Drug Misuse Declared: Findings from the 2005/06 British Crime Survey

England and Wales

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Acknowledgements

The views expressed in this report are those of the authors, not necessarily those of the Home Office (nor do they reflect Government Policy)

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http://www.homeoffice.gov.uk/rds/index.htm

British Crime Survey Internet webpage: http://www.homeoffice.gov.uk/rds/bcs1.html

For further information about the survey please email bcsinfo.rds@homeoffice.gsi.gov.uk.

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Summary

Overall summary

- This statistical bulletin considers the extent of illicit drug use among 16 to 59 year olds in England and Wales in 2005/06 and trends in drug use since 1998 (the beginning of the Government's Drug Strategy) based on data from the British Crime Survey. It particularly focuses on young people. It also looks at demographic and geographical variations in drug use as well as cocaine powder use and drug use amongst former truants and excludees.

- The report shows that among young people aged 16 to 24 years old between 1998 and 2005/06 use of any illicit drug decreased and Class A drug use remained stable.

- For the 16 to 59 year old age group, between 1998 and 2005/06 the use of any illicit drug decreased and Class A drug use increased. The increase in Class A drug use is mainly due to a comparatively large increase in cocaine powder use between 1998 and 2000 Between 2000 and 2005/06 the use of Class A drugs has remained stable.

Methods

- The British Crime Survey (BCS) is a large nationally representative survey of adults living in private households in England and Wales. In addition to asking respondents about their experiences of crime, the BCS also asks about a number of other crime-related topics. Since 1996 the BCS has included a comparable self completion module of questions on illicit drug use.

- This statistical bulletin reports on the results of 29,932 respondents who completed the drugs module of the BCS and an additional 2,259 16 to 24 year olds who were interviewed as part of the 2005/06 BCS youth boost.

General population: extent of drug use and trends since 1998

- The 2005/06 BCS estimates that 34.9% of 16 to 59 year olds have used one or more illicit drugs in their lifetime, 10.5% used one or more illicit drugs in the last year and 6.3% in the last month.

- The survey also estimates that 13.9% of those aged 16 to 59 have used a Class A drug at least once in their lifetime, 3.4% used at least one Class A drug last year and 1.6% last month.

- Cannabis is the drug most likely to be used. The 2005/06 BCS indicates that 8.7% of 16 to 59 year olds reported using cannabis in the last year. Cocaine is the next most commonly used drug with 2.4% claiming to have used any form of it (either cocaine powder or crack cocaine) in the previous year. This is followed by ecstasy use at 1.6% and use of amphetamines at 1.3%. Amyl nitrite use in the last year is estimated at 1.2% and use of hallucinogens (LSD and magic mushrooms) at 1.1%. Other drugs are more rarely used.

- It is estimated that over 11 million people aged 16 to 59 in England and Wales have used illicit drugs in their lifetime while less than three and a half million are estimated to have used illicit drugs in the last year and approximately two million in the last month.

- It is also estimated that under four and a half million people aged 16 to 59 have used Class A drugs in their lifetime with over one million having used them in the past year and just over 500 thousand in the last month.

- When looking at specific types of drugs, it is estimated that just over 750,000 people took cocaine powder and approximately 500,000 people took ecstasy in the last year.

- Between 1998 and 2005/06 the use of any illicit drug in the last year decreased, reflecting a corresponding decline in cannabis use.

- Between 2004/05 and 2005/06 the downward trend of any illicit drug use in the past year continued, reflecting the further decrease in the use of cannabis.

- Class A drug use in the past year among the 16 to 59 year olds increased between 1998 and 2005/06. This is mainly due to a comparatively large increase in cocaine powder use between 1998 and 2000. However between 2000 and 2005/06 the use of Class A drugs overall remained stable. Between 1998 and 2005/06 the use of LSD decreased.

- Compared to 2004/05 the figures for 2005/06 show a stable pattern for most Class A drugs, except for an increase in the use of cocaine powder in the past year.

Young people: extent of drug use and trends since 1998

- The 2005/06 BCS estimates that 45.1% of 16 to 24 year olds have used one or more illicit drugs in their lifetime, 25.2% have used one or more illicit drugs in the last year and 15.1% in the last month.

- The survey also estimates 16.9% of those aged 16 to 24 have used a Class A drug at least once in their lifetime, 8.4% have used at least one Class A drug in the previous year and 4.0% in the past month.

- Cannabis is the drug most likely to be used. The 2005/06 BCS estimates that 21.4% of 16 to 24 year olds used cannabis in the last year. Cocaine is the next most commonly used drug with 5.9% claiming to have used any form of it in the previous year. This is followed by ecstasy at 4.3%. Amyl nitrite use is estimated at 3.9%, use of hallucinogens at 3.4% and use of amphetamines at 3.3%. Other drugs are more rarely used.

- It is estimated that there are over two and three quarter million people aged 16 to 24 in England and Wales that have used illicit drugs at some point in their lives. Over one and a half million people are estimated to have used drugs in the previous year and under one million in the past month.

- It is also estimated that over one million people aged 16 to 24 have used a Class A drug in their lifetime. Approximately 525 thousand young people are estimated to have used a Class A drug in the previous year and 250 thousand in the past month.

- When looking at specific types of Class A drug use in the past year, it is estimated that just over 350 thousand young people took cocaine powder and just over 250 thousand took ecstasy.

- Between 1998 and 2005/06 the use of any illicit drug in the past year by young people decreased. This is mainly due to the gradual decrease in cannabis use over this period.

- Class A drug use among young people has remained stable since 1998.

- Between 1998 and 2005/06 the use of cocaine powder by young people increased. The biggest increase in the use of cocaine powder occurred between 1998 and 2000. Since 2000 cocaine powder use has been stable. Since 1998 the use of hallucinogens, particularly LSD, has decreased.

- The figures for 2005/06 showed a decrease in the use of cannabis and an increase in the use of LSD amongst 16 to 24 year olds compared to 2004/05.

- Frequent use of any drug in the past year amongst young people has decreased since 2002/03, when questions on frequent drug use were first introduced.

Demographic and geographical variations

- Younger age groups generally reported higher levels of drug use. In 2005/06, the 16 to 19 and the 20 to 24 year old age groups reported the highest levels of last year and last month use of any illicit drug. When looking at Class A drugs, those aged 20 to 24 years had the highest rate of last year and last month use.

- Between 1998 and 2005/06 the use of any drug in the previous year decreased amongst both the 16 to 19 and the 20 to 24 age groups but remained stable amongst the older age groups. From 1998 to 2005/06 the use of Class A drugs in the previous year increased amongst the 30 to 34 and 35 to 44 age groups while it remained stable amongst other groups.

- Men reported higher levels of lifetime, past year and past month use of any illicit drugs and Class A drugs compared to women in 2005/06.

- Use of any illicit drug in the past year amongst both men and women aged 16 to 59 decreased from 1998 to 2005/06. Use of Class A drugs in the last year amongst men aged 16 to 59 increased from 1998 to 2005/06 while for women it remained stable.

- Prevalence of drug use varies between Government Office Regions. Amongst 16 to 59 year olds, those living in the South West reported higher levels of any illicit drug use compared to the total for England and Wales. Those living in London reported higher levels of Class A drug use than for England and Wales as a whole.

Cocaine powder

•   The younger age groups generally reported higher levels of cocaine powder use than the older age groups in 2005/06. The 20 to 24 age group reported the highest levels of last year and last month use of cocaine powder in 2005/06.

•   Between 1998 and 2005/06 the reported use of cocaine powder in the previous year increased amongst the younger rather than the older (45 to 54 and 55 to 59) age groups. This is mainly due to increases in cocaine powder use between 1998 and 2000. Since 2000 the use of cocaine powder has remained stable amongst all age groups apart from the 35 to 44 age group, amongst whom it has increased.

•   Men reported higher levels of lifetime, past year and past month use of cocaine powder compared to women in 2005/06.

•   Use of cocaine powder in the past year increased amongst both men and women aged 16 to 59 between 1998 and 2005/06.

•   Higher levels of cocaine powder use are reported by those respondents who have been to a nightclub or disco at least once in the last month compared to those who have not.

•   Higher levels of cocaine powder use are also reported by those respondents who have been to a pub or wine bar in the evening more than three times a week during the last month compared to those who have been less frequently or not at all.

•   Unemployed respondents reported higher levels of cocaine powder use in the previous year compared to both those in employment and those who were economically inactive.

•   Comparing areas by ACORN type, respondents living in areas of 'urban prosperity' reported the highest levels of cocaine powder use.

•   The factors most strongly associated with cocaine powder use (in order of strength of association) are frequency of visits to nightclubs or discos, age, frequency of visits to pubs or wine bars, gender, ACORN category and highest achieved educational level

•   Between 1998 and 2005/06 use of cocaine powder has increased while use of amphetamines has decreased and the use of other stimulant drugs (crack cocaine, ecstasy and amyl nitrite) has remained stable. During this period overall use of any stimulant has remained stable, supporting the proposal that cocaine powder has replaced other substances as the drug of choice for stimulant users.

Former truants and excludees

•   The highest levels of drug use were reported by those who had ever truanted and ever been excluded followed by those who had only ever truanted and then those who had only ever been excluded. Young people who had neither truanted nor been excluded from school reported the lowest levels of drug use.

1   Introduction

The British Crime Survey (BCS) is a large nationally representative survey of adults living in private households in England and Wales. In addition to asking respondents about their experiences of crime, the BCS also asks about a number of other crime-related topics. Since 1996 the BCS has included a comparable self completion module of questions on illicit drug use.

This statistical bulletin examines the prevalence and trends of illicit drug use among 16 to 59 year olds since 1998, which marked the beginning of the Government's Drug Strategy[1]. It also looks at any emerging trends since the last financial year 2004/05. The report has a particular focus on young people, the 16 to 24 year olds. The bulletin also looks at extent of drug use by gender and by Government Office Region as well as cocaine powder use and drug use amongst former truants and excludees. This bulletin updates the previous report on self-reported drug use, 'Drug Misuse Declared: Findings from the 2004/05 British Crime Survey'. It includes revised figures for young people's drug use for the period 2001/02 to 2004/05 to reflect improvements to weighting procedures (described in more detail in the section on weighting in Appendix F).

1.1   The Drug Strategy

The Government's Drug Strategy has the over-arching aim to 'reduce the harm caused by illegal drugs'[2]. There are four key strands to the Drug Strategy: young people, treatment of problem drug users, supply of drugs and drug-related crime.

Under the young people's target the Government has set the objective to:

> 'Reduce the use of Class A drugs and the frequent use of any illicit drug by all young people under the age of 25, especially by the most vulnerable groups'

> (Tackling Drugs, Changing Lives, Home Office 2004a, 20)

Currently the main measurement tool for Class A drug use among all young people in the 16 to 24 age group is the BCS for which there is comparable data on drug use since 1998, which marked the beginning of the Drug Strategy target. Additionally, questions were introduced in 2002/03 to monitor changes in the frequent use of illicit drugs for all young people in the 16 to 24 year old age group.

In the 11 to 15 age group Class A use by vulnerable groups (defined as those who have truanted or have been excluded from school) and frequent drug use among all young people is being measured by the survey of drug use, smoking and drinking among young people in England[3].

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[1] Home Office (1998)
[2] Home Office (2004)
[3] Home Office (2005)

1.2   Classification of drugs

The Misuse of Drugs Act classifies illegal drugs into three categories (Class A, B and C) according to the harm that they cause, with Class A drugs considered to be the most harmful. Table 1.1 displays the drugs that respondents were asked about in the BCS and their classification under the Misuse of Drugs Act.

Table 1.1 Drugs asked about in the British Crime Survey and their classification under the Misuse of Drugs Act

Classification	*Drug*
Class A	Cocaine powder
	Crack cocaine
	Ecstasy
	LSD
	Magic mushrooms
	Heroin
	Methadone
Class A/B	Amphetamines
Class B/C	Tranquilisers
Class C	Anabolic steroids
	Cannabis (since January 2004)
Not Classified	Amyl nitrite
	Glues[4]

Amphetamines can be classified as either Class A (when prepared for injection) or Class B (in powdered form). For the purposes of calculating Class A drug use, the BCS assumes all reported amphetamine use to be of the Class B variety. Similarly, tranquillisers can either be classified as Class B (such as barbiturates) or Class C (such as benzodiazepines). Consequently, Class B and Class C drugs cannot be aggregated reliably because the survey does not identify which specific tranquilliser respondents used. The category 'not classified' indicates that possession of these substances is not illegal but it is an offence to supply these substances if it is likely that the product is intended for abuse.

Cannabis was reclassified from a Class B to a Class C drug on 29th January 2004. Following the Drugs Act 2005 raw magic mushrooms were classified as a Class A drug on 18th July 2005. Prior to this change in the law, only prepared (such as dried or stewed) magic mushrooms were classified as Class A drugs. The trend in Class A drug use has not been affected as magic mushrooms were categorised as Class A drugs previous to this change in the law.

1.3   Coverage

Following a methodological review in 2000 the BCS moved from a biennial to a continuous survey. In 2001/02 the reporting period moved from a calendar to a financial year. The figures in this report are based on interviews conducted between April 2005 and March 2006. The reference period for estimates of last year drug use, when respondents are asked about their drug use in the 12 months prior to the interview, will range from April 2004 for the earliest interviews to March 2006 for the

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[4] Glues include glues, solvents, gas or aerosols

latest interviews. The reference period for the earlier interviews in this survey year will therefore contain a period of time prior to the change in the law regarding magic mushrooms.

The drugs self-report component of the BCS

BCS respondents aged 16 to 59 years old are eligible for the drugs module of the survey. Respondents complete the drugs module by themselves on a laptop computer. The laptop is handed to them by the interviewer at the close of a conventional face-to-face interview which covers mainly questions on experiences of crime victimisation and perceptions about crime and anti-social behaviour. When respondents have finished the self-report component, their answers are hidden and they are able to pass the laptop back to the interviewer. As discussed in the 1994 BCS drugs report[5], the use of laptops rather than paper self-completion forms seems to have worked well and even to have allowed respondents to feel more at ease when answering questions on illicit behaviour due to increased confidence in the privacy and confidentiality of the survey.

Response

The 2005/06 BCS had a nationally representative sample of 46,810 adults living in private households in England and Wales. The response rate was 75%. Of the total achieved sample, 31,627 respondents were eligible to complete the self-completion drugs module. Subtracting the 1,684 respondents who refused to take part and a further 10 respondents for methodological reasons (because they admitted lifetime use of a fictional drug and their answers are therefore considered unreliable), gave a final sample size of 29,932 from the main survey sample. The 2005/06 BCS also included an additional booster sample of 16 to 24 year olds (2,259 respondents). The response rate for the youth boost was 69%. The total number of 16 to 24 year olds from both the core and booster sample was 5,981.

The BCS as a survey of drug use

As a household survey, the BCS provides an effective measure of the more commonly used drugs for which the majority of users are contained within the household population. However, the BCS does not cover some small groups, potentially important given that they may have relatively high rates of drug use: notably the homeless, and those living in certain institutions such as prisons or student halls of residence. Nor, in practice, will any household survey necessarily reach those problematic drug users whose lives are so busy or chaotic that they are hardly ever at home[6]. As a result, the BCS is likely to underestimate the overall use of drugs such as opiates and crack cocaine, where the majority of users are concentrated within small sub-sections of the population not covered by the survey. Lastly, household surveys usually have age criteria; in the BCS, from 1996 through to 2005/06, those aged under 16 were not eligible for interview, while those aged 60 or over were not asked to complete the drugs component (the decision to exclude the latter was an economy measure, reflecting their very low prevalence rates for the use of prohibited drugs).

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[5] Ramsay and Percy (1996)
[6] The Home Office has commissioned work to provide local estimates of problematic drug users using statistical techniques involving indirect estimation from a number of different data sources. This follows a set of previously published feasibility studies (Frisher et al., 2004; Hickman et al., 2001; Millar et al., 2004).

In tracking changes in the level of drug use through the BCS arguably what matters most is that, irrespective of any strengths or weaknesses relating to coverage of the survey, it is a consistent instrument deployed in the same fashion for each round of the survey.

2   General Population: extent of drug use and trends since 1998

This chapter examines the extent of drug use in 2005/06 and trends in drug use since 1998 among adults aged 16 to 59 living in private households in England and Wales. Firstly, it provides estimates of the prevalence of lifetime use (use of an illicit drug at least once in a lifetime), use in the last year (use of an illicit drug at least once in the year prior to interview) and use in the last month (use of an illicit drug at least once in the month prior to interview). Secondly, it looks at the estimated number of drug users for each kind of drug broken down by lifetime users, users in the previous year and users in the past month. Thirdly, it explores the key messages arising from the trends in drug use since 1998 by looking at patterns of use in the previous year.

2.1   Extent of drug use among 16 to 59 year olds

Extent of any illicit drug use

The 2005/06 BCS estimates that 34.9% of 16 to 59 year olds have used one or more illicit drugs in their lifetime, 10.5% used one or more illicit drugs in the last year and 6.3% in the last month (see Figure 2.1 and Tables A2.1, A2.3 and A2.5).

Figure 2.1. Percentage of 16-59 year olds reporting having used any drug or Class A drugs ever, in the last year and last month, 2005/06 BCS
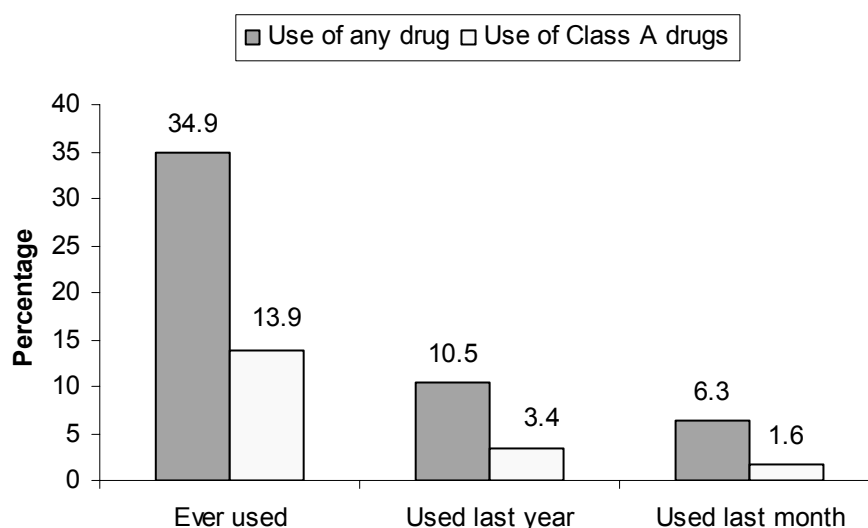
Extent of Class A drug use

The survey also estimates that 13.9% of those aged 16 to 59 have used a Class A drug at least once in their lifetime, 3.4% used at least one Class A drug last year and 1.6% last month (see Figure 2.1 and Tables A2.1, A2.3 and A2.5).

Extent of use by drug

- Consistent with previous years, cannabis is the drug most likely to be used. The 2005/06 BCS estimates that 8.7% of 16 to 59 year olds used cannabis in the last year (see Figure 2.2 and Table A2.1).

- Cocaine is the next most commonly used drug with 2.4% claiming to have used any form of cocaine (either cocaine powder or crack cocaine) in the last year.

- This is followed by ecstasy at 1.6% and amphetamine use at 1.3%. Amyl nitrite use in the last year is estimated at 1.2% and use of hallucinogens (LSD and magic mushrooms) at 1.1%.

- Other drugs are very rarely used with only 0.4% reporting use of tranquillisers in the last year, 0.1% reporting use of anabolic steroids and 0.1% reporting use of glues[1].

- Other more serious drugs are also very rarely used: opiate (heroin and methadone) use was reported by 0.1% of 16 to 59 year olds (see Table A2.1).

Figure 2.2. Percentage of 16-59 year olds reporting use of the most prevalent drugs in the last year, 2005/06 BCS
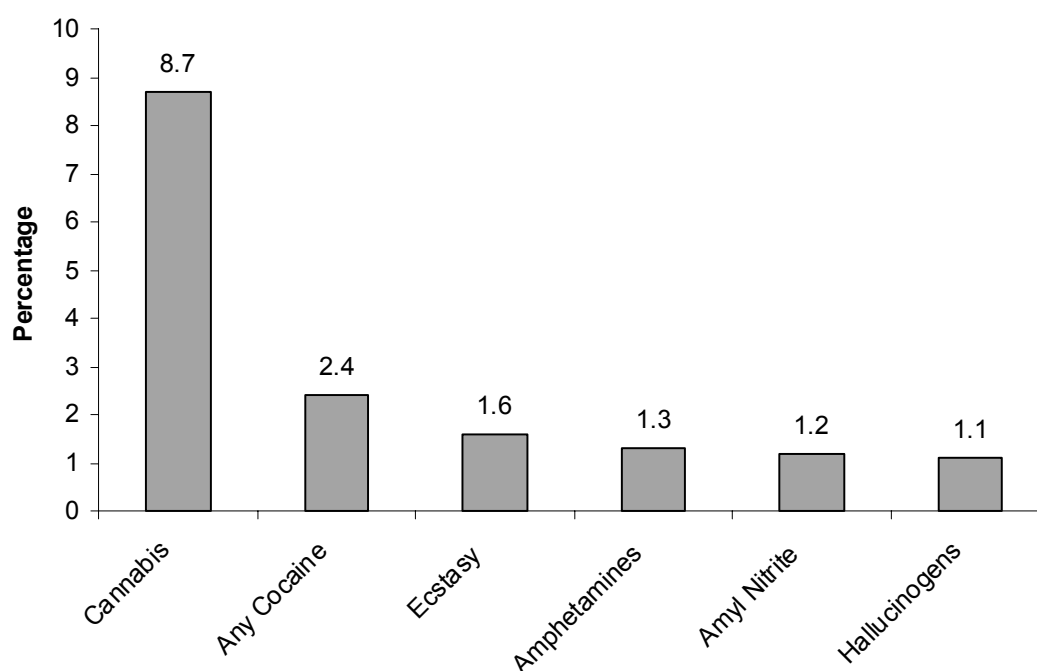
2.2   Estimated number of drug users

It is estimated that over 11 million people aged 16 to 59 in England and Wales have used illicit drugs in their lifetime. There are less than three and a half million people estimated to have used illicit drugs in the last year and approximately two million in the last month.

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[1] Glues include glues, solvents, gas or aerosols

It is also estimated that under four and a half million people aged 16 to 59 have used Class A drugs in their lifetime, over one million having used them in the last year and just over 500 thousand in the last month.

When broken down into specific types of drugs, cocaine powder and ecstasy are the most commonly used Class A drugs while the lowest estimates are for crack cocaine and opiates[2]. It is estimated that just over 750,000 people took cocaine powder and approximately 500,000 people took ecstasy in the last year out of over one million people who are estimated to have taken Class A drugs in the last year (see Table 2.1 and Tables A2.2, A2.4 and A2.6).

Table 2.1 Estimated numbers of 16 to 59 year olds who have taken drugs in their lifetime, in the last year and in the last month, 2005/06 BCS

	Used ever	Used last year	Used last month
Drug			
Class A			
Any Cocaine	2,310,000	776,000	376,000
Cocaine powder	2,273,000	769,000	368,000
Crack cocaine	270,000	53,000	25,000
Ecstasy	2,279,000	502,000	216,000
Hallucinogens	2,968,000	338,000	84,000
LSD	1,733,000	83,000	25,000
Magic Mushrooms	2,311,000	302,000	68,000
Opiates	272,000	47,000	35,000
Heroin	203,000	39,000	23,000
Methadone	149,000	33,000	24,000
Class A/B			
Amphetamines	3,655,000	426,000	176,000
Class B/C			
Tranquillisers	868,000	118,000	64,000
Class C			
Anabolic steroids	194,000	42,000	20,000
Cannabis	9,475,000	2,775,000	1,644,000
Not Classified			
Amyl Nitrite	2,661,000	397,000	179,000
Glues	751,000	30,000	11,000
Total			
Class A	**4,416,000**	**1,082,000**	**513,000**
Any Drug	**11,075,000**	**3,329,000**	**1,990,000**

Notes:

1. Estimates are derived by multiplying the prevalence rate by the estimated population aged 16 to 59 in England and Wales.

