime.** There has been a statistically significant decrease in levels of lifetime use estimated by the 2016/17 survey compared with a decade ago (35.7% in 2006/07), but it is a statistically significant increase from the 1996 survey (30.4%).

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

This section summarises the long-term trends in last year use of any drug and Class A drugs, among adults aged 16 to 59 and young adults aged 16 to 24. These trends are shown in 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 2016/17 CSEW



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

Last year drug use among adults aged 16 to 59

The 2016/17 CSEW shows that around 1 in 12 (8.5%) adults aged 16 to 59 had taken a drug in the last year, which equates to around 2.8 million people.

The trend in the proportion of 16 to 59 year olds taking a drug in the last year has been relatively flat since the 2009/10 survey, with the estimates remaining between eight and nine per cent each year. However, the 2016/17 estimate is statistically significantly lower than any survey estimates prior to the 2009/10 CSEW. For example, the 2006/07 CSEW shows that 10 years ago last year drug use was 10.1 per cent among 16 to 59 year olds. The reduction compared with the 2006/07 survey year is largely accounted for by falls in cannabis and to a lesser extent amphetamine use. For further details see [Appendix Tables 1.02 and 1.04](#).

According to the 2016/17 CSEW, three per cent of adults aged 16 to 59 had taken a Class A drug in

the last year, equivalent to just under one million people. Class A drug use has fallen statistically significantly compared with the 2006/07 survey year (3.4%), but it has remained unchanged from the 2015/16 survey estimate (3.0%). The reduction in Class A drug use compared with 2006/07 is largely accounted for by a fall in use of ecstasy and magic mushrooms.

Last year drug use among young adults aged 16 to 24

As in previous years, the proportion of young adults aged 16 to 24 taking any drug in the last year was more than double the proportion in the 16 to 59 age group, at 19.2 per cent. This proportion equates to 1.2 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. However, the long-term trend is downward; the 2016/17 estimate of 19.2 per cent is statistically significantly lower compared with 10 years ago (24.2% in 2006/07) and with the start of the time series in 1996 (29.7%). The reduction compared with the 2006/07 survey year is accounted for by statistically significant falls in half of drug types.

The 2016/17 CSEW found that seven per cent of young adults aged 16 to 24 had taken a Class A drug in the last year, equating to around 429,000 young people. The change compared with the 2015/16 CSEW (6.6%) and the 2006/07 CSEW (8.1%) was not statistically significant, but this trend has fallen statistically significantly compared with 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](#).

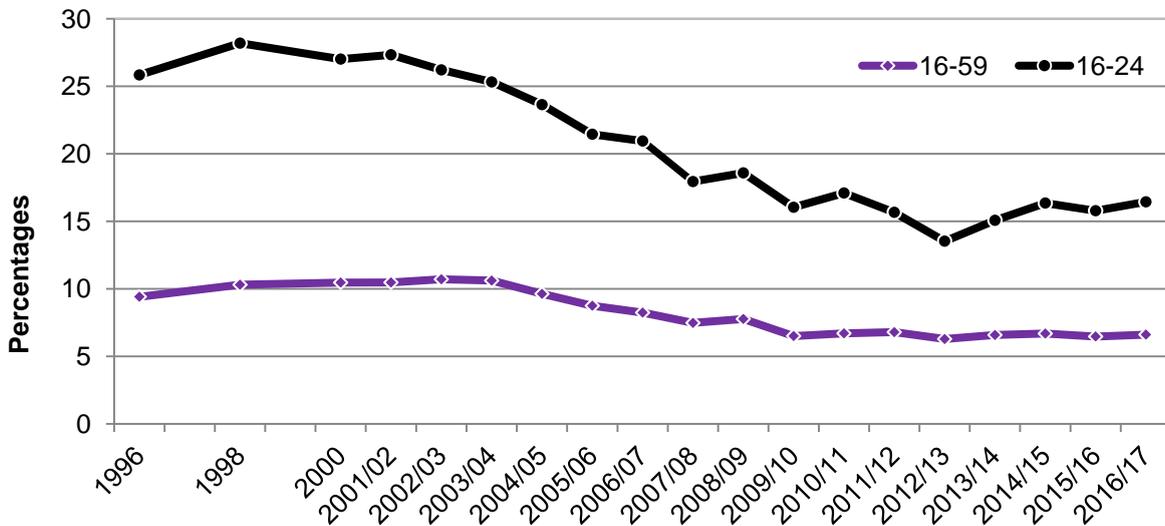
1.2 EXTENT AND TRENDS IN INDIVIDUAL DRUG USE

Cannabis

As in previous years, cannabis was the most commonly used drug in 2016/17, with 6.6 per cent of adults aged 16 to 59 having used it in the last year (around 2.2 million people), similar to the 2015/16 survey (6.5%). However, this is statistically significantly lower than a decade ago (8.2% in 2006/07) and the start of measurement in the survey 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 in 2016/17, with 16.4 per cent having used it in the last year (around one million young adults). This was similar to the 2015/16 estimate (15.8%), but was statistically significantly lower than the 2006/07 survey (20.9%) and the 1996 survey (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 it does show more fluctuation from year to year.

Figure 1.2: Proportion of adults using cannabis in the last year, 16 to 59 and 16 to 24 year olds, 1996 to 2016/17 CSEW

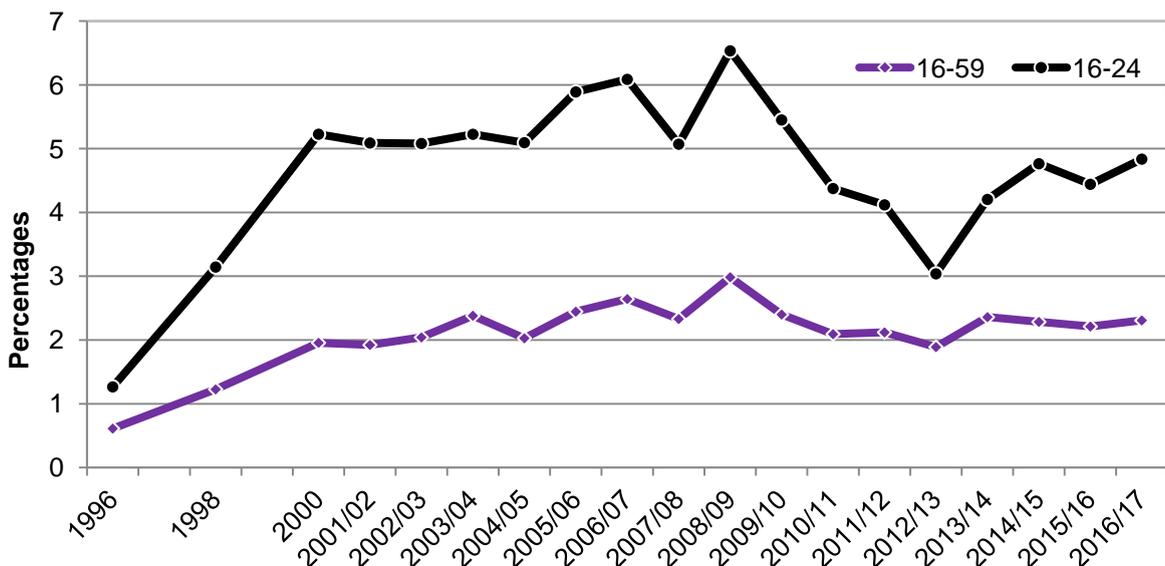


Source: Home Office, [Appendix Tables 1.02 and 1.06](#).

Powder cocaine

As in recent years, the second most commonly used drug in the last year among adults aged 16 to 59 was powder cocaine (2.3% in the 2016/17 survey, equating to around 760,000 people). Powder cocaine was also the second most commonly used drug among young adults aged 16 to 24 (4.8% or around 297,000 young adults) after cannabis. Both proportions remained similar to the previous year (2.2% of 16 to 59 year olds and 4.4% of 16 to 24 year olds in the 2015/16 survey). This trend is illustrated in Figure 1.3.

Figure 1.3: Proportion of adults using powder cocaine in the last year, 16 to 59 and 16 to 24 year olds, 1996 to 2016/17 CSEW



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

Powder cocaine use among 16 to 59 year olds rose between the 1996 and 2000 survey years (0.6% to 2.0%), driven by a sharp increase among the 16 to 24 age group (1.3% to 5.2%). These increases

were followed by slower rises to reach a peak in the 2008/09 survey for both 16 to 59 and 16 to 24 year olds: three per cent and 6.5 per cent respectively.

There was a statistically significant increase in powder cocaine use for 16 to 59 year olds in the 2016/17 survey compared with the 1996 survey (0.6%), although there was a statistically significant decrease compared with a decade ago in the 2006/07 survey (6.1%). 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.

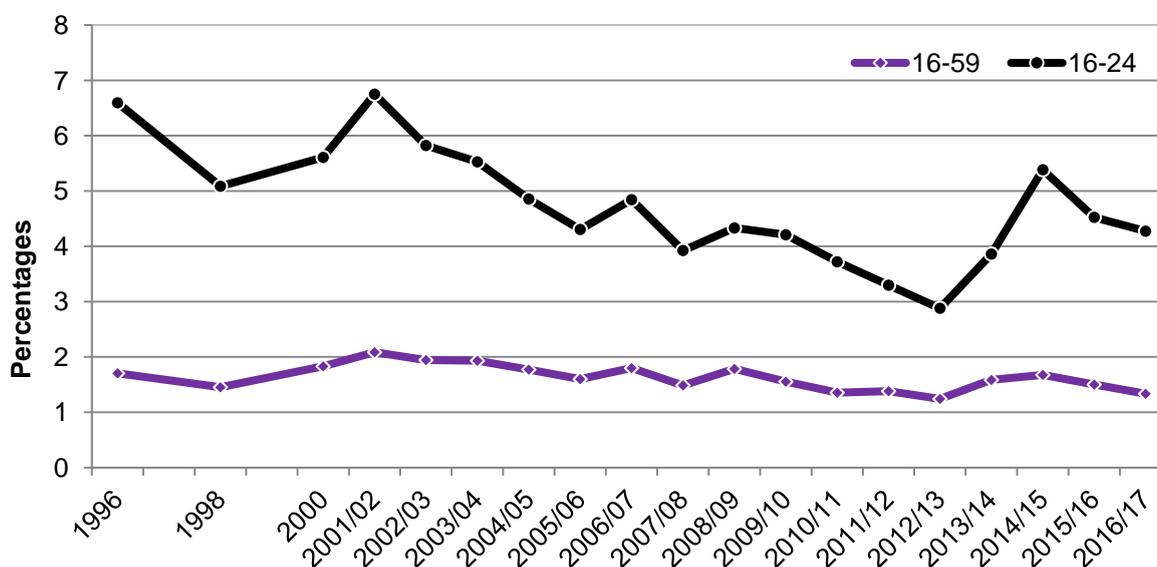
Ecstasy

The level of last year ecstasy use by adults aged 16 to 59 in the 2016/17 survey (1.3%, or around 439,000 people) was similar to the previous year (1.5%, or around 492,000 people). There have been small but statistically significant falls compared with a decade ago (1.8% in 2006/07) and the start of measurement by the survey in 1996 (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 one and two per cent since measurement began in 1996 (Figure 1.4).

In the 2016/17 survey, the proportion of 16 to 24 year olds reporting ecstasy use in the last year was 4.3 per cent (around 262,000 young adults), a similar level to the 2015/16 survey. The proportion of young adults using ecstasy was generally falling since 2001/02, with the lowest proportion in the 2012/13 survey year (2.9%).

Since 2012/13, use has increased and the level of use is now similar to the level ten years ago (4.8% in 2006/07). It is statistically significantly lower than 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 2016/17 CSEW



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

Other drugs

There were statistically significant falls in around half of drug types compared with a decade ago (2006/07 CSEW). These can be seen in [Appendix Table 1.02](#). There were also statistically significant changes between the 2015/16 and 2016/17 survey years for a number of the less frequently used drugs, outlined below.

