



Home Office



Drug Misuse: Findings from the 2017/18 Crime Survey for England and Wales

Statistical Bulletin 14/18

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Further information

This release examines the extent and trends in drug use among a nationally representative sample of 16 to 59 year olds resident in households in England and Wales, and is based on results from the 2017/18 Crime Survey for England and Wales (CSEW).

The release covers the following topics:

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

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

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

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

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

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Conventions used in figures and tables

Table abbreviations

- '0'** indicates no response in that particular category or less than 0.5% (this does not apply when percentages are presented to one decimal point).
- 'n/a'** indicates that the question was not applicable or not asked in that particular year. In columns relating to significance testing, this indicates that an estimate for one or both of the comparator years is not available. This is also the case if there were no responses in that particular category for one or both of the comparator years.
- '-'** indicates that data are not reported because the unweighted base is fewer than 50.
- '**'** indicates that the change is statistically significant at the five per cent level. Where an apparent change over time is not statistically significant this is noted in the text.

Unweighted base

All percentages and rates presented in the tables are based on data weighted to compensate for differential non response. Tables show the unweighted base, which represents the number of people interviewed in the specified group.

Percentages

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

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

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

'No answers' (missing values)

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

Numbers of Crime Survey for England and Wales drug users

Estimates are rounded to the nearest 1,000.

Reporting of statistically significant changes

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

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1 Extent and trends in drug use

INTRODUCTION

This chapter covers the extent and trends in illicit drug¹ use among adults aged 16 to 59 measured by the 2017/18 Crime Survey for England and Wales (CSEW). Additional analysis for the subgroup of young adults aged 16 to 24 is also provided. Figures are presented since 1996, when comparable questions were first included in the survey. The [User Guide to Drug Misuse Statistics](#) provides further details relating to drug use measures and definitions.

For the first time, the 2017/18 survey invited those aged 60 to 74 to participate in the CSEW self-completion module which contains the questions on drug use. Previously, only those aged 16 to 59 were invited to participate in this module. However, this publication presents the analysis of data collected from 16 to 59 year olds only. Plans for the future reporting of results from data collected from 60 to 74 year olds are currently being considered and we will be seeking the views of users as we prepare our plans.

A consultation on the future of the CSEW was held in June and July 2017. This was led by the Office for National Statistics (ONS) who have responsibility for the survey. Respondents were invited to give their views on several options designed to introduce required cost savings, due to a reduction in funding for the survey. As a result of this, the sample size for the 2017/18 survey year was reduced by 600 households (from 35,000 to 34,400 households) and the survey's target response rate was reduced to 71% from October 2017².

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

The 2017/18 survey measured levels of drug use in the *last year* prior to interview, as well as drug use in the *last month* prior to interview, and at any point in the respondent's *lifetime (use ever)*. The questions on *last year* use and *use ever* are regularly included in the CSEW, while there was a gap in the series of *last month* use estimates in the 2012/13 and 2013/14 survey years.

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

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

KEY FINDINGS

- **Around 1 in 11 (9.0%) adults aged 16 to 59 had taken a drug in the last year.** This equated to around 3.0 million people, and was similar to 2016/17 (8.5%). The trend in last year drug use among 16 to 59 year olds has been relatively flat since the 2009/10 survey and the latest estimate was similar to the 2007/08 survey (9.4%). However, the 2017/18 prevalence estimate is lower than in 1996 (11.1%), when the time series began.

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

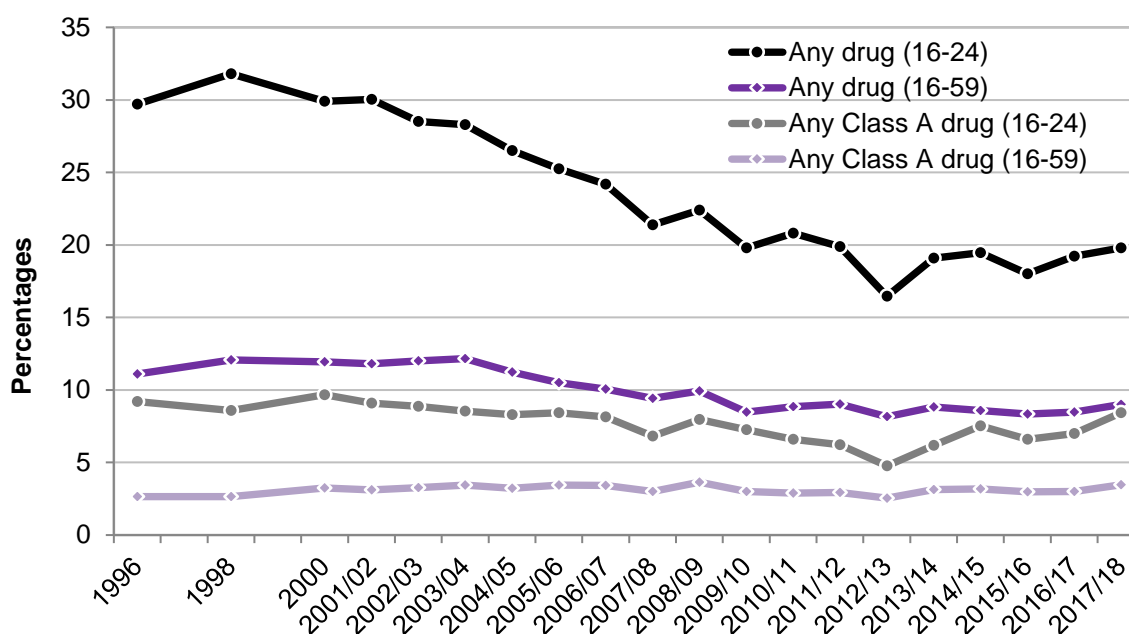
² Over the last ten years, the CSEW has maintained a relatively high response rate of between 72% and 75% (with the exception of 2014/15 when a 70% response rate was recorded).

- **Around 1 in 5 (19.8%) adults aged 16 to 24 had taken a drug in the last year.** This proportion was more than double that of the wider age group, and equates to around 1.2 million people. This was similar to the 2016/17 survey (19.2%), but there was a decrease from 1996 (29.7%). There was no significant change compared with a decade ago (21.4% in 2007/08 CSEW).
- **Around 1 in 23 (4.3%) adults aged 16 to 59 had taken a drug in the last month, while around 1 in 11 (9.5%) young adults aged 16 to 24 had done so.** There was no significant change compared with the 2016/17 survey. However, both have decreased compared with a decade ago, where 5.4 per cent of 16 to 59 year olds reported taking a drug in the last month and 12.5 per cent of 16 to 24 year olds had done so.
- **Around one-third (34.6%) of adults aged 16 to 59 had taken drugs at some point during their lifetime.** There has been a decrease in levels of lifetime use estimated by the 2017/18 survey compared with a decade ago (36.0% in the 2007/08 CSEW), but this remains higher than the 1996 survey (30.4%).
- **Around 1 in 29 (3.5%) of adults aged 16 to 59 had taken a Class A drug in the last year,** equivalent to around 1.1 million people. This has increased compared with the previous year and a decade ago (2007/08; both 3.0%). Among young adults aged 16 to 24, 8.4 per cent had taken a Class A drug in the last year. This has increased compared with the 2007/08 CSEW (6.8%), but there was no significant change compared with the 2016/17 survey (7.0%).
- **Class A drug use among 16 to 24 year olds has been increasing since 2011/12:** While not statistically significant from year to year, there is an upward trend apparent in the use of Class A drugs, particularly among 16 to 24 year olds. Although there was no significant change from the 2016/17 estimate among this age group, there was an increase from the 2011/12 estimate (6.2% to 8.4%). This is mainly driven by an increase in powder cocaine and ecstasy use.

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

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

Figure 1.1: Trends in drug use in the last year among adults, 16 to 59 and 16 to 24 year olds, 1996 to 2017/18 CSEW



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

Last year drug use among adults aged 16 to 59

The 2017/18 CSEW shows that around 1 in 11 (9.0%) adults aged 16 to 59 had taken a drug in the last year, which equates to around 3.0 million people. The trend in the proportion of 16 to 59 year olds taking a drug in the last year has been relatively flat since the 2009/10 survey, with the prevalence estimates remaining between eight and nine per cent each year. The 2017/18 estimate is similar to a decade ago in the 2007/08 CSEW (9.4%), but it is lower than all survey years before 2007/08. For further details see [Appendix Tables 1.02 and 1.04](#).

According to the 2017/18 CSEW, 3.5 per cent of adults aged 16 to 59 had taken a Class A drug in the last year, equivalent to around 1.1 million people. Class A drug use has increased compared with the 2016/17 and 2007/08 surveys (both 3.0%). The increase in Class A drug use compared with 2016/17 is largely accounted for by an increase in the use of ecstasy and powder cocaine. Trends in this broader age group tend to be driven by the 16 to 24 year old population where levels of drug use are substantially higher than among older adults.

Last year drug use among young adults aged 16 to 24

As in previous years, the proportion of young adults aged 16 to 24 who took any drug in the last year was more than double the proportion in the 16 to 59 age group, at 19.8 per cent. This equates to 1.2 million young people.