2. The figures are calculated using population estimates provided by the Government Actuarial Service.

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[2] See *The BCS as a survey of drug use* section in the Introduction for further details on the limitations of the BCS as a survey of drug use, particularly for drugs with low prevalence in the general population such as crack cocaine and opiates.

2.3   Trends in drug use among 16 to 59 year olds

This section looks at reported use of illicit drugs in the past year (see Table A2.1) to review the key trends since 1998 and to compare it with estimates in the last survey year 2004/05[3]. The Government's Drugs Strategy, which has the over-arching aim of 'reducing the harm that drugs cause to society, including communities, individuals and their families' began in 1998. A summary of the trends in last year drug use since 1998 is shown in Table 2.2 below.

**Table 2.2 Summary of trends in drug use since 1998 amongst 16 to 59 year olds,
      2005/06 BCS**

Increase	Decrease	Stable
Any Cocaine, Cocaine Powder, Class A	Amphetamines, Any Drug, Cannabis, Glues, LSD, Steroids, Tranquilisers	Amyl Nitrite, Crack Cocaine, Ecstasy, Hallucinogens, Heroin, Magic Mushrooms, Methadone, Opiates

Trends in any illicit drug use

*   Between 1998 and 2005/06, the use of any illicit drug in the past year decreased from 12.1% to 10.5% of 16 to 59 year olds. The decline in any illicit drug use reflects the decrease in cannabis use, which has fallen from 10.3% in 1998 to 8.7% in 2005/06 due to significant year-on-year decreases since 2003/04 (see Figure 2.3 and Table A2.1).

*   Between 2004/05 and 2005/06 the use of any illicit drug in the past year declined, reflecting the further decrease in the use of cannabis.

Trends in Class A drug use

*   Compared with 1998, Class A drug use in the past year among 16 to 59 year olds in 2005/06 has increased from 2.7% to 3.4%. Between 2000 and 2005/06 the use of Class A drugs has remained stable (see Figure 2.3 and Table A2.1).

*   The increase in Class A drug use since 1998 is mainly due to an increase in last year cocaine powder use from 1.2% in 1998 to 2.4% in 2005/06.

*   Between 1998 and 2005/06 the use of LSD decreased from 0.8% to 0.3% but the overall use of hallucinogens has been stable.

*   The use of ecstasy, crack cocaine and opiates has remained stable.

*   Compared to 2004/05, the figures for 2005/06 show a stable pattern for most Class A drugs, except for an increase in the use of cocaine powder in the past year.

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[3] See *Interpreting year on year changes* section in Appendix F for further details on how to interpret the data.

Trends in use of other drugs

- The have been some decreases among the 16-59 year olds in the use of other drugs between 1998 and 2005/06, most notably a decrease in use of amphetamines (from 3.0% to 1.3%).

- Additionally, there were decreases in the use of tranquilisers (from 0.7% to 0.4%), the use of steroids (from 0.3% to 0.1%) and use of glues (from 0.2% to 0.1%).

- Between 2004/05 and 2005/06 the use of tranquilisers in the previous year continued to decrease (see Table A2.1).

Figure 2.3. Percentage of 16-59 year olds reporting use of the most prevalent drug types in the last year, 1996 to 2005/06 BCS
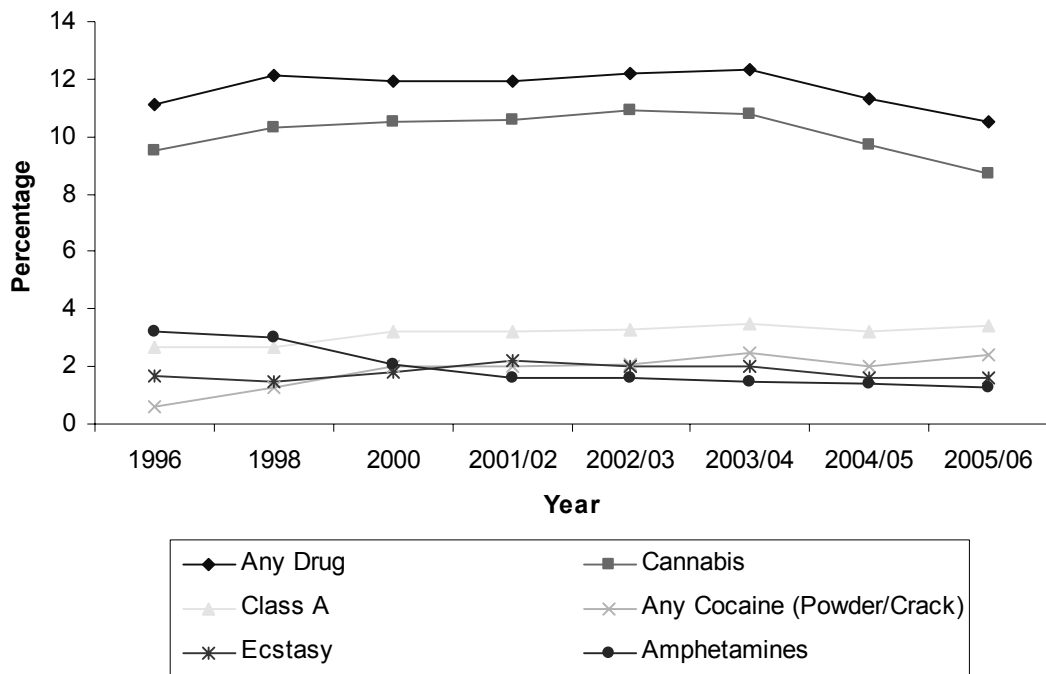
3 Young people: extent of drug use and trends since 1998

This chapter examines the extent of drug use in 2005/06 and trends in drug use since 1998 among those aged 16 to 24 living in private households in England and Wales. Firstly, it provides estimates of the prevalence of lifetime use (use of an illicit drug at least once in a lifetime), use in the last year (use of an illicit drug at least once in the year prior to interview) and use in the last month (use of an illicit drug at least once in the month prior to interview). Secondly, it looks at the estimated number of drug users for each kind of drug broken down by lifetime users, users in the previous year and users in the past month. Thirdly, it explores the key messages arising from the trends in drug use since 1998 by looking at patterns of use in the previous year. Finally, the chapter looks at frequent drug use.

3.1 Extent of drug use among 16 to 24 year olds

Extent of any illicit drug use

The 2005/06 BCS estimates that 45.1% of 16 to 24 year olds have used one or more illicit drugs in their lifetime, 25.2% have used one or more illicit drugs in the last year and 15.1% in the last month (see Figure 3.1 and Tables A3.1, A3.3 and A3.5).

Figure 3.1. Percentage of 16-24 year olds reporting having used any drug or Class A drugs ever, in the last year and last month, 2005/06 BCS
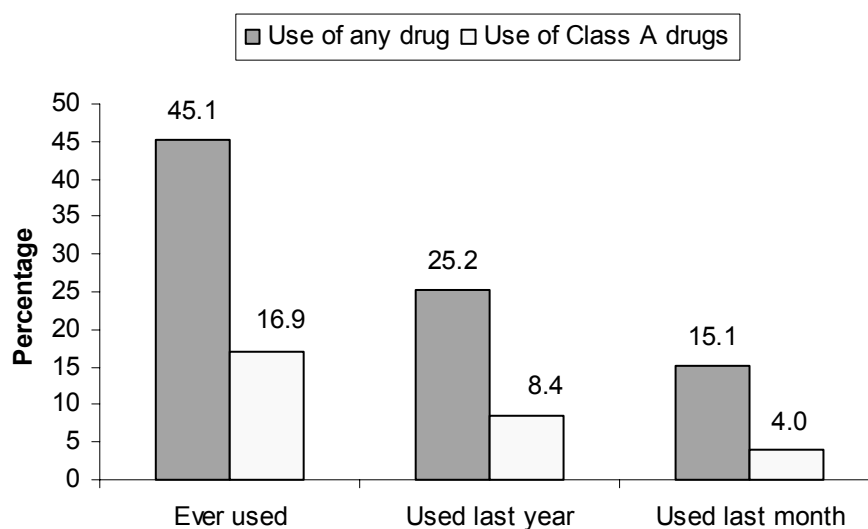
Extent of Class A drug use

The 2005/06 BCS also estimates 16.9% of those aged 16 to 24 have used a Class A drug at least once in their lifetime, 8.4% have used at least one Class A drug in the previous year and 4.0% in the past month (see Figure 3.1 and Tables A3.1, A3.3 and A3.5).

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Extent of use by drug

- Cannabis remains the drug most likely to be used among 16 to 24 year olds. The 2005/06 BCS estimates that 21.4% of 16 to 24 year olds used cannabis in the last year (see Figure 3.2 and Table A3.1).

- Cocaine is the next most commonly used drug with 5.9% claiming to have used any form of it in the past year. This is followed by ecstasy at 4.3%.

- Amyl nitrite use is estimated at 3.9%, overall use of hallucinogens (LSD and magic mushrooms) at 3.4% and use of amphetamines at 3.3%.

- Other drugs are very rarely used, with tranquilisers having a prevalence of 0.7% and glues[1] at 0.5% in the last year. Anabolic steroids have a prevalence rate of 0.3% and opiates are the least likely drugs to be used at 0.2% (see Table A3.1).

Figure 3.2. Percentage of 16-24 year olds reporting use of the most prevalent drugs in the previous year, 2005/06 BCS
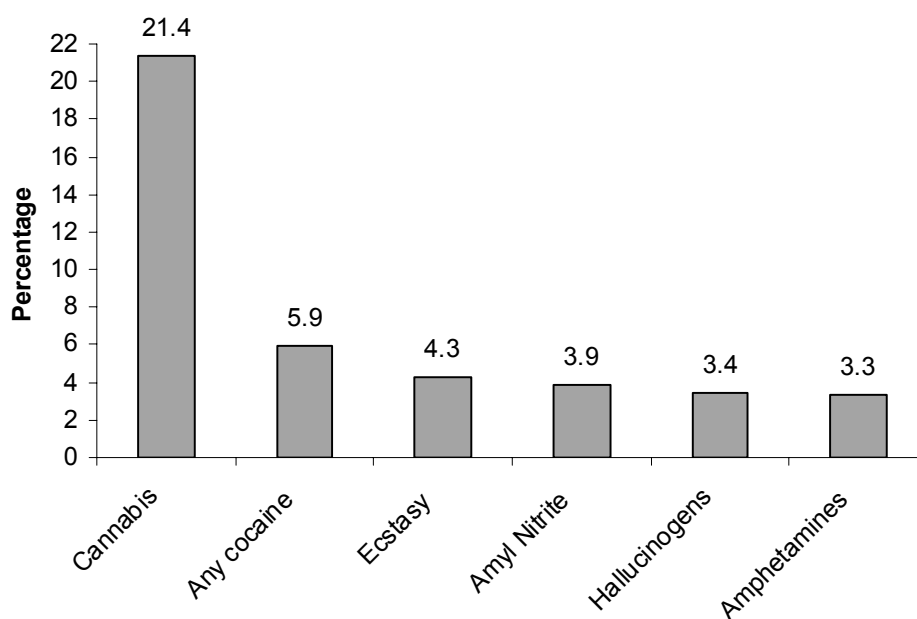
3.2   Estimated number of drug users

It is estimated that there are over two and three quarter million young people in England and Wales aged 16 to 24 that have used illicit drugs at some point in their lives. Over one and a half million people are estimated to have used drugs in the previous year and under one million in the past month (see Table 3.1 and Tables A3.2, A3.4 and A3.6).

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[1] Glues include glues, solvents, gas or aerosols

It is also estimated that over one million people aged 16 to 24 have used a Class A drug in their lifetime. Approximately 525 thousand young people are estimated to have used a Class A drug in the previous year and 250 thousand in the past month.

When looking at specific types of Class A drugs ecstasy and cocaine powder have the most users, followed by hallucinogens. The lowest estimates for Class A drug use are for crack and opiates[2]. It is estimated that just over 350 thousand young people took cocaine powder and just over 250 thousand took ecstasy out of around 525 thousand young people who are estimated to have taken Class A drugs in the past year.

Table 3.1 Estimated numbers of 16 to 24 year olds who have taken drugs in their lifetime, in the last year and in the last month, 2005/06 BCS

	Used ever	Used last year	Used last month
Drug			
Class A			
Any Cocaine	672,000	370,000	189,000
Cocaine powder	662,000	367,000	188,000
Crack cocaine	81,000	24,000	13,000
Ecstasy	650,000	269,000	123,000
Hallucinogens	587,000	209,000	53,000
LSD	230,000	57,000	15,000
Magic Mushrooms	516,000	187,000	45,000
Opiates	48.000	11,000	6,000
Heroin	33,000	10,000	4,000
Methadone	25,000	4,000	4,000
Class A/B			
Amphetamines	704,000	205,000	100,000
Class B/C			
Tranquillisers	161,000	45,000	23,000
Class C			
Anabolic steroids	43,000	18,000	9,000
Cannabis	2,502,000	1,338,000	810,000
Not Classified			
Amyl Nitrite	756,000	241,000	101,000
Glues	222,000	28,000	12,000
Total			
Class A	**1,057,000**	**526,000**	**251,000**
Any Drug	**2,811,000**	**1,575,000**	**941,000**

Notes:

1. Estimates are derived by multiplying the prevalence rate by the estimated population aged 16 to 24 in England and Wales.

2. The figures are calculated using population estimates provided by the Government Actuarial Service.

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[2] See *The BCS as a survey of drug use* section in the Introduction for further details on the limitations of the BCS as a survey of drug use, particularly for drugs with low prevalence in the general population such as crack cocaine and opiates.

3.3 Trends in drug use among 16 to 24 year olds

This section looks at reported use of illicit drugs in the previous year (see Table A3.1) to review the key trends since 1998[3]. The Government's Drug Strategy which has the over-arching aim of 'reducing the harm that drugs cause to society, including communities, individuals and their families' began in 1998. To achieve this, the Government has set the objective to 'reduce the use of Class A drugs and the frequent use of any illicit drug among all young people under the age of 25 especially by the most vulnerable young people'. Currently the main measurement tool for monitoring trends in Class A drug use amongst all young people is the BCS. This section also compares figures for 2005/06 with extent of drug use in 2004/05 in order to outline any emerging trends. A summary of the trends in last year drug use since 1998 is shown in Table 3.2 below.

Table 3.2 Summary of trends in drug use since 1998 amongst 16 to 24 year olds, 2005/06 BCS

Increase	Decrease	Stable
Any Cocaine, Cocaine Powder	Amphetamines, Any Drug, Cannabis, Glues, Hallucinogens, LSD, Methadone, Opiates	Amyl Nitrite, Crack Cocaine, Class A, Ecstasy, Heroin, Magic Mushrooms, Steroids, Tranquilisers

Trends in any illicit drug use

- Between 1998 and 2005/06 the use of any illicit drug in the past year by young people decreased steadily from 31.8% to 25.2%, although the apparent decrease since 2004/5 was not statistically significant (see Figure 3.3 and Table A3.1).

- This overall decrease was mainly due to the gradual decline in cannabis use over the same period from 28.2% to 21.4%. Between 2004/5 and 2005/6, cannabis use continued to decrease.

- The use of most other non Class A drugs among young people remained relatively stable between 1998 and 2005/6, apart from gradual falls in the use of amphetamines (from 9.9% to 3.3%) and glues (1.3% to 0.5%).

Trends in Class A drug use

- From 1998 to 2005/06 Class A drug use among young people remained stable overall (see Figure 3.3 and Table A3.1).

- Cocaine powder use increased between 1998 and 2005/06 from 3.1% to 5.9%, mainly due to a significant increase between 1998 and 2000. Since 2000 the use of cocaine powder among young people has been stable.

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[3] See *Interpreting year on year changes* section in Appendix F for further details on how to interpret the data.

- Overall the use of hallucinogens is lower in 2005/06 (3.4%) than it was in 1998 (5.3%). Between 1998 and 2001/02 the use of hallucinogens decreased as both use of LSD and magic mushrooms declined but since then the use of hallucinogens has risen again mainly due to a steady rise in the use of magic mushrooms since 2001/02.

- Ecstasy use rose slightly from 1998 to 2001/02, since when it has declined steadily, although in 2005/06 it is still not significantly lower than in 1998.

- The prevalence rate for the overall use of opiates decreased between 1998 and 2005/06 from 0.8% to 0.2%, mainly due to a decrease in the use of methadone from 0.6% in 1998 to 0.1% in 2005/06[4].

- Past year use of heroin and crack cocaine has remained stable since 1998.

- Between 2004/05 and 2005/06 the use of LSD in the past year increased for the first time following a steady decline in use since 1998. The use of crack also increased between 2004/05 and 2005/06.

Figure 3.3. Percentage of 16-24 year olds reporting use of the most prevalent drug types in the last year, 1996 to 2005/06 BCS

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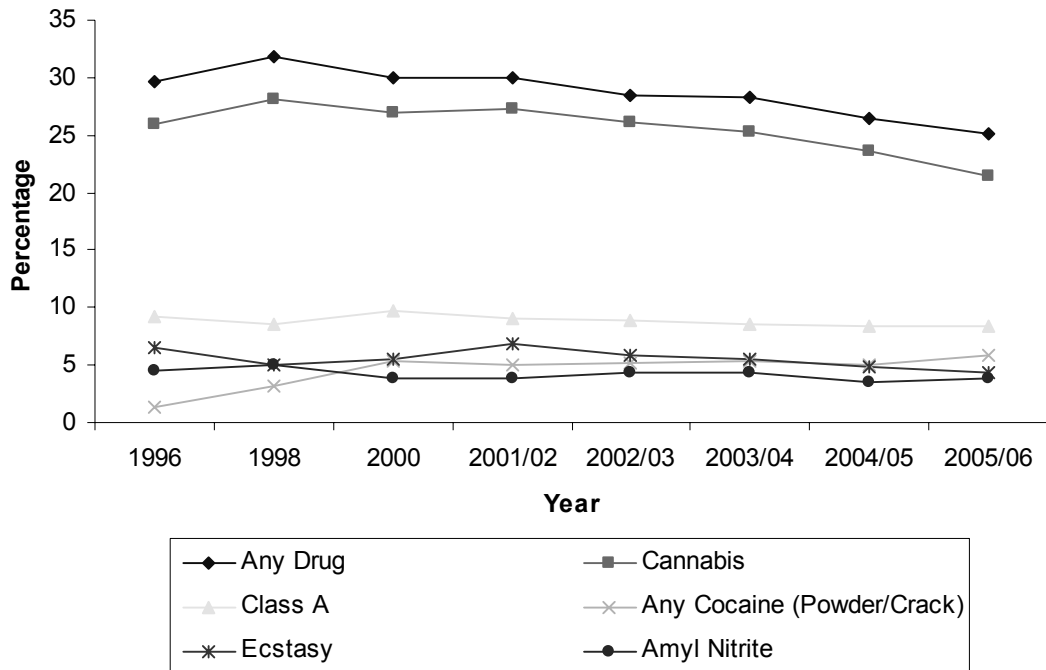
[4] Estimates for rarely used drugs such as opiates and crack cocaine are more subject to year on year fluctuations and therefore should be treated with caution.

3.4   Frequent use

Lifetime, last year and last month estimates of drug use refer to the percentage of young people who have used a drug at least once in the relevant time period. These figures do not provide information on how often the drug has been taken during this period. Questions on frequency of use in the last year were first asked to 16 to 24 year olds in the BCS in 2002/03. The questions on frequency of use are used to monitor progress on the young people's target of the Government's Drug Strategy. For the purposes of target monitoring, frequent use is defined as taking any illicit drug more than once a month during the previous year. This can include people who could have taken two different types of drugs frequently. Table A3.7 shows frequent use of any drug in the last year among all 16 to 24 year olds, not just users, and shows that frequent use has decreased since 2002/03 from 11.6% to 9.5% in 2005/06.

- Looking at frequent use of individual drugs, cannabis is the drug most likely to be used frequently by young drug users.

- The BCS 2005/06 showed that 41.2% of cannabis users took the drug more than once a month during the previous year.

- Amphetamines were the next most likely to be used frequently (26.1% of users reported use more than once a month in the past year).

- Cocaine powder and ecstasy were used frequently by 22.3% and 16.1% of users respectively, while 14.4% of amyl nitrite users reported use of the drug more than once a month in the past year (see Table A3.8).

4 Demographic and geographical variations

This chapter looks at respondents' reported drug use in the last year by the demographic characteristics of age and gender. It examines the prevalence of drug use by gender and age group for lifetime use (use of an illicit drug at least once in a lifetime), use in the last year (use of an illicit drug at least once in the year prior to interview) and use in the last month (use of an illicit drug at least once in the month prior to interview). The chapter also explores trends in drug use since 1998 amongst the age and gender sub-groups. Finally, this chapter looks at geographical variations in drug use for 16 to 59 year olds in England and Wales in 2004/05.

4.1 Age group

Extent of any illicit drug use

The younger (16 to 19 and 20 to 24) age groups reported higher levels of more recent (last year and last month) drug use than the older age groups, while the high level of lifetime use amongst the 25 to 29 and 30 to 34 year old age groups is due to relatively high levels of use in the past. In particular:

- The 20 to 24 and 25 to 29 age groups reported the highest levels of lifetime use of any drug in 2005/06 (49.0% and 51.6% respectively), while the 30 to 34 age group reported greater lifetime use of any drug compared to the 16 to 19 age group (45.8% compared to 40.4%).

- The 16 to 19 and 20 to 24 age groups reported the highest levels of last year use (24.8% and 25.6%) and last month use (14.6% and 15.5%) of any drug (see Figure 4.1 and Tables A4.1, A4.2 and A4.3).

Figure 4.1 Percentage of 16-59 year olds reporting having used any drug ever, in the last year and last month by age group, 2005/06 BCS
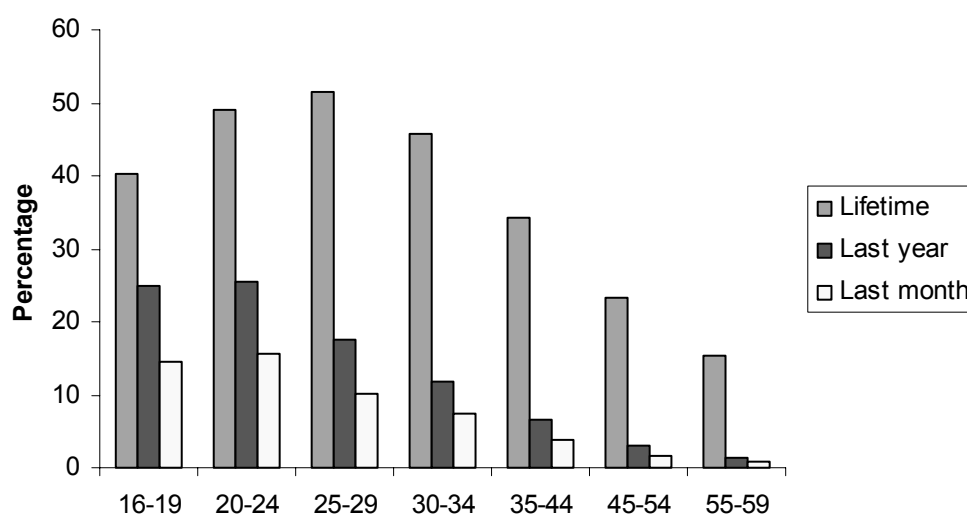
Extent of Class A drug use

When looking at Class A drug use in 2005/06 a slightly different pattern can be seen, with lifetime use peaking in the 25 to 29 age group while more recent (last year and last month) use is highest in the 20 to 24 age group. The different age distribution of Class A drug use compared with any illicit drug use can be attributed to the higher age of first use of Class A drugs. In particular:

- The 25 to 29 age group reported the highest level of lifetime use of Class A drugs in 2005/06 (26.5%), followed by the 20 to 24 and 30 to 34 age groups (21.8% and 21.4% respectively).