- **Magic mushroom use fell among adults aged 16 to 59.** Use decreased from 0.4 to 0.3 per cent, the difference representing around 45,000 fewer people than last year. There was no statistically significant difference among young adults aged 16 to 24.
- **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 0.3 to 0.1 per cent (around 41,000 fewer people than the previous year). This was largely accounted for by a fall from 0.9 to 0.3 per cent among 16 to 24 year olds – around 38,000 fewer people than in the 2015/16 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).
- **Anabolic steroid use increased among 16 to 24 year olds.** Steroid use among this age group increased from 0.1 per cent in 2015/16 to 0.4 per cent in 2016/17 (equating to around 19,000 more young adults who had used anabolic steroids in the last year). This represents a reversal of the trend between the 2014/15 CSEW and the 2015/16 CSEW, when there was a statistically significant fall in last year anabolic steroid use, from 0.5 to 0.1 per cent.

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

1.3 LAST YEAR USE OF NEW PSYCHOACTIVE SUBSTANCES

The 2016/17 CSEW asked questions on the last year use of new psychoactive substances (NPS); this is the third year a generic question on NPS use, rather than questions on specific NPS, has been asked. 'NPS' refers to drugs that mimic the effect of drugs such as cannabis, ecstasy and powder cocaine. Some NPS were previously legal to supply if they were not already controlled under the Misuse of Drugs Act 1971, 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](#).

1.4 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;² this asked respondents whether they had taken prescription-only painkillers not prescribed to them "for the feeling or experience" it gave them. Since 2015/16, 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 in order to better understand the drivers of painkiller use. However, this means that estimates of painkiller misuse in the years before 2015/16 are not directly comparable with 2015/16 and onwards.

The 2016/17 survey estimated that in the last year 7.6 per cent of adults aged 16 to 59 had taken a prescription-only painkiller not prescribed to them for medical reasons, similar to the estimate of 7.4 per cent in the 2015/16 survey. These estimates include respondents who said they had taken the painkillers both for medical reasons and for the feeling or experience it gave them. A small proportion (0.2%) of respondents to the 2016/17 survey said that they had taken a prescription-only painkiller not prescribed to them solely for the feeling or experience it gave them (data not shown in data tables).

Of the 16 to 59 year olds who had reported misuse of prescription-only painkillers, 83 per cent reported not 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 (74.5%) 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](#).

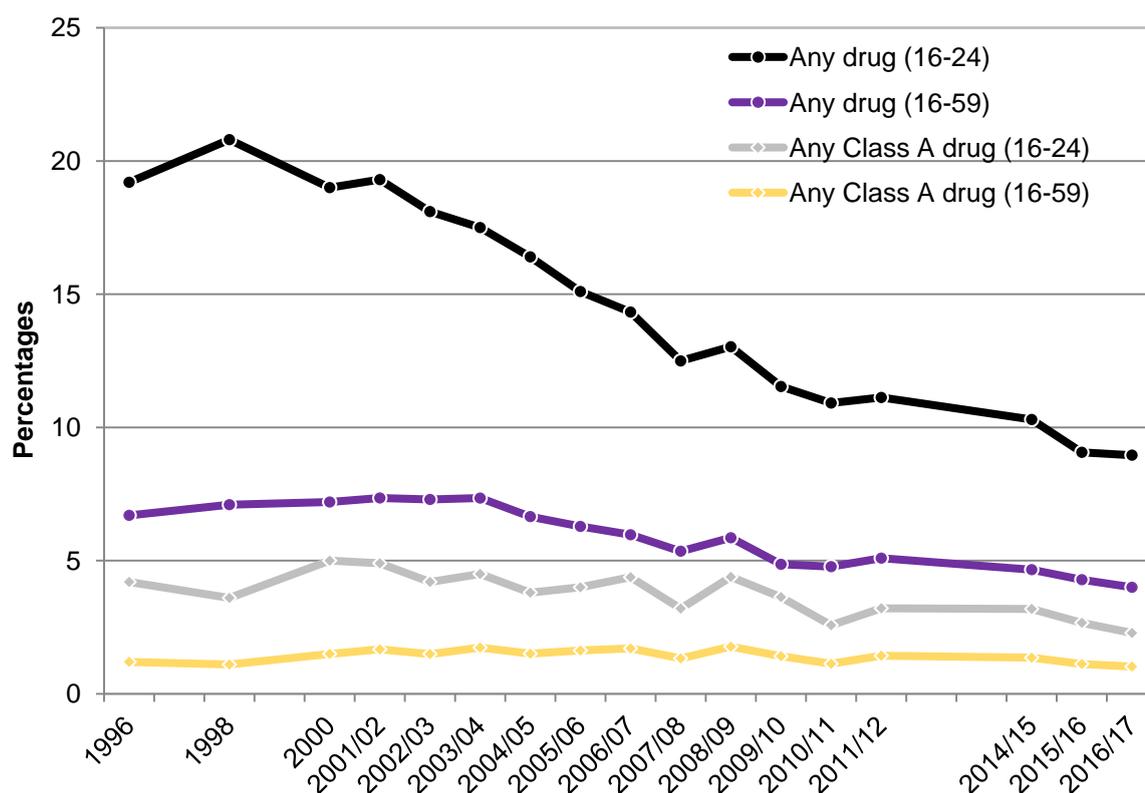
² Figures relating to painkillers are included in [Appendix Tables 3.14 to 3.16](#).

1.5 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 as fewer numbers of respondents have used a drug in the last month compared to the last year. The questions on last month use were temporarily removed³ in the 2012/13 and 2013/14 surveys, before being reinstated from the 2014/15 survey onwards.

More detail is available in the [Appendix Tables](#) and the trends in last month drug use are shown in Figure 1.5 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 year old, 1996 to 2016/17 CSEW



Source: Home Office, [Appendix Tables 1.03 and 1.07](#).

The questions on last month use of drugs were not included in the 2012/13 or 2013/14 survey years.

The 2016/17 CSEW showed the following trends in drug use during the last month:

- Around one in 25 adults (4.0%) aged 16 to 59 said they had taken a drug in the last month. This equates to around 1.3 million people. The proportion is similar to the previous year (4.3% in the 2015/16 CSEW) and is statistically significantly lower than those observed a decade ago in the 2006/07 survey (6.0%) and when CSEW measurements began in 1996 (6.7%) ([Appendix Tables 1.03 and 1.04](#); Figure 1.5).
- The proportion among young adults aged 16 to 24 followed a similar trend, although the proportion was nine per cent, more than double that of the wider age group. This equates to around 550,000 young people aged 16 to 24 having taken a drug in the month prior to interview. This represents statistically significant falls compared with 14.3 per cent in the 2006/07 survey and 19.2 per cent in the 1996 survey ([Appendix Tables 1.07 and 1.08](#); Figure 1.5).

³ The questions were rotated out of the survey to make space for other high-priority questions across the CSEW.

- Last month use of Class A drugs was reported by 1.0 per cent of adults aged 16 to 59 and 2.3 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 statistically 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%, similar to the 2015/16 survey), powder cocaine (0.8%, similar to the 2015/16 survey) and ecstasy (0.3%, similar to the 2015/16 survey).
- Among adults aged 16 to 24, the drugs most commonly taken in the last month were cannabis (7.6%), powder cocaine (1.6%) and ecstasy (1.1%). 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.
- Mephedrone use in the last month was statistically significantly lower in the 2016/17 survey than in the 2015/16 survey among both 16 to 24 year olds and 16 to 59 year olds. For young adults it reduced from 0.4 per cent to zero respondents, and for 16 to 59 year olds it reduced to less than 0.1 per cent of respondents.

1.6 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.⁴ Detailed figures on *lifetime use* of drugs are in [Appendix Tables 1.01 and 1.05](#).

According to the 2016/17 CSEW, 34.2 per cent of adults aged 16 to 59 had used a drug at some point in their lives (10.8 million people), while only 8.5 per cent had done so in the last year (2.8 million people). Among the subgroup of young adults aged 16 to 24, 35.7 per cent (or 2.2 million young adults) had used a drug in their lifetime, compared with 19.2 per cent (1.2 million young adults) who had done so in the last year.

For all adults aged 16 to 59, the drug most commonly reported as ever used was cannabis, with around 1 in 3 (29.6%) 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 powder cocaine (9.6%), amphetamines (9.1%) or ecstasy (9.0%) at some point in their lives. Among adults aged 16 to 59, 15.0 per cent (4.9 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 14.0 per cent in the 2006/07 survey.

⁴ Questions on the use of mephedrone in the respondent's lifetime were not included in the 2010/11 and the 2011/12 surveys. Therefore, the estimates of last year mephedrone use in 2010/11 and 2011/12 differ from the other individual drugs (in terms of the way they are obtained), as respondents were not previously asked about their experience of ever using mephedrone. Any effect on the estimates of last year mephedrone use, or indeed on the overall measure of any last year drug use, would be considered to be very small.

1.7 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, 2016/17 CSEW

Class	Drug types	Adults aged 16 to 59				Adults aged 16 to 24			
		2016/17	compared with:			2016/17	compared with:		
		Proportion reporting use (%)	1996	2006/07	2015/16	Proportion reporting use (%)	1996	2006/07	2015/16
A	Any cocaine	2.3	↑	↓		4.8	↑	↓	
	Powder cocaine	2.3	↑	↓		4.8	↑	↓	
	Crack cocaine	0.1		↓		0.0		↓	
	Ecstasy	1.3	↓	↓		4.3	↓		
	Hallucinogens	0.4	↓	↓		1.6	↓		
	LSD	0.3	↓			1.0	↓		
	Magic mushrooms	0.3	↓	↓	↓	0.8	↓	↓	
	Opiates	0.1		↓		0.1			
	Heroin	0.0	↓	↓		0.0		↓	
	Methadone	0.0		↓		0.1			
A/B	Any amphetamine	0.5	n/a	n/a		1.1	n/a	n/a	
	Amphetamines	0.4	↓	↓		1.1	↓	↓	
	Methamphetamines	0.0	n/a	n/a		0.0	n/a	n/a	
B	Cannabis	6.6	↓	↓		16.4	↓	↓	
	Ketamine	0.4	n/a			1.2	n/a		
	Mephedrone	0.1	n/a	n/a	↓	0.3	n/a	n/a	↓
B/C	Tranquillisers	0.4				0.6			
C	Anabolic steroids	0.2				0.4			↑
	New psychoactive substances	0.4	n/a	n/a	↓	1.2	n/a	n/a	↓
	Amyl nitrite	0.5	↓	↓		2.0	↓	↓	
	Any Class A drug	3.0		↓		7.0	↓		
	Any drug	8.5	↓	↓		19.2	↓	↓	
	<i>Unweighted base</i>	<i>21,341</i>				<i>2,457</i>			

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

'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, ketamine, mephedrone, heroin, methadone, amphetamines, methamphetamines, cannabis, tranquillisers, anabolic steroids, 'unknown pills or powders', 'something unknown smoked' and 'any other drug'. It includes amyl nitrite for the yearly any drug measure only, as there were no questions on lifetime or monthly use of amyl nitrite in this year's survey.

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

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

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

2 Frequency of drug use in the last year

INTRODUCTION

This chapter investigates levels of frequent drug use among adults aged 16 to 59 and young adults aged 16 to 24. Frequent drug use is defined as **taking a drug more than once a month in the last year**.

The measure of frequency of use for 'any drug' has changed since the 2014/15 Crime Survey for England and Wales (CSEW). In 2013/14 and previous years, frequent use of any drug was calculated by combining individual questions that ask about frequent use for each individual drug in the survey, while from 2014/15 they have been based on one specific question that asks about the frequency of any drug use. This question was asked to any respondent who reported taking any drug in the last 12 months.

Since the 2014/15 survey the question on frequency of cannabis use has been retained, in addition to the question on frequency of any drug use. The questions on frequency of ecstasy and cocaine use were removed in the 2014/15 survey, and a question was introduced which asked about the frequency of drug use for all drugs. The questions on frequency of ecstasy and cocaine use were re-introduced for the 2015/16 survey onwards.