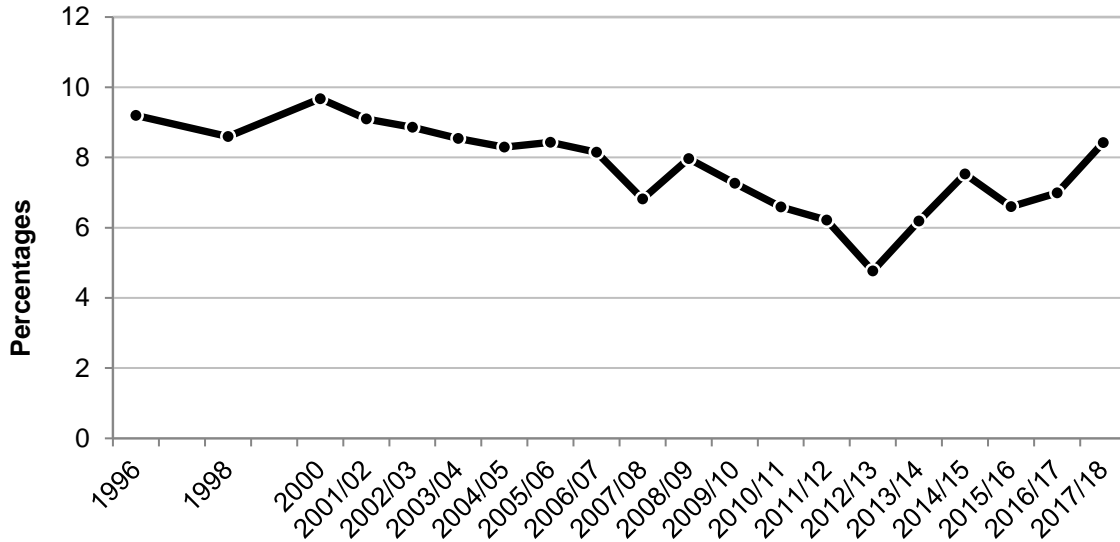
Over the last decade there has been some fluctuation in this series, with estimates ranging between 16.5 and 22.4 per cent. The 2017/18 estimate shows no significant change from the 2007/08 survey estimate (21.4%) or the 2016/17 estimate (19.2%). However, the long-term trend is downward; the 2017/18 estimate (19.8%) is lower than the start of the time series in 1996 (29.7%). It should be noted that this “any drug” measure may mask some variation in trends by type of drug.

The 2017/18 CSEW found that 8.4 per cent of young adults aged 16 to 24 had taken a Class A drug in the last year, equating to around 511,000 young people. This showed no significant change compared with the 2016/17 CSEW (7.0%), but was an increase compared with the 2007/08 CSEW (6.8%).

Figure 1.2 displays the trend in Class A drug use among 16 to 24 year olds. Although there was no statistically significant change from the 2016/17 estimate, there was an increase compared with the

2011/12 estimate (6.2% to 8.4%). While estimates for individual years tend not to be statistically significantly different from the previous one, the chart shows a general upward trend since 2011/12, indicating a genuine rise in Class A drug use among this age group. For further detailed figures, see [Appendix Tables 1.06 and 1.08](#).

Figure 1.2: Trends in Class A drug use in the last year among young adults, 16 to 24 year olds, 1996 to 2017/18 CSEW



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

The most recent (2016) survey of Smoking, Drinking and Drug Use among Young People (SDD)³ also showed an increase in the proportion of 11 to 15 year olds who had taken any drug (excluding NPS) in the last year (from 10.3% in 2014 to 14.8% in 2016). Although cannabis was the most commonly used drug among 11 to 15 year olds (with 7.9% reporting that they had used it in the last year), there was also an increase in the proportion reporting Class A drug use, from 2.0% in 2014 to 3.2% in 2016. While the CSEW shows a general increase in Class A drug use for 16 to 24 year olds since 2011/12, Class A drug use among 11 to 15 year olds in the SDD has only recently increased. However, further SDD results are needed to confirm that this increase is genuine.

1.2 EXTENT AND TRENDS IN INDIVIDUAL DRUG USE

Cannabis

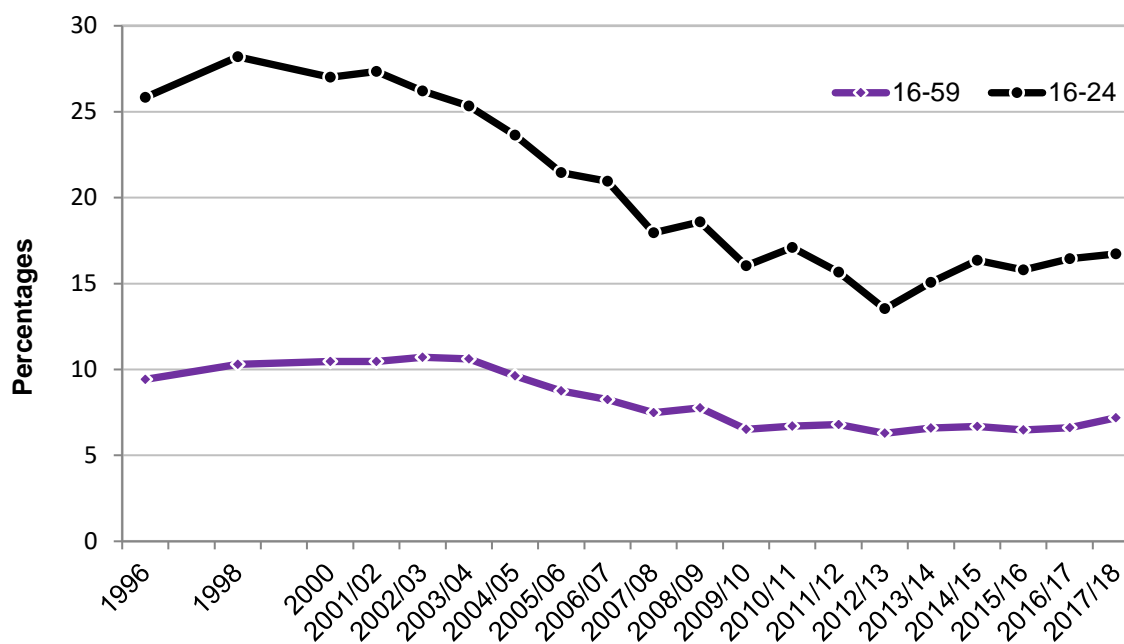
As in previous years, cannabis was the most commonly used drug in the 2017/18 CSEW, with 7.2 per cent of adults aged 16 to 59 having used it in the last year (around 2.4 million people). This was the highest estimate in nine years, although the increase from 2016/17 (6.6%) was not statistically significant. There was no significant change between 2017/18 and a decade ago (7.5% in the 2007/08 CSEW), but the 2017/18 estimate was lower than at the start of measurement in 1996 (9.4%).

Among younger adults aged 16 to 24, cannabis was also the most commonly used drug in the 2017/18 CSEW, with 16.7 per cent having used it in the last year (around one million young adults). There was no significant change from the 2016/17 and 2007/08 estimates (16.4% and 17.9% respectively), but this was lower than in 1996 (25.8%) (see [Appendix Table 1.02](#) for detailed figures).

Figure 1.3 illustrates that the longer-term trend in cannabis use is downwards for both 16 to 24 and 16 to 59 year olds. Last year use among 16 to 24 year olds peaked in 1998 (28.2%), but it had more than halved by 2012/13 (13.5%).

³ NHS Digital published the SDD as a National Statistic annually until 2014, usually in July to coincide with publication of Drug Misuse. Currently the survey is only funded every two years, and the latest survey (covering 2016) was published in November 2017.

Figure 1.3: Proportion of adults using cannabis in the last year, 16 to 59 and 16 to 24 year olds, 1996 to 2017/18 CSEW



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

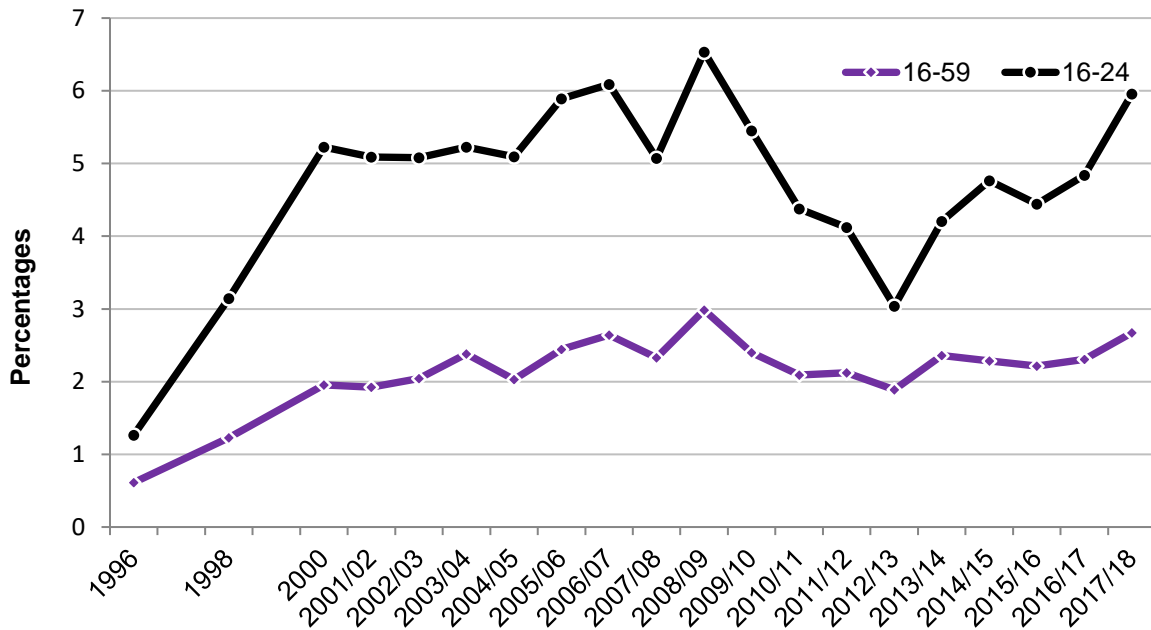
Powder cocaine

As in recent years, the second most commonly used drug in the last year among adults aged 16 to 59 was powder cocaine (2.6% in the 2017/18 survey, equating to around 875,000 people). Powder cocaine was also the second most commonly used drug among young adults aged 16 to 24 (6.0% or around 361,000 young adults) after cannabis. Trends in last year cocaine use are prone to fluctuation from year to year, as can be seen in Figure 1.4. This fluctuation makes it difficult to interpret short term trends in cocaine use.