- The 35 to 44 age group reported higher lifetime use of Class A drugs than the 16 to 19 age group (13.6% compared to 11.2%).

- The 20 to 24 age group reported the highest levels of last year and last month use of Class A drugs in 2005/06 (10.3% and 4.8% respectively).

- There were no significant differences between the 16 to 19 and 25 to 29 year age groups in last year use (6.3% and 6.9%) and last month use (3.1% and 3.2%) of Class A drugs (see Figure 4.2 and Tables A4.1, A4.2 and A4.3).

Figure 4.2 Percentage of 16-59 year olds reporting having used Class A drugs ever, in the last year and last month by age group, 2005/06 BCS
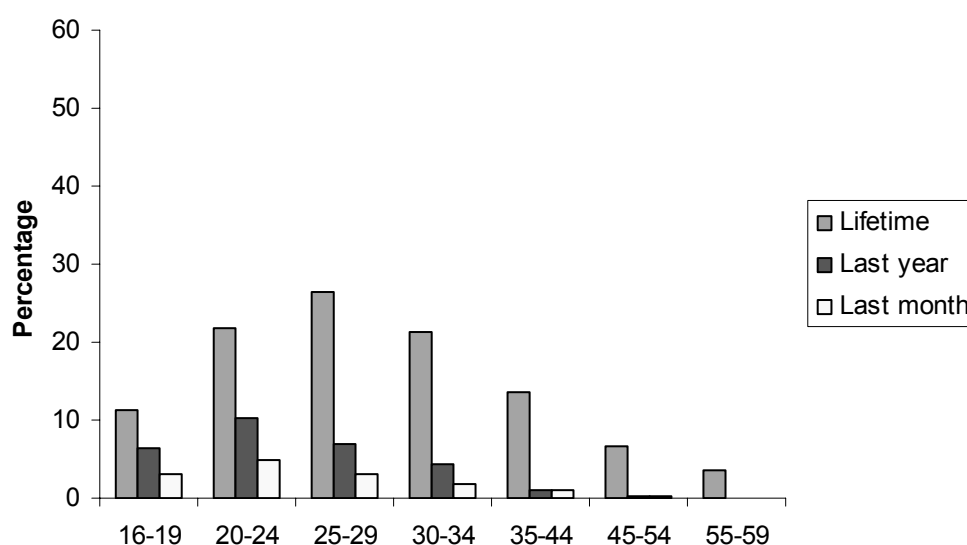
Trends in drug use by age group

Between 1998 and 2005/06 the reported use of any drug in the previous year decreased amongst both the 16 to 19 age group (from 32.9% in 1998 to 24.8% in 2005/06) and the 20 to 24 age group (from 30.9% in 1998 to 25.6% in 2005/06). The reported use of any drug in the past year remained stable for all other age groups (see Figure 4.3 and Table A4.4).

Between 1998 and 2005/06 the reported use of Class A drugs in the previous year increased amongst both the 30 to 34 age group (from 1.5% in 1998 to 4.3% in 2005/06) and the 35 to

44 age group (from 0.7 in 1998% to 1.8% in 2005/06). The reported use of Class A drugs in the past year has fluctuated but remained stable overall for all other age groups (see Figure 4.4 and Table A4.5).

Figure 4.3 Percentage of 16-59 year olds reporting having used any drug in the past year by age group, 1998 to 2005/06 BCS
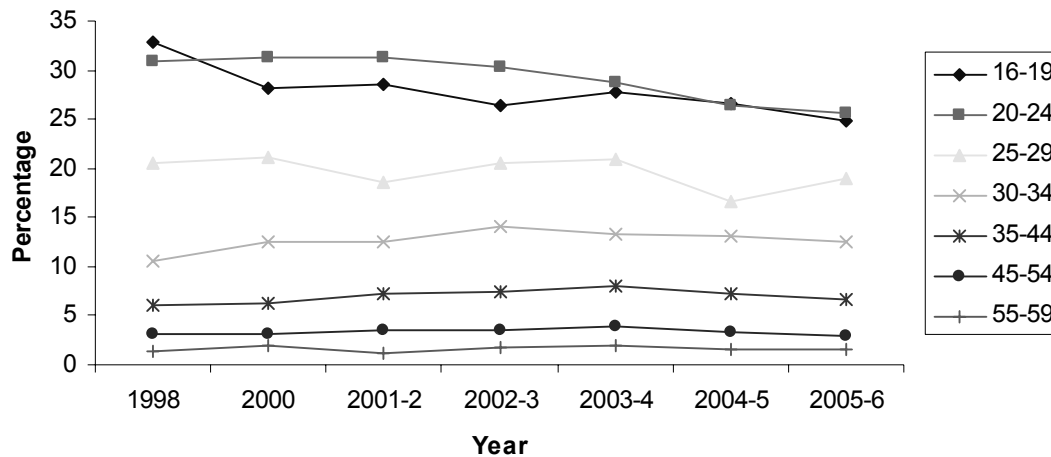
Figure 4.4 Percentage of 16-59 year olds reporting having used Class A drugs in the past year by age group, 1998 to 2005/06 BCS
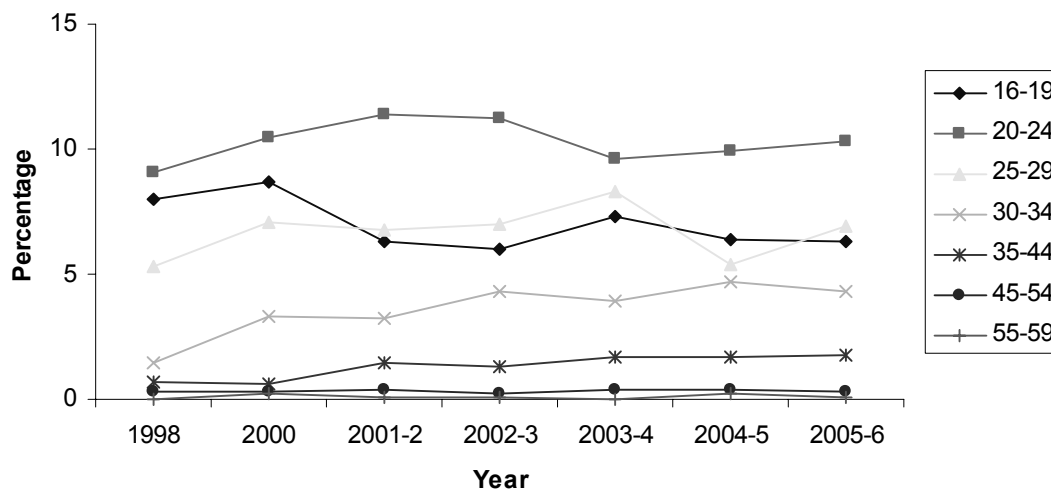
4.2   Gender

Extent of any illicit drug use

Men reported higher levels of lifetime, past year and past month use of any illicit drugs compared to women in 2005/06. This pattern of greater reported use of any illicit drug amongst men could be seen for both the 16 to 59 and the 16 to 24 age range (see Figure 4.5 and Tables A4.6, A4.7 and A4.8).

Figure 4.5 Percentage of 16-59 year olds and 16-24 year olds reporting having used any drug ever, last year and last month by gender, 2005/06 BCS

Extent of Class A drug use

Men aged 16 to 59 reported higher levels of lifetime, past year and past month use of Class A drugs compared to women of the same age in 2005/06. The same pattern of higher reported Class A drug use amongst men could also be seen for the 16 to 24 year old age range (see Figure 4.6 and Tables A4.6, A4.7 and A4.8).

Figure 4.6 Percentage of 16-59 year olds and 16-24 year olds reporting having used Class A drugs ever, last year and last month by gender, 2005/06 BCS
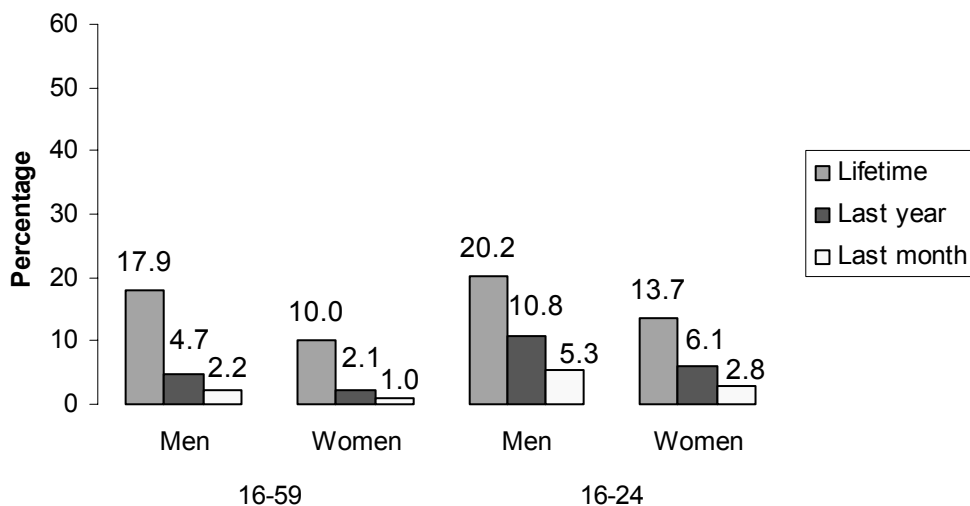
Trends in drug use by gender

Use of any illicit drug in the past year amongst men aged 16 to 59 decreased from 15.6% in 1998 to 13.7% in 2005/06, while use of any illicit drug amongst women aged 16 to 59 decreased from 8.5% to 7.4% over the same period (see Figure 4.7 and Table A4.9).

Reported use of Class A drugs in the previous year increased between 1998 and 2005/06 amongst men aged 16 to 59 (from 3.6% to 4.7%) due to a rise between 1998 and 2000 while it remained stable amongst women aged 16 to 59 during this period.

Figure 4.7 Percentage of 16-59 year olds reporting having used any drug and Class A drugs in the past year by gender, 1998 to 2005/06 BCS
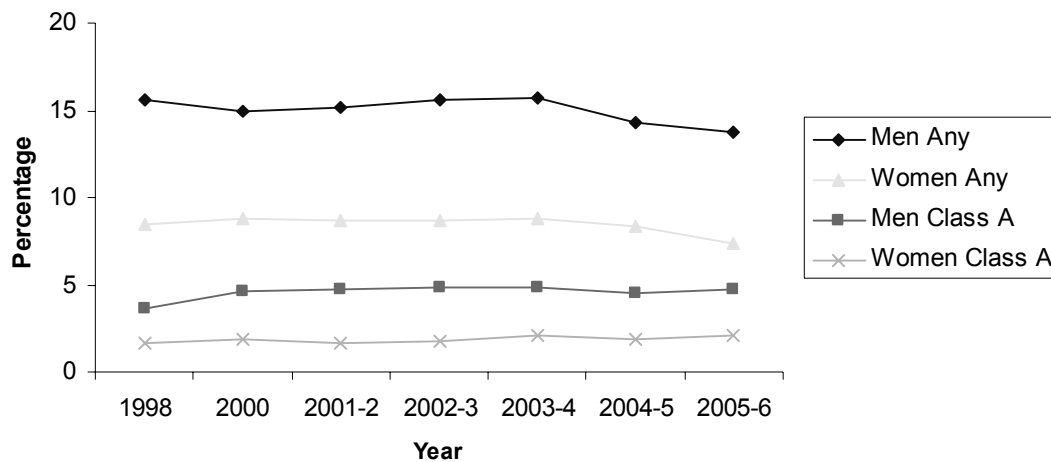
Use of any illicit drug in the past year amongst men aged 16 to 24 decreased from 38.1% in 1998 to 29.9% in 2005/06, while use of any illicit drug amongst women aged 16 to 24 decreased from 25.2% to 20.6% over the same period.

Reported use of Class A drugs in the past year amongst men and women aged 16 to 24 remained stable between 1998 and 2005/06 (see Figure 4.8 and Table A4.10).

Figure 4.8 Percentage of 16-24 year olds reporting having used any drug and Class A drugs in the past year by gender, 1998 to 2005/06 BCS
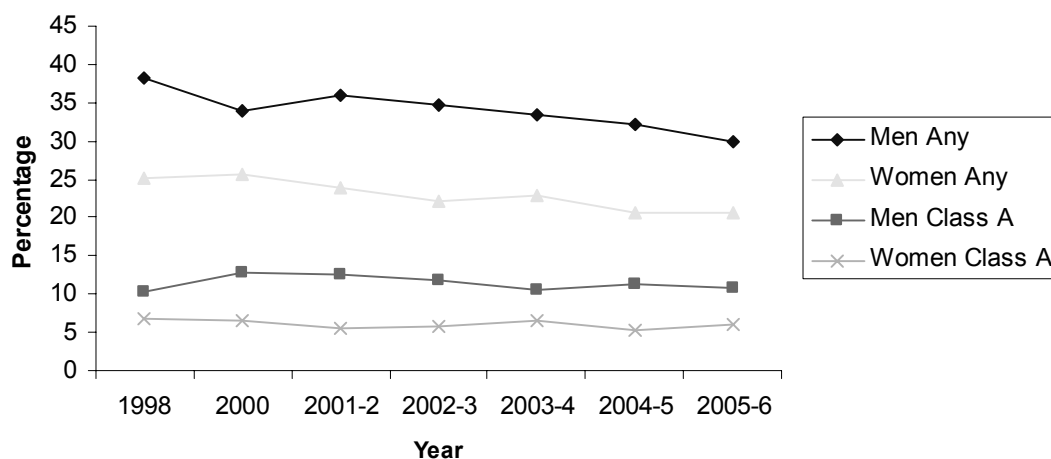
4.3   Geographical variations

One of the principal geographical identifiers used in the BCS is Government Office Region (GOR). This identifier classifies England into nine separate regions and also includes Wales.

The 2005/06 BCS shows that 10.5% of the population aged 16 to 59 reported having used an illicit drug in the past year. Those living in the South West (13.3%) reported levels of any illicit drug use that were significantly higher than the total figure for England and Wales while those living in Yorkshire and Humberside and the West Midlands reported significantly lower levels of illicit drug use (see Figure 4.9 and Table A4.11).

Figure 4.9 Percentage of 16-59 year olds reporting having used any drug in the last year by Government Office Region, 2005/06 BCS
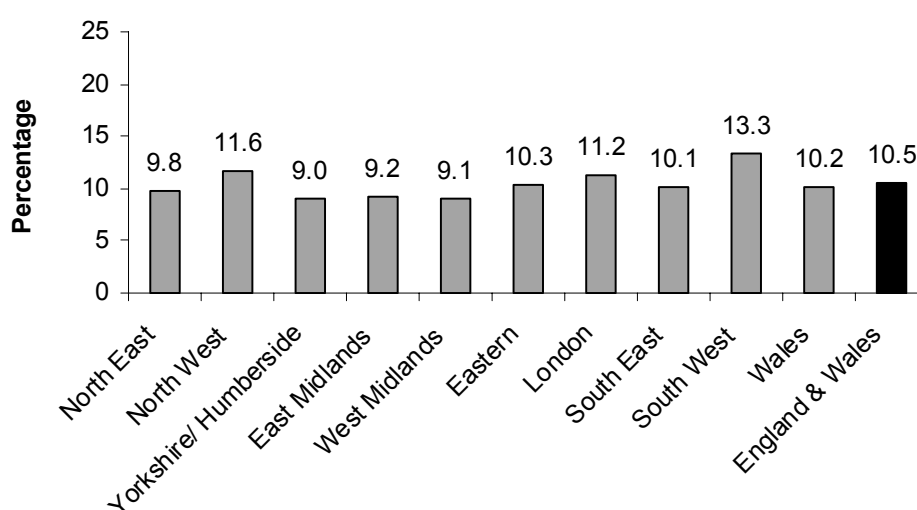
The 2005/06 BCS shows that 3.4% of the population aged 16 to 59 reported having used a Class A drug in the past year. Those living in London reported levels of Class A drug use (5.2%) that were significantly higher than for England and Wales as a whole while those in the West Midlands reported significantly lower levels of Class A drug use (see Figure 4.10 and Table A4.11).

The different regions in England and Wales will have varying age and sex compositions that could influence the levels of drug use in these areas. In order to explore these factors multivariate analysis (logistic regression) was carried out. This analysis found that age and gender were more strongly associated with drug use than Government Office Region. However, taking age and gender into account significant differences in drug use between the regions persisted (see Table A4.13 and Table A4.14).

Figure 4.10 Percentage of 16-59 year olds reporting having used Class A drugs in the last year by Government Office Region, 2005/06 BCS
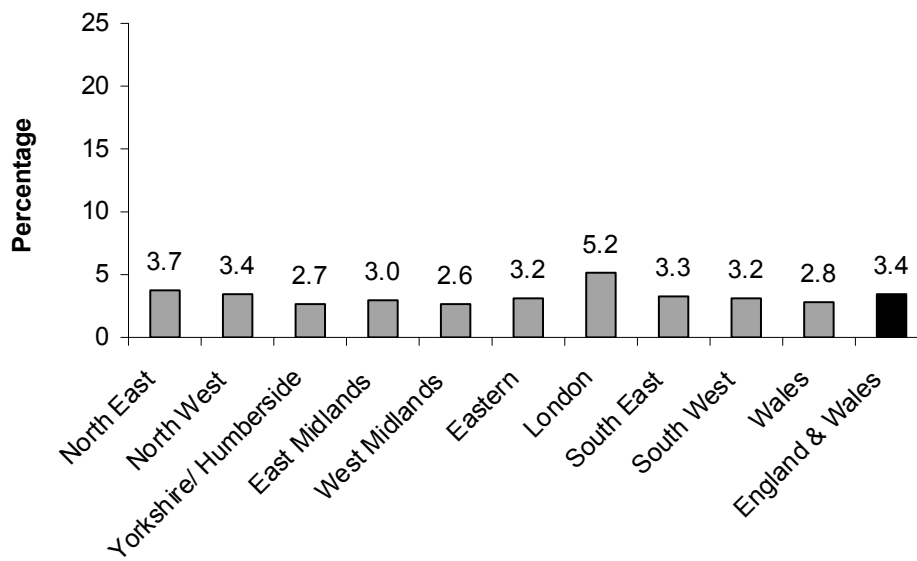
Figures for drug use amongst 16 to 24 year olds in each Government Office Region are also available (see Table A4.12). However, these figures should be treated with caution as the small number of respondents in each region will make these estimates of drug use more subject to fluctuation.

5   Cocaine powder

A notable trend in the BCS figures on drug use since 1998 has been the increase in cocaine powder use amongst both the general population aged 16 to 59 and young people aged 16 to 24. This chapter firstly examines the use of cocaine powder in 2005/06 and the trends in cocaine powder use since 1998 by age and gender sub-groups. The chapter then goes on to look at lifestyle differences and socio-economic factors related to cocaine powder use. The inter-relations between the various factors associated with cocaine powder use are explored using multivariate analysis. Finally, the trends in cocaine powder use are set in the context of overall use of stimulants.

5.1   Age group

- The 20 to 24 and 25 to 29 age groups reported the highest levels of lifetime use of cocaine powder in 2005/06 (14.4% and 15.0% respectively), followed by the 30 to 34 age group (10.4%).

- The 20 to 24 age group reported the highest levels of last year and last month use of cocaine powder in 2005/06 (7.6% and 4.0% respectively). Last year and last month use then decreases with increasing age.

- There were no significant differences between the 16 to 19 and 25 to 29 age groups nor between the 16 to 19 and 30 to 34 age groups in last year use and last month use of cocaine powder (see Figure 5.1 and Tables A4.1, A4.2 and A4.3).

Figure 5.1 Percentage of 16-59 year olds reporting having used cocaine powder ever, in the last year and last month by age group, 2005/06 BCS
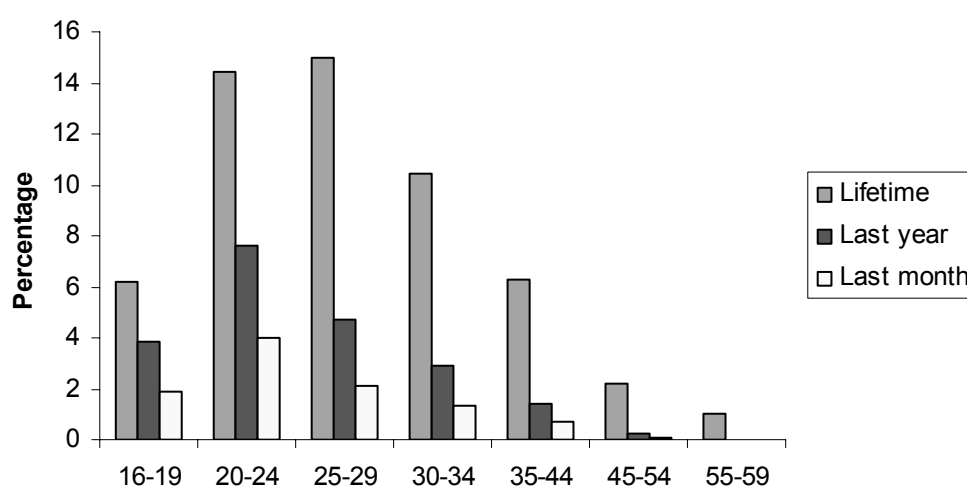
Trends in cocaine powder use by age group

The reported use of cocaine powder in the previous year is higher in 2005/06 than in 1998 amongst most age groups except the older (45 to 54 and 55 to 59) age groups. This is mainly due to rises in cocaine powder use between 1998 and 2000 amongst these younger age groups.

Since 2000 the use of cocaine powder has remained essentially stable amongst all age groups apart from the 35 to 44 age group, which reported increased use of cocaine powder in 2005/06 compared to 2000 (see Figure 5.2 and Table A5.1).

Figure 5.2 Percentage of 16-59 year olds reporting having used cocaine powder in the past year by age group, 1998 to 2005/06 BCS
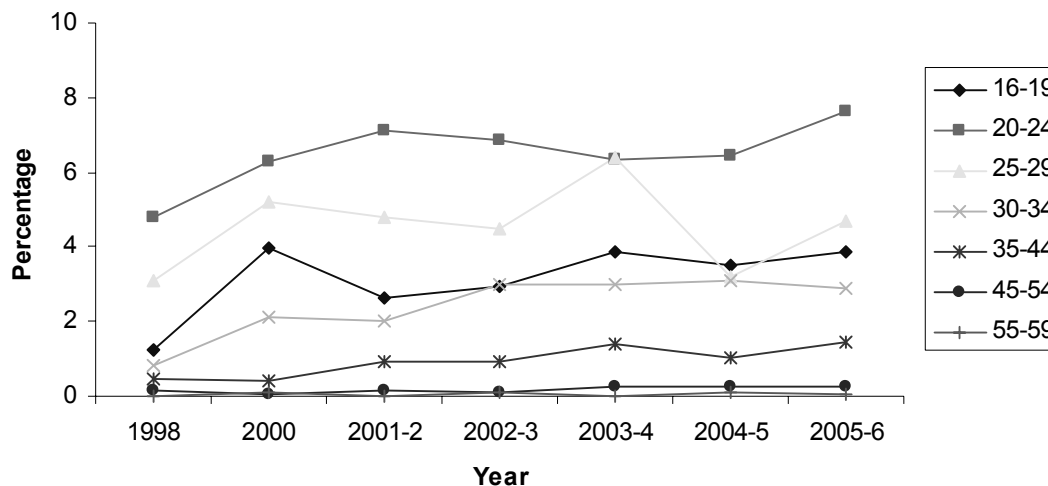
5.2 Gender
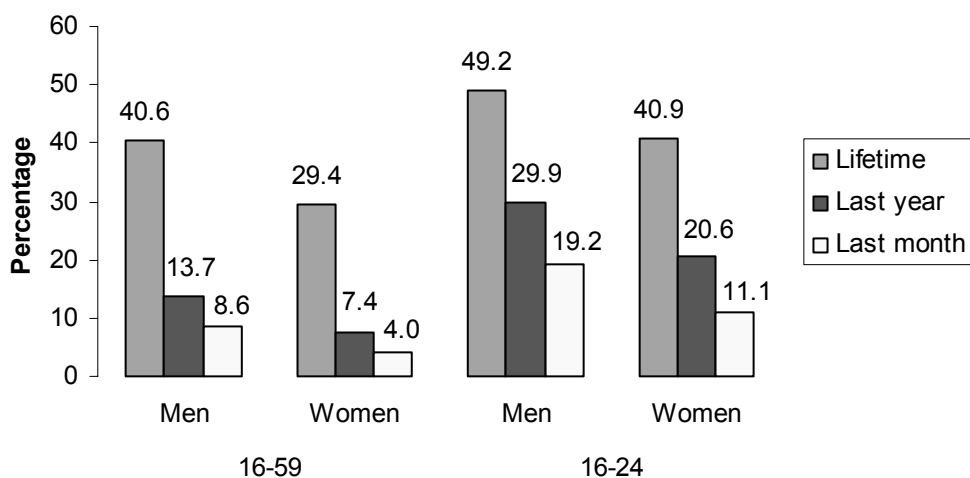
Men reported higher levels of lifetime, past year and past month use of cocaine powder compared to women in 2005/06. This pattern of higher reported cocaine powder use amongst men could be seen for both the 16 to 59 and the 16 to 24 year old age range (see Figure 5.3 and Tables A4.6, A4.7 and A4.8)).