The [User Guide to Drug Misuse Statistics](#) provides further details relating to drug use measures, and changes made to the 2016/17 survey.

Estimates of frequent drug use for cannabis, powder cocaine, ecstasy and any drug in the last year among adults from the 2016/17 CSEW can be found in the [Appendix Tables](#).

KEY FINDINGS

- According to the 2016/17 CSEW, **2.0 per cent of all adults aged 16 to 59 were classed as frequent drug users**. This equated to around 642,000 people. This is a statistically significant decrease compared with the 2015/16 survey (3.3%).
- **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 4.2 per cent (equivalent to around 260,000 young people). This is not statistically significant different compared with the 2015/16 survey (4.7%).
- **Cannabis was the drug most likely to be frequently used** of the three drugs with data available, with 37 per cent of cannabis users aged 16 to 59 years old being classed as frequent users in the 2016/17 survey.
- **The majority of ecstasy and powder cocaine users reported having taken the drug once or twice a year** (72% 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 11.7 per cent in 2016/17. Neither proportion has changed statistically significantly compared with the 2015/16 survey.

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.

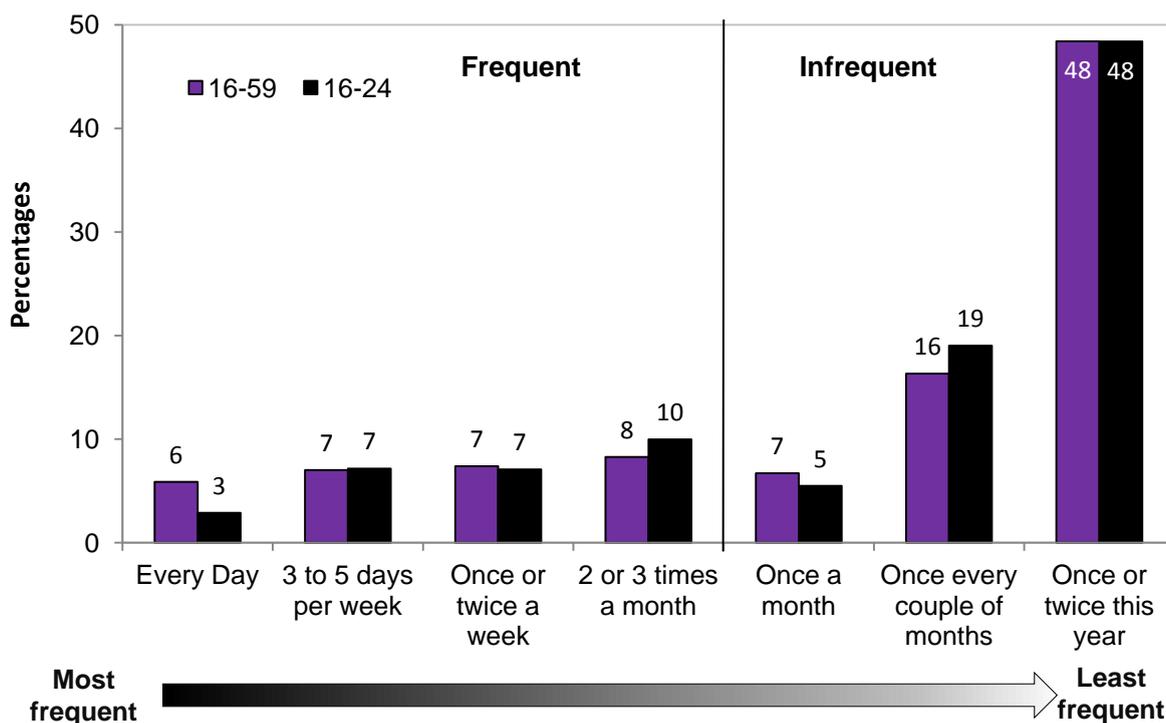
This is likely to be because respondents found it harder to think about their overall drug use than each drug they had used individually.

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

Estimates from the 2016/17 CSEW show that 2.0 per cent of all adults aged 16 to 59 were defined as frequent drug users (having taken any drug more than once a month on average in the last year) ([Appendix Table 2.01](#)). This was a statistically significant decrease from the estimate of 3.3 per cent in the 2015/16 survey, although it should be noted that a slight change in the wording of this question may have contributed towards this change⁵. This equated to around 642,000 people.⁶ Frequent drug users made up 29 per cent of the adults who reported drug use within the last year, and six 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 (4.2%, equivalent to around 260,000 young people⁷) than the proportion of frequent drug users aged 16 to 59 (2.0%). 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 (29% for 16 to 59 year olds and 27% for 16 to 24 year olds). Among those who used drugs every day, there was no statistically significant difference between younger adults (3%) and those aged 16 to 59 (6%) (Figure 2.1).

Figure 2.1: Frequency of any drug used, adults aged 16 to 59 and 16 to 24, 2016/17 CSEW



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

⁵ In 2015/16 respondents were asked 'How often during the last 12 MONTHS have you taken drugs of ANY type that were not prescribed by a doctor or other healthcare professional?', whereas in 2016/17 respondents were asked 'How often during the last 12 MONTHS have you taken ANY of the drugs you've just mentioned, that were not prescribed by a doctor or other healthcare professional?'

⁶ Data on number of frequent drug users not shown in data tables.

⁷ Data on number of frequent drug users not shown in data tables.

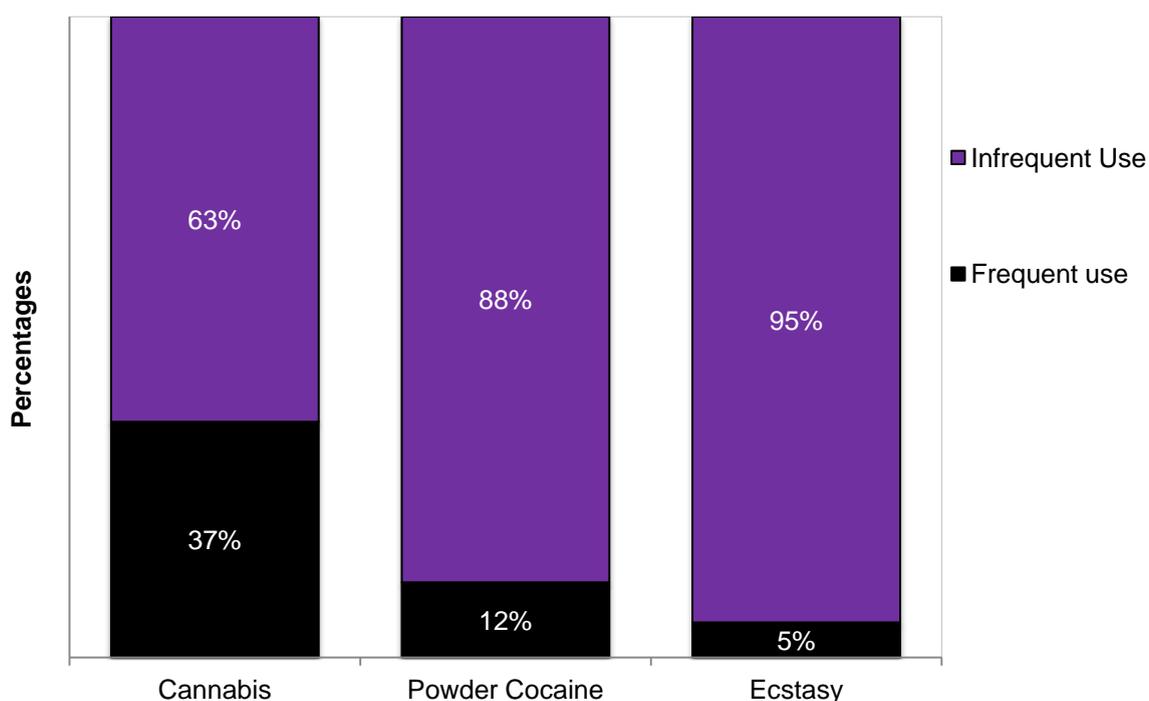
2.2 FREQUENCY OF INDIVIDUAL DRUG USE

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

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 (6.6%, 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 34 per cent ([Appendix Table 2.03](#)).

Figure 2.2 shows the frequency of use of three specific drugs: cannabis, powder cocaine and ecstasy. Of the three specific drugs asked about, cannabis had the highest proportion of frequent users (37% of last-year cannabis users). Powder cocaine (12%) and ecstasy (5%) were used less frequently. A small proportion of cannabis users used it every day (9%). Taking drugs ‘once or twice a year’ was the most common frequency across all drug types: 44% for cannabis users, 61% for powder cocaine users and 72% 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, 2016/17 CSEW



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

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

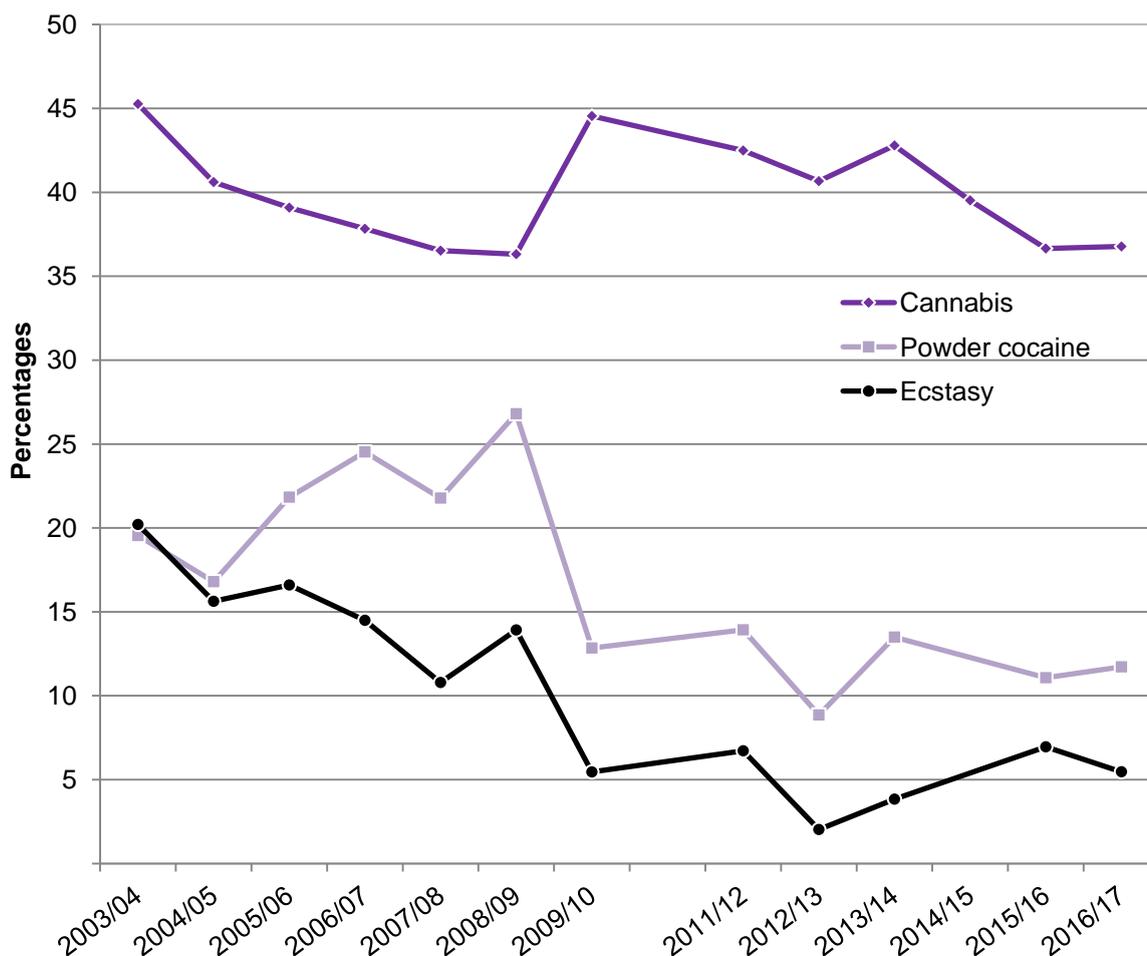
2.3 TRENDS IN INDIVIDUAL DRUG USE

The CSEW can also be used to provide information on trends in the frequent use of individual 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 2016/17 survey, shows that the proportion of last year cannabis users aged 16 to 59 who were frequent users was 37 per cent, which is eight percentage points lower since these questions were first asked in 2003/04 (when 45% 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 difficult to say whether this is a real decrease or due to sampling variability or a change in question effect.