Overall, the level of last year cocaine use has been higher since 2000 compared with when these questions were first asked in the 1996 survey. Powder cocaine use among 16 to 59 year olds rose between the 1996 and 2000 survey years (0.6% to 2.0%), driven by a sharp increase among the 16 to 24 age group (1.3% to 5.2%). These increases were followed by slower rises to reach a peak in the 2008/09 survey for both 16 to 59 and 16 to 24 year olds: 3.0 per cent and 6.5 per cent respectively.

From 2008/09, last year use fell before starting to rise again in 2012/13 for both age groups. Figure 1.4 demonstrates that since 2011/12, the overall trend is upwards. Although there were no statistically significant changes between 2016/17 and 2017/18, there has been a statistically significant increase in powder cocaine use for both age groups over the period since 2011/12. Between 2011/12 and 2017/18, last year use of powder cocaine increased from 2.1 to 2.6 per cent among 16 to 59 year olds, and from 4.1 per cent to 6.0 per cent among 16 to 24 year olds.

Figure 1.4: Proportion of adults using powder cocaine in the last year, 16 to 59 and 16 to 24 year olds, 1996 to 2017/18 CSEW



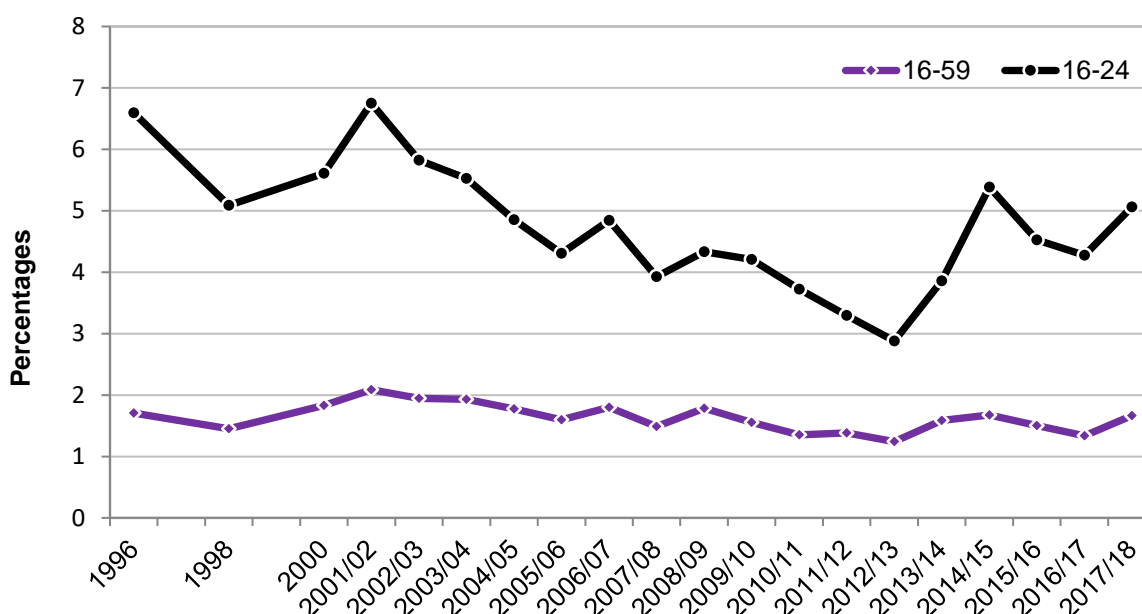
Source: Home Office, [Appendix Tables 1.02 and 1.06](#).

Ecstasy

Generally, the proportion of 16 to 59 year olds using ecstasy in the last year has been relatively flat throughout the lifetime of the survey, fluctuating between one and two per cent (Figure 1.5). However, the level of last year ecstasy use by adults aged 16 to 59 in the 2017/18 survey (1.7%, or around 550,000 people) increased from the previous year (1.3%, around 439,000 people).

Among 16 to 24 year olds, the trend shows greater fluctuation between years. There was an increase in last year use among this age group between 2011/12 (3.3%) and 2017/18 (5.1%), although the difference between 2016/17 (4.3%) and 2017/18 and was not statistically significant. However, the 2017/18 estimates remained lower than the 2001/02 peak of 6.8 per cent.

Figure 1.5: Proportion of adults using ecstasy in the last year, 16 to 59 and 16 to 24 year olds, 1996 to 2017/18 CSEW



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

Other drugs

Among 16 to 59 year olds there were reductions in last year use of crack cocaine, methadone and amphetamines compared with a decade ago (2007/08 CSEW). Over the same time period, there were increases in the use of ketamine and anabolic steroids for this age group. These can be seen in [Appendix Table 1.02](#). There were also changes between the 2016/17 and 2017/18 survey years for a number of less frequently used drugs, as outlined below. However, due to the very small numbers of people using these drugs, even small changes in prevalence can appear to be statistically significant. Changes from one year to the next should be interpreted with caution.

- **LSD use increased among adults aged 16 to 59.** Use increased from 0.3 to 0.4 per cent, equating to around 47,000 more people using the drug than in the previous year.
- **Use of magic mushrooms increased among adults aged 16 to 59.** Use increased from 0.3 to 0.4 per cent, equating to around 57,000 more people using the drug in the last year.
- **Ketamine use increased among adults aged 16 to 59.** Ketamine use doubled from 0.4 per cent to 0.8 per cent, equating to 141,000 more people using the drug than in the previous year. This was driven by an increase in ketamine use among 16 to 24 year olds from 1.2 per cent to 3.1 per cent. This is the highest estimate of ketamine use since measurement of this drug began in the 2006/07 survey.
- **Use of tranquillisers (not prescribed by a doctor or other healthcare professional) increased among adults aged 16 to 59.** Tranquilliser use among this age group increased from 0.4 per cent to 0.6 per cent, equating to around 63,000 more people using the drug in 2017/18 than in the previous year.

The summary in Table 1 and in Appendix Tables 1.02 and 1.06 show the trends in last year drug use. Compared with the start of measurement in 1996, there have been reductions in the use of around a third of drug types measured by the CSEW among adults aged 16 to 59 and adults aged 16 to 24. However, both age groups have shown an increase in the use of powder cocaine relative to the 1996 estimates. Although trends in “any drug” have remained fairly flat over the last ten years, upward trends are evident since 2011/12 in the use of Class A drugs, particularly among 16 to 24 year olds. Although significance testing is not shown in the data tables, last year use of powder cocaine among 16 to 59 year olds has increased since 2011/12, largely driven by increases in the 16 to 24 age group.

1.3 LAST YEAR USE OF PRESCRIPTION-ONLY PAINKILLERS

The 2014/15 CSEW included a question for the first time on the misuse of prescription-only painkillers;⁴ this asked respondents whether they had taken prescription-only painkillers not prescribed to them “for the feeling or experience” it gave them. Since the 2015/16 survey, respondents have been asked whether they had taken prescription-only painkillers not prescribed to them (here on referred to as non-prescribed prescription-only painkillers), and if so, whether i) it was for medical reasons⁵ or ii) for the feeling/experience it gave them. This change was made in order to better understand the drivers of painkiller use. However, this means that estimates of painkiller misuse in the years before 2015/16 are not directly comparable with the 2015/16 survey onwards.

The 2017/18 survey estimated that in the last year, 7.0 per cent of adults aged 16 to 59 had taken a non-prescribed prescription-only painkiller for medical reasons. This was similar to the estimate of 7.6 per cent in the 2016/17 survey. This estimate includes respondents who said they had taken the painkillers only for medical reasons. A small proportion (0.2%) of respondents to the 2017/18 survey said that they had taken a prescription-only painkiller not prescribed to them solely for the feeling or experience it gave them (data not shown in tables).

Of those adults aged 16 to 59 who had taken an illicit drug in the last year, 11.9% had also taken painkillers for medical reasons. Of those who had not taken an illicit drug in the last year, a lower proportion had taken painkillers for medical reasons (6.4%). Further analysis of prescription-only painkiller misuse by demographic factors is shown in [Chapter 3](#).

1.4 LAST MONTH USE OF DRUGS

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

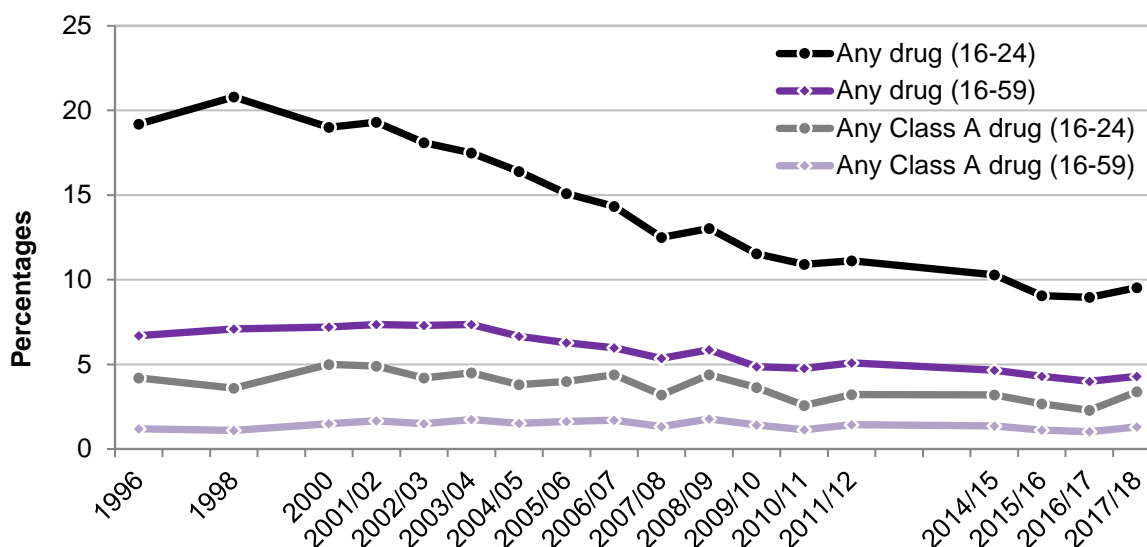
More detail is available in the [Appendix Tables](#) and the trends in last month drug use are shown in Figure 1.6 below. Commentary on the trends is presented below the chart.