Figure 5.3 Percentage of 16-59 year olds and 16-24 year olds reporting having used cocaine powder ever, last year and last month by gender, 2005/06 BCS
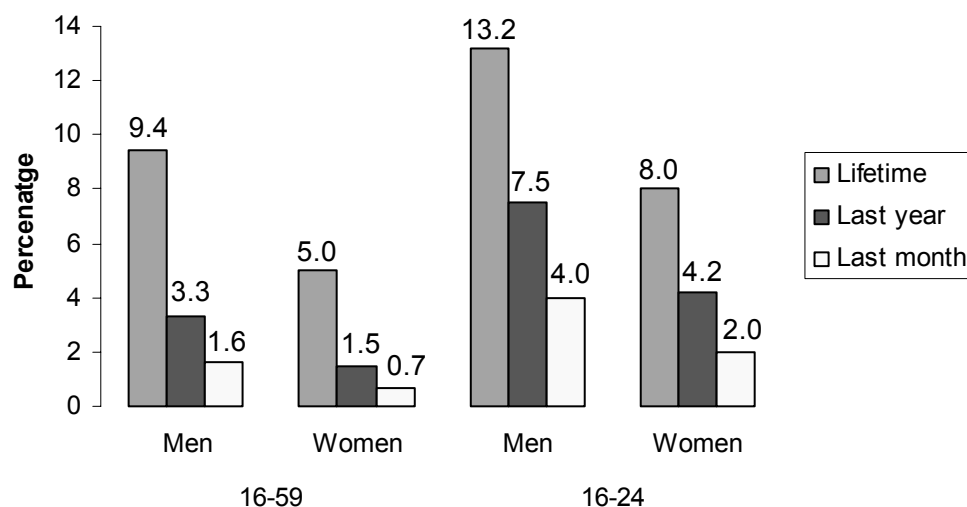
Trends in cocaine powder use by gender

- Trends in use of cocaine powder among both men and women follow a similar pattern.

- Use of cocaine powder in the past year increased amongst men aged 16 to 59 from 1.7% in 1998 to 3.3% in 2005/06, while amongst women aged 16 to 59 reported use of cocaine powder in the previous year approximately doubled from 0.8% in 1998 to 1.5% in 2005/06.

- Increased use of cocaine powder since 1998 can also be observed amongst both men and women aged 16 to 24.

- These rises in cocaine powder use between 1998 and 2005/06 are mainly due to large increases in use between 1998 and 2000. Since 2000 the use of cocaine powder amongst both men and women aged 16 to 59 and 16 to 24 has remained stable (see Figure 5.4 and Table A5.2).

Figure 5.4 Percentage of 16-59 and 16-24 year olds reporting having used cocaine powder in the past year by gender, 1998 to 2005/06 BCS
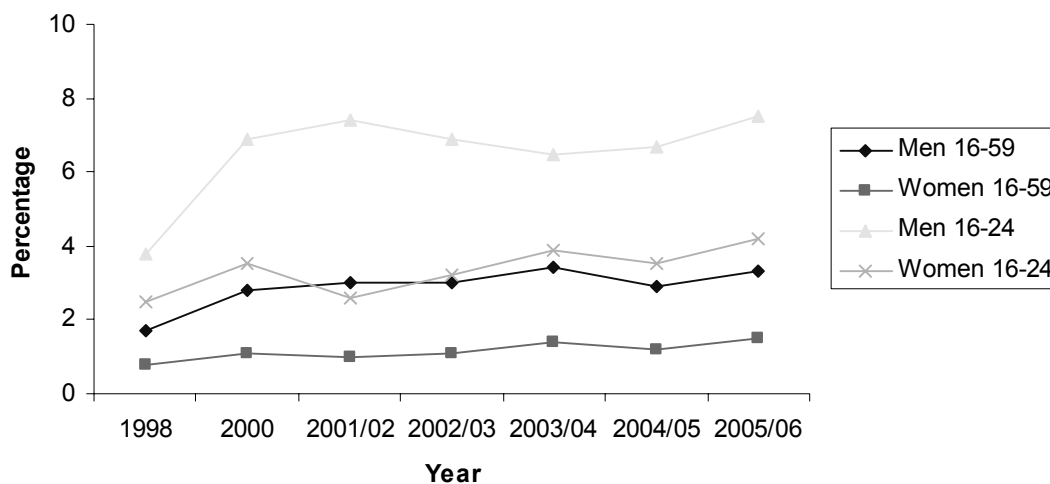
5.3 Lifestyle factors

This section looks at cocaine powder use in the last month by two lifestyle factors: frequency of visits to nightclubs or discos and frequency of visits to pubs or wine bars. The context for exploring these lifestyle factors in particular is that illicit drug use has been associated with dance club culture since its emergence in the late 1980s[1]. In addition, cocaine powder users are reported to use alcohol simultaneously in order to prolong the effects of cocaine or negate the effects of alcohol although this mix also increases the risks[2]. Any observed association between these lifestyle factors and cocaine powder use does not imply that these factors play a causal role in cocaine powder use. Nor can it be assumed that the drug is being taken at these venues. The BCS does not include questions about where drugs are taken. Respondents are categorised into 16 to 29 and 30 to 59 age groups to control for the effects of age as both drug use and lifestyle vary by age.

Frequency of visits to nightclubs or discos

All respondents were asked how many times they had visited a nightclub or disco during the last month. Respondents were divided between those who had not been to a nightclub or disco at all in the last month and those who had been at least once during this period.

- The highest level of cocaine powder use was reported by 16 to 29 year olds who had been to a nightclub or disco at least once in the last month (4.2%), almost three times the level of drug use for those of the same age who had not been to a nightclub or disco at all in the last month (1.6%).

- Amongst older respondents aged 30 to 59 the prevalence of cocaine powder use in the past month was more than six times higher amongst those who had been to a nightclub or disco in the last month compared to those who had not (2.5% compared to 0.4%; see Figure 5.5 and Table A5.3).

Figure 5.5 Percentage of 16-29 and 30-59 year olds reporting having used cocaine powder in the last month by frequency of visits to nightclubs or discos in the last month, 2005/06 BCS

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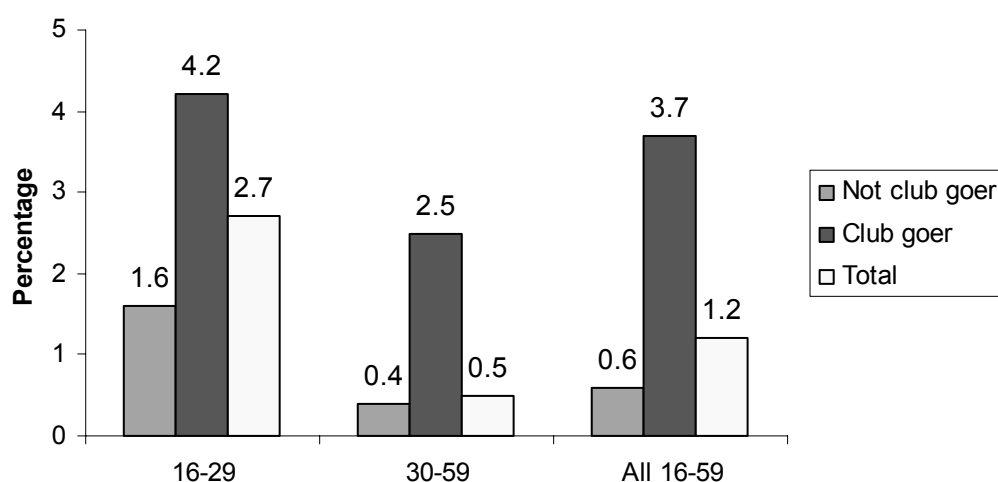
[1] (Deehan and Saville, 2003)
[2] (Richardson and Budd, 2003)

Frequency of evening visits to pubs and wine bars

All respondents were asked how frequently they had visited a pub or wine bar in the evening during the last month. Respondents were divided into two groups: those individuals who had been to a pub or wine bar in the evening less than three times a week during the last month and another group who had been more than three times a week.

- The highest level of cocaine powder use was reported by 16 to 29 year olds who made frequent visits to pubs or wine bars (7.3%), over four times the level of use reported by those of the same age group who visited pubs or wine bars less frequently (1.7%).

- Amongst respondents aged 30 to 59 those who had visited pubs or wine bars frequently in the last month reported level of use almost three times higher than those who visited pubs or wine bars less frequently (1.4% compared to 0.5%; see Figure 5.6 and Table A5.4).

Figure 5.6 Percentage of 16-29, and 30-59 year olds reporting having used cocaine powder in the last month by frequency of visits to a pub or wine bar in the evening in the last month, 2005/06 BCS
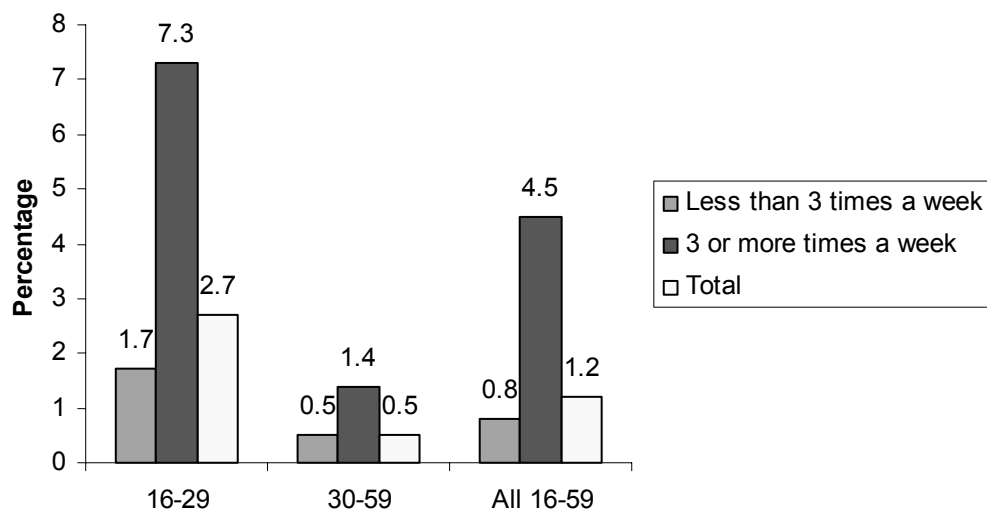
- Within the 30 to 59 age group cocaine powder use concentrated more heavily amongst club goers than amongst those who made frequent visits to pubs or wine bars, but within the 16 to 29 age group cocaine powder use concentrated more amongst those who made frequent visits to pubs or wine bars

5.4   Socio-economic factors

This section look at cocaine powder use in the last year by education level, employment status and ACORN type.

Education level

- Respondents with no educational qualifications reported the lowest levels of cocaine powder use in the past year (1.2%).

- Respondents with a degree or a diploma as their highest educational achievement also reported lower levels of cocaine powder use (2.1%) than those with trade apprenticeships, A levels or GCSEs/O levels.

- There were no other differences between the various groups (see Figure 5.7 and Table A5.5).

Figure 5.7 Percentage of 16-59 year olds reporting having used cocaine powder in the last year by education level, 2005/06 BCS
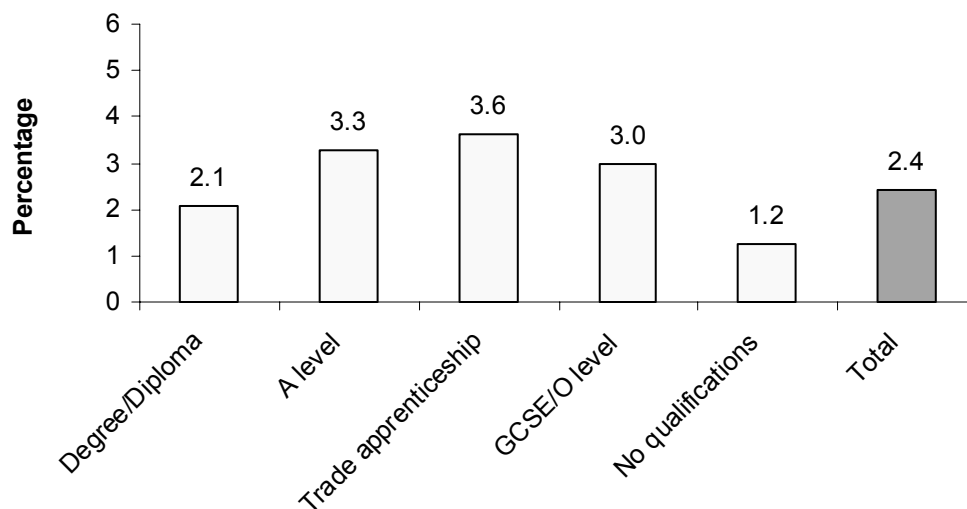
Employment status

- Unemployed respondents reported higher levels of cocaine powder use in the previous year (5.0%), more than double compared to either those in employment (2.4%) or those who were economically inactive (2.2%) (see Figure 5.8 and Table A5.6).

Figure 5.8 Percentage of 16-59 year olds reporting having used cocaine powder in the last year by employment status, 2005/06 BCS
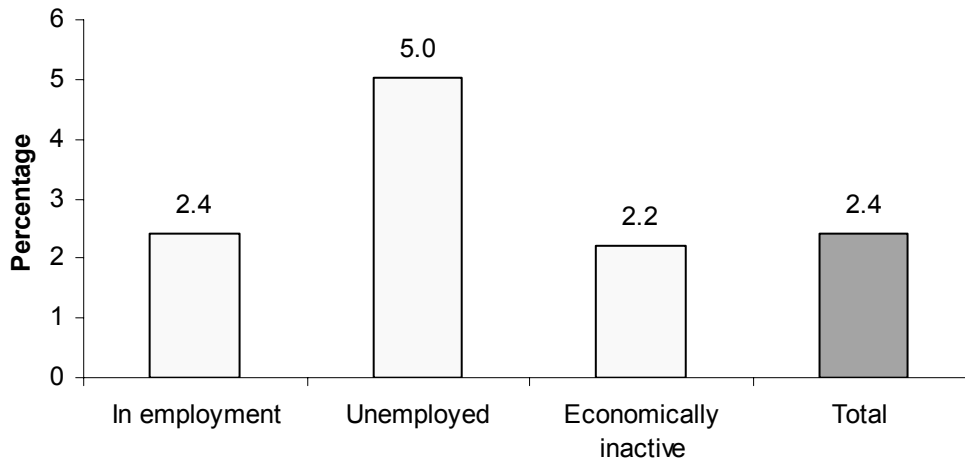
ACORN type

A key geographical identifier in the BCS is 'A Classification Of Residential Neighbourhoods' (ACORN). This identifier groups households by the demographic, employment and housing characteristics of the surrounding area, based on data from the 2001 Census.

- Those living in areas of 'urban prosperity' reported the highest level of cocaine powder use (4.8%), which is three times the level of cocaine powder use reported in 'wealthy achiever' areas.

- The remaining areas had levels of cocaine use close to the national average (see Figure 5.9 and Table A5.7).

Figure 5.9 Percentage of 16-59 year olds reporting having used cocaine powder in the last year by ACORN type, 2005/06 BCS
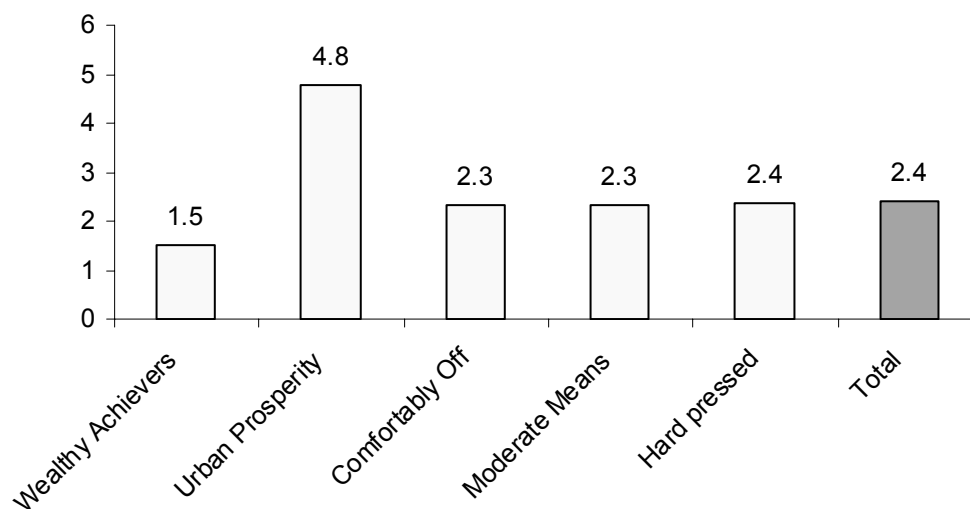
## 5.4 Characteristics of cocaine powder users

While the figures presented above indicate that certain groups exhibit relatively high levels of cocaine powder use compared to others, it should be noted that some of these groups are particularly small and therefore represent only a minority of cocaine powder users. For example, while cocaine powder use is much higher amongst unemployed respondents than amongst those in employment, those who are unemployed represent only 5.1% of past year cocaine powder users while 76.3% of users are in employment. The majority of last year cocaine powder users are male (67.5%) and reported having been to a nightclub or disco in the past month (55.5%; see Table A5.8).

This chapter has presented the various different factors individually associated with a higher prevalence of cocaine powder use. However, many of these factors are inter-related and multivariate analysis (logistic regression) was carried out in order to take into account these inter-relationships. Demographic and socio-economic factors were initially entered into a model for logistic regression. This initial analysis revealed that respondents' employment status was not a significant factor in explaining variation in cocaine powder use when other factors were taken into account. Subsequently, lifestyle factors were added to the model with employment status removed. This analysis found that the variables most strongly associated with cocaine powder use (in order of strength of association) were frequency of visits to nightclubs or discos, age, frequency of visits to pubs or wine bars, gender, ACORN category and highest achieved educational level (see Table A5.9).

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5.5 Use of stimulants

Cocaine powder can be classified in terms of its legal status as a Class A drug, as in previous chapters of this report, but it can also be categorised in terms of its effect. Cocaine powder is part of a group of drugs known as stimulants on account of the effect these drugs have in speeding up the central nervous system to increase neural activity in the brain. Other stimulant drugs which are asked about in the drugs self-completion module of the British Crime Survey are crack cocaine, ecstasy, amphetamines and amyl nitrite. This section aims to place changes in cocaine powder use within the context of overall use of stimulants in order to investigate whether recent rises in cocaine powder use are a result of the use of cocaine powder replacing the use of other drugs that have a similar effect.

In 2005/06 cocaine powder was the stimulant drug most likely to be used with 2.4% of 16 to 59 year olds reporting use of the drug in the year previous to interview. The reported use of cocaine powder has increased since 1998 when 1.2% of 16 to 59 year olds reported use of the drug in the past year. In 1998 amphetamines was the stimulant drug most likely to be used with 3.0% of 16 to 59 year olds reporting use of the drug in the previous year. Since 1998 amphetamine use has decreased steadily to 2005/06 when 1.3% of 16 to 59 year olds reported use of the drug in the last year. Between 1998 and 2005/06 use of cocaine powder has increased while use of amphetamines has decreased and the use of other stimulant drugs (crack cocaine, ecstasy and amyl nitrite) has remained stable. During this period overall use of any stimulant has remained stable, supporting the hypothesis that cocaine powder has replaced other substances as the drug of choice for stimulant users (see Figure 5.10 and Table A5.10).

Figure 5.10 Percentage of 16-59 year olds reporting having used stimulant drugs in the last year, 1998 to 2005/06 BCS

37
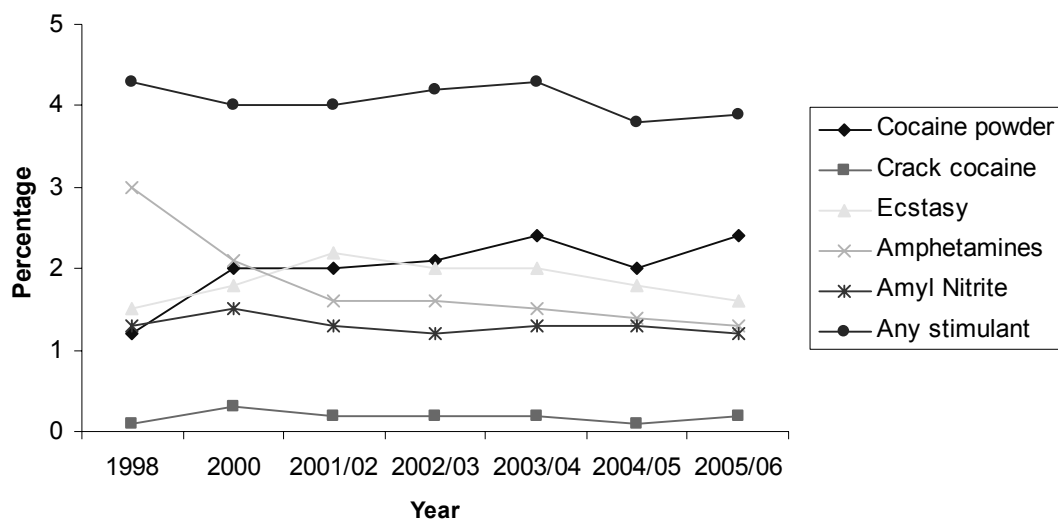
6 Former truants and excludees

The UK Government's Drug Strategy includes a target to reduce the use of Class A drugs and the frequent use of any illicit drug by all young people under the age of 25, especially by the most vulnerable groups. Several groups of young people vulnerable to developing problematic drug use can be identified from the literature on risk factors. These groups include: truants, those excluded from school, the homeless, those 'looked after' by local authorities or in foster care, young offenders, those involved in prostitution and children from families with substance-abusing parents[1]. Drug use amongst vulnerable young people has previously been measured using the Offending, Crime and Justice Survey and the survey of drug use, smoking and drinking amongst young people in England[2]. In 2005/06 the British Crime Survey included questions for respondents aged 16 to 24 that allow identification of vulnerable groups of young people in this survey for the first time. The groups identifiable in the survey are those who have ever truanted and those who have ever been excluded from school.

6.1 Truants

- In the 2005/06 British Crime Survey 36.4% of respondents aged 16 to 24 reported that they had ever truanted (skipped school without permission for a whole day).

- Use of any illicit drug amongst this group who reported that they had ever truanted was higher than amongst those who reported that they had never truanted.

- Lifetime and last year use of any illicit drug was approximately twice as high amongst truants compared with non-truants while last month use was almost three times greater (see Figure 6.1 and Tables A6.1, A6.2 and A6.3).