There have been more consistent decreases in the frequent use of powder cocaine and ecstasy (Figure 2.3). For example, in the 2006/07 survey, the proportion of powder cocaine users who were frequent drug takers was 25 per cent. This has decreased to 12 per cent in the 2016/17 survey.

Figure 2.3: Trends in the proportion of drug users considered frequent users of cannabis, ecstasy and powder cocaine, 2003/04 to 2016/17 CSEW



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

Data for 2010/11 are not available; see the technical annex for more information.

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

2.4 FREQUENCY OF LAST MONTH CANNABIS USE

Respondents who said that they had used cannabis in the last month were asked how often they had done so. The question was asked in the 2015/16 and 2016/17 surveys, and was previously asked in the 2010/11 CSEW. [Appendix Table 2.07](#) shows that under half (41%) of last month cannabis users said they used cannabis less than once a week, and 27 per cent said they used it daily or almost daily. In the 2016/17 CSEW, last month cannabis users were more likely to say they used it at daily or almost daily compared with 2010/11 (increased from 17% to 27%). Conversely, last month cannabis users were less likely to say they used it less than once a week compared with the 2010/11 CSEW (reduced from 52% to 41%)

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

INTRODUCTION

This chapter presents findings from the 2016/17 Crime Survey for England and Wales (CSEW) on levels of drug use in the last year by age, sex, frequency of nightclub 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 2016/17 CSEW, alongside long-term trends for certain characteristics, can be found in the [Appendix tables](#).

KEY FINDINGS

- **As in previous years, younger people were 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 (16.5%) and 20 to 24 year olds (21.2%). The level of drug use was lowest in the oldest age group (2.0% of 55 to 59 year olds).
- **Men were more likely to take drugs than women.** Around 1 in 9 (11.5%) men aged 16 to 59 had taken any drug in the last year, compared with 1 in 18 (5.5%) 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 15 (6.7%) of those living in rural areas.
- **Increased levels of drug use were associated with increased frequency of visits to pubs, bars and nightclubs.** For example, use of any Class A drug in the last year was around 10 times higher among those who had visited a nightclub at least four times in the past month (20.3%) compared with those who had not visited a nightclub in the past month (2.0%).

3.1 EXTENT AND TRENDS IN DRUG USE BY AGE GROUP

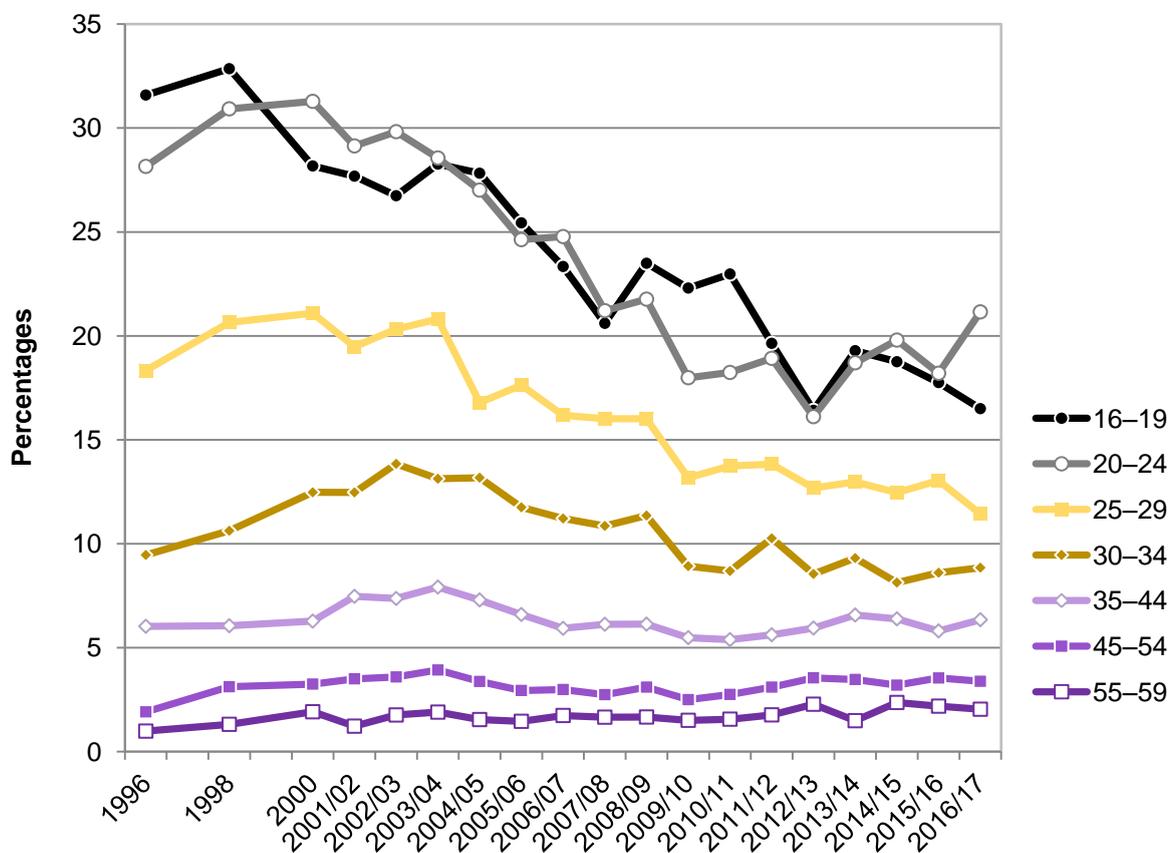
As shown in previous years, the level of any drug use in the last year was highest among the youngest age groups; 16.5 per cent of 16 to 19 year olds and 21.2 per cent of 20 to 24 year olds reported any drug use in the last year. Levels of drug use then decreased as age increased, from 11.4 per cent of 25 to 29 year olds to 2.0 per cent of 55 to 59 year olds ([Appendix Table 3.01](#)).

Between the 1996 and 2016/17 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 2.0 per cent in the 2016/17 survey, this was a statistically significant increase. 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 publication](#).

While drug use in those aged 35 and under has shown a long term decline, for older age groups drug use has remained fairly stable or increased, although none of the changes in drug use for the older age groups has been a statistically significant change compared with 2015/16. There have been no

statistically significant changes in drug use for any age group between 2015/16 and 2016/17 excluding amphetamine use in those 25 to 29 which has seen a statistically significant decline.

Figure 3.1: Proportion of 16 to 59 year olds using any drug in the last year by age group, 1996 to 2016/17 CSEW



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

Across all drug types, levels of use in the last year were highest among those aged 20 to 24. Levels of use in the last year were second highest among those aged 16 to 19, except for powder cocaine where use was second highest in those aged 25 to 29.

Class A drug use was highest among 20 to 24 year olds, with 8.5 per cent reporting use of these types of drugs in the last year, and was lowest among 55 to 59 year olds (0.4%).

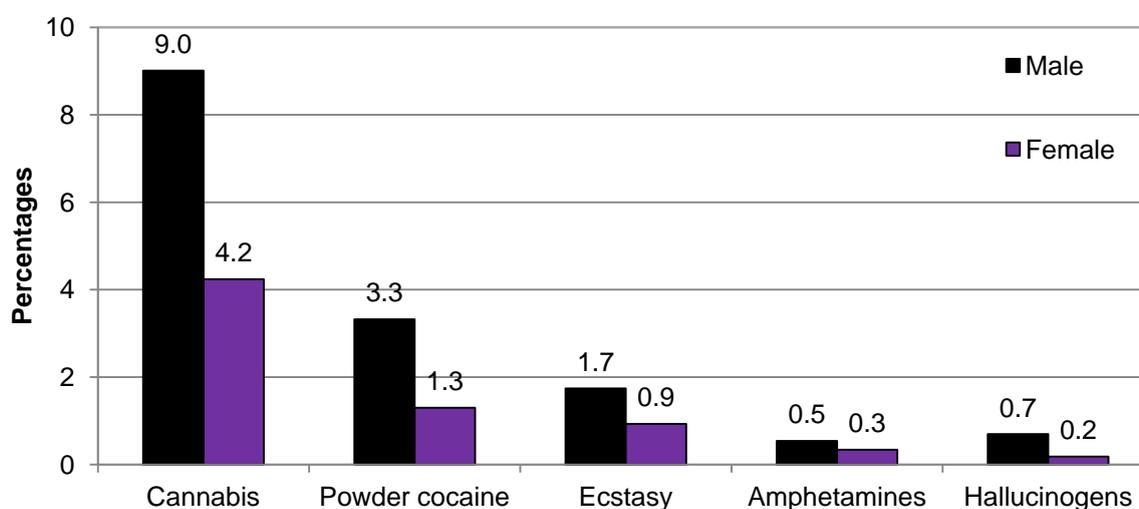
3.2 EXTENT AND TRENDS IN DRUG USE BY SEX

Levels of drug use during the last year were higher among men than women according to the 2016/17 CSEW, with 11.5 per cent of men reporting taking any drug in the last year, compared with 5.5 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 2016/17 survey, men were more than twice as likely to report using cannabis in the last year as women (9.0% of men, compared with 4.2% of women). Men were almost three times more likely than women to take powder cocaine (3.3% compared with 1.3%) and were also around twice as likely to have taken ecstasy (1.7% compared with 0.9%) in the last year (Figure 3.2; [Appendix Table 3.01](#)).

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

Figure 3.2: Proportion of 16 to 59 year olds reporting use of selected drugs in the last year by sex, 2016/17 CSEW



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

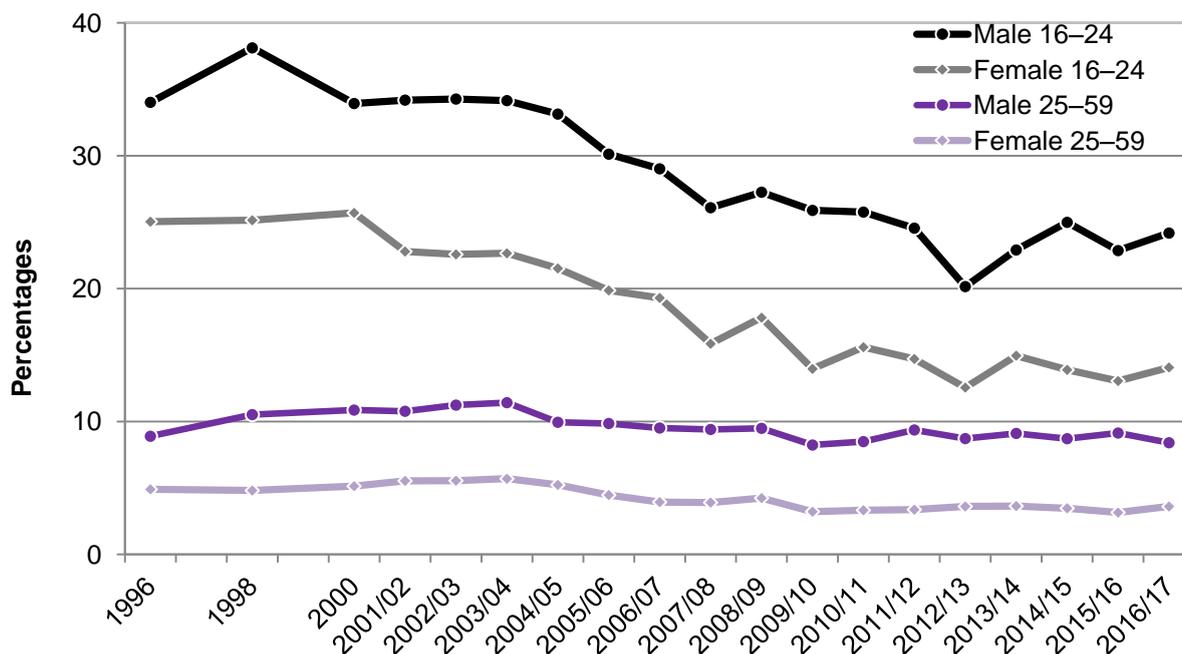
Between the 2015/16 and 2016/17 surveys, there have been no statistically significant changes in levels of any type of drug use for either men or women.