⁴ Figures relating to painkillers are included in [Appendix Tables 3.14 and 3.15](#).

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

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

Figure 1.6: Trends in drug use in the last month among adults, 16 to 59 and 16 to 24 years old, 1996 to 2017/18 CSEW



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

The number of adults aged 16 to 59 who had taken drugs in the last month has decreased over the lifetime of the survey. The 2017/18 CSEW showed the following trends in last month drug use:

- Around 1 in 23 adults (4.3%) aged 16 to 59 said they had taken a drug in the last month. This equates to around 1.4 million people. There was no change from the previous year (4.0% in the 2016/17 CSEW) but the 2017/18 estimate was lower than a decade ago (5.4% in the 2007/08 CSEW) and when measurement began in 1996 (6.7%) ([Appendix Tables 1.03 and 1.04](#); [Figure 1.6](#)).
- The proportion among young adults aged 16 to 24 followed a similar trend, although the estimate of drug use in the last month in the 2017/18 CSEW was more than double that of the wider age group (9.5%). This equates to around 578,000 young people aged 16 to 24 having taken a drug in the month prior to interview. This represents a fall compared with 12.5 per cent in the 2007/08 survey and 19.2 per cent in the 1996 survey ([Appendix Tables 1.07 and 1.08](#); [Figure 1.6](#)).

1.5 USE OF DRUGS IN THE RESPONDENT'S LIFETIME

Respondents were also asked about drugs they have ever used in their lifetime, i.e. at *any* point prior to the interview; this is different from last year drug use, which is intended to measure more current drug use⁷. Detailed figures on *lifetime* use of drugs are in [Appendix Tables 1.01 and 1.05](#).

According to the 2017/18 CSEW, 34.6 per cent of adults aged 16 to 59 had used a drug at some point in their lives (11.4 million people), while only 9.0 per cent had done so in the last year (3.0 million people). Among the subgroup of young adults aged 16 to 24, 34.8 per cent (or around 2.1 million young adults) had used a drug in their lifetime, compared with 19.8 per cent (around 1.2 million young adults) who had done so in the last year. The latest lifetime drug use estimates for 16 to 24 year olds represent a decrease from the 2007/08 (42.0%) and the 1996 survey (48.4%).

⁷ Questions on the use of mephedrone in the respondent's lifetime were not included in the 2010/11 and the 2011/12 surveys. Therefore, the estimates of last year mephedrone use in 2010/11 and 2011/12 differ from the other individual drugs (in terms of the way they are obtained), as respondents were not previously asked about their experience of ever using mephedrone. Any effect on the estimates of last year mephedrone use, or indeed on the overall measure of any last year drug use, would be considered to be very small.

For all adults aged 16 to 59, the drug most commonly reported as ever used was cannabis, with around 1 in 3 (30.0%) adults reporting using this drug at some point during their lifetime. Furthermore, around 1 in 9 adults aged 16 to 59 said that they had used powder cocaine (10.6%); and around 1 in 10 reported use of amphetamines (9.7%) or ecstasy (10.0%) at some point in their lives. Among adults aged 16 to 59, 16.1 per cent (around 5.3 million) had taken a Class A drug in their lifetime. This was an increase from 9.6 per cent in the 1996 survey and from 14.2 per cent in the 2007/08 survey⁸.

1.6 SUMMARY OF TRENDS

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

Table 1: Last year drug use among adults aged 16 to 59 and young adults aged 16 to 24, with a summary of trends, 2017/18 CSEW

Class	Drug types	Adults aged 16 to 59				Adults aged 16 to 24			
		2017/18	compared with:			2017/18	compared with:		
		Proportion reporting use (%)	1996	2007/08	2016/17	Proportion reporting use (%)	1996	2007/08	2016/17
A	Any cocaine	2.7	↑			6.0	↑		
	Powder cocaine	2.6	↑			6.0	↑		
	Crack cocaine	0.1		↓	↑	0.1			
	Ecstasy	1.7			↑	5.1			
	Hallucinogens	0.7	↓		↑	2.3	↓		
	LSD	0.4	↓		↑	1.6	↓	↑	
	Magic mushrooms	0.4	↓			1.3			
	Opiates	0.1				0.1			
	Heroin	0.1				0.0			
	Methadone	0.1			↓	0.1			
A/B	Any amphetamine	0.5	n/a	n/a		1.5	n/a	n/a	
	Amphetamines	0.5	↓	↓		1.5	↓	↓	
	Methamphetamines	0.0	n/a	n/a		0.1	n/a	n/a	
B	Cannabis	7.2	↓			16.7	↓		
	Ketamine	0.8	n/a	↑	↑	3.1	n/a	↑	↑
	Mephedrone	0.1	n/a	n/a		0.2	n/a	n/a	
B/C	Tranquillisers	0.6			↑	1.2			
C	Anabolic steroids	0.2		↑		0.3			
	New psychoactive substances	0.4	n/a	n/a		1.2	n/a	n/a	
	Any Class A drug	3.5	↑	↑	↑	8.4		↑	
	Any drug	9.0	↓			19.8	↓		
	<i>Unweighted base</i>	20,736				2,211			

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

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

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

Upward and downward arrows indicate statistically significant changes compared with the years shown. 'n/a' indicates that the drug concerned had not been measured by the survey in the comparison year.

⁸ It should be noted that statistically significant changes in lifetime measures of drug use are likely to be influenced by sampling variability, and the 'last year' measure of drug use remains the best measure of tracking genuine changes.

2 Frequency of drug use in the last year

INTRODUCTION

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

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

Estimates of frequent drug use for cannabis, powder cocaine, ecstasy and any drug in the last year among adults from the 2017/18 CSEW can be found in the [Appendix Tables](#).

KEY FINDINGS

- According to the 2017/18 CSEW, **2.1 per cent of all adults aged 16 to 59 were classed as frequent drug users (had taken a drug more than once a month)**. This equated to around 698,000 people. This was similar to the 2016/17 CSEW (2.0%).
- **As with drug use in general, young adults (16 to 24 year olds) were more likely to be frequent drug users than the wider age group (16 to 59 year olds)**. The proportion of young adults who were classed as frequent drug users was 4.1 per cent (equivalent to around 248,000 young people). This was similar to the 2016/17 CSEW (4.2%).
- As in previous years, of the three drugs with specific questions on frequency of use, **cannabis was the most likely to be frequently used**, with 34 per cent of cannabis users aged 16 to 59 years old classed as frequent users in the 2017/18 survey.
- **There has been a long-term decrease in the frequent use of powder cocaine:** for example, the proportion of frequent drug users of powder cocaine fell from 21.8 per cent in the 2007/08 survey to 12.8 per cent in 2017/18. Frequent use of both powder cocaine and ecstasy has not changed significantly compared with the 2016/17 survey.
- **The majority of ecstasy and powder cocaine users reported having taken the drug only once or twice a year rather than frequently** (68% for ecstasy and 54% for powder cocaine users).

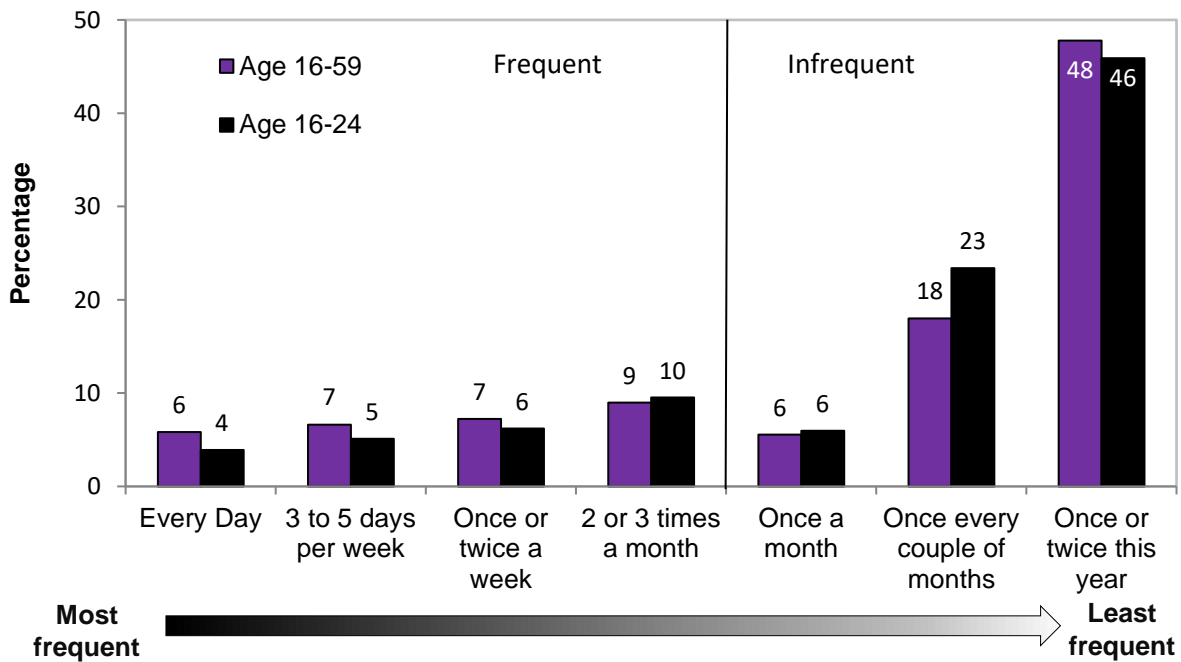
2.1 EXTENT OF FREQUENT USE OF ANY DRUG

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

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

Estimates from the 2017/18 CSEW show that 2.1 per cent of all adults aged 16 to 59 were defined as frequent drug users (having taken any drug more than once a month on average in the last year) (Appendix Table 2.01). This was at a similar level to the 2016/17 CSEW (2.0%), and equated to around 698,000 people⁹. For 16 to 24 year olds, 4.1 per cent were defined as frequent drug users, equivalent to around 248,000 young people¹⁰. Frequent drug users made up 29 per cent of the adults aged 16 to 59 who reported any drug use within the last year compared to 25 per cent of 16 to 24 year olds. Of those who reported using drugs in the last year, 6 per cent of adults aged 16 to 59 and 4 per cent of young adults aged 16 to 24 reported using drugs every day (Appendix Table 2.02).