Figure 6.1 Percentage of 16-24 year olds reporting having used any illicit drug ever, last year and last month by whether ever truanted, 2005/06 BCS

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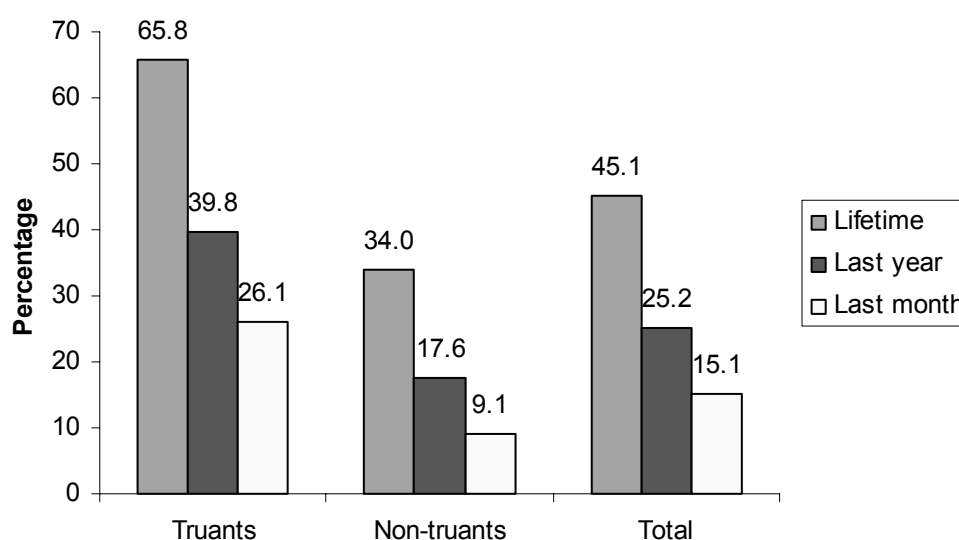
[1] Lloyd, 1998
[2] Becker and Roe, 2005; Fuller, 2005

- Looking at Class A drug use amongst those who have ever truanted indicates even more striking differences compared to those who have never truanted.

- Lifetime and last year use of Class A drugs was over three times higher in truants compared with non-truants while last month use was almost four times greater (see Figure 6.2 and Tables A6.1, A6.2 and A6.3).

Figure 6.2 Percentage of 16-24 year olds reporting having used Class A drugs ever, last year and last month by whether ever truanted, 2005/06 BCS
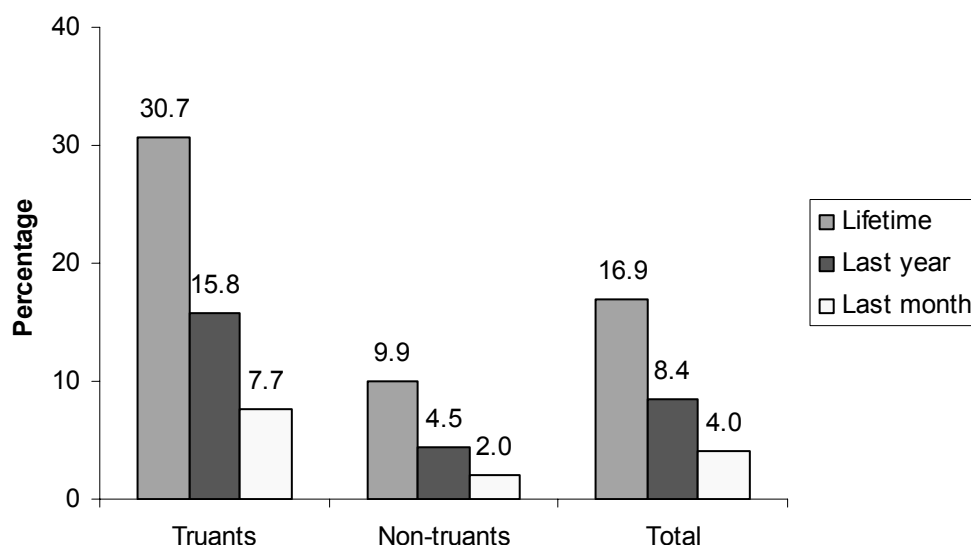
6.2   Those excluded from school

- In the 2005/06 British Crime Survey 16.2% of respondents aged 16 to 24 reported that they had ever been excluded (expelled or suspended) from school.

- Use of any illicit drug amongst this group who reported that they had ever been excluded was higher than amongst those who reported that they had never been excluded.

- Lifetime and last year use of any illicit drug amongst excludees was over one and a half time greater than use amongst those who had never been excluded.

- Last month use of any illicit drug was more than twice as high amongst those who had been excluded compared to those who had not (see Figure 6.3 and Tables A6.1, A6.2 and A6.3).

Figure 6.3 Percentage of 16-24 year olds reporting having used any illicit drug ever, last year and last month by whether ever excluded from school, 2005/06 BCS
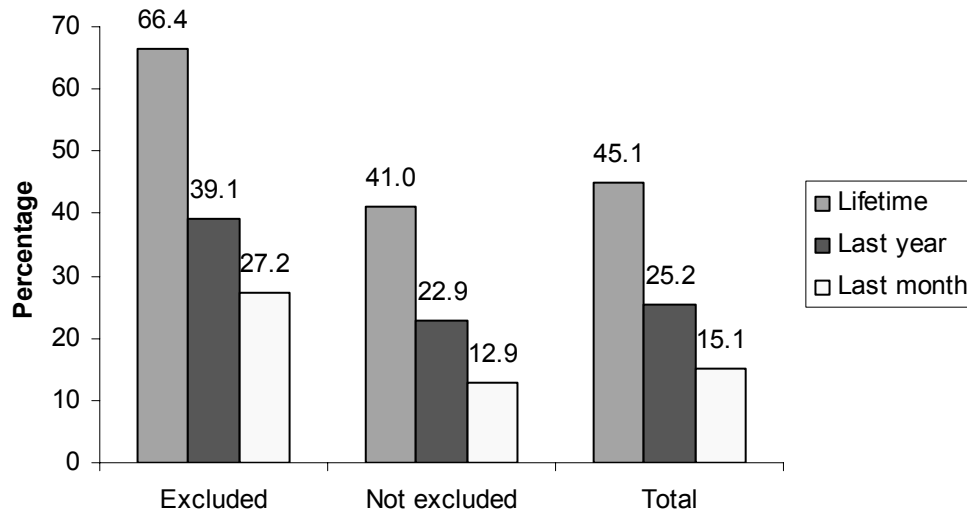
- Looking at Class A drug use amongst those who had ever been excluded indicates even more striking differences compared to those who had never been excluded.

- Lifetime, last year and last month use of Class A drugs was more than twice as high in those who had been excluded compared with those who had not (see Figure 6.4 and Tables A6.1, A6.2 and A6.3).

Figure 6.4 Percentage of 16-24 year olds reporting having used Class A drugs ever, last year and last month by whether ever excluded from school, 2005/06 BCS
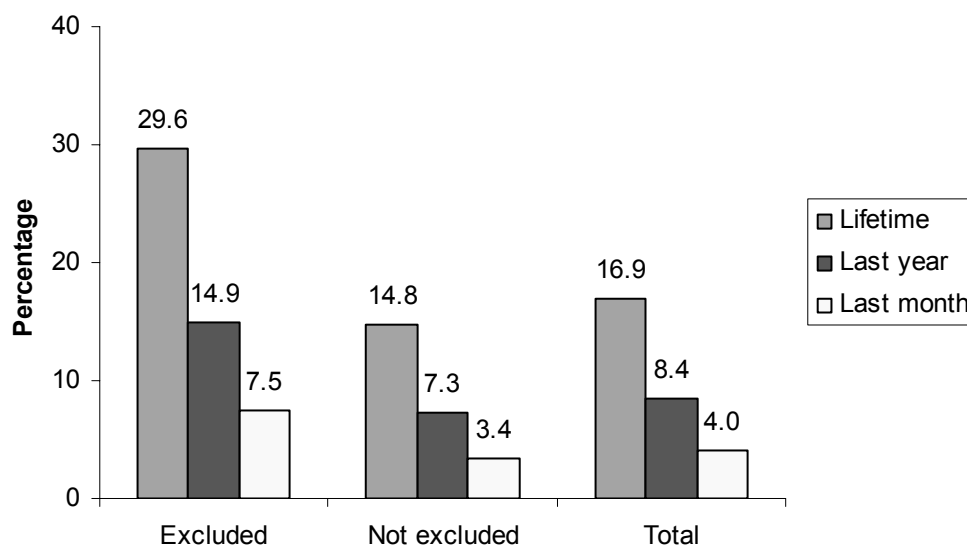
6.3   Overlap

The figures on drug use amongst those who have truanted and those who have been excluded presented above show similar levels of drug use between these two vulnerable groups. The main reason for this is the considerable degree of overlap between the two groups. Almost two-thirds (62.6%) of those who had been excluded reported that they had ever truanted from school. This should be borne in mind when interpreting the figures.

It is possible to explore this overlap further by looking at levels of drug use amongst those young people who had ever truanted and ever been excluded, those who had only ever truanted, those who had only ever been excluded and those who had neither truanted nor been excluded.

- The highest levels of any illicit drug use in the last year were reported by those who had ever truanted and ever been excluded followed by those who had only ever truanted and then those who had only ever been excluded.

- Young people who had neither truanted nor been excluded from school reported the lowest levels of any illicit drug use (see Figure 6.5 and Tables A6.4, A6.5 and A6.6).

- The only difference between the groups in their reported use of any illicit drug that was not found to be significantly different was last month use of any illicit drug by excludees only compared with those who had neither been excluded nor ever truanted.

Figure 6.5 Percentage of 16-24 year olds reporting having used any illicit drug ever, last year and last month by whether ever truanted and ever been excluded from school, ever truanted only, ever been excluded only or neither; 2005/06 BCS
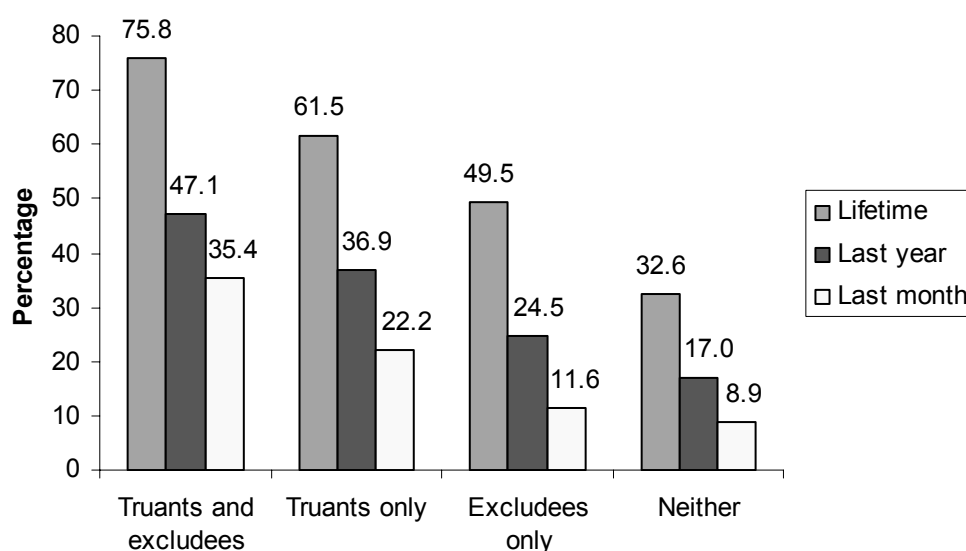
- Reported use of Class A drugs amongst these groups showed the same pattern with those who had ever truanted and ever been excluded reporting the highest levels of use, followed by those who had only ever truanted, then those who had only ever been

excluded and the lowest levels reported by those who had neither truanted nor been excluded.

- No significant difference was found between those who had only ever been excluded and those who had neither truanted nor been excluded for Class A drug in the last year and the last month (see Figure 6.6 and Tables A6.4, A6.5 and A6.6).

Figure 6.6 Percentage of 16-24 year olds reporting having used Class A drugs ever, last year and last month by whether ever truanted and ever been excluded from school, ever truanted only, ever been excluded only or neither; 2005/06 BCS

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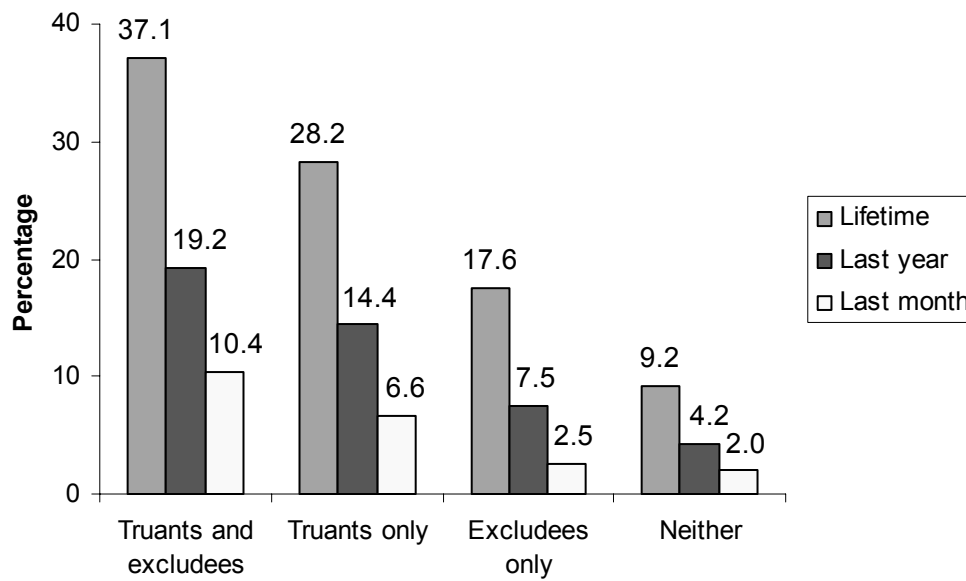
Appendix A: Additional tables on general population extent and trends

Table A2.1 **Figures for the proportion of 16-59 year olds reporting having <u>used drugs in the last year</u>, 1996 to 2005/06 BCS**

	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	Statistically significant change 1998 to 2005/06	Statistically significant change 2004/05 to 2005/06
Drug										
Class A										
Any Cocaine	0.6	1.3	2.0	2.0	2.1	2.5	2.0	2.4	↑	↑
Cocaine powder	0.6	1.2	2.0	2.0	2.1	2.4	2.0	2.4	↑	↑
Crack cocaine	0.1	0.1	0.3	0.2	0.2	0.2	0.1	0.2		
Ecstasy	1.7	1.5	1.8	2.2	2.0	2.0	1.8	1.6		
Hallucinogens	1.3	1.3	1.0	0.7	0.7	0.9	1.1	1.1		
LSD	1.0	0.8	0.7	0.3	0.3	0.2	0.2	0.3	↓	
Magic mushrooms	0.7	0.9	0.7	0.5	0.6	0.8	1.1	1.0		
Opiates	0.2	0.2	0.3	0.2	0.2	0.2	0.1	0.1		
Heroin	0.2	0.1	0.3	0.1	0.1	0.1	0.1	0.1		
Methadone	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1		
Class A/B										
Amphetamines	3.2	3.0	2.1	1.6	1.6	1.5	1.4	1.3	↓	
Class B/C										
Tranquillisers	0.4	0.7	0.7	0.5	0.6	0.6	0.5	0.4	↓	↓
Class C										
Anabolic steroids	0.3	0.3	0.2	0.1	0.1	0.1	0.1	0.1	↓	
Cannabis	9.5	10.3	10.5	10.6	10.9	10.8	9.7	8.7	↓	↓
Not Classified										
Amyl Nitrite	1.3	1.5	1.3	1.2	1.3	1.3	1.2	1.2		
Glues	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	↓	
Total										
Class A	2.7	2.7	3.2	3.2	3.3	3.5	3.2	3.4	↑	
Any Drug	11.1	12.1	11.9	11.9	12.2	12.3	11.3	10.5	↓	↓
Unweighted base	*10,741*	*9,884*	*12,771*	*19,973*	*23,357*	*24,197*	*28,206*	*29,631*		

Notes:
1. Source 1996, 1998, 2000, 2001/02, 2002/03, 2003/04, 2004/05 and 2005/06 BCS.
2. '↑' Statistically significant increase at the 5% level. '↓' Statistically significant decrease at the 5% level.
3. From 2001, the reporting year for BCS data switched from calendar to financial years.
4. Amphetamines can be classified as either Class A (prepared for injection) or Class B (powdered). For the purposes of calculating Class A drug use, the BCS assumes all reported amphetamine use to be of the Class B variety. Similarly, tranquillisers can either be classified as Class B (e.g. barbiturates) or Class C (e.g. benzodiazepines). Consequently, Class B and Class C drugs cannot be aggregated reliably because the survey does not identify which specific tranquilliser respondents used.
5. The category 'not classified' indicates that it is an offence to supply these substances if it is likely that the product is intended for abuse.

Table A2.2   **Estimates of numbers of last year drug users 16-59 year olds, 2005/06 BCS**

	Best Estimate	Lower Estimate	Higher Estimate
Drug			
Class A			
Any Cocaine	**776,000**	712,000	846,000
Cocaine powder	**769,000**	705,000	839,000
Crack cocaine	**53,000**	38,000	74,000
Ecstasy	**502,000**	451,000	559,000
Hallucinogens	**338,000**	296,000	385,000
LSD	**83,000**	64,000	109,000
Magic mushrooms	**302,000**	263,000	347,000
Opiates	**47,000**	33,000	67,000
Heroin	**39,000**	26,000	57,000
Methadone	**33,000**	22,000	50,000
Class A/B			
Amphetamines	**426,000**	379,000	479,000
Class B/C			
Tranquillisers	**118,000**	95,000	148,000
Class C			
Anabolic steroids	**42,000**	29,000	61,000
Cannabis	**2,775,000**	2,655,000	2,899,000
Not Classified			
Amyl Nitrite	**397,000**	351,000	448,000
Glues	**30,000**	19,000	46,000
Total			
Class A	**1,082,000**	1,006,000	1,163,000
Any Drug	**3,329,000**	3,199,000	3,465,000

Notes:
1. The values are derived by adding or subtracting the confidence interval around the 2005/06 sample best estimates. Lower and higher estimates are based on 95% confidence intervals (calculated using a logit transformation where proportions were less than 0.2 or greater than 0.8).
2. The figures are calculated using population estimates provided by the Government Actuarial Service.

Table A2.3   **Figures for the proportion of 16-59 year olds reporting having <u>used drugs</u> <u>in their lifetime</u> , 1996 to 2005/06 BCS**

	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	Statistically significant change 1998 to 2005/06	Statistically significant change 2004/05 to 2005/06
Drug										
Class A										
Any Cocaine	3.1	3.8	5.6	5.2	6.2	6.8	6.1	7.3	↑	↑
Cocaine powder	3.0	3.7	5.5	5.1	6.1	6.7	6.0	7.2	↑	↑
Crack cocaine	0.7	0.7	1.1	0.7	0.9	0.9	0.8	0.9		
Ecstasy	3.8	4.2	5.3	5.9	6.6	6.9	6.7	7.2	↑	↑
Hallucinogens	7.8	8.4	9.3	8.2	9.2	9.4	8.5	9.3	↑	↑
LSD	5.4	5.6	6.2	5.4	5.9	6.1	5.1	5.5		
Magic mushrooms	5.3	6.0	7.0	6.1	6.8	7.1	6.5	7.3	↑	↑
Opiates	0.7	0.9	1.1	0.7	0.9	1.0	0.8	0.9		
Heroin	0.6	0.6	1.0	0.6	0.8	0.8	0.6	0.6		
Methadone	0.3	0.5	0.5	0.4	0.4	0.4	0.4	0.5		
Class A/B										
Amphetamines	9.3	10.8	12.3	11.6	12.3	12.2	11.2	11.5		
Class B/C										
Tranquillisers	3.1	3.4	3.7	3.0	3.1	3.1	2.6	2.7	↓	
Class C										
Anabolic steroids	1.1	1.1	1.0	0.6	0.5	0.6	0.5	0.6	↓	
Cannabis	23.5	26.8	29.5	28.9	30.6	30.8	29.7	29.8	↑	
Not Classified										
Amyl Nitrite	6.5	7.9	7.8	7.9	8.4	8.6	8.1	8.4		
Glues	2.3	2.5	2.7	2.3	2.4	2.1	2.2	2.4		
Total										
Class A	9.6	10.7	12.4	11.8	13.2	13.4	12.6	13.9	↑	↑
Any Drug	30.5	33.6	35.7	34.0	35.7	35.6	34.5	34.9		
Unweighted base	*10,813*	*9,884*	*12,852*	*20,051*	*23,331*	*24,296*	*28,330*	*29,748*		

Notes:
1.   Source 1996, 1998, 2000, 2001/02, 2002/03, 2003/04, 2004/05 and 2005/06 BCS.
2.   '↑' Statistically significant increase at the 5% level. '↓' Statistically significant decrease at the 5% level.
3.   From 2001, the reporting year for BCS data switched from calendar to financial years.
4.   Amphetamines can be classified as either Class A (prepared for injection) or Class B (powdered). For the purposes of calculating Class A drug use, the BCS assumes all reported amphetamine use to be of the Class B variety. Similarly, tranquillisers can either be classified as Class B (e.g. barbiturates) or Class C (e.g. benzodiazepines). Consequently, Class B and Class C drugs cannot be aggregated reliably because the survey does not identify which specific tranquilliser respondents used.
5.   The category 'not classified' indicates that it is an offence to supply these substances if it is likely that the product is intended for abuse.

Table A2.4   **Estimates of numbers of drug <u>users in lifetime</u> 16-59 year olds, 2005/06 BCS**

	Best Estimate	Lower Estimate	Higher Estimate
Drug			
Class A			
Any Cocaine	**2,310,000**	2,200,000	2,425,000
Cocaine powder	**2,273,000**	2,163,000	2,387,000
Crack cocaine	**270,000**	233,000	313,000
Ecstasy	**2,279,000**	2,169,000	2,393,000
Hallucinogens	**2,968,000**	2,844,000	3,096,000
LSD	**1,733,000**	1,637,000	1,834,000
Magic mushrooms	**2,311,000**	2,201,000	2,426,000
Opiates	**272,000**	235,000	315,000
Heroin	**203,000**	171,000	240,000
Methadone	**149,000**	122,000	181,000
Class A/B			
Amphetamines	**3,655,000**	3,519,000	3,795,000
Class B/C			
Tranquillisers	**868,000**	801,000	942,000
Class C			
Anabolic steroids	**194,000**	163,000	231,000
Cannabis	**9,476,000**	9,279,000	9,675,000
Not Classified			
Amyl Nitrite	**2,661,000**	2,543,000	2,783,000
Glues	**751,000**	688,000	820,000
Total			
Class A	**4,416,000**	4,269,000	4,568,000
Any Drug	**11,075,000**	10,870,000	11,283,000

Notes:

1. The values are derived by adding or subtracting the confidence interval around the 2005/06 sample best estimates. Lower and higher estimates are based on 95% confidence intervals (calculated using a logit transformation where proportions were less than 0.2 or greater than 0.8).
2. The figures are calculated using population estimates provided by the Government Actuarial Service.