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 2016/17 CSEW.

- Between 1 in 4 and 1 in 5 men aged 24 or under (20.4% for 16 to 19 year olds and 26.9% for 20 to 24 year olds) reported using any drug in the last year, compared with just over 1 in 100 women aged 55 to 59 (1.3%). ([Appendix Table 3.02](#)).
- Use of any Class A drug in the last year was higher among men aged 20 to 24 and 25 to 29 (11.2% and 6.8% reported use in the last year respectively) than women in the same age groups (5.7% and 2.7% reported use in the last year respectively).
- Over the past ten years there has been a statistically significant decline in last year use of any drug among 16 to 24 year old women (from 19.3% to 14.1%) but not a statistically significant decline for those aged 25 to 59 (3.9% to 3.6%). There has also been a statistically significant decline in last year use of any drug among men in the 16 to 24 year old age group (from 29.0% to 24.2%) and the 25 to 59 year old age group (9.5% to 8.4%) over the last decade. (Figure 3.3, [Appendix Table 3.06](#))

Figure 3.3: Proportion of 16 to 24 and 25 to 59 year olds using any drug in the last year by sex, 1996 to 2016/17 CSEW



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

3.4 EXTENT OF DRUG USE BY LIFESTYLE FACTORS

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

It is important to note that demographic factors are not necessarily independently associated with higher drug use. For example, 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/bar visits ([Appendix Table 3.01](#)). For example, the 2016/17 CSEW showed that among adults aged 16 to 59:

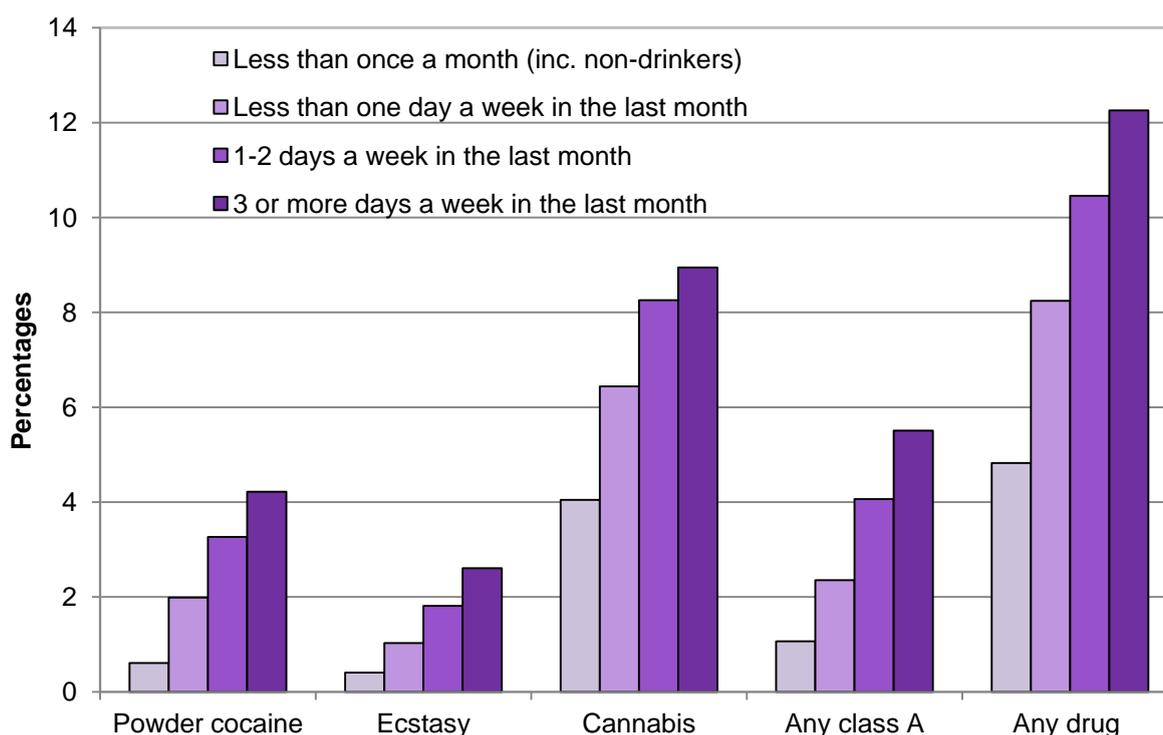
- Use of any Class A drug in the 12 months prior to interview was around 10 times higher among those who had visited a nightclub at least four times in the past month (20.3%) compared with those who had not visited a nightclub in the past month (2.0%).
- Higher levels of Class A drug use among those 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 over 10 times higher among those who had visited a nightclub at least four times in the past month (16.1%) compared with those who had not visited a nightclub in the past month (1.5%). Last year use of ecstasy was over 20 times higher among those who had visited a nightclub at least four times in the past month (13.1%) compared with those who had not visited a nightclub in the past month (0.6%).

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

- Similarly, powder cocaine use was almost 17 times higher among those who had visited a pub or bar at least nine times in the last month (10.0%) than those who had not visited a pub or bar at all in the last month (0.6%). Ecstasy use was around 13 times higher among those who had visited a pub or bar at least nine times in the last month (5.5%) compared with those who had not visited a pub or bar in the last month (0.4%).
- There were statistically significant increases in the use of powder cocaine and cannabis for those who had not visited a nightclub in the last month for the 2016/17 survey compared with the 2015/16 survey.
- There was a statistically significant decrease in ecstasy use between 2015/16 and 2016/17 for those who visited a pub between four and eight times a month.

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 three or more days per week in the last month were more than twice as likely to have used any drug (12.3% compared with 4.8%) and over five times more likely to have used a Class A drug (5.5% compared with 1.1%) 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, 2016/17 CSEW



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

3.5 EXTENT OF DRUG USE BY OTHER FACTORS

In the 2016/17 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 and any Class A 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 6.7 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 (17.5%) than those living in any other types of areas (for example, 5.5% of those living in 'Suburbanites' areas and 10.8% 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 (7.6%) compared with other types of area (e.g. 1.9% of those living in 'Hard-pressed living' areas).
- Those who reported being a victim of any crime in the last year were more likely to report use of any drug and any Class A drug. For example, 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 7.7 per cent of those who had not reported being a victim of a crime.
- There has been a statistically significant increase in the levels of powder cocaine use by those who are long term unemployed in the last year (0.7 per cent in 2015/16 compared with 2.7 per cent in 2016/17).

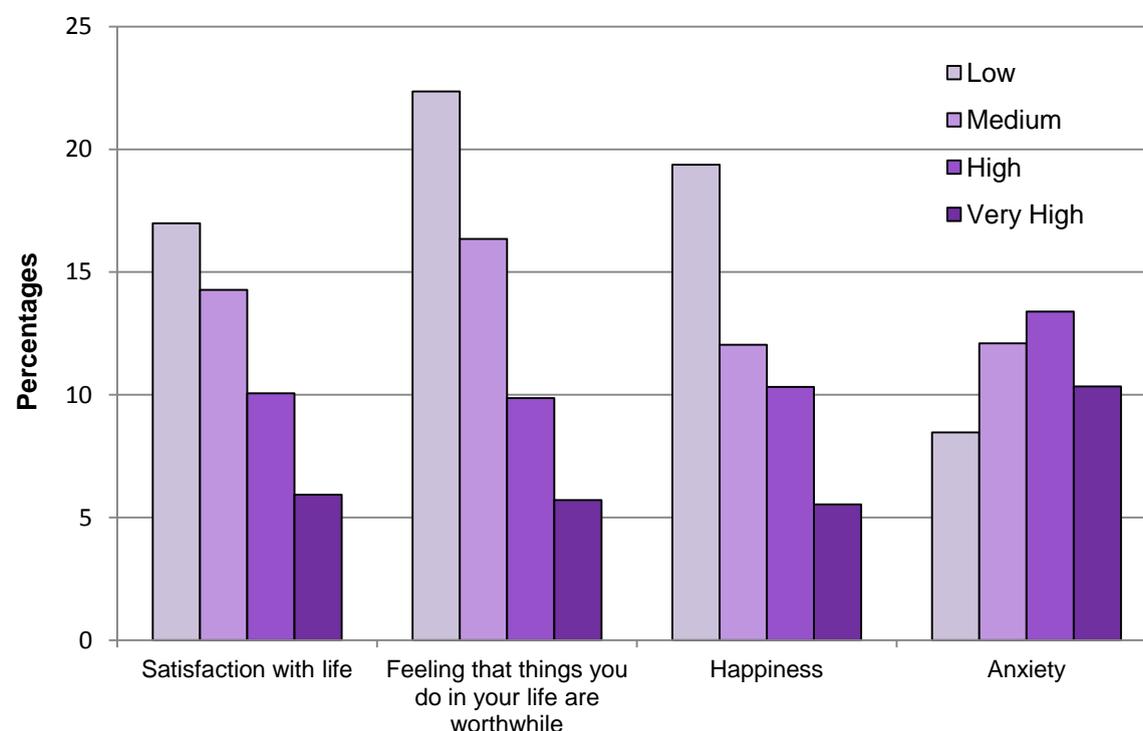
3.6 EXTENT OF DRUG USE AND PERSONAL WELL-BEING

This publication has looked at drug use and personal well-being. This has been done using the four measures of personal well-being that are included in the CSEW, which follow the Office for National Statistics (ONS) standardised approach to measurement. Further 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 life satisfaction could lead to drug use, or that drug use could lead to low life satisfaction, or that an unknown third variable could cause both low life satisfaction and drug use.

- Drug use decreases as life satisfaction increases. Of those who reported low levels of life satisfaction 17.0 per cent also reported last year use of any drug, compared with 14.3 per cent of those who reported medium life satisfaction, 10.1 per cent for high life satisfaction, and 5.9 per cent for very high life satisfaction ([Appendix Table 3.13](#), Figure 3.5).
- A similar relationship was observed between the use of any drug and feeling that things done in life are worthwhile. For example, one in four (22.4%) who had low levels of feeling that things done in life are worthwhile reported using any drug in the last year, compared with one in 17 (5.7%) of those with very high levels.
- Levels of any drug use in the last year varied by levels of anxiety, with differing levels of use in all four categories of anxiety, generally use of any drug in the last year increased as anxiety levels increased (low 8.5%, medium 12.1%, high 13.4%, and very high 10.3%).

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

Figure 3.5: Proportion of 16 to 59 year olds reporting use of any drug in the last year by wellbeing measures, 2016/17 CSEW



Source: Home Office: [Appendix Table 3.13](#).

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. Since 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. There are now two years of data for these updated questions, so comparisons across the two years can be made.

The following section reports demographic characteristics of those who reported taking non-prescribed prescription-only painkillers for medical reasons (including respondents who reported they had taken painkillers both for medical reasons and for the feeling or experience it gave them). 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 solely for the feeling or experience it gave them. Across some demographic factors, patterns of use (of non-prescribed prescription-only painkillers for medical reasons) were similar to those for other drugs, as outlined below.

- Use of non-prescribed prescription-only painkillers for medical reasons was higher among men (8.3%) than women (6.9%). ([Appendix Table 3.14](#))
- The use of non-prescribed prescription-only painkillers for medical reasons decreases as life satisfaction increases. Of those with low levels of life satisfaction, 12.5 per cent of reported use in the last year, compared with 6.2 per cent of those with very high levels of life satisfaction.