Figure 2.1: Frequency of any drug used, adults aged 16 to 59 and 16 to 24, 2017/18 CSEW



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

2.2 FREQUENCY OF INDIVIDUAL DRUG USE

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

As reported in the previous chapter ([Extent and trends in drug use](#)), cannabis was the most prevalent drug taken in the last year among adults aged 16 to 59 (7.2%, [Appendix Table 1.02](#)). Of those aged 16 to 59 who used cannabis during the last year, 34 per cent reported frequent use of this drug. The

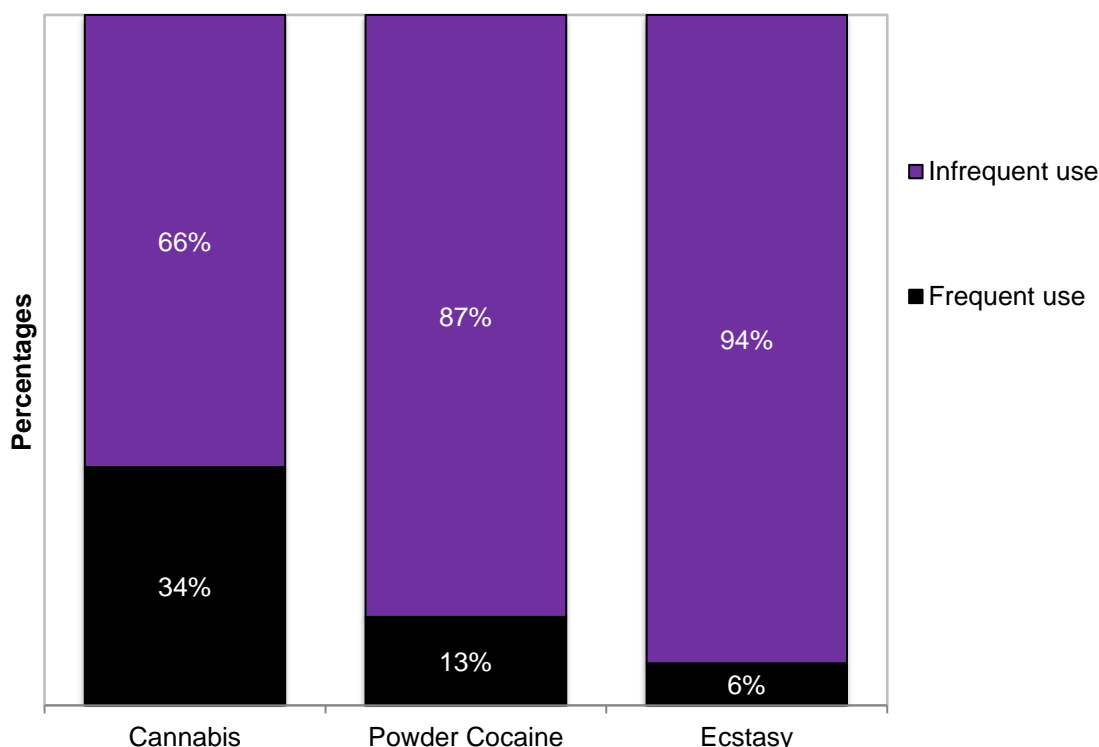
⁹ Data on number of frequent drug users not shown in data tables.

¹⁰ Data on number of frequent drug users not shown in data tables.

equivalent proportion for young adults aged 16 to 24 was similar, at 32 per cent ([Appendix Table 2.03](#)).

Of the three specific drugs asked about, cannabis had the highest proportion of frequent users (34% of last year cannabis users). Powder cocaine (13%) and ecstasy (6%) were used less frequently. One in ten (10%) cannabis users used it every day. Taking drugs 'once or twice this year' was the most common frequency across all three drug types: 44% for cannabis users, 54% for powder cocaine users and 68% for ecstasy users. That is, the majority of powder cocaine and ecstasy users only did so once or twice a year ([Appendix Tables 2.04 and 2.05](#)).

Figure 2.2: Frequency of drug use by individual drug type, adults aged 16 to 59 who took the drug in the last year, 2017/18 CSEW



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

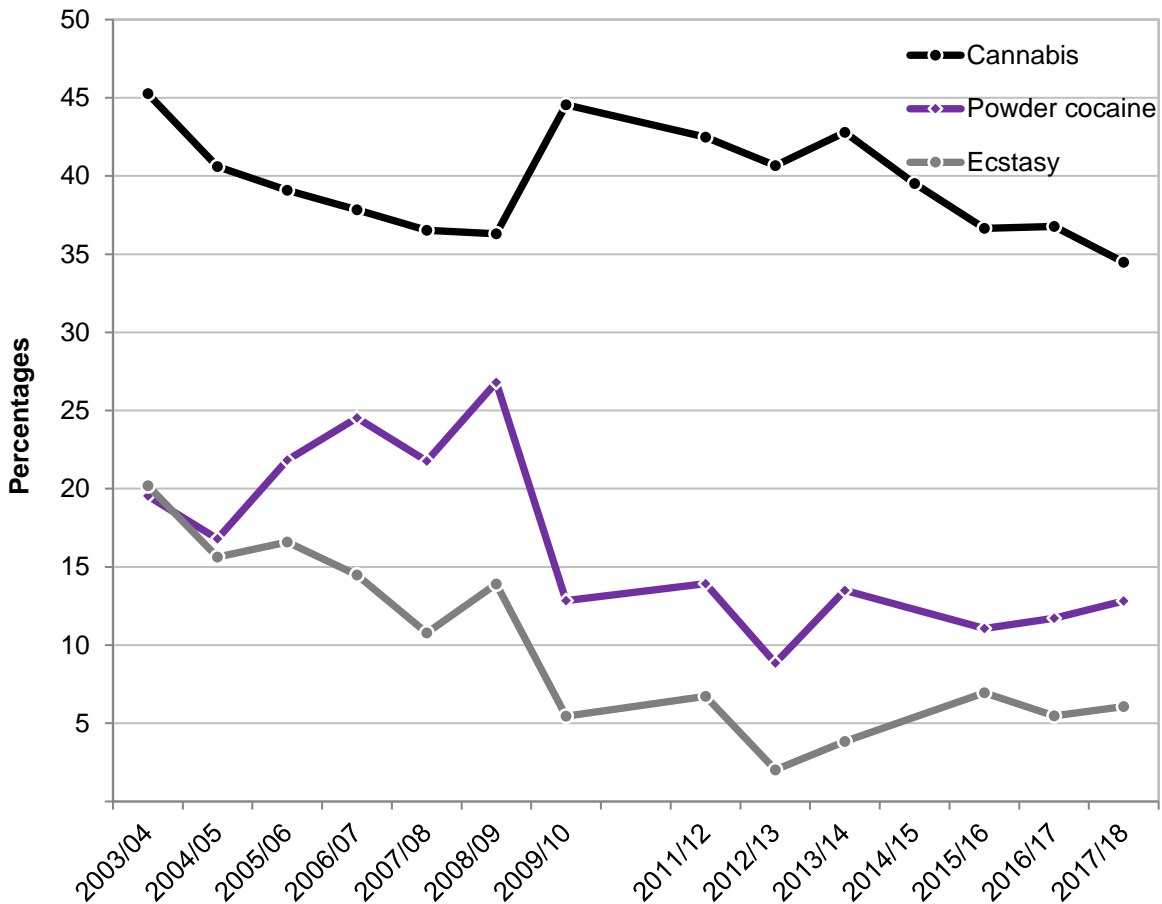
Frequent use is defined as taking a drug more than once a month, and infrequent use is defined as taking a drug once a month or less.

2.3 TRENDS IN INDIVIDUAL DRUG USE

The CSEW can also be used to provide information on trends in the frequent use of individual drugs. Analysis has been conducted for the three most popular drugs (cannabis, powder cocaine and ecstasy). This analysis shows that the proportion of users of cannabis who were frequent users was relatively flat between the 2003/04 and 2013/14 surveys, although there was considerable fluctuation between survey years. The 2017/18 survey shows that 34.5 per cent of last year cannabis users aged 16 to 59 were frequent users. This is 11 percentage points lower than when these questions were first asked in the 2003/04 survey (when 45.3% of last year cannabis users were frequent users).

There have been longer-term decreases in the frequent use of powder cocaine (Figure 2.3). For example, in the 2007/08 survey, the proportion of powder cocaine users who were frequent drug users was 21.8 per cent. This decreased to 12.8 per cent in the 2017/18 survey, which was similar to the 2016/17 survey (11.7%).