Table A2.5   **Figures for the proportion of 16-59 year olds reporting having <u>used drugs</u> in the last month , 1996 to 2005/06 BCS**

	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	Statistically significant change 1998 to 2005/06	Statistically significant change 2004/05 to 2005/06
Drug										
Class A										
Any Cocaine	0.3	0.5	0.8	0.9	0.9	1.1	0.9	1.2	↑	↑
Cocaine powder	0.2	0.4	0.7	0.9	0.9	1.1	0.9	1.2	↑	↑
Crack cocaine	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.1	↑	
Ecstasy	0.7	0.5	0.9	1.1	0.9	0.9	0.7	0.7		
Hallucinogens	0.4	0.1	0.3	0.2	0.2	0.3	0.4	0.3	↑	
LSD	0.3	0.1	0.1	0.1	0.1	0.1	0.0	0.1		
Magic mushrooms	0.1	0.1	0.2	0.2	0.1	0.3	0.4	0.2	↑	↓
Opiates	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1		
Heroin	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.1		
Methadone	0.1	0.1	0.0	0.1	0.1	0.0	0.0	0.1		
Class A/B										
Amphetamines	1.6	1.4	0.9	0.7	0.6	0.6	0.5	0.6	↓	
Class B/C										
Tranquillisers	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.2		
Class C										
Anabolic steroids	0.1	0.2	0.1	0.0	0.0	0.1	0.1	0.1		
Cannabis	5.5	6.1	6.4	6.6	6.7	6.5	5.6	5.2	↓	
Not Classified										
Amyl Nitrite	0.5	0.6	0.6	0.6	0.6	0.5	0.4	0.6		
Glues	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0		
Total										
Class A	1.2	1.1	1.5	1.7	1.5	1.8	1.5	1.6	↑	
Any Drug	6.7	7.1	7.2	7.4	7.4	7.5	6.7	6.3	↓	
Unweighted base	*10,723*	*9,787*	*12,746*	*19,951*	*23,458*	*24,162*	*28,186*	*29,604*		

Notes:
1. Source 1996, 1998, 2000, 2001/02, 2002/03, 2003/04, 2004/05 and 2005/06 BCS
2. '↑' Statistically significant increase at the 5% level. '↓' Statistically significant decrease at the 5% level.
3. From 2001, the reporting year for BCS data switched from calendar to financial years.
4. Amphetamines can be classified as either Class A (prepared for injection) or Class B (powdered). For the purposes of calculating Class A drug use, the BCS assumes all reported amphetamine use to be of the Class B variety. Similarly, tranquillisers can either be classified as Class B (e.g. barbiturates) or Class C (e.g. benzodiazepines). Consequently, Class B and Class C drugs cannot be aggregated reliably because the survey does not identify which specific tranquilliser respondents used.
5. The category 'not classified' indicates that it is an offence to supply these substances if it is likely that the product is intended for abuse.

Table A2.6   **Estimates of numbers of <u>last month drug users</u> 16-59 year olds, 2005/06 BCS**

	Best Estimate	Lower Estimate	Higher Estimate
Drug			
Class A	**376,000**	332,000	426,000
Cocaine	**368,000**	325,000	418,000
Crack	**25,000**	16,000	41,000
Ecstasy	**216,000**	183,000	255,000
Hallucinogens	**84,000**	64,000	109,000
LSD	**25,000**	15,000	40,000
Magic mushrooms	**68,000**	50,000	91,000
Opiates	**35,000**	23,000	53,000
Heroin	**23,000**	14,000	38,000
Methadone	**24,000**	15,000	39,000
Class A/B			
Amphetamines	**176,000**	147,000	211,000
Class B/C			
Tranquillisers	**64,000**	47,000	86,000
Class C			
Anabolic steroids	**20,000**	12,000	35,000
Cannabis	**1,644,000**	1,550,000	1,742,000
Not Classified			
Amyl Nitrite	**179,000**	150,000	215,000
Glues	**11,000**	5,000	23,000
Total			
Class A	**513,000**	461,000	570,000
Any Drug	**1,990,000**	1,887,000	2,098,000

Notes:
1. The values are derived by adding or subtracting the confidence interval around the 2005/06 sample best estimates. Lower and higher estimates are based on 95% confidence intervals (calculated using a logit transformation where proportions were less than 0.2 or greater than 0.8).
2. The figures are calculated using population estimates provided by the Government Actuarial Service.

Appendix B: Additional tables on young people extent and trends

Table A3.1 **Figures for the proportion of 16-24 year olds reporting having <u>used drugs in the last year</u>, 1996 to 2005/06 BCS**

	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	Statistically significant change 1998 to 2005/06	Statistically significant change 2004/05 to 2005/06
Drug										
Class A										
Any Cocaine	1.4	3.2	5.4	5.1	5.2	5.4	5.1	5.9	↑	
Cocaine powder	1.3	3.1	5.2	5.1	5.1	5.2	5.1	5.9	↑	
Crack cocaine	0.2	0.3	0.9	0.5	0.5	0.4	0.1	0.4		↑
Ecstasy	6.6	5.1	5.6	6.8	5.8	5.5	4.9	4.3		
Hallucinogens	5.3	5.3	3.4	2.0	2.2	2.9	3.0	3.4	↓	
LSD	4.5	3.2	2.5	1.2	0.9	0.9	0.5	0.9	↓	↑
Magic mushrooms	2.3	3.9	2.4	1.5	1.9	2.7	3.0	3.0		
Opiates	0.4	0.8	0.8	0.3	0.2	0.5	0.2	0.2	↓	
Heroin	0.4	0.3	0.8	0.3	0.2	0.4	0.2	0.2		
Methadone	0.1	0.6	0.1	0.0	0.2	0.3	0.0	0.1	↓	
Class A/B										
Amphetamines	11.8	9.9	6.2	5.0	3.8	4.0	3.2	3.3	↓	
Class B/C										
Tranquillisers	0.9	1.5	1.5	1.0	0.9	0.9	0.8	0.7		
Class C										
Anabolic steroids	0.5	0.5	0.1	0.2	0.1	0.4	0.4	0.3		
Cannabis	26.0	28.2	27.0	27.3	26.2	25.3	23.6	21.4	↓	↓
Not Classified										
Amyl Nitrite	4.6	5.1	3.9	3.8	4.4	4.3	3.6	3.9		
Glues	0.9	1.3	1.0	0.6	0.5	0.4	0.4	0.5	↓	
Total										
Class A	9.2	8.6	9.7	9.1	8.9	8.5	8.3	8.4		
Any Drug	29.7	31.8	29.9	30.0	28.5	28.3	26.5	25.2	↓	
Unweighted base	*1,420*	*1,246*	*1,468*	*3,995*	*4,227*	*5,351*	*6,196*	*5,892*		

Notes:
1. Source 1996, 1998, 2000, 2001/02, 2002/03, 2003/04, 2004/05 and 2005/06 BCS.
2. '↑' Statistically significant increase at the 5% level. '↓' Statistically significant decrease at the 5% level.
3. From 2001, the reporting year for BCS data switched from calendar to financial years.
4. Amphetamines can be classified as either Class A (prepared for injection) or Class B (powdered). For the purposes of calculating Class A drug use, the BCS assumes all reported amphetamine use to be of the Class B variety. Similarly, tranquillisers can either be classified as Class B (e.g. barbiturates) or Class C (e.g. benzodiazepines). Consequently, Class B and Class C drugs cannot be aggregated reliably because the survey does not identify which specific tranquilliser respondents used.
5. The category 'not classified' indicates that it is an offence to supply these substances if it is likely that the product is intended for abuse.
6. The table includes revised figures for young people's drug use for the period 2001/02 to 2004/05 to reflect amendments to weighting procedures (described more fully in the section on weighting in Appendix F).

Table A3.2   **Estimates of numbers of <u>last year drug users</u> 16-24 year olds, 2005/06 BCS**

	Best Estimate	Lower Estimate	Higher Estimate
Drug			
Class A			
Any Cocaine	**370,000**	327,000	417,000
Cocaine powder	**367,000**	325,000	415,000
Crack cocaine	**24,000**	15,000	40,000
Ecstasy	**269,000**	233,000	310,000
Hallucinogens	**209,000**	178,000	247,000
LSD	**57,000**	41,000	78,000
Magic mushrooms	**187,000**	157,000	223,000
Opiates	**11,000**	5,000	23,000
Heroin	**10,000**	5,000	22,000
Methadone	**4,000**	1,000	14,000
Class A/B			
Amphetamines	**205,000**	173,000	241,000
Class B/C			
Tranquillisers	**45,000**	31,000	64,000
Class C			
Anabolic steroids	**18,000**	10,000	32,000
Cannabis	**1,338,000**	1,261,000	1,418,000
Not Classified			
Amyl Nitrite	**241,000**	207,000	281,000
Glues	**28,000**	18,000	44,000
Total			
Class A	**526,000**	475,000	581,000
Any Drug	**1,575,000**	1,493,000	1,659,000

Notes:
1. The values are derived by adding or subtracting the confidence interval around the 2005/06 sample best estimates. Lower and higher estimates are based on 95% confidence intervals (calculated using a logit transformation where proportions were less than 0.2 or greater than 0.8).
2. The figures are calculated using population estimates provided by the Government Actuarial Service.

Table A3.3 **Figures for the proportion of 16-24 year olds reporting having <u>used drugs in their lifetime</u>, 1996 to 2005/06 BCS**

	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	Statistically significant change 1998 to 2005/06	Statistically significant change 2004/05 to 2005/06
Drug										
Class A										
Any Cocaine	4.7	7.1	10.7	8.7	9.6	10.0	9.3	10.8	↑	↑
Cocaine powder	4.3	6.8	10.4	8.6	9.3	9.7	9.1	10.6	↑	↑
Crack cocaine	1.7	1.5	2.3	1.2	1.4	1.6	1.1	1.3		
Ecstasy	11.7	10.8	11.7	12.1	12.5	11.3	10.8	10.4		
Hallucinogens	16.1	16.1	14.6	9.8	9.8	8.8	8.1	9.4	↓	↑
LSD	13.1	12.3	11.4	7.0	6.1	4.8	3.5	3.7	↓	
Magic mushrooms	9.8	11.2	10.2	6.5	7.1	7.0	7.0	8.3	↓	↑
Opiates	1.2	1.7	1.7	1.1	1.0	1.3	0.7	0.8	↓	
Heroin	0.9	0.9	1.6	0.8	0.8	1.1	0.6	0.5		
Methadone	0.4	1.2	0.6	0.6	0.4	0.7	0.3	0.4	↓	
Class A/B										
Amphetamines	18.8	21.5	21.2	16.2	15.3	13.1	11.6	11.3	↓	
Class B/C										
Tranquillisers	3.9	3.4	4.5	3.3	2.7	2.9	2.2	2.6		
Class C										
Anabolic steroids	1.5	1.2	0.9	0.7	0.5	0.7	0.7	0.7		
Cannabis	39.6	45.4	46.2	44.5	43.6	42.2	41.1	40.1	↓	
Not Classified										
Amyl Nitrite	15.7	17.5	15.3	14.8	13.5	13.5	12.2	12.1	↓	
Glues	5.9	6.2	6.9	5.5	4.5	3.2	3.6	3.6	↓	
Total										
Class A	19.4	20.5	21.0	17.9	18.0	16.6	16.1	16.9	↓	
Any Drug	48.6	53.7	52.0	49.1	48.2	47.5	46.0	45.1	↓	
Unweighted base	*1,445*	*1,271*	*1,483*	*4,023*	*4,253*	*5,387*	*6,240*	*5,929*		

Notes:
1. Source 1996, 1998, 2000, 2001/02, 2002/03, 2003/04, 2004/05 and 2005/06 BCS.
2. '↑' Statistically significant increase at the 5% level. '↓' Statistically significant decrease at the 5% level.
3. From 2001, the reporting year for BCS data switched from calendar to financial years.
4. Amphetamines can be classified as either Class A (prepared for injection) or Class B (powdered). For the purposes of calculating Class A drug use, the BCS assumes all reported amphetamine use to be of the Class B variety. Similarly, tranquillisers can either be classified as Class B (e.g. barbiturates) or Class C (e.g. benzodiazepines). Consequently, Class B and Class C drugs cannot be aggregated reliably because the survey does not identify which specific tranquilliser respondents used.
5. The category 'not classified' indicates that it is an offence to supply these substances if it is likely that the product is intended for abuse.
6. The table includes revised figures for young people's drug use for the period 2001/02 to 2004/05 to reflect amendments to weighting procedures (described more fully in the section on weighting in Appendix F).

Table A3.4   **Estimates of numbers of drug <u>users in lifetime</u> 16-24 year olds, 2005/06 BCS**

	Best Estimate	Lower Estimate	Higher Estimate
Drug			
Class A			
Any Cocaine	**672,000**	615,000	733,000
Cocaine powder	**662,000**	605,000	723,000
Crack cocaine	**81,000**	62,000	106,000
Ecstasy	**650,000**	594,000	710,000
Hallucinogens	**587,000**	534,000	645,000
LSD	**230,000**	197,000	268,000
Magic mushrooms	**516,000**	466,000	570,000
Opiates	**48,000**	34,000	67,000
Heroin	**33,000**	22,000	51,000
Methadone	**25,000**	15,000	40,000
Class A/B			
Amphetamines	**704,000**	646,000	767,000
Class B/C			
Tranquillisers	**161,000**	133,000	194,000
Class C			
Anabolic steroids	**43,000**	30,000	62,000
Cannabis	**2,502,000**	2,409,000	2,595,000
Not Classified			
Amyl Nitrite	**756,000**	696,000	820,000
Glues	**222,000**	190,000	260,000
Total			
Class A	**1,057,000**	987,000	1,130,000
Any Drug	**2,811,000**	2,717,000	2,906,000

Notes:
1. The values are derived by adding or subtracting the confidence interval around the 2005/06 sample best estimates. Lower and higher estimates are based on 95% confidence intervals (calculated using a logit transformation where proportions were less than 0.2 or greater than 0.8).
2. The figures are calculated using population estimates provided by the Government Actuarial Service.

Table A3.5 Figures for the proportion of 16-24 year olds reporting having <u>used drugs in the last month</u>, 1996 to 2005/06 BCS

	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	Statistically significant change 1998 to 2005/06	Statistically significant change 2004/05 to 2005/06
Drug										
Class A										
Any Cocaine	0.6	1.0	1.9	2.2	2.3	2.8	2.2	3.0	↑	↑
Cocaine powder	0.5	0.9	1.8	2.2	2.1	2.7	2.1	3.0	↑	↑
Crack cocaine	0.2	0.0	0.2	0.1	0.3	0.2	0.1	0.2		
Ecstasy	2.9	2.2	3.2	3.5	2.7	2.6	1.9	2.0		
Hallucinogens	1.4	0.5	1.0	0.7	0.7	1.0	1.0	0.9		
LSD	1.1	0.4	0.6	0.4	0.3	0.4	0.2	0.2		
Magic mushrooms	0.4	0.3	0.7	0.5	0.5	0.8	0.9	0.7		
Opiates	0.1	0.7	0.3	0.2	0.2	0.3	0.1	0.1	↓	
Heroin	0.1	0.2	0.3	0.2	0.2	0.3	0.1	0.1		
Methadone	0.1	0.5	0.0	0.0	0.1	0.1	-	0.1		
Class A/B										
Amphetamines	5.7	5.3	2.9	1.9	1.7	1.6	1.3	1.6	↓	
Class B/C										
Tranquillisers	0.4	0.5	0.5	0.4	0.4	0.3	0.4	0.4		
Class C										
Anabolic steroids	0.1	0.3	0.1	0.1	0.0	0.2	0.2	0.1		
Cannabis	16.1	18.0	17.4	17.6	16.6	15.8	14.1	13.0	↓	
Not Classified										
Amyl Nitrite	1.6	2.4	1.8	1.4	1.7	1.6	1.2	1.6		
Glues	0.2	0.6	0.4	0.3	0.1	0.2	0.1	0.2		
Total										
Class A	4.2	3.6	5.0	4.9	4.2	4.5	3.8	4.0		
Any Drug	19.2	20.8	19.0	19.3	18.1	17.5	16.4	15.1	↓	
Unweighted base	*1,412*	*1,233*	*1,455*	*3,984*	*4,209*	*5,327*	*6,182*	*5,876*		

Notes:
1. Source 1996, 1998, 2000, 2001/02, 2002/03, 2003/04, 2004/05 and 2005/06 BCS.
2. '↑' Statistically significant increase at the 5% level. '↓' Statistically significant decrease at the 5% level.
3. From 2001, the reporting year for BCS data switched from calendar to financial years.
4. Amphetamines can be classified as either Class A (prepared for injection) or Class B (powdered). For the purposes of calculating Class A drug use, the BCS assumes all reported amphetamine use to be of the Class B variety. Similarly, tranquillisers can either be classified as Class B (e.g. barbiturates) or Class C (e.g. benzodiazepines). Consequently, Class B and Class C drugs cannot be aggregated reliably because the survey does not identify which specific tranquilliser respondents used.
5. The category 'not classified' indicates that it is an offence to supply these substances if it is likely that the product is intended for abuse.
6. The table includes revised figures for young people's drug use for the period 2001/02 to 2004/05 to reflect amendments to weighting procedures (described more fully in the section on weighting in Appendix F).

Table A3.6 **Estimates of numbers of <u>last month drug users</u> 16-24 year olds, 2005/06 BCS**

	Best Estimate	Lower Estimate	Higher Estimate
Drug			
Class A			
Any Cocaine	**189,000**	159,000	225,000
Cocaine powder	**188,000**	158,000	223,000
Crack cocaine	**13,000**	7,000	26,000
Ecstasy	**123,000**	99,000	152,000
Hallucinogens	**53,000**	38,000	74,000
LSD	**15,000**	8,000	28,000
Magic mushrooms	**45,000**	31,000	64,000
Opiates	**6,000**	2,000	16,000
Heroin	**4,000**	1,000	14,000
Methadone	**4,000**	1,000	14,000
Class A/B			
Amphetamines	**100,000**	79,000	127,000
Class B/C			
Tranquillisers	**23,000**	14,000	38,000
Class C			
Anabolic steroids	**9,000**	4,000	21,000
Cannabis	**810,000**	748,000	879,000
Not Classified			
Amyl Nitrite	**101,000**	80,000	128,000
Glues	**12,000**	6,000	25,000
Total			
Class A	**251,000**	216,000	292,000
Any Drug	**941,000**	874,000	1,011,000

Notes:
1. The values are derived by adding or subtracting the confidence interval around the 2005/06 sample best estimates. Lower and higher estimates are based on 95% confidence intervals (calculated using a logit transformation where proportions were less than 0.2 or greater than 0.8).
2. The figures are calculated using population estimates provided by the Government Actuarial Service.

Table A3.7   Frequency of use in the last year 16-24 year olds (all respondents) ,

2002/03 to 2005/06 BCS

% More than once a month	2002/03	2003/04	2004/05	2005/06	Statistically significant change 2002/03 to 2005/06	Statistically significant change 2004/05 to 2005/06
Any Drug	11.6	12.4	10.3	9.5	↓	
Unweighted base	*3,311*	*5,234*	*6,070*	*5,768*		

Notes:
1. Source 2002/03, 2003/04, 2004/05 and 2005/06 BCS.
2. '↓' Statistically significant decrease at the 5% level.
3. The table includes revised figures for young people's drug use to reflect amendments to weighting procedures (described more fully in the section on weighting in Appendix F).

Table A3.8   Frequency of use in the last year 16-24 year olds for drug users (users of each specific drug only), 2005/06 BCS

	More than once a month	*Unweighted base*
Drug		
Class A		
Any Cocaine		
Cocaine powder	22.3	*321*
Crack cocaine	..	*17*
Ecstasy	16.1	*227*
Hallucinogens	3.1	*149*
LSD	..	*33*
Magic mushrooms	1.8	*135*
Opiates	..	*11*
Heroin	..	*9*
Methadone	..	*6*
Class A/B		
Amphetamines	26.1	*164*
Class B/C		
Tranquillisers	..	*35*
Class C		
Anabolic steroids	..	*17*
Cannabis	41.2	*1164*
Not Classified		
Amyl Nitrite	14.4	*202*
Glues	..	*21*
Total		
Class A	19.9	*457*
Any Drug	40.3	*1333*

Notes:
1. Source 2005/06 BCS.
2. Frequent users of Class A and of Any Drug includes people who could have taken two different types of drugs frequently, i.e. more than once a month.
3. See 'Reporting conventions' section in the Introduction for further details on the symbols used in the tables.

Appendix C: Additional tables on demographic and geographical variations

Table A4.1 **Figures for the proportion of 16-59 year olds reporting having <u>used</u> <u>drugs in the last year</u> by age group, 2005/06 BCS**

Age group	16-19	20-24	25-29	30-34	35-44	45-54	55-59	All ages 16-59
Drug								
Class A								
Any Cocaine	3.9	7.6	4.7	3.0	1.5	0.2	0.0	2.4
Cocaine powder	3.9	7.6	4.7	2.9	1.4	0.2	0.0	2.4
Crack cocaine	0.4	0.4	.	.	.	.	.	0.2
Ecstasy	3.0	5.4	3.7	2.1	0.6	0.0	-	1.6
Hallucinogens	3.1	3.6	1.7	1.1	0.4	0.1	0.0	1.1
LSD	0.6	1.1	0.4	0.3	0.1	0.0	-	0.3
Magic mushroom	2.8	3.2	1.4	1.0	0.3	0.0	0.0	1.0
Opiates	.	.	.	.	.	.	.	0.1
Heroin	.	.	.	.	.	.	.	0.1
Methadone	.	.	.	.	.	.	.	0.1
Class A/B								
Amphetamines	2.7	3.8	2.7	1.6	0.9	0.2	0.1	1.3
Class B/C								
Tranquillisers	0.4	1.0	0.6	0.6	0.3	0.2	0.1	0.4
Class C								
Anabolic steroids	0.2	0.4	.	.	.	.	.	0.1
Cannabis	21.8	21.2	14.8	9.4	5.2	2.5	1.1	8.7
Not Classified								
Amyl Nitrite	4.0	3.7	1.9	1.0	0.7	0.1	0.1	1.2
Glues	0.6	0.3	.	.	.	.	.	0.1
Total								
Class A	6.3	10.3	6.9	4.3	1.8	0.3	0.1	3.4
Any Drug	24.8	25.6	17.5	11.7	6.6	2.9	1.5	10.5
Unweighted base	*2,898*	*2,994*	*2,704*	*3,688*	*8,628*	*6,984*	*3,962*	*29,631*

Notes:
1. Source 2005/06 BCS
2. 16 to 19 and 20 to 24 year old analysis includes the youth boost sample
3. See 'Reporting conventions' section in Appendix F for further details on the symbols used in the tables.

Table A4.2   Figures for the proportion of 16-59 year olds reporting having <u>used</u> <u>drugs in their lifetime </u>by age group, 2005/06 BCS

Age group	16-19	20-24	25-29	30-34	35-44	45-54	55-59	All ages 16-59
Drug								
Class A								
Any Cocaine	6.5	14.5	15.2	10.4	6.4	2.4	1.1	7.3
Cocaine powder	6.2	14.4	15.0	10.4	6.3	2.2	1.0	7.2
Crack cocaine	1.2	1.4	1.5	1.4	0.7	0.3	0.2	0.9
Ecstasy	5.8	14.4	18.2	14.0	5.7	0.9	0.2	7.2
Hallucinogens	6.2	12.1	16.1	16.1	9.9	5.5	3.0	9.3
LSD	1.5	5.5	11.3	11.4	5.1	3.4	2.2	5.5
Magic mushroom	5.5	10.6	12.1	11.5	8.4	3.7	1.5	7.3
Opiates	0.4	1.1	1.9	1.2	0.9	0.5	0.3	0.9
Heroin	0.2	0.8	1.3	0.9	0.7	0.4	0.2	0.6
Methadone	0.2	0.6	1.1	0.7	0.4	0.3	0.1	0.5
Class A/B								
Amphetamines	7.5	14.5	23.8	20.5	11.8	5.6	2.8	11.5
Class B/C								
Tranquillisers	1.4	3.6	4.0	3.5	2.5	2.4	2.3	2.7
Class C								
Anabolic steroids	0.5	0.8	1.0	0.9	0.6	0.2	0.2	0.6
Cannabis	35.1	44.4	46.7	40.1	28.5	18.8	11.1	29.8
Not Classified								
Amyl Nitrite	9.4	14.5	16.4	14.8	8.4	2.2	0.9	8.4
Glues	3.8	3.3	4.6	4.0	2.4	0.6	0.1	2.4
Total								
Class A	11.2	21.8	26.5	21.4	13.6	6.6	3.6	13.9
Any Drug	40.4	49.0	51.6	45.8	34.2	23.4	15.4	34.9
Unweighted base	*2,921*	*3,008*	*2,728*	*3,709*	*8,664*	*6,997*	*3,964*	*29,748*

Notes:
1. Source 2005/06 BCS
2. 16 to 19 and 20 to 24 year old analysis includes the youth boost sample
3. See 'Reporting conventions' section in Appendix F for further details on the symbols used in the tables.