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

- Use of non-prescribed prescription-only painkillers for medical reasons was similar across different age groups (8.0% of those aged 16 to 24, compared with 7.5% 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 (13.9%) compared with those with no long-standing illnesses (6.5%).
- The use of non-prescribed prescription-only painkillers for medical reasons did not increase with higher levels of alcohol consumption (8.2% of those who drank less than once a month, including non-drinkers, compared with 7.7% of those who drank on three or more days a week in the last month).

There were no statistically significant changes in the number of those who took non-prescribed prescription-only painkillers between 2015/16 and the 2016/17 survey, for the personal and household factors presented in [Appendix Tables 3.15 and 3.16](#). However, there were statistically significant changes for other personal and household factors.

- There was a statistically significant increase in the use of non-prescribed prescription-only painkillers for those who had reported being a victim of crime (9.1% in 2015/16 to 11.4% in 2016/17), but there was no statistically significant change in those who had not reported being a victim of crime.
- There was a statistically significant increase in the use of non-prescribed prescription-only painkillers (8.4% in 2015/16 to 12.1% in 2016/17) for those who had medium life satisfaction, and also for those who had low happiness or low anxiety (10.8% in 2015/16 to 16.1% in 2016/17 and 5.4% in 2015/16 to 7.1% in 2016/17 respectively).

4 New psychoactive substances and nitrous oxide

INTRODUCTION

This chapter covers the use of new psychoactive substances (NPS) among adults aged 16 to 59. In this context “NPS” refers to newly available drugs that mimic the effect of drugs such as cannabis, ecstasy and powder cocaine. Some NPS were previously legal to supply if they were not already controlled under the Misuse of Drugs Act 1971⁸, but all are now illegal to supply, produce and import under the Psychoactive Substances Act 2016⁹, which commenced on 26 May 2016. Respondents to the 2016/17 Crime Survey for England and Wales (CSEW) may have associated such substances with the term “legal highs”, as some NPS may have been legal to supply during the period they were asked to recall. This terminology was therefore retained in the survey question, along with an explanation of the nature of these substances (more information is available in the [User Guide to Drug Misuse Statistics](#)).

The use of generic, rather than specific, NPS was first asked about in the 2014/15 CSEW, and subsequently in the 2015/16 survey. Recent evidence suggests that there may be particularly high prevalence of NPS use in prison settings and among the homeless community¹⁰. These individuals would not be captured in the sample population of the CSEW, which may mean that the survey underestimates the overall prevalence of NPS across the population. This may be true of all illicit drug use, but an NHS commissioned report found that spice use (a type of NPS), is more prevalent in prisons than that of other illicit drugs¹¹. This suggests that a larger component of NPS prevalence has not been captured compared to other illicit drugs.

Questions on the use of nitrous oxide (which is not considered to be an NPS, but is in scope of the Psychoactive Substances Act) were previously asked in the 2012/13 and 2013/14 surveys, and have been re-introduced in the 2016/17 survey¹². Questions on the use of individual NPS have been included in some past CSEW surveys, including salvia measured in the 2011/12 and 2012/13 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. Findings on the use of these substances are shown in the [previous Drug Misuse bulletins](#) covering these past survey years.

Estimates of NPS use among adults from the 2016/17 CSEW can be found in the [Appendix tables](#). The responses to questions on the ease of obtaining NPS or nitrous oxide are discussed in [Chapter 5](#).

KEY FINDINGS

- **Use of NPS has statistically significantly decreased in the last year, mainly driven by a decrease in use among men.** Approximately 0.4 per cent of adults aged 16 to 59 had used NPS in the last year (equivalent to around 147,000 adults), a fall from 0.7 per cent in the 2015/16 CSEW. There was a decrease in NPS use for both sexes, but it was only statistically significant for males (1.1% to 0.6%).
- **Around half of all NPS users were aged 16 to 24.** In the last year 1.2 per cent of adults aged 16 to 24 used NPS (around 77,000), accounting for around half of all NPS users aged 16 to 59.

⁸ Which can be found here: [Misuse of Drugs Act 1971](#)

⁹ Which can be found here: [Psychoactive Substances Act 2016](#)

¹⁰ For example, [NPS Come of Age: A UK Overview](#), by Drugwise, and [NPS in prisons: A toolkit for prison staff](#), by PHE

¹¹ [Spice: The Bird Killer. What prisoners think about the use of spice and other legal highs in prison](#)

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

- **People who had visited a pub or nightclub, consumed alcohol or used another drug, were more likely to have used an NPS in the last year than those who had not.** This is true for young adults aged 16 to 24 as well as the wider 16 to 59 age group. However, the strength of these relationships appears to have decreased, with statistically significant decreases across all factors for adults 16 to 59 such as those who had consumed alcohol once or twice in the last month seeing a fall of 0.4% (1.0% to 0.6%) in the 2016/17 CSEW compared with 2015/16.
- **Herbal smoking mixtures were the most commonly used NPS in the last year.** 40 per cent of last year NPS users aged 16 to 59 had smoked a herbal mixture on the last occasion that they used NPS.

4.1 EXTENT OF NPS USE

Last year NPS use

The 2016/17 CSEW showed that overall, the prevalence of NPS use in the last year among adults aged 16 to 59 is decreasing. It remains generally low compared with the prevalence of well established drugs such as cannabis, powder cocaine and ecstasy (see [Chapter 1](#)), as in previous years.

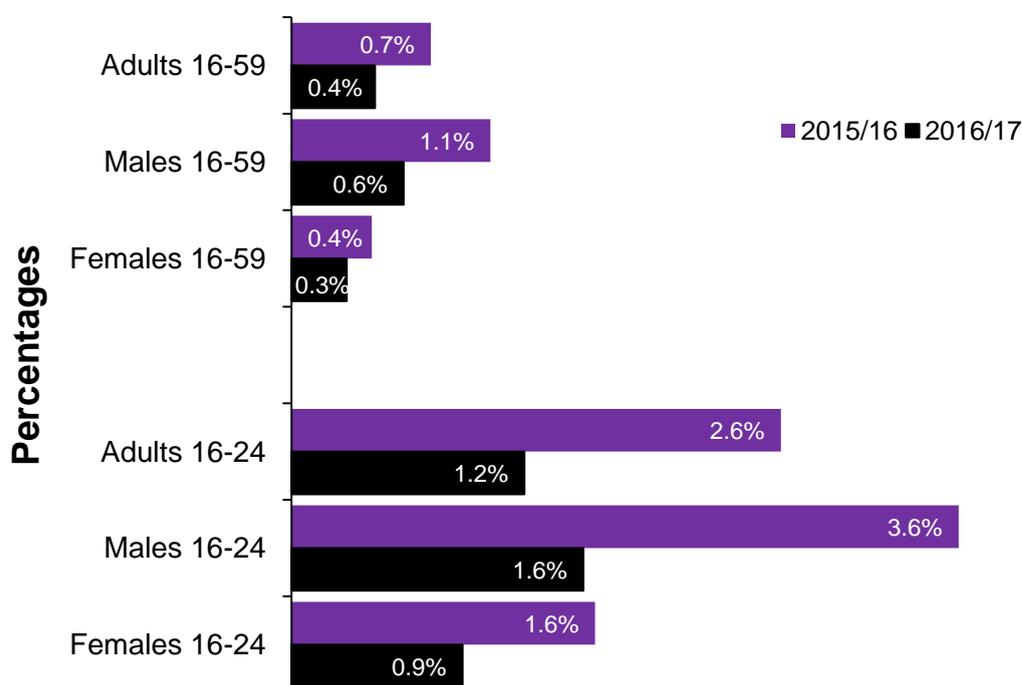
The 2016/17 CSEW estimated that 0.4 per cent of adults aged 16 to 59 (around 147,000 people) had used an NPS in the last year, a statistically significant decrease compared with 2015/16 (0.7%). Some of this decrease may be driven by a change in how respondents report their use of NPS since the introduction of the Psychoactive Substances Act. This decrease was largely driven by males (statistically significant decrease from 1.1 per cent to 0.6 per cent). Despite this males remained significantly more likely to have used an NPS in the last year than women (0.6% and 0.3% respectively).

Younger adults aged 16 to 24 were around three times more likely than adults aged 16-59 to have used an NPS in the last year (1.2%), equating to around 77,000 young people. This is a statistically significant decrease compared with the 2015/16 CSEW (2.6%). The younger age group still accounts for around half of all last year users of NPS.

Young men aged 16 to 24 remain the most prevalent NPS users, they were around four times more likely (1.6%, or around 49,000) to have used an NPS than all adults aged 16 to 59 (0.4%). Young men had the largest decrease in the prevalence of NPS use in the last year (from 3.6% to 1.6%). The difference between men and women was no longer statistically significantly in this age group, with 0.9 per cent of women using NPS in the last year.

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

Figure 4.1: Prevalence of NPS use in the last year, by sex, 16 to 59 and 16 to 24 year olds, 2015/16 and 2016/17 CSEW



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

Use of NPS in respondent's lifetime

The 2016/17 CSEW found that, overall, 2.4 per cent of adults aged 16 to 59 had used an NPS in their lifetime (around 779,000 people), a non-statistically significant decrease compared with the previous year (2.7%). Similarly to last year's NPS use, men were around twice as likely (3.2%) as women (1.6%) to have used an NPS at some point in their lives.

Young adults aged 16 to 24 were around twice as likely (4.2%) to have used an NPS in their lifetime as those in the wider 16 to 59 age group (2.4%). For young adults aged 16 to 24 there was a statistically significant decrease in the prevalence of NPS use in their lifetime from 6.0 per cent to 4.2 per cent, this was mainly driven by the decrease among young males aged 16 to 24 (from 8% to 5.3%) ([Appendix Table 4.01](#))

4.2 USE OF NPS BY LIFESTYLE FACTORS

The 2016/17 CSEW showed that some behaviours are associated with the likelihood that an individual will have used an NPS in the last year, as in previous years. 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](#)).

It is important to note that these 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](#)).

Other drug use¹³ in the last year

0.1% of 16 to 59 year olds who had not used any other drugs in the last year, had used an NPS, whereas 4.2 per cent of last year drug users had also taken an NPS in the last year (Table 2). This is a statistically significant decrease compared with 2015/16 (7.7%). ([Appendix Table 4.02](#)). These findings suggest that NPS use and other drug use may be driven by similar factors.

Table 2: NPS use in the last year, by use of another drug in the last year, 16 to 59 and 16 to 24 year olds, 2016/17 CSEW

Percentages who used NPS in the last year*	Adults aged 16 to 59	Adults aged 16 to 24
Used another drug in the last year	4.2	5.1
Did not use another drug in the last year	0.1	0.4

Source: Home Office, [Appendix Table 4.02](#).

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

Of the adults aged 16 to 59 who had used an NPS in the last year, the majority (74.5%) had also taken another drug. Among 16 to 24 year olds this proportion was similar, at 73.7 per cent. These estimates are statistically significantly lower than in the 2015/16 CSEW, where 84.9 per cent of adults aged 16 to 59 had had taken NPS in the last year had also used another drug. (These figures are not shown in the Appendix Tables).

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. Table 3 below illustrates that the prevalence of NPS use was higher in those subgroups that visited a nightclub or disco more often in the last month. There was a statistically significant decrease of young adults aged 16 to 24 who had visited a nightclub or disco in the last month using NPS, with a prevalence of 2.3 per cent in the 2016/17 CSEW compared with 4.6 per cent in the 2015/16 CSEW. ([Appendix Table 4.02](#)),

Table 3: NPS use in the last year, by frequency of visits to a nightclub or disco in the last month, 16 to 59 and 16 to 24 year olds, 2016/17 CSEW

Percentages who used NPS in the last year*	Adults aged 16 to 59	Adults aged 16 to 24
No visits to a nightclub or disco in the last month	0.3	0.7
Visited a nightclub or disco in the last month	1.8	2.3
1-3 times in the last month	1.5	1.8
4+ times in the last month	3.1	4.0

Source: Home Office, [Appendix Table 4.02](#).