Figure 2.3: Trends in the proportion of drug users considered frequent users of cannabis, ecstasy and powder cocaine, 2003/04 to 2017/18 CSEW



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

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

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

2.4 FREQUENCY OF LAST MONTH CANNABIS AND POWDER COCAINE USE

Respondents who said that they had used cannabis in the last month were asked how often they had done so. The question has been asked from the 2015/16 survey onwards, and was previously asked in the 2010/11 CSEW. [Appendix Table 2.07](#) shows that under half (42%) of last month cannabis users said they used cannabis less than once a week, and 25 per cent said they used it daily or almost daily. There were no changes in 2017/18 compared with the 2016/17 survey.

For the first time, the 2017/18 CSEW included a question on frequency of powder cocaine use in the last month. Respondents who said that they had used powder cocaine in the last month were asked how often they had done so. [Appendix Table 2.08](#) shows that the majority of last month powder cocaine users (76%) used it less than once a week, and a small proportion (4%) reported using powder cocaine daily or almost daily. However, it should be noted that these estimates are based on relatively small numbers of respondents, with the 4 per cent figure equating to just 6 respondents answering positively to these questions.

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

INTRODUCTION

This chapter presents findings from the 2017/18 Crime Survey for England and Wales (CSEW) on levels of drug use in the last year by age, sex, frequency of nightclub and pub or bar visits, alcohol consumption, personal well-being and other characteristics. The [User Guide to Drug Misuse Statistics](#) provides further details relating to drug use measures and definitions. Further information on demographic and area classifications is available in the [User Guide to Crime Statistics for England and Wales](#), published by the Office for National Statistics (ONS).

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

KEY FINDINGS

- **As in previous years, younger people were more likely to take drugs than older people.** The level of any drug use in the last year was highest among 16 to 19 year olds (16.9%) and 20 to 24 year olds (21.8%). The level of drug use was much lower in the oldest age group (2.0% of 55 to 59 year olds).
- **Men were around twice as likely to take drugs as women.** Around 1 in 9 (11.8%) men aged 16 to 59 had taken any drug in the last year, compared with around 1 in 16 (6.2%) women.
- **Increased levels of drug use were associated with a higher frequency of visits to pubs, bars and nightclubs.** For example, use of any Class A drug in the last year was around 11 times higher among those who had visited a nightclub at least four times in the past month (22.4%) compared with those who had not visited a nightclub (2.1%).
- **People living in urban areas reported higher levels of drug use than those living in rural areas.** Around 1 in 11 (9.4%) people living in urban areas had used any drug in the last year, compared with around 1 in 14 (7.0%) of those living in rural areas.
- **People with self-reported higher levels of happiness were less likely to have taken drugs.** Among those who were classified as having very high levels of happiness, around 1 in 16 (6.4%) had used a drug in the last year. Among those who were classified as having low levels of happiness, around 1 in 6 (16.1%) had used any drug in the last year.

3.1 EXTENT AND TRENDS IN DRUG USE BY AGE GROUP

As in previous years, the level of any drug use in the last year was highest among the youngest age groups; 16.9 per cent of 16 to 19 year olds and 21.8 per cent of 20 to 24 year olds reported any drug use in the last year. Levels of drug use then decreased as age increased, from 13.5 per cent of 25 to 29 year olds to 2.0 per cent of 55 to 59 year olds ([Appendix Table 3.01](#)).

Between the 1996 and 2017/18 surveys, there was a fall in last year use of any drug among 16 to 59 year olds ([Appendix Table 1.02](#)). This was largely due to declines in drug use among 16 to 24 year olds, and to a lesser extent, 25 to 29 year olds (as shown in Figure 3.1). Over the same period, there have been increases in last year any drug use among older drug users. For example, drug use increased:

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

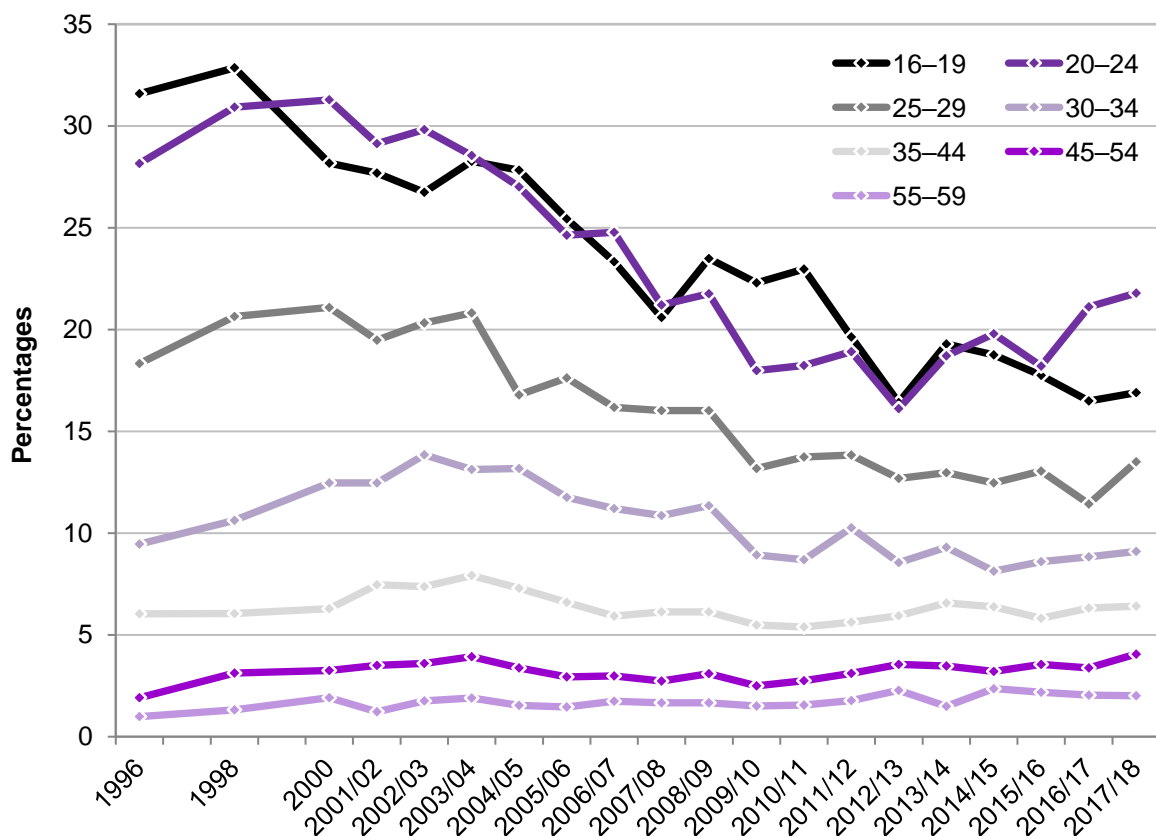
- from 1.9 per cent in the 1996 survey to 4.1 per cent in the 2017/18 survey for 45 to 54 year olds, and
- from 1.0 per cent in the 1996 survey to 2.0 per cent in the 2017/18 survey for 55 to 59 year olds.

These increases have mainly been driven by increased use of cannabis, although use of all types of drugs among this age group is still low compared with younger age groups ([Appendix Table 3.04](#)).

Further analysis focusing on older drug users is available in Annex A of the [Drug Misuse: findings from the 2014/15 publication](#).

There have been no significant changes in last year drug use between the 2016/17 and 2017/18 surveys for any age group, apart from increases in the use of hallucinogens¹¹ and cannabis among those aged 25 to 29.

Figure 3.1: Proportion of 16 to 59 year olds using any drug in the last year by age group, 1996 to 2017/18 CSEW



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

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

Class A drug use was highest among 20 to 24 year olds, with 10.6 per cent reporting use in the last year, and it was lowest among 55 to 59 year olds (0.2%).

¹¹ Due to the very small numbers of people using these drugs, even small changes in prevalence can appear to be statistically significant. Changes from one year to the next should be interpreted with caution.

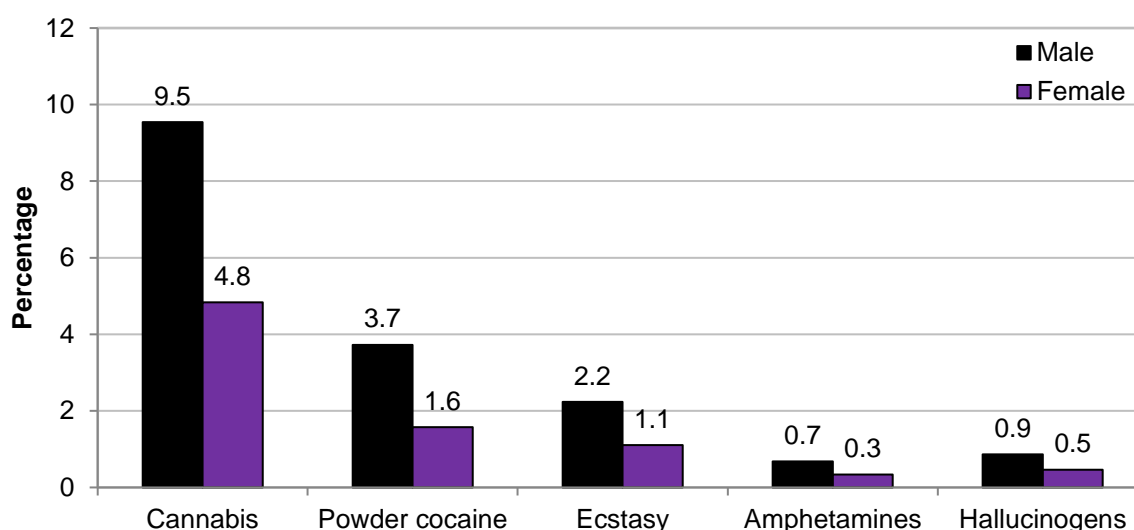
3.2 EXTENT AND TRENDS IN DRUG USE BY SEX

According to the 2017/18 CSEW, levels of last year drug use were higher among men than women. Among men, 11.8 per cent reported taking any drug in the last year, compared with 6.2 per cent of women. This pattern has existed since the 1996 survey, even though levels of use have fallen for both sexes over the time series (13.6% of men and 8.6% of women in 1996).