Table A4.3   Figures for the proportion of 16-59 year olds reporting having <u>used</u> <u>drugs in the last month</u> by age group, 2005/06 BCS

Age group	16-19	20-24	25-29	30-34	35-44	45-54	55-59	All ages 16-59
Drug								
Class A								
Any Cocaine	1.9	4.0	2.1	1.4	0.7	0.1	0.0	1.2
Cocaine powder	1.9	4.0	2.1	1.3	0.7	0.1	0.0	1.2
Crack cocaine	.	.	.	.	.	.	.	0.1
Ecstasy	1.6	2.3	1.4	0.8	0.3	0.0	-	0.7
Hallucinogens	0.9	0.8	0.5	0.2	0.0	-	-	0.3
LSD	.	.	.	.	.	.	.	0.1
Magic mushroom	0.7	0.7	.	.	.	.	.	0.2
Opiates	.	.	.	.	.	.	.	0.1
Heroin	.	.	.	.	.	.	.	0.1
Methadone	.	.	.	.	.	.	.	0.1
Class A/B								
Amphetamines	1.4	1.8	0.8	0.5	0.4	0.0	0.1	0.6
Class B/C								
Tranquillisers	0.2	0.5	0.5	0.4	0.1	0.1	0.0	0.2
Class C								
Anabolic steroids	.	.	.	.	.	.	.	0.1
Cannabis	12.8	13.1	8.1	5.9	3.1	1.4	0.7	5.2
Not Classified								
Amyl Nitrite	1.8	1.4	0.8	0.5	0.4	0.1	0.1	0.6
Glues	0.3	0.1	.	.	.	.	.	0.0
Total								
Class A	3.1	4.8	3.2	1.9	0.9	0.2	0.1	1.6
Any Drug	14.6	15.5	10.1	7.5	3.8	1.7	0.9	6.3
Unweighted base	*2,890*	*2,986*	*2,700*	*3,684*	*8,622*	*6,983*	*3,962*	*29,604*

Notes:
1. Source 2005/06 BCS
2. 16 to 19 and 20 to 24 year old analysis includes the youth boost sample
3. See 'Reporting conventions' section in Appendix F for further details on the symbols used in the tables.

Table A4.4   Figures for the proportion of 16-59 year olds reporting having <u>used any illicit drug in the last year </u>by age group, 1998 to 2005/06 BCS

	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	Statistically significant change 1998 to 2005/06
Age group								
16-19	32.9	28.2	28.5	26.4	27.7	26.6	24.8	↓
20-24	30.9	31.3	31.3	30.3	28.7	26.4	25.6	↓
25-29	20.6	21.1	18.6	20.5	21.0	16.7	18.9	
30-34	10.6	12.5	12.5	14.0	13.3	13.1	12.6	
35-44	6.1	6.3	7.3	7.4	8.0	7.3	6.6	
45-54	3.1	3.2	3.5	3.6	4.0	3.4	2.9	
55-59	1.3	1.9	1.2	1.8	1.9	1.5	1.5	
All ages 16-59	12.1	11.9	11.9	12.2	12.3	11.3	10.5	
Unweighted base								
16-19	*477*	*645*	*1,944*	*2,000*	*2,617*	*3,092*	*2,788*	
20-24	*769*	*823*	*2,051*	*2,227*	*2,734*	*3,104*	*2,856*	
25-29	*1,210*	*1,442*	*2,065*	*2,215*	*2,216*	*2,624*	*2,540*	
30-34	*1,543*	*1,858*	*2,818*	*3,237*	*3,191*	*3,620*	*3,444*	
35-44	*2,640*	*3,479*	*5,582*	*6,684*	*6,840*	*8,129*	*8,046*	
45-54	*2,251*	*3,085*	*4,706*	*5,346*	*5,708*	*6,595*	*6,517*	
55-59	*919*	*1,439*	*2,323*	*2,935*	*3,198*	*3,731*	*3,733*	
All ages 16-59	*9,809*	*12,771*	*19,973*	*23,357*	*24,197*	*28,206*	*27,740*	

Notes:
1. Source 1998, 2000, 2001/02, 2002/03, 2003/04, 2004/05 and 2005/06 BCS.
2. '↑' Statistically significant increase at the 5% level. '↓' Statistically significant decrease at the 5% level.
3. 16 to 24 year old analysis includes the youth boost sample, the 16 to 59 year old analysis is based on the core sample.
4. The table includes revised figures for young people's drug use for the period 2001/02 to 2004/05 to reflect amendments to weighting procedures (described more fully in the section on weighting in Appendix F).

Table A4.5   **Figures for the proportion of 16-59 year olds reporting having <u>used</u> <u>Class A drugs in the last year</u> by age group, 1998 to 2005/06 BCS**

	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	Statistically significant change 1998 to 2005/06
Age group								
16-19	8.0	8.7	6.3	6.0	7.3	6.4	6.3	
20-24	9.1	10.5	11.4	11.2	9.6	9.9	10.3	
25-29	5.3	7.1	6.8	7.0	8.3	5.4	6.9	
30-34	1.5	3.3	3.2	4.3	3.9	4.7	4.3	↑
35-44	0.7	0.6	1.5	1.3	1.7	1.7	1.8	↑
45-54	0.3	0.3	0.4	0.2	0.4	0.4	0.3	
55-59	0.0	0.2	0.1	0.1	0.0	0.2	0.1	
All ages 16-59	2.7	3.2	3.2	3.3	3.5	3.2	3.4	
Unweighted base								
16-19	*490*	*652*	*1,964*	*2,017*	*2,643*	*3,121*	*2,922*	
20-24	*781*	*830*	*2,063*	*2,230*	*2,748*	*3,119*	*3,008*	
25-29	*1,226*	*1,459*	*2,081*	*2,233*	*2,236*	*2,650*	*2,722*	
30-34	*1,562*	*1,877*	*2,831*	*3,262*	*3,218*	*3,643*	*3,705*	
35-44	*2,661*	*3,509*	*5,605*	*6,709*	*6,860*	*8,171*	*8,658*	
45-54	*2,257*	*3,099*	*4,719*	*5,362*	*5,719*	*6,612*	*7,000*	
55-59	*924*	*1,445*	*2,328*	*2,941*	*3,204*	*3,739*	*3,968*	
All ages 16-59	*9,901*	*12,871*	*20,067*	*23,457*	*24,306*	*28,351*	*29,740*	

Notes:
1. Source 1998, 2000, 2001/02, 2002/03, 2003/04, 2004/05 and 2005/06 BCS.
2. '↑' Statistically significant increase at the 5% level. '↓' Statistically significant decrease at the 5% level.
3. 16 to 24 year old analysis includes the youth boost sample, the 16 to 59 year old analysis is based on the core sample.
4. The table includes revised figures for young people's drug use for the period 2001/02 to 2004/05 to reflect amendments to weighting procedures (described more fully in the section on weighting in Appendix F).

**Table A4.6   Figures for the proportion of 16-24 and 16-59 year olds reporting having
<u>used drugs in the last year</u> by gender, 2005/06 BCS**

Age	16 to 24		16 to 59	
Gender	Male	Female	Male	Female
Drug				
Class A				
Any Cocaine	7.6	4.3	3.4	1.6
Cocaine powder	7.5	4.2	3.3	1.5
Crack cocaine	0.5	0.3	0.2	0.1
Ecstasy	5.8	2.8	2.2	1.0
Hallucinogens	4.8	1.9	1.5	0.6
LSD	1.5	0.4	0.4	0.1
Magic mushroom	4.2	1.8	1.4	0.5
Opiates	.	.	0.2	0.1
Heroin	.	.	0.2	0.1
Methadone	.	.	0.1	0.1
Class A/B				
Amphetamines	4.6	2.0	1.8	0.9
Class B/C				
Tranquillisers	0.9	0.5	0.4	0.3
Class C				
Anabolic steroids	0.6	-	0.3	0.0
Cannabis	26.3	16.6	11.7	5.9
Not Classified				
Amyl Nitrite	4.3	3.5	1.6	0.9
Glues	0.6	0.3	0.1	0.1
Total				
Class A	10.8	6.1	4.7	2.1
Any Drug	29.9	20.6	13.7	7.4
Unweighted base	*2,737*	*3,155*	*13,446*	*16,185*

Notes:
1. Source 2005/06 BCS
2. 16 to 24 year old analysis includes the youth boost sample, the 16 to 59 year old analysis is based on the core sample.
3. See 'Reporting conventions' section in Appendix F for further details on the symbols used in the tables.

Table A4.7   Figures for the proportion of 16-24 and 16-59 year olds reporting having used drugs in their lifetime by gender, 2005/06 BCS

Age	16 to 24		16 to 59	
Gender	Male	Female	Male	Female
Drug				
Class A				
Any Cocaine	13.3	8.2	9.5	5.1
Cocaine powder	13.2	8.0	9.4	5.0
Crack cocaine	1.5	1.1	1.1	0.6
Ecstasy	12.9	7.9	9.4	5.0
Hallucinogens	12.4	6.4	12.9	6.0
LSD	4.9	2.4	7.7	3.3
Magic mushroom	11.4	5.1	10.3	4.4
Opiates	0.8	0.7	1.2	0.6
Heroin	0.6	0.5	0.9	0.4
Methadone	0.4	0.4	0.6	0.3
Class A/B				
Amphetamines	13.5	9.1	14.4	8.7
Class B/C				
Tranquillisers	3.1	2.1	3.0	2.5
Class C				
Anabolic steroids	1.1	0.3	1.0	0.2
Cannabis	44.6	35.6	35.5	24.4
Not Classified				
Amyl Nitrite	13.7	10.5	11.0	5.8
Glues	4.3	2.8	3.2	1.6
Total				
Class A	20.2	13.7	17.9	10.0
Any Drug	49.2	40.9	40.6	29.4
Unweighted base	*2,766*	*3,163*	*13,503*	*16,245*

Notes:
1. Source 2005/06 BCS
2. 16 to 24 year old analysis includes the youth boost sample, the 16 to 59 year old analysis is based on the core sample.
3. See 'Reporting conventions' section in Appendix F for further details on the symbols used in the tables.

Table A4.8   Figures for the proportion of 16-24 and 16-59 year olds reporting having used drugs in the last month by gender, 2005/06 BCS

Age	16 to 24		16 to 59	
Gender	Male	Female	Male	Female
Drug				
Class A				
Any Cocaine	4.1	2.0	1.7	0.7
Cocaine powder	4.0	2.0	1.6	0.7
Crack cocaine	.	.	0.1	0.1
Ecstasy	2.7	1.2	0.9	0.5
Hallucinogens	1.3	0.4	0.4	0.2
LSD	.	.	0.1	0.0
Magic mushroom	1.1	0.4	0.3	0.1
Opiates	.	.	0.1	0.1
Heroin	.	.	0.1	0.0
Methadone	.	.	0.1	0.1
Class A/B				
Amphetamines	2.2	1.0	0.7	0.4
Class B/C				
Tranquillisers	0.6	0.1	0.3	0.1
Class C				
Anabolic steroids	.	.	.	.
Cannabis	17.1	8.9	7.3	3.1
Not Classified				
Amyl Nitrite	1.9	1.4	0.8	0.4
Glues	0.3	0.1	.	.
Total				
Class A	5.3	2.8	2.2	1.0
Any Drug	19.2	11.1	8.6	4.0
Unweighted base	*2,731*	*3,145*	*13,434*	*16,170*

Notes:
1. Source 2005/06 BCS
2. 16 to 24 year old analysis includes the youth boost sample, the 16 to 59 year old analysis is based on the core sample.
3. See 'Reporting conventions' section in Appendix F for further details on the symbols used in the tables.

Table A4.9 **Figures for the proportion of 16-59 year olds reporting having <u>used any illicit drug and Class A drugs in the last year </u>by gender,**

1998 to 2005/06 BCS

	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	Statistically significant change 1998 to 2005/06
Any Drug								
Male	15.6	15.0	15.2	15.6	15.7	14.3	13.7	↓
Female	8.5	8.8	8.7	8.7	8.8	8.3	7.4	↓
Class A								
Male	3.6	4.6	4.7	4.8	4.8	4.5	4.7	↑
Female	1.7	1.9	1.7	1.8	2.1	1.9	2.1	
Unweighted base								
Any Drug								
Male	*4,333*	*5,940*	*9,105*	*10,603*	*11,055*	*12,711*	*12,612*	
Female	*5,476*	*6,831*	*10,868*	*12,754*	*13,142*	*15,495*	*15,128*	
Class A								
Male	*4,371*	*5,978*	*9,152*	*10,645*	*11,103*	*12,781*	*13,499*	
Female	*5,530*	*6,893*	*10,915*	*12,812*	*13,203*	*15,570*	*16,241*	

Notes:
1. Source 1998, 2000, 2001/02, 2002/03, 2003/04, 2004/05 and 2005/06 BCS.
2. '↑' Statistically significant increase at the 5% level. '↓' Statistically significant decrease at the 5% level.

Table A4.10 **Figures for the proportion of 16-24 year olds reporting having <u>used any illicit drug and Class A drugs in the last year </u>by gender,**

1998 to 2005/06 BCS

	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	Statistically significant change 1998 to 2005/06
Any Drug								
Male	38.1	33.9	35.9	34.7	33.5	32.3	29.9	↓
Female	25.2	25.7	24	22.1	22.9	20.6	20.6	↓
Class A								
Male	10.4	12.7	12.6	11.8	10.5	11.3	10.8	
Female	6.7	6.6	5.5	5.9	6.5	5.3	6.1	
Unweighted base								
Any Drug								
Male	*511*	*673*	*1,888*	*1,981*	*2,576*	*2,918*	*2,642*	
Female	*735*	*795*	*2,107*	*2,246*	*2,775*	*3,278*	*3,002*	
Class A								
Male	*522*	*677*	*1,903*	*1,991*	*2,601*	*2,939*	*2,767*	
Female	*749*	*805*	*2,124*	*2,256*	*2,790*	*3,301*	*3,163*	

Notes:
1. Source 1998, 2000, 2001/02, 2002/03, 2003/04, 2004/05 and 2005/06 BCS.
2. '↑' Statistically significant increase at the 5% level. '↓' Statistically significant decrease at the 5% level.
3. The table includes revised figures for young people's drug use for the period 2001/02 to 2004/05 to reflect amendments to weighting procedures (described more fully in the section on weighting in Appendix F).

Table A4.11   Figures for the proportion of 16-59 year olds reporting having <u>used drugs in the last year </u>by Government Office Region, 2005/06 BCS

GOR	North East	North West	Yorkshire/ Humberside	East Midlands	West Midlands	Eastern	London	South East	South West	Wales	Total
Drug											
Class A											
Any Cocaine	2.5	2.3	1.9	2.1	1.9	2.3	4.1	2.2	2.3	1.6	2.4
Cocaine powder	2.5	2.3	1.8	2.0	1.9	2.3	4.1	2.2	2.3	1.6	2.4
Crack cocaine	.	.	.	.	.	.	.	.	.	.	0.2
Ecstasy	1.9	1.9	1.3	1.6	1.0	0.9	2.0	1.7	1.6	1.8	1.6
Hallucinogens	1.5	1.2	0.6	0.7	0.6	1.0	1.5	1.2	1.2	0.8	1.1
LSD	.	.	.	.	.	.	.	.	.	.	0.3
Magic mushroom	1.3	1.1	0.4	0.5	0.6	1.0	1.3	1.1	1.2	0.6	1.0
Opiates	.	.	.	.	.	.	.	.	.	.	0.1
Heroin	.	.	.	.	.	.	.	.	.	.	0.1
Methadone	.	.	.	.	.	.	.	.	.	.	0.1
Class A/B											
Amphetamines	2.4	1.2	1.6	1.5	1.3	1.1	1.3	0.9	1.5	1.8	1.3
Class B/C											
Tranquillisers	0.6	0.3	0.3	0.4	0.1	0.3	0.3	0.6	0.3	0.7	0.4
Class C											
Anabolic steroids	.	.	.	.	.	.	.	.	.	.	0.1
Cannabis	8.0	10.1	7.4	7.7	7.6	8.6	8.8	8.3	11.6	8.4	8.7
Not Classified											
Amyl Nitrite	1.7	1.2	1.2	1.4	1.8	1.0	1.1	1.2	1.1	1.3	1.2
Glues	.	.	.	.	.	.	.	.	.	.	0.1
Total											
Class A	3.7	3.4	2.7	3.0	2.6	3.2	5.2	3.3	3.2	2.8	3.4
Any Drug	9.8	11.6	9.0	9.2	9.1	10.3	11.2	10.1	13.3	10.2	10.5
Unweighted base	*1,903*	*3,626*	*2,673*	*3,249*	*2,990*	*4,045*	*2,182*	*3,372*	*3,173*	*2,418*	*29,631*

Notes:
1. Source 2005/06 BCS.
2. See 'Reporting conventions' section in Appendix F for further details on the symbols used in the tables.

Table A4.12   Figures for the proportion of 16-24 year olds reporting having <u>used</u> <u>drugs in the last year </u>by Government Office Region, 2005/06 BCS

GOR	North East	North West	Yorkshire/ Humberside	East Midlands	West Midlands	Eastern	London	South East	South West	Wales	Total
Drug											
Class A											
Any Cocaine	8.9	7.5	5.4	5.7	4.4	5.2	7.1	5.4	4.9	4.6	5.9
Cocaine powder	8.9	7.5	5.3	5.7	4.4	5.2	7.1	5.4	4.8	4.4	5.9
Crack cocaine	.	.	.	.	.	.	.	.	.	.	0.4
Ecstasy	7.1	6.5	5.0	4.3	2.7	3.0	3.5	4.0	3.1	5.1	4.3
Hallucinogens	4.3	4.0	3.1	1.9	1.8	3.2	4.0	4.4	3.2	2.2	3.4
LSD	.	.	.	.	.	.	.	.	.	.	0.9
Magic mushroom	4.1	3.7	2.7	1.6	1.8	3.2	3.7	3.5	3.1	1.3	3.0
Opiates	.	.	.	.	.	.	.	.	.	.	0.2
Heroin	.	.	.	.	.	.	.	.	.	.	0.2
Methadone	.	.	.	.	.	.	.	.	.	.	0.1
Class A/B											
Amphetamines	7.9	3.9	3.7	3.1	3.2	2.8	2.4	2.5	2.0	4.4	3.3
Class B/C											
Tranquillisers	.	.	.	.	.	.	.	.	.	.	0.7
Class C											
Anabolic steroids	.	.	.	.	.	.	.	.	.	.	0.3
Cannabis	23.3	26.5	18.0	19.8	19.2	21.2	16.7	22.1	27.1	22.4	21.4
Not Classified											
Amyl Nitrite	7.4	4.9	3.8	4.5	4.1	3.1	2.4	3.4	2.8	5.0	3.9
Glues	.	.	.	.	.	.	.	.	.	.	0.5
Total											
Class A	12.5	10.7	8.6	7.6	6.0	8.2	9.0	7.9	6.4	7.8	8.4
Any Drug	28.3	31.8	22.0	23.4	22.7	23.9	20.3	25.0	30.2	27.6	25.2
Unweighted base	*409*	*753*	*593*	*648*	*615*	*759*	*399*	*599*	*629*	*488*	*5,892*

Notes:
1.   Source 2005/06 BCS.
2.   See 'Reporting conventions' section in Appendix F for further details on the symbols used in the tables.

Table A4.13 Logistic regression model for any drug use in the last year

	Adjusted Odds Ratio	Significance
Age		
16-19	23.76	*
20-24	22.85	*
25-29	14.77	*
30-34	9.15	*
35-44	4.80	*
45-54	2.06	*
55-59 (Comparator)	1.00	
Gender		
Male	2.09	*
Female (Comparator)	1.00	
GOR		
South West	1.67	*
North West	1.34	*
London	1.27	*
South East	1.22	*
Eastern	1.22	*
Wales	1.22	
North East	1.19	
East Midlands	1.08	
West Midlands	1.00	
Yorkshire/Humberside (Comparator)	1.00	

N = 29,631
Nagelkerke R squared = .172

Notes:
1. Variables are ordered according to their level of association.
2. Adjusted odds ratio can be interpreted as the change in the odds of drug use compared with the comparator group, i.e. if the odds ratio is greater than one, the odds of drug use are increased compared with the comparator group and if the odds ratio is less than one the odds are decreased.
3. The comparator groups chosen were those in which the respondents showed least drug use.
4. * indicates that the factor was significant at the 5% level.
5. Data was entered into the model using the enter command.

Table A4.14 Logistic regression model for Class A drug use in the last year

	Adjusted Odds Ratio	Significance
Age		
20-24	125.66	*
16-19	85.22	*
25-29	79.87	*
30-34	49.46	*
35-44	19.68	*
45-54	3.63	*
55-59 (Comparator)	1.00	
Gender		
Male	2.34	*
Female (Comparator)	1.00	
GOR		
London	1.93	*
North East	1.55	*
South East	1.30	
North West	1.28	
South West	1.26	
Eastern	1.24	
East Midlands	1.17	
Wales	1.11	
West Midlands	0.95	
Yorkshire/Humberside (Comparator)	1.00	

N = 29,740
Nagelkerke R squared = .158

Notes:
1. Variables are ordered according to their level of association.
2. Adjusted odds ratio can be interpreted as the change in the odds of drug use compared with the comparator group, i.e. if the odds ratio is greater than one, the odds of drug use are increased compared with the comparator group and if the odds ratio is less than one the odds are decreased.
3. The comparator groups chosen were those in which the respondents showed least drug use.
4. * indicates that the factor was significant at the 5% level.
5. Data was entered into the model using the enter command.

Appendix D: Additional tables on cocaine powder

Table A5.1   Figures for the proportion of 16-59 year olds reporting having <u>used cocaine powder in the last year</u> by age group, 1998 to 2005/06 BCS

	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	Statistically significant change 1998 to 2005/06
Age group								
16-19	1.2	4.0	2.6	3.0	3.9	3.5	3.9	↑
20-24	4.8	6.3	7.1	6.8	6.3	6.4	7.6	↑
25-29	3.1	5.2	4.8	4.5	6.4	3.2	4.7	↑
30-34	0.8	2.1	2.0	3.0	3.0	3.1	2.9	↑
35-44	0.5	0.4	0.9	0.9	1.4	1.1	1.4	↑
45-54	0.2	0.1	0.2	0.1	0.3	0.3	0.2	
55-59	0.0	0.1	0.0	0.1	0.0	0.1	0.0	
All ages 16-59	1.2	2.0	2.0	2.1	2.4	2.0	2.4	↑
Unweighted base								
16-19	*496*	*656*	*1,966*	*2,027*	*2,647*	*3,128*	*2,926*	
20-24	*787*	*838*	*2,069*	*2,239*	*2,755*	*3,121*	*3,016*	
25-29	*1,228*	*1,469*	*2,087*	*2,242*	*2,240*	*2,656*	*2,726*	
30-34	*1,568*	*1,883*	*2,832*	*3,265*	*3,223*	*3,650*	*3,713*	
35-44	*2,666*	*3,531*	*5,610*	*6,719*	*6,870*	*8,186*	*8,672*	
45-54	*2,262*	*3,105*	*4,727*	*5,368*	*5,722*	*6,614*	*7,006*	
55-59	*925*	*1,442*	*2,329*	*2,943*	*3,206*	*3,740*	*3,971*	
All ages 16-59	*9,932*	*12,917*	*20,093*	*23,503*	*24,339*	*28,387*	*29,784*	

Notes:
1. Source 1998, 2000, 2001/02, 2002/03, 2004/05 and 2005/06 BCS.
2. '↑' Statistically significant increase at the 5% level. '↓' Statistically significant decrease at the 5% level.
3. 16 to 19 and 20 to 24 year old analysis includes the youth boost sample
4. The table includes revised figures for young people's drug use for the period 2001/02 to 2004/05 to reflect amendments to weighting procedures (described more fully in the section on weighting in Appendix F).