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

Visits to a pub or bar in the last month

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

There has been a statistically significant decrease in NPS use for both adults aged 16 to 59 and young adults aged 16 to 24 who have visited a pub or bar in the month. The largest decline was for 16 to 24 year olds who visited a pub or bar in the last month, where NPS use fell from 3.5 per cent in the 2015/16 CSEW to 1.4 per cent in the 2016/17 CSEW.

¹³ 'Other drug use' refers to those drugs which are captured in the 'any drug' measure

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

Table 4: NPS use in the last year, by frequency of visits to a pub or bar in the last month, 16 to 59 and 16 to 24 year olds, 2016/17 CSEW

Percentages who used NPS in the last year*	Adults aged 16 to 59	Adults aged 16 to 24
No visits to a pub or bar in the last month	0.3	1.0
Visited a pub or bar in the last month	0.6	1.4
<i>1-3 times in the last month</i>	0.3	1.3
<i>4-8 times in the last month</i>	0.9	2.1
<i>9+ times in the last month</i>	1.5	2.7

Source: Home Office, [Appendix Table 4.02](#).

*Percentages who took NPS in the last year, among each population subgroup 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 consumed alcohol in the last month. NPS use in the last year was higher among those that consumed alcohol three or more days a week in the last month (Table 5).

In the latest survey year, there has been a statistically significant decrease in NPS use for both adults aged 16 to 59 and young adults aged 16 to 24 who had consumed alcohol once or more in the last month. The largest decline was for 16 to 24 year olds, where NPS use fell from 3.8 per cent in the 2015/16 CSEW to 1.7 per cent in the 2016/17 CSEW.

Table 5: NPS use in the last year, by frequency of alcohol consumption in the last month, 16 to 59 and 16 to 24 year olds, 2016/17 CSEW

Percentages who used NPS in the last year*	Adults aged 16 to 59	Adults aged 16 to 24
Did not consume alcohol in the last month	0.2	0.6
Consumed alcohol once or more in the last month	0.6	1.7
<i>Less than a day a week in the last month</i>	0.4	1.6
<i>1-2 days a week in the last month</i>	0.5	1.6
<i>3 or more days a week in the last month</i>	0.8	2.2

Source: Home Office, [Appendix Table 4.02](#).

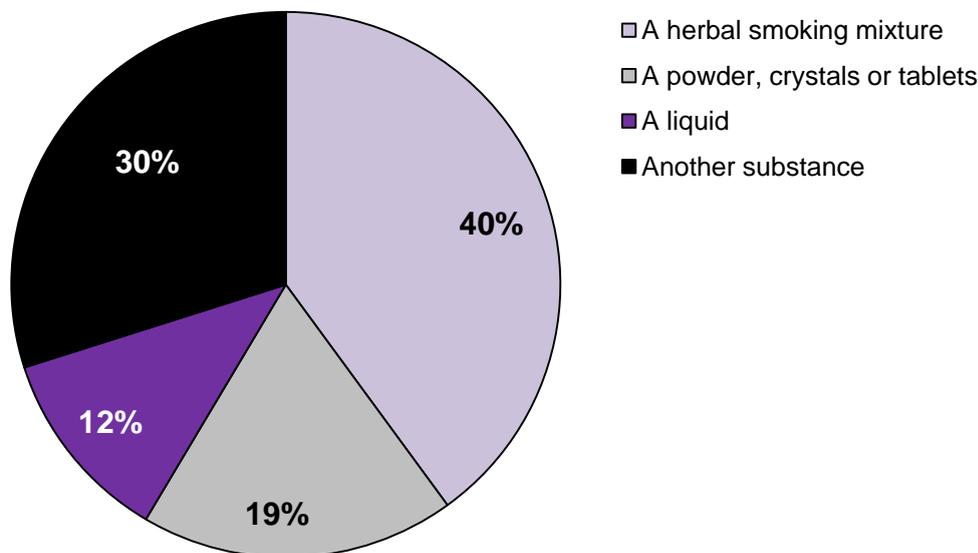
*Percentages who took NPS in the last year, among each population subgroup shown in the table.

4.3 NATURE AND SOURCES OF NPS USED ON LAST OCCASION

For those who had taken NPS in the last year, the 2016/17 CSEW asked respondents what type of substance they had used, and for those who had taken either NPS or nitrous oxide, respondents were asked where they had obtained the substance on that occasion ([Appendix Table 4.03](#)).

Herbal smoking mixtures were the most commonly used NPS in the last year (40% of last year NPS users aged 16 to 59 (Figure 4.2). These proportions are similar to those observed in the 2015/16 survey. The next most frequently used substances were other substances (30% of 16 to 59 year old last year NPS users).

Figure 4.2: Types of NPS used on the last occasion, by adults aged 16 to 59, 2016/17 CSEW



Source: Home Office, [Appendix Table 4.03](#).

Respondents were also asked where (or from whom) they obtained either NPS or nitrous oxide from on the last occasion that they used any. This is a change from the 2015/16 survey, which only asked respondents about where they obtained NPS. This year's survey covers NPS and nitrous oxide together as they are both covered by the Psychoactive Substances Act. However, this means that care should be taken when comparing the answers in the 2015/16 CSEW to the 2016/17 CSEW.

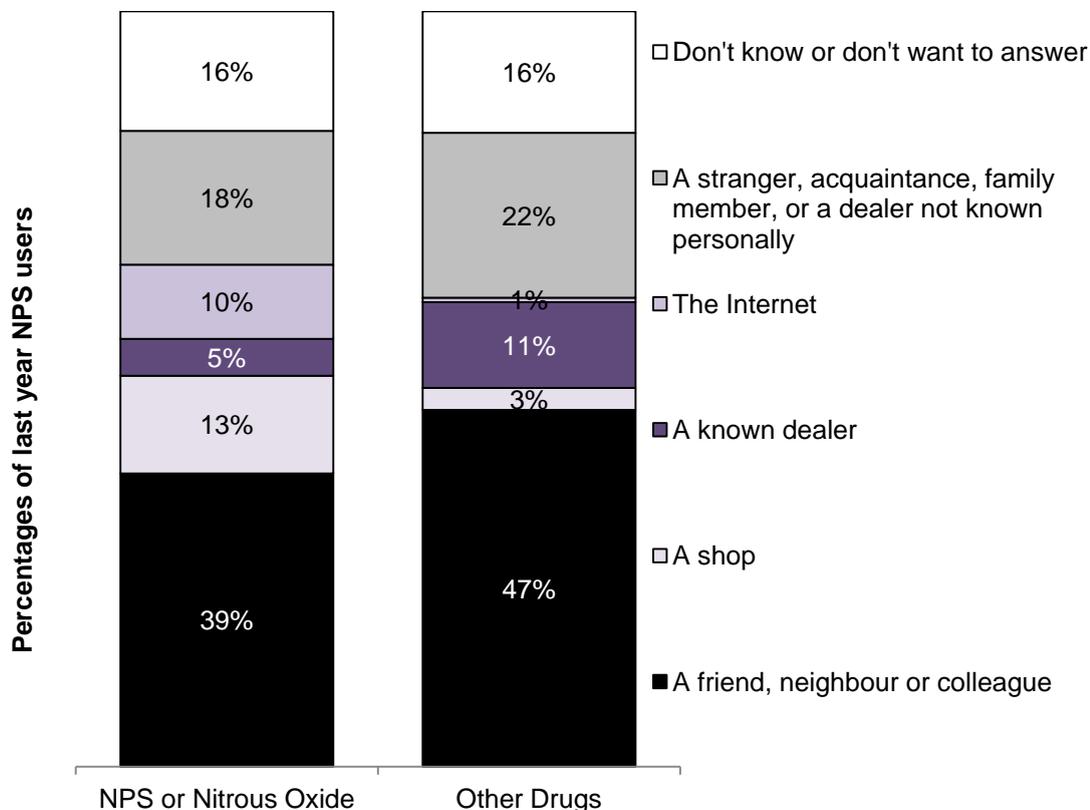
Last year NPS or nitrous oxide users aged 16 to 59 most commonly obtained them from a friend, neighbour or colleague (39%), a stranger, acquaintance, family member or a dealer not known personally (18%), or a shop (13%). The 2016/17 CSEW found that the prevalence of obtaining NPS or nitrous oxide from a shop had statistically significantly declined to 13 per cent, from 25 per cent in the 2015/16 CSEW. This decrease probably reflects the impact of Psychoactive Substances Act, which made the sale of NPS illegal during the 16/17 survey period ([Appendix Table 4.03](#)). The prevalence of obtaining NPS from a shop is likely to decline further in following years, given that for part of the survey period it was still legal to supply NPS.

This year, respondents were also asked where they had obtained other drugs (defined as all drugs included in the any drug measure) which they had last taken, which means that the source of NPS and nitrous oxide can be compared with the source of other drugs.

The proportion of drug users stating that they had obtained other drugs from a shop had statistically significantly declined to three per cent from five per cent in the 2014/15 CSEW (the last time the question was asked). There was a statistically significant increase in the proportion of users obtaining other drugs from a friend, neighbour or colleague, rising from 42 per cent in the 2014/15 CSEW to 47 per cent in the 2016/17 CSEW. All other changes were not statistically significant (data not shown in data tables).

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

Figure 4.3: Sources of NPS or nitrous oxide used on the last occasion, by adults aged 16 to 59, 2016/17 CSEW



Source: Home Office, [Appendix Table 4.04](#).
 'Other drugs' refers to all drugs captured in the any drug measure.

4.4 EXTENT OF NITROUS OXIDE USE

The 2016/17 CSEW asked whether respondents had used nitrous oxide (also known as laughing gas) in the last year ([Appendix Table 4.05](#)). Questions about nitrous oxide use were last asked in the 2013/14 CSEW. Nitrous oxide is included within the Psychoactive Substances Act, but given that it is an established substance it is not generally referred to as an NPS.

2.6 per cent of adults aged 16 to 59 (around 840,000 people) had used nitrous oxide in the last year, a similar level to the 2013/14 survey (2.3%). Young adults aged 16 to 24 were around four times more likely to have used NPS than adults aged 16 to 59 (9.3%, around 569,000 people).

Men were statistically significantly more likely to have used nitrous oxide than women, with 3.3 per cent (around 537,000) of men using nitrous oxide in the last year, compared with 1.8 per cent (around 302,000) of women.

5. Perceived ease of obtaining illegal drugs

INTRODUCTION

This chapter examines respondents' perceptions about the ease of obtaining illegal drugs. Respondents to the 2016/17 Crime Survey for England and Wales (CSEW) were asked how easy it was, or would be, to obtain drugs.

Estimates of respondents' perceptions about the ease of obtaining drugs from the 2016/17 CSEW can be found in the [Appendix Tables](#).

KEY FINDINGS

- **Around a third (35%) of adults aged 16 to 59 thought that it would be very or fairly easy for them personally to get illegal drugs within 24 hours if they wanted them.**
- **Around a quarter (24%) of adults aged 16 to 59 thought that it would be very easy or fairly easy for them personally to get NPS or nitrous oxide within 24 hours if they wanted them.**

5.1 EASE OF OBTAINING ILLEGAL DRUGS

The 2016/17 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 asked in the 2015/16 survey so responses for the two years are comparable. This question captures the ease of obtaining all drugs included in the any drug measure, so it does not capture NPS or nitrous oxide. The ease of obtaining NPS and nitrous oxide were captured in a separate question in the CSEW, and the responses to this question are described in section 5.2.

Respondents who did not know how easy or difficult it would be to obtain illegal drugs within 24 hours were included in the analysis; around a third (31%) of adults aged 16 to 59 responded to the question in this way, similar to the proportion in 2015/16 (33%).