This pattern continues when looking at individual drug types, with men being around twice as likely as women to take drugs. In the 2017/18 survey men were:

- twice as likely to report using cannabis in the last year (9.6% of men, compared with 4.8% of women),
- more than twice as likely to have taken powder cocaine in the last year (3.7% of men compared with 1.6% of women), and
- twice as likely to have taken ecstasy (2.2% of men compared with 1.1% of women) in the last year (Figure 3.2; [Appendix Table 3.01](#)).

Figure 3.2: Proportion of 16 to 59 year olds reporting use of selected drugs in the last year by sex, 2017/18 CSEW



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

Between the 2016/17 and 2017/18 surveys, there was an increase in ecstasy use among men (1.7% to 2.2%) and an increase in hallucinogen use among women (0.2% to 0.5%).

3.3 EXTENT AND TRENDS IN DRUG USE BY SEX AND AGE

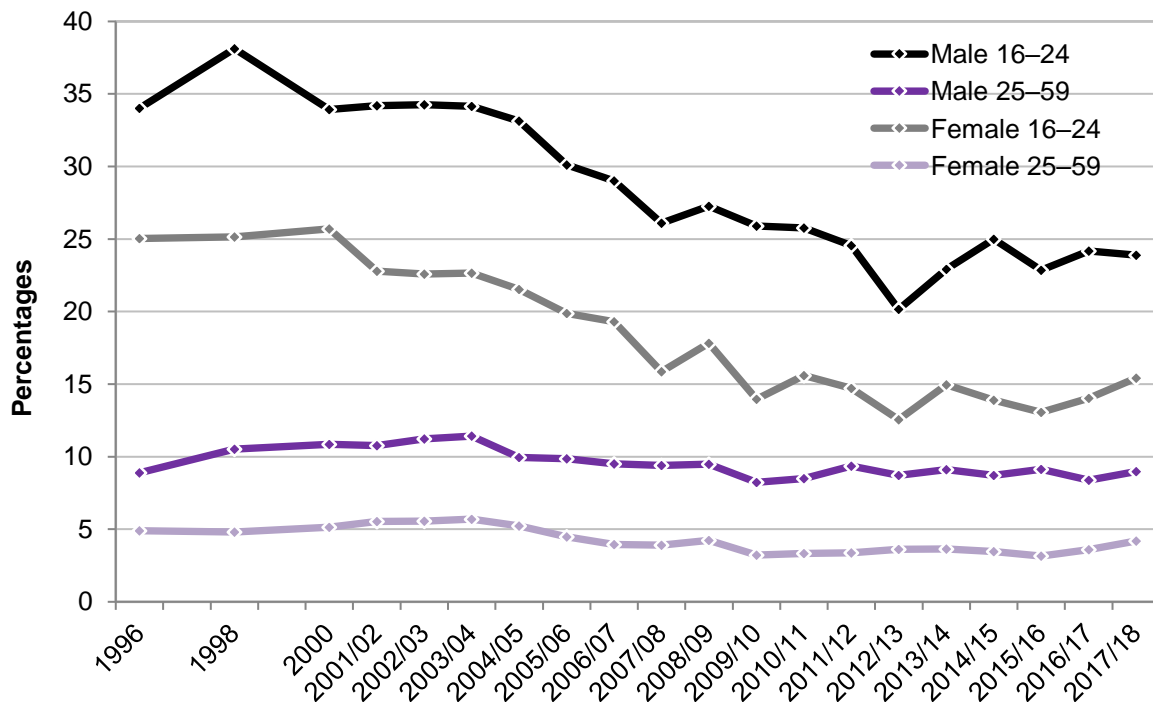
Following the patterns seen in drug use by sex and age individually, levels of drug use during the last year were highest among younger men (16 to 19 and 20 to 24 year olds) and lowest in older women (55 to 59 year olds).

- Between 1 in 4 and 1 in 5 men aged between 16 and 24 (19.4% for 16 to 19 year olds and 27.0% for 20 to 24 year olds) reported using any drug in the last year, compared with just over 1 in 70 women aged 55 to 59 (1.4%). ([Appendix Table 3.02](#)).
- Use of any Class A drug in the last year was higher among men aged 20 to 24 and 25 to 29 (13.3% and 8.0% respectively) than women in the same age groups (7.8% and 3.7% respectively).

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

- Between the 1996 and 2017/18 surveys, there has been a decline in last year use of any drug among 16 to 24 year old women (from 25.0% to 15.4%) but no significant change for women aged 25 to 59. There has also been a decline in last year use of any drug among 16 to 24 year old men (from 34.0% to 23.9%), but no significant change for men aged 25 to 59 (Figure 3.3, [Appendix Table 3.06](#)).

Figure 3.3: Proportion of 16 to 24 and 25 to 59 year olds using any drug in the last year by sex, 1996 to 2017/18 CSEW



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

3.4 EXTENT OF DRUG USE BY LIFESTYLE FACTORS

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

It is important to note that demographic factors are not necessarily independently associated with higher drug use. For example, visiting nightclubs and bars is associated with higher drug use, but some of this association may be driven by age, as younger people are more likely to visit nightclubs or bars. A previously published regression analysis of CSEW demographic characteristics and lifestyle factors found that age, sex, frequency of alcohol consumption and marital status were the most important factors associated with drug use ([Drug misuse declared: findings from the 2009/10 British Crime Survey](#)).

As shown in previous years, levels of drug use in the last year increased with the frequency of nightclub and pub or bar visits ([Appendix Table 3.01](#)). For example, the 2017/18 CSEW found the following correlations between frequency of nightclub visits and last year drug use among adults aged 16 to 59:

- Use of any Class A drug in the last year was around 11 times higher among those who had visited a nightclub at least four times in the past month (22.4%) compared with those who had not visited a nightclub in the past month (2.1%).

- Higher levels of Class A drug use among those who were regular visitors to nightclubs was driven mainly by last year use of powder cocaine and ecstasy. Last year use of powder cocaine was around 11 times higher among those who had visited a nightclub at least four times in the past month (17.1%) compared with those who had not visited a nightclub in the past month (1.6%). Last year use of ecstasy was around 20 times higher among those who had visited a nightclub at least four times in the past month (15.1%) compared with those who had not visited a nightclub in the past month (0.7%).
- Between 2016/17 and 2017/18 there was an increase in last year use of amphetamines for those who visited a nightclub 4 or more times in the last month (2.1% compared with 6.5%)
- Between 2016/17 and 2017/18, last year use of powder cocaine increased for those who had visited a nightclub between 1 to 3 times within the last month (6.8% compared with 9.2%). Although there was some fluctuation throughout the time series, the 2017/18 estimate also showed an increase when compared with 1998 and 2007/08, and was the highest on record.

The 2017/18 CSEW also found the following correlations between frequency of visits to a pub or bar and last year drug use among adults aged 16 to 59:

- Last year powder cocaine use was around nineteen times higher among those who had visited a pub or bar at least nine times in the last month (12.0%) than those who had not visited a pub or bar in the last month (0.6%).
- Last year ecstasy use was around twenty three times higher among those who had visited a pub or bar at least nine times in the last month (9.0%) compared to those who had not visited a pub or bar in the last month (0.4%).

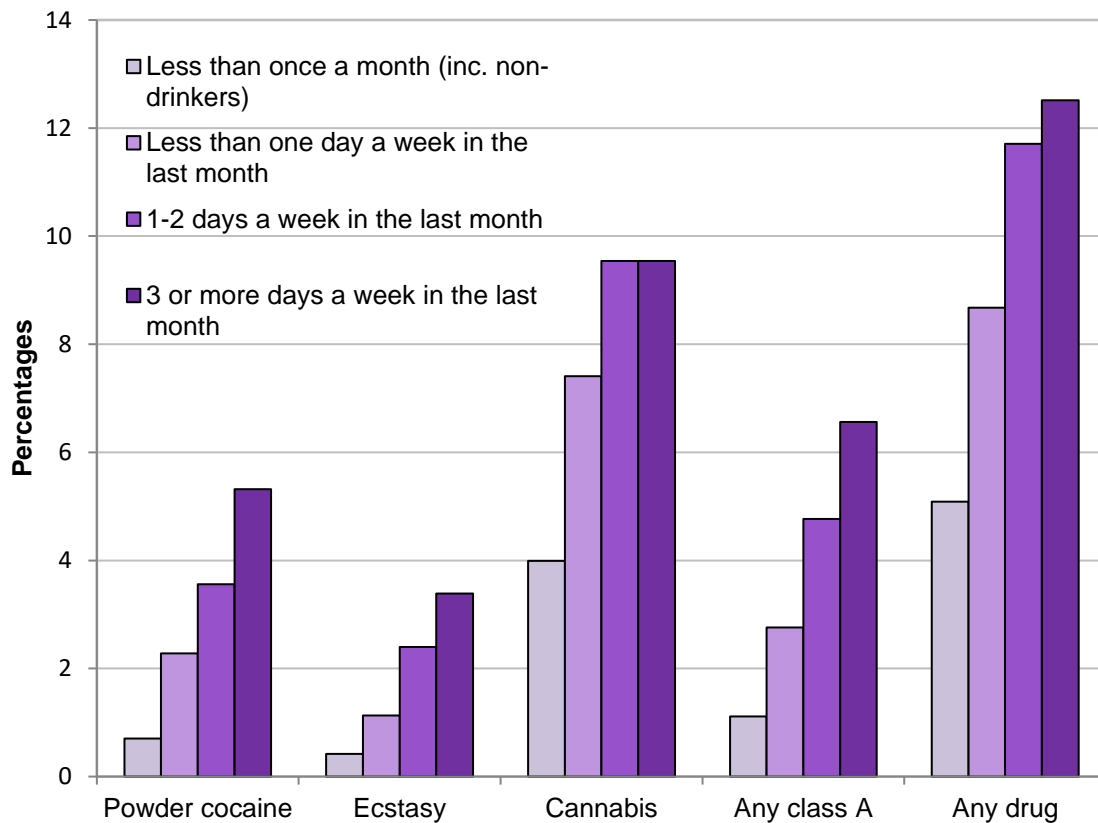
Between 2016/17 and 2017/18 there were increases in ecstasy, hallucinogen and cannabis use for the following groups:

- those who visited a pub or bar between 4 and 8 times in the last month, and
- those who visited a pub or bar 9 or more times in the last month.