Table A5.2   **Figures for the proportion of 16-59 and 16-24 year olds reporting having used cocaine powder in the last year by gender, 1998 to 2005/06 BCS**

	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	Statistically significant change 1998 to 2005/06
16-59								
Male	1.7	2.8	3.0	3.0	3.4	2.9	3.3	↑
Female	0.8	1.1	1.0	1.1	1.4	1.2	1.5	↑
16-24								
Male	3.8	6.9	7.4	6.9	6.5	6.7	7.5	↑
Female	2.5	3.5	2.6	3.2	3.9	3.5	4.2	↑
Unweighted base								
16-59								
Male	*4,382*	*6,004*	*9,163*	*10,668*	*11,120*	*12,799*	*13,523*	
Female	*5,550*	*6,913*	*10,930*	*12,835*	*13,219*	*15,588*	*16,261*	
16-24								
Male	*527*	*686*	*1,906*	*2,003*	*2,604*	*2,943*	*2,775*	
Female	*756*	*808*	*2,129*	*2,263*	*2,798*	*3,306*	*3,167*	

Notes:
1. Source 1998, 2000, 2001/02, 2002/03, 2004/05 and 2005/06 BCS.
2. '↑' Statistically significant increase at the 5% level. '↓' Statistically significant decrease at the 5% level.
3. 16 to 24 year old analysis includes the youth boost sample, the 16 to 59 year old analysis is based on the core sample.
4. The table includes revised figures for young people's drug use for the period 2001/02 to 2004/05 to reflect amendments to weighting procedures (described more fully in the section on weighting in Appendix F).

Table A5.3   Proportion of 16-29, 30-59 and 16-59 year olds reporting having <u>used</u> <u>cocaine powder in the last month</u> by frequency of visits to nightclubs or discos in the last month

Age group	16-29 year olds			30-59 year olds			16- 59 year olds		
Visits to night clubs or discos	None	Club goers	Total	None	Club goers	Total	None	Club goers	Total
Cocaine powder	1.6	4.2	2.7	0.4	2.5	0.5	0.6	3.7	1.2
Unweighted base	*3,888*	*2,534*	*6,422*	*21,463*	*1,898*	*23,361*	*25,351*	*4,432*	*29,783*

Notes:
1.   Source 2005/06 BCS.

Table A5.4   Proportion of 16-29, 30-59 and 16-59 year olds reporting having <u>used</u> <u>cocaine powder in the last month</u> by frequency of visits to a pub or wine bar in the evening in the last month

Age group	16-29 year olds			30-59 year olds			16- 59 year olds		
Visits to pubs or wine bars	Less than 3 times a week	Three or more times a week	Total	Less than 3 times a week	Three or more times a week	Total	Less than 3 times a week	Three or more times a week	Total
Cocaine powder	1.7	7.3	2.7	0.5	1.4	0.5	0.8	4.5	1.2
Unweighted base	*5,410*	*1,012*	*6,422*	*21,668*	*1,692*	*23,360*	*27,078*	*2,704*	*29,782*

Notes:
1.   Source 2005/06 BCS.

Table A5.5   **Figures for the proportion of 16-59 year olds reporting having <u>used drugs in the last year </u>by respondents' highest level of education**

Education	Degree / Diploma	A Levels	Trade Apprenticeship	GCSEs / O levels	No qualifications	Total
Cocaine powder	2.1	3.3	3.6	3.0	1.2	2.4
Unweighted base	*10,087*	*4,240*	*1,497*	*7,407*	*5,367*	*28,598*

Notes:
  1. Source 2005/06 BCS.

Table A5.6   **Figures for the proportion of 16-59 year olds reporting having <u>used cocaine powder in the last year</u> by respondents' employment status**

Employment	In employment	Unemployed	Economically inactive	Total
Cocaine powder	2.4	5.0	2.2	2.4
Unweighted base	*22,904*	*660*	*6,095*	*29,659*

Notes:
  1. Source 2005/06 BCS.
  2. Employment status is classified into three groups:
  -    Economically inactive: includes respondents of working age who were retired; were in full time school or college; looking after the family home; were temporarily or permanently sick; or were doing something else.
  -    Employed: includes people doing paid work in the last week, working on a government supported training scheme, or doing unpaid work for their own/family business.
  -    Unemployed: includes those who were actively seeking work or waiting to take up work.

Table A5.7   **Figures for the proportion of 16-59 year olds reporting having <u>used drugs in the last year </u>by ACORN category**

ACORN	Wealthy Achiever	Urban Prosperity	Comfortably Off	Moderate Means	Hard Pressed	Total
Cocaine powder	1.5	4.8	2.3	2.3	2.4	2.4
Unweighted base	*7,645*	*2,743*	*9,635*	*4,357*	*5,333*	*29,784*

Notes:
1.   Source 2005/06 BCS.
2.   ACORN is 'A Classification of Residential Neighbourhoods'.
3.   The characteristics of the 5 main ACORN types are:
-    Wealthy Achievers: wealthy executives, affluent older people and well-off families.
-    Urban Prosperity: prosperous professionals, young urban professionals and students living in town and city areas.
-    Comfortably Off: young couples, secure families, older couples living in the suburbs and pensioners.
-    Moderate Means: Asian communities, post-industrial families and skilled manual workers.
-    Hard Pressed: low-income families, residents in council areas, people living in high-rise, inner-city estates.

Table A5.8   Characteristics of cocaine users 2005/06 BCS

Characteristic	% of last year cocaine powder users
Age	
16-19	16.3
20-24	32.3
25-29	19.9
30-34	13.9
35-44	15.2
45-54	2.2
55-59	0.1
Gender	
Male	67.5
Female	32.5
Nightclubs/ discos	
Club-goer	55.5
Non Club-goer	44.5
Pubs/wine-bars	
Frequent visitor	37.3
Non-frequent visitor	62.7
Education Level	
Degree/Diploma	28.4
A level	20.5
Trade Apprenticeship	7.4
GCSEs/O levels	30.7
No qualifications	9.1
Employment Status	
In employment	76.3
Unemployed	5.1
Economically inactive	18.6
ACORN	
Wealthy Achiever	14.8
Urban Prosperity	23.6
Comfortably Off	30.2
Moderate Means	14.0
Hard Pressed	17.3
Unweighted base	*580*

Notes:
1.   Source 2005/06 BCS.

Table A5.9 Logistic regression model for cocaine powder use in the last year

	Adjusted Odds Ratio	Significance
Nightclubs/ discos		
Club-goer	2.30	*
Non Club-goer (Comparator)	1.00	
Age		
20-24	121.31	*
25-29	95.20	*
30-34	74.36	*
16-19	73.77	*
35-44	39.91	*
45-54	7.46	*
55-59 (Comparator)	1.00	
Pubs/wine-bars		
Frequent visitor	2.75	*
Non-frequent visitor (Comparator)	1.00	
Gender		
Male	1.90	*
Female (Comparator)	1.00	
ACORN		
Urban Prosperity	2.44	*
Hard Pressed	1.35	*
Comfortably Off	1.34	*
Moderate Means	1.24	
Unclassified	0.00	
Wealthy Achiever (Comparator)	1.00	
Education Level		
Trade Apprenticeship	2.11	*
GCSEs/O levels	1.53	*
Other	1.24	
A level	1.06	
Degree/Diploma	0.97	
No qualifications (Comparator)	1.00	

N = 29,768
Nagelkerke R squared = .194

Notes:
1. Variables are ordered according to their level of association.
2. Adjusted odds ratio can be interpreted as the change in the odds of drug use compared with the comparator group, i.e. if the odds ratio is greater than one, the odds of drug use are increased compared with the comparator group and if the odds ratio is less than one the odds are decreased.
3. The comparator groups used were those in which the respondents showed least drug use.
4. * indicates that the factor was significant at the 5% level.
5. Data was entered into the model using the forward stepwise command.

Table A5.10   Figures for the proportion of 16-59 year olds reporting having <u>used</u> <u>stimulant drugs in the last year</u>, 1998 to 2005/06 BCS

	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	Statistically significant change 1998 to 2005/06
Cocaine powder	1.2	2.0	2.0	2.1	2.4	2.0	2.4	↑
Crack cocaine	0.1	0.3	0.2	0.2	0.2	0.1	0.2	
Ecstasy	1.5	1.8	2.2	2.0	2.0	1.8	1.6	
Amphetamines	3.0	2.1	1.6	1.6	1.5	1.4	1.3	↓
Amyl Nitrite	1.3	1.5	1.3	1.2	1.3	1.3	1.2	
Any stimulant	4.3	4.0	4.0	4.2	4.3	3.8	3.9	
Unweighted base	*9,885*	*12,857*	*20,037*	*23,430*	*24,254*	*28,310*	*29,705*	

Notes:
1. Source 1998, 2000, 2001/02, 2002/03, 2004/05 and 2005/06 BCS.
2. '↑' Statistically significant increase at the 5% level. '↓' Statistically significant decrease at the 5% level.

Appendix E: Additional tables on former truants and excludees

Table A6.1   Figures for the proportion of 16-24 year olds reporting having <u>used drugs in the last year</u> by whether ever truanted or been excluded, 2005/06 BCS

	Truants	Non-truants	Excludees	Non-excludees	Total
Drug					
Class A					
Any Cocaine	11.2	3.0	11.5	4.8	5.9
Cocaine powder	11.1	3.0	11.4	4.8	5.9
Crack cocaine	1.0	0.0	1.0	0.3	0.4
Ecstasy	9.0	1.8	9.7	3.3	4.3
Hallucinogens	6.8	1.6	6.4	2.9	3.4
LSD	2.2	0.2	3.1	0.5	0.9
Magic mushroom	6.0	1.5	5.1	2.8	3.0
Opiates	.	.	.	.	0.2
Heroin	.	.	.	.	0.2
Methadone	.	.	.	.	0.1
Class A/B					
Amphetamines	6.9	1.3	7.5	2.4	3.3
Class B/C					
Tranquillisers	1.7	0.2	2.3	0.5	0.7
Class C					
Anabolic steroids	0.6	0.2	0.7	0.2	0.3
Cannabis	33.9	14.8	33.8	19.2	21.4
Not Classified					
Amyl Nitrite	7.3	2.1	6.8	3.4	3.9
Glues	1.2	0.1	1.3	0.3	0.5
Total					
Class A	15.8	4.5	14.9	7.3	8.4
Any Drug	39.8	17.6	39.1	22.9	25.2
Unweighted base	*2,041*	*3,457*	*889*	*4,655*	*5,892*

Notes:
1.   Source 2005/06 BCS.
2.   See 'Reporting conventions' section in Appendix F for further details on the symbols used in the tables.

Table A6.2   Figures for the proportion of 16-24 year olds reporting having <u>used drugs in their lifetime</u> by whether ever truanted or been excluded, 2005/06 BCS

	Truants	Non-truants	Excludees	Non-excludees	Total
Drug					
Class A					
Any Cocaine	20.0	6.0	20.3	9.0	10.8
Cocaine powder	19.7	5.8	20.1	8.9	10.6
Crack cocaine	2.7	0.5	2.4	1.0	1.3
Ecstasy	21.0	4.7	20.9	8.4	10.4
Hallucinogens	17.4	5.3	17.7	8.0	9.4
LSD	7.8	1.4	9.6	2.5	3.7
Magic mushroom	15.0	4.9	15.0	7.2	8.3
Opiates	1.6	0.4	2.1	0.5	0.8
Heroin	1.3	0.2	1.7	0.3	0.5
Methadone	0.7	0.2	0.9	0.3	0.4
Class A/B					
Amphetamines	21.7	5.4	23.9	8.7	11.3
Class B/C					
Tranquillisers	5.6	0.9	5.5	2.0	2.6
Class C					
Anabolic steroids	1.4	0.3	1.6	0.5	0.7
Cannabis	59.6	29.8	60.1	36.4	40.1
Not Classified					
Amyl Nitrite	21.6	7.1	19.1	10.8	12.1
Glues	7.9	1.3	8.7	2.6	3.6
Total					
Class A	30.7	9.9	29.6	14.8	16.9
Any Drug	65.8	34.0	66.4	41.0	45.1
Unweighted base	*2,041*	*3,457*	*900*	*4,675*	*5,929*

Notes:
1.   Source 2005/06 BCS.

Table A6.3   Figures for the proportion of 16-24 year olds reporting having <u>used drugs in the last month</u> by whether ever truanted or been excluded, 2005/06 BCS

	Truants	Non-truants	Excludees	Non-excludees	Total
Drug					
Class A					
Any Cocaine	5.8	1.6	5.9	2.5	3.0
Cocaine powder	5.7	1.5	5.9	2.5	3.0
Crack cocaine	.	.	.	.	0.2
Ecstasy	3.8	0.8	4.5	1.4	2.0
Hallucinogens	2.0	0.2	1.7	0.7	0.9
LSD	.	.	.	.	0.2
Magic mushroom	1.7	0.2	1.3	0.6	0.7
Opiates	.	.	.	.	0.1
Heroin	.	.	.	.	0.1
Methadone	.	.	.	.	0.1
Class A/B					
Amphetamines	3.4	0.6	4.2	1.1	1.6
Class B/C					
Tranquillisers	0.9	0.1	1.6	0.1	0.4
Class C					
Anabolic steroids	.	.	.	.	0.1
Cannabis	23.3	7.4	24.0	11.0	13.0
Not Classified					
Amyl Nitrite	3.6	0.5	3.6	1.3	1.6
Glues	0.6	0.0	0.8	0.1	0.2
Total					
Class A	7.7	2.0	7.5	3.4	4.0
Any Drug	26.1	9.1	27.2	12.9	15.1
Unweighted base	*2,021*	*3,433*	*887*	*4,642*	*5,876*

Notes:
1.   Source 2005/06 BCS.
2.   See 'Reporting conventions' section in Appendix F for further details on the symbols used in the tables.

Table A6.4 **Figures for the proportion of 16-24 year olds reporting having <u>used drugs in the last year</u> by whether ever truanted and ever been excluded, only ever truanted, only ever been excluded and neither truanted nor been excluded, 2005/06 BCS**

	Truants and excludees	Truants only	Excludees only	Neither
Drug				
Class A				
Any Cocaine	15.7	9.3	4.4	2.9
Cocaine powder	15.7	9.2	4.4	2.8
Crack cocaine	.	.	.	.
Ecstasy	13.7	7.1	2.8	1.6
Hallucinogens	8.1	6.2	3.1	1.5
LSD	4.3	1.3	0.7	0.1
Magic mushroom	6.4	5.9	2.4	1.5
Opiates	.	.	.	.
Heroin	.	.	.	.
Methadone	.	.	.	.
Class A/B				
Amphetamines	10.3	5.5	2.6	1.2
Class B/C				
Tranquillisers	3.6	0.9	0.2	0.2
Class C				
Anabolic steroids	.	.	.	.
Cannabis	41.8	30.8	19.0	14.4
Not Classified				
Amyl Nitrite	9.3	6.5	2.9	2.1
Glues	2.0	0.8	0.1	0.1
Total				
Class A	19.2	14.4	7.5	4.2
Any Drug	47.1	36.9	24.5	17.0
Unweighted base	*590*	*1,433*	*280*	*3,151*

Notes:
1. Source 2005/06 BCS.
2. See 'Reporting conventions' section in Appendix F for further details on the symbols used in the tables.

Table A6.5   Figures for the proportion of 16-24 year olds reporting having <u>used drugs in their lifetime</u> by whether ever truanted and ever been excluded, only ever truanted, only ever been excluded and neither truanted nor been excluded, 2005/06 BCS

	Truants and excludees	Truants only	Excludees only	Neither
Drug				
Class A				
Any Cocaine	26.3	17.4	10.4	5.5
Cocaine powder	26.0	17.1	10.4	5.4
Crack cocaine	3.7	2.3	-	0.5
Ecstasy	28.2	18.0	8.5	4.3
Hallucinogens	23.2	15.1	8.3	5.0
LSD	13.0	5.6	3.8	1.1
Magic mushroom	19.2	13.3	7.9	4.6
Opiates	2.8	1.1	1.0	0.3
Heroin	2.2	0.9	1.0	0.1
Methadone	.	.	.	.
Class A/B				
Amphetamines	30.9	18.	11.8	4.7
Class B/C				
Tranquillisers	8.2	4.6	0.8	0.9
Class C				
Anabolic steroids	2.0	1.1	0.7	0.3
Cannabis	69.9	55.3	41.9	28.6
Not Classified				
Amyl Nitrite	25.2	20.2	9.	6.9
Glues	12.2	6.0	3.0	1.1
Total				
Class A	37.1	28.2	17.6	9.2
Any Drug	75.8	61.5	49.5	32.6
Unweighted base	*597*	*1,438*	*284*	*3,164*

Notes:
1.   Source 2005/06 BCS.
2.   See 'Reporting conventions' section in Appendix F for further details on the symbols used in the tables.

Table A6.6 **Figures for the proportion of 16-24 year olds reporting having <u>used drugs in the last month</u> by whether ever truanted and ever been excluded, only ever truanted, only ever been excluded and neither truanted nor been excluded, 2005/06 BCS**

	Truants and excludees	Truants only	Excludees only	Neither
Drug				
Class A				
Any Cocaine	8.5	4.6	1.8	1.5
Cocaine powder	8.3	4.6	1.8	1.5
Crack cocaine	.	.	.	.
Ecstasy	6.2	2.9	1.6	0.7
Hallucinogens	2.4	1.8	-	0.2
LSD	.	.	.	.
Magic mushroom	1.8	1.7	-	0.2
Opiates	.	.	.	.
Heroin	.	.	.	.
Methadone	.	.	.	.
Class A/B				
Amphetamines	5.7	2.5	1.4	0.5
Class B/C				
Tranquillisers	.	.	.	.
Class C				
Anabolic steroids	.	.	.	.
Cannabis	31.8	19.8	9.2	7.2
Not Classified				
Amyl Nitrite	5.6	2.8	0.3	0.5
Glues	.	.	.	.
Total				
Class A	10.4	6.6	2.5	2.0
Any Drug	35.4	22.2	11.6	8.9
Unweighted base	*590*	*1,426*	*278*	*3,146*

Notes:
1. Source 2005/06 BCS.
2. See 'Reporting conventions' section in Appendix F for further details on the symbols used in the tables.

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Appendix F: Technical Notes

Weighting

In addition to the standard weighting techniques applied to the BCS (see Technical Report[1]), calibration weighting has also been adopted. Calibration weighting is designed to adjust for known differentials in response rates across age, gender and regional sub-groups. This weighting has been applied to the BCS from 1996 onwards. Estimates for all years in this paper have incorporated calibration weighting. The impact calibration weighting has on estimates remains relatively constant over consecutive surveys: on average 'ever use' estimates increase by a 0.5 percentage point, 'year use' by 0.2 and 'month use' by 0.1. See Simmons (2002) for more information.

Following a recent review of the data processing procedures for the BCS youth boost dataset, it was discovered that there were inconsistencies in the calculation of calibration weights for the youth boost compared with the main BCS dataset. This has been updated and the calibration weighting process has been re-run on the youth boost datasets. The revised estimates of young people's drug use from 2001/02 (when the youth boost was introduced) onwards are included in this publication. The differences between the revised estimates and the previously published estimates of young people's drug use range from 0.9 to 0.0 percentage points. These amendments only apply to the estimates of young people's drug use from 2001/02 onwards. Neither the estimates of drug use amongst the general population nor the estimates of young people's drug use prior to 2001/02 have been affected.

Interpreting year on year changes

The BCS measures respondents' drug use ever, in the last year and in the last month. 'Use of a drug ever' is a good indicator of the percentage of people who have taken one drug or more in their lifetime, however, it says little about the patterns of current drug use. Some respondents will have taken these drugs 10 or 20 years ago, others last month. 'Use in the last month' is a good indicator of very recent drug use but it is more subject to variation due to the small number of last month users. For these reasons, 'use of drugs in the last year' is deemed to be the best indicator available to measure trends of recent drug use.

Year on year prevalence changes need to be interpreted with care. Four key issues need to be considered:

• Prevalence figures for rare activities such as taking heroin are subject to big percentage change swings from year to year.

• Year on year changes should be considered alongside trend data, which will give a better idea of what is happening overall.

• While comparisons have been made with a 1998 baseline for calculating overall trends, attention should be paid to the intervening period in order to fully appreciate the patterns of drug use over time.

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[1] Grant et al. (2006)

• All probability sample surveys yield statistics that are estimates of what the real figure in the population is. Estimates by their nature are surrounded by a confidence interval, which is commonly called the margin of error. Therefore, all the estimates presented will have a ± x% confidence interval surrounding them which indicates the range within which the true estimate is likely to lie. The confidence interval is greatly affected by sample size.

• Large sample sizes increase the reliability of estimates for rare acts such as consumption of Class A drugs, however, even then the range of variability will still be quite large for very rare acts, such as heroin use.

Composite drug use variables

There are several drug use variables reported in this publication which amalgamate use of individual drugs. These composite variables and the individual drug use variables that they include are outlined below:

Table A7.1 Composite drug variables

Composite	Individual drug use variables included
Any Cocaine	Cocaine powder, Crack cocaine
Hallucinogens	LSD, Magic mushrooms
Opiates	Heroin, Methadone
Class A	Cocaine powder, Crack cocaine, Ecstasy, Heroin, LSD, Magic mushrooms, Methadone
Any Drug	Amphetamines, Amyl nitrite, Anabolic steroids, Cannabis, Cocaine powder, Crack cocaine, Ecstasy, Glues, Heroin , LSD, Magic mushrooms, Methadone, Tranquilisers, Other pill, Other smoke, Other drug

Issues when interpreting composite drug use variables

Taking Class A drug use as an example, of the people that took Class A drugs in the last year there will be many cases of polydrug use. Some people may have taken all of the Class A drugs, others a combination and some just one. Therefore if there is an increase in the use of cocaine powder, for instance, there may not necessarily be an increase in the use of Class A drugs. The increase in the use of cocaine powder could just be users switching from one drug to another. It is only when there is a significant increase in 'new' Class A drug users that a change in use of Class A drugs overall will occur.

Reporting conventions

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

• '-' indicates no response in that particular category (the question was asked but no-one chose that category).

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

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

• All differences highlighted in the text have been checked and are statistically significant, unless otherwise stated.

• All statistical significance is based on a 95% (.05) level unless otherwise specified. This is the level at which there is a one in twenty probability of an observed difference being solely due to chance.

• Estimates of the number of users are based on 95% (.05) level confidence intervals (calculated using a logit transformation where proportions were less than 0.2 or greater than 0.8). The figures are calculated using population estimates provided by the Government Actuarial Service.

• A design factor of 1.2 has been used throughout for tests of statistical significance and confidence intervals.

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RESEARCH DEVELOPMENT AND STATISTICS (RDS)

MISSION STATEMENT

2005

RDS is part of the Home Office. RDS staff are embedded within delivery groups working closely with front-line staff. The HO Chief Scientific Advisor, who is also Director of RDS, oversees professional development for RDS teams, quality assurance and strategic R & D issues.

The Home Office's purpose is to build a safe, just and tolerant society in which the rights and responsibilities of individuals, families and communities are properly balanced and the protection and security of the public are maintained.

RDS includes staff within the Government Statistical Service (GSS). One of the GSS aims is to inform Parliament and the members of the public about the state of the nation and provide a window on the work and performance of government, allowing the impact of government policies and actions to be assessed.

Therefore -

Research Development and Statistics in the Home Office improves policy making, decision taking and practice in support of the Home Office purpose and aims, to provide the public and Parliament with information necessary for informed debate and to publish information for future use.