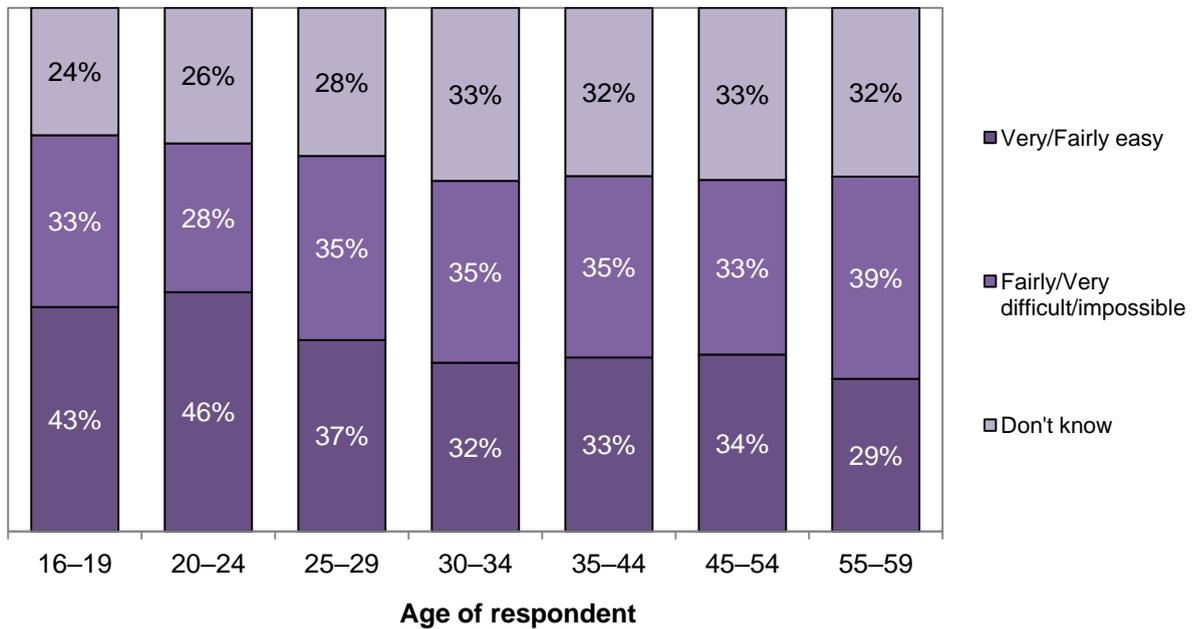
Around a third (35%) of adults aged 16 to 59 thought that it would be very easy or fairly easy for them personally to get illegal drugs within 24 hours if they wanted them, a similar proportion to 2015/16 (38%). A further third (34%) thought that it would be fairly difficult, very difficult or impossible, a statistically significant increase compared with 2015/16 (30%).

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 (39% for men and 31% for women) ([Appendix Table 5.02](#)).

Ease of obtaining illegal drugs within 24 hours decreased with respondent age. Younger adults aged 16 to 24 year were more likely to think that it would be very or fairly easy for them personally to obtain drugs within 24 hours (44%), compared with 29 per cent of 55-59 year olds ([Appendix Table 5.02](#); Figure 5.1).

5. Perceived ease of obtaining illegal drugs

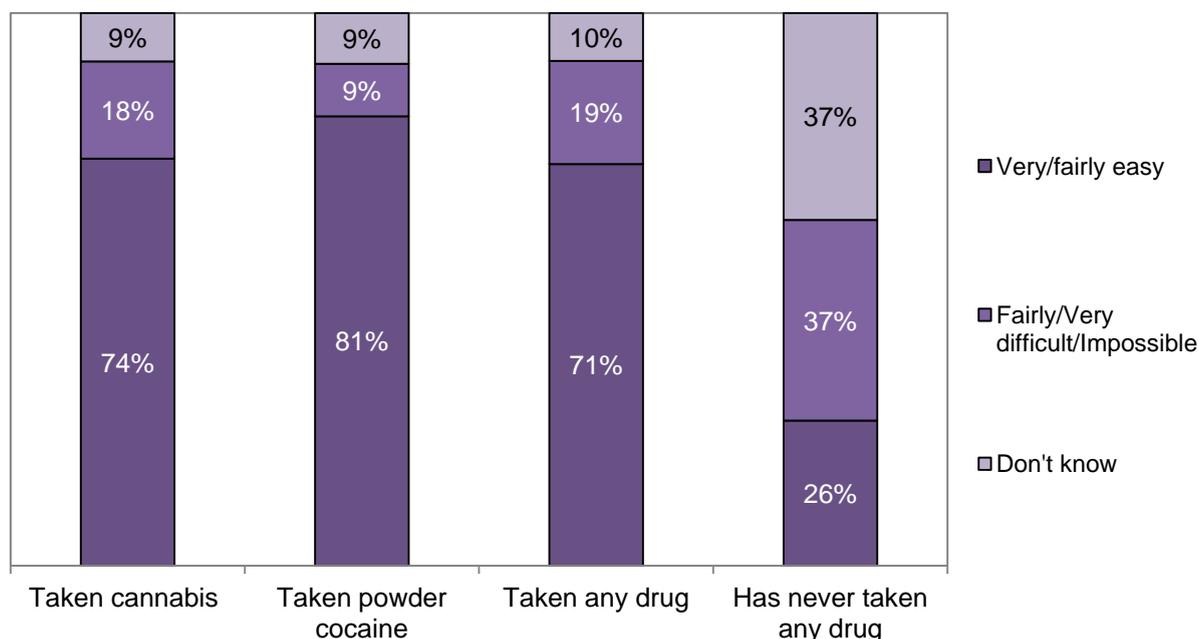
Figure 5.1: Ease of obtaining illegal drugs within 24 hours, by age, adults aged 16 to 59, 2016/17 CSEW



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

Adults 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 (71%) of adults aged 16 to 59 who had taken any drug in the last year thought it would be very or fairly easy to obtain drugs within 24 hours. Comparatively, 26 per cent of adults aged 16 to 59 who had never taken drugs thought it would be very or fairly easy. ([Appendix Table 5.02](#); Figure 5.2).

Figure 5.2: Ease of obtaining illegal drugs within 24 hours, by drug use in last year, adults aged 16 to 59, 2016/17 CSEW



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

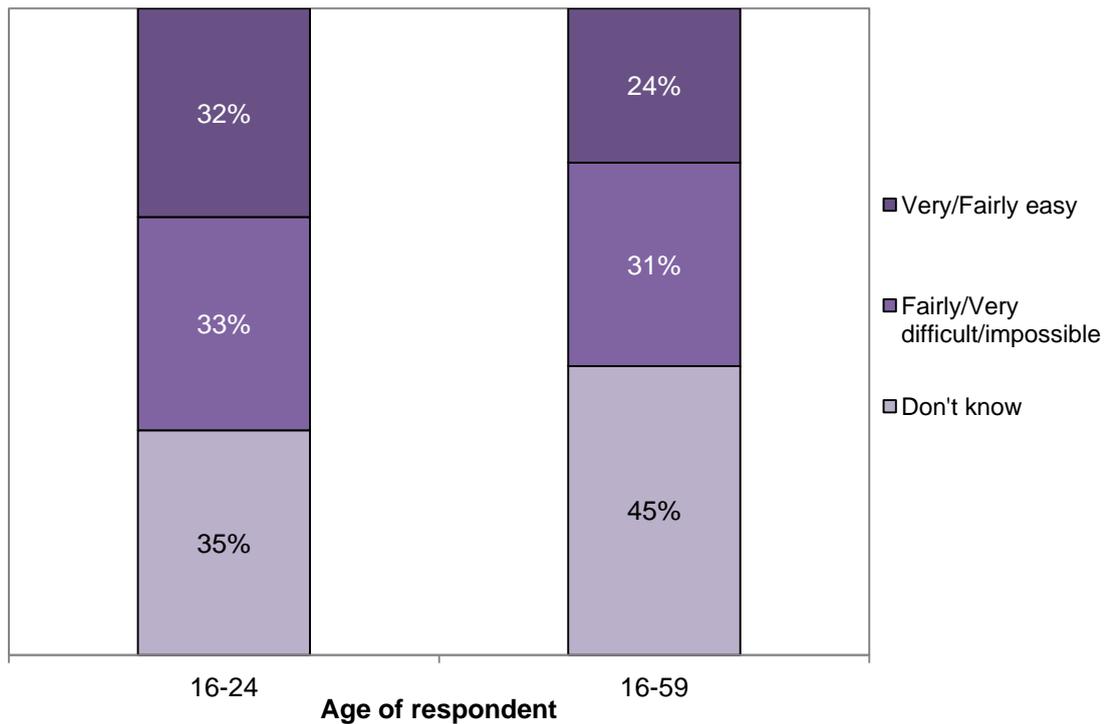
5.2 EASE OF OBTAINING NPS OR NITROUS OXIDE

The 2016/17 CSEW asked respondents about how easy or difficult they believed it would be to obtain NPS or nitrous oxide within 24 hours, if they wanted them ([Appendix Table 5.03](#)). This is the first year this question has been included in the CSEW. The responses on ease of obtaining NPS or nitrous oxide were similar to those for other drugs.

Approximately 24 per cent of adults aged 16 to 59 thought that it would be very easy or fairly easy for them personally to obtain NPS or nitrous oxide within 24 hours if they wanted them, 31 per cent thought that it would be fairly difficult, very difficult or impossible, and 45 per cent did not wish to answer or did not know how easy or difficult it would be (Figure 5.3).

5. Perceived ease of obtaining illegal drugs

Figure 5.3: Ease of obtaining NPS or nitrous oxide within 24 hours, by age, adults aged 16 to 59, 2016/17 CSEW



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

Responses were compared with those who had taken NPS or nitrous oxide in the last year and those who had not. Two-thirds (66%) of those who had taken NPS in the last year responded that they believed it would be very or fairly easy to obtain NPS or nitrous oxide within 24 hours if they wanted to, compared with 69 per cent for those who had taken nitrous oxide in the last year.

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 these sensitive questions on drug use are asked.

The 2016/17 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 and 2016/17 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 to 2016/17 cannot be compared with previous years. This is

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

Personal, household and area characteristics

The CSEW collects a rich set of information on the personal, household and area characteristics as well as lifestyle factors of adults that are used to explore differences in drug use. While these discrete relationships provide useful information, it should be noted that these factors often interact and caution should be taken when drawing conclusions; for example, marital status is strongly age-related and different ethnic groups have different age profiles (for example, Mixed ethnic groups tend to have younger age profiles than White ethnic groups). It is also worth noting that where subgroup sizes are small, quite large apparent differences between groups may not be statistically significant.

T.2 RE-WEIGHTING THE CSEW

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

Following the 2011 Census, the Office for National Statistics (ONS) re-weighted the CSEW data from the 2001/02 to 2012/13 surveys using the most recent population estimates. The new population weights were applied to estimates of drug use among 16 to 59 year olds, and these revised estimates were published in the 2013/14 release. For more detail on the re-weighting of CSEW data, please see the methodological note '[Presentational and methodological improvements to National Statistics on the Crime Survey for England and Wales](#)' published by the ONS.

The methodology for estimating numbers of drug users was subsequently improved, to account for the fact that respondents to the CSEW self-completion module on drug use are a sub-sample of the whole target population. Only those aged 16 to 59 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.

T.3 OTHER DATA SOURCES

Public Health England (PHE) publishes information annually on the age, sex and ethnicity of clients aged 18 years and over accessing specialist substance misuse services in England in its annual report *Adult substance treatment activity in England 2015–16*. 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, 2017 is published by the Health and Social Care Information Centre and is available online at: <http://www.hscic.gov.uk/pubs/statdrugs17>

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

The *Smoking, drinking and drug use among young people in England 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 – 2015 registrations* report published by the Office for National Statistics (ONS) contains statistics on deaths related to drug-poisoning and drug-misuse and is available online at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2015registrations>

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/deaths-involving-legal-highs-in-england-and-wales-between-2004-and-2013>

The *Seizures of drugs in England and Wales, financial year ending 2016* 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-year-ending-31-march-2016>

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>

ISBN: 978-1-78655-419-2

ISSN: 1759-7005



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