These increases have driven an overall increase in last year use of Class A drugs and any drug among those who visited a pub or bar 4 to 8 times in the last month. While there has been some fluctuation in this data between years, there was an increase in last year drug use among this group when compared to both 2016/17 and 2007/08. Class A drug use among this group was fairly flat between 2010/11 (5.0%) and 2016/17 (6.4%) but the 2017/18 estimate (8.2%) showed increases when compared to the previous year, a decade ago (5.1%) and 1998 (3.5%).

The CSEW also provides information on last year drug use by frequency of alcohol consumption. Figure 3.4 shows that as frequency of alcohol consumption increased, so did levels of last year drug use. Adults aged 16 to 59 who reported drinking alcohol three or more days per week in the last month were more than twice as likely to have used any drug (12.5% compared with 5.1%) and six times as likely to have used a Class A drug (6.6% compared with 1.1%) in the last year than those who reported drinking less than once a month (including non-drinkers).

Figure 3.4: Proportion of 16 to 59 year olds reporting use of selected drugs in the last year by frequency of alcohol consumption, 2017/18 CSEW



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

3.5 EXTENT OF DRUG USE BY OTHER FACTORS

In the 2017/18 CSEW, levels of last year any drug use varied by other personal and household characteristics ([Appendix Tables 3.01 and 3.03](#)).

- Use of any drug and any Class A drug were higher among those living in urban areas compared with those living in rural areas. For example, 9.4 per cent of people living in urban areas had used any drug in the last year compared with 7.0 per cent of those living in rural areas.
- There was variation in drug use by output area classification. Those living in areas classified as 'Cosmopolitans' were more likely to have used any drug in the last year (20.1%) than those living in any other types of areas (for example, 6.5% of those living in 'Suburbanites' areas and 11.1% of those living in 'Constrained city dwellers' areas). Patterns of use of any Class A drug were similar, with the highest use among those living in 'Cosmopolitans' areas (10.0%) compared with other types of area (for example 3.2% of those living in 'Hard-pressed living' areas).
- Those who reported being a victim of any crime in the last year were more likely to report use of any drug and any Class A drug. For example, 13.3 per cent of those who reported being a victim of any CSEW crime in the last year also reported using any drug in the last year, compared with 8.1 per cent of those who did not.

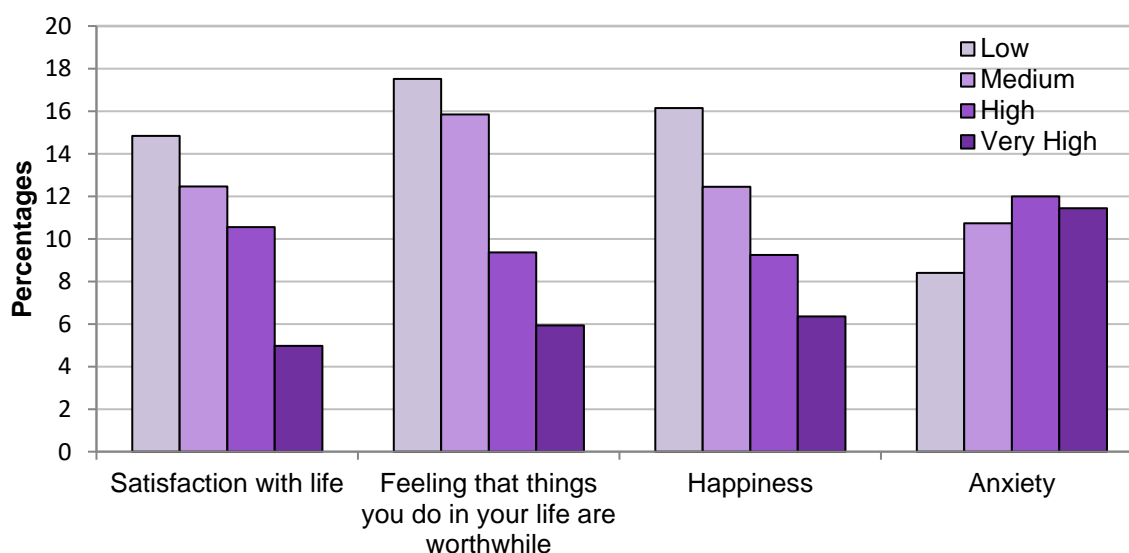
3.6 EXTENT OF DRUG USE AND PERSONAL WELL-BEING

This section presents analysis of the relationship between drug use and personal well-being. This uses the four measures of personal well-being that are included in the CSEW, which follow the ONS standardised approach to such measurement. Further information about these measures can be found in the ONS publication [Personal well-being in the UK: January to December 2017](#).

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

- Drug use decreased as life satisfaction increased. Of those who reported low levels of life satisfaction, 14.8 per cent also reported last year use of any drug, compared with 12.5 per cent of those who reported medium life satisfaction, 10.6 per cent for high life satisfaction, and 5.0 per cent for very high life satisfaction ([Appendix Table 3.01](#), Figure 3.5).
- A similar relationship was observed between drug use and feeling that “things done in life are worthwhile”. For example, around 1 in 6 people (17.5%) who had low levels of feeling that things done in life are worthwhile reported using any drug in the last year, compared with 1 in 17 (5.9%) of those with very high levels.
- There was also a similar relationship between drug use and happiness. Of those who were classified as having low levels of happiness, 16.1 per cent reported using any drug in the last year, compared with 6.4 per cent of those who were classified as having very high levels of happiness.
- Drug use was higher among those who experienced high or very high levels of anxiety (12.0% and 11.4% respectively), compared with those who had low levels of anxiety (8.4%).

Figure 3.5: Proportion of 16 to 59 year olds reporting use of any drug in the last year by wellbeing measures, 2017/18 CSEW



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

3.7 EXTENT OF PRESCRIPTION PAINKILLER MISUSE BY PERSONAL AND HOUSEHOLD FACTORS

Since the 2015/16 survey, respondents have been asked whether they had taken prescription-only painkillers not prescribed to them (here on referred to as non-prescribed prescription-only painkillers), and if so, whether i) it was for medical reasons or ii) for the feeling/experience it gave them.

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

- Use of non-prescribed prescription-only painkillers for medical reasons was higher among men (7.4%) than women (6.7%) ([Appendix Table 3.13](#)).
- The use of non-prescribed prescription-only painkillers for medical reasons decreases as life satisfaction increases. Of those with low levels of life satisfaction, 13.8 per cent reported use in the last year, compared with 5.3 per cent of those with very high levels of life satisfaction.
- Over twice as many people with a long-standing illness or disability reported use of non-prescribed prescription-only painkillers for medical reasons (14.3%) compared with those with no long-standing illnesses (5.8%).

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

- Use of non-prescribed prescription-only painkillers for medical reasons was relatively similar across different age groups (6.2% of those aged 16 to 24, compared with 7.2% of those aged 25 to 59).
- The use of non-prescribed prescription-only painkillers for medical reasons did not increase with higher levels of alcohol consumption (7.2% of those who drank less than once a month, including non-drinkers, compared with 7.1% of those who drank on 3 or more days a week in the last month).

4 New psychoactive substances and nitrous oxide

INTRODUCTION

This chapter covers the use of new psychoactive substances (NPS) among adults aged 16 to 59. In this context “NPS” refers to newly available drugs that mimic the effect of existing drugs such as cannabis, ecstasy and powder cocaine. Some NPS were previously legal to supply if they were not already controlled under the Misuse of Drugs Act 1971⁸. However, under the Psychoactive Substances Act 2016⁹, which commenced on 26 May 2016, all are now illegal to supply, produce and import. Despite this, it is possible that some respondents to the 2017/18 Crime Survey for England and Wales (CSEW) may still associate such substances with the term “legal highs”. This terminology was therefore retained in the survey questionnaire, along with an explanation of the nature of these substances. More information is available in the [User Guide to Drug Misuse Statistics](#).

The use of generic, rather than specific, NPS was first asked about in the 2014/15 CSEW, and in each of the following years. Evidence suggests that there may be particularly high prevalence of NPS use in prison settings and among the homeless community¹². These individuals would not be captured in the sample population of the CSEW, which is likely to mean that the survey underestimates the overall prevalence of NPS across the total population. This suggests that a larger component of NPS prevalence may not have been captured by the CSEW compared with other illicit drugs.

Questions on the use of individual NPS have been included in some past CSEW surveys, including salvia measured in the 2011/12 and 2012/13 surveys, as well as BZP (a stimulant similar to amphetamines), synthetic cannabinoids (“Spice”) and GHB/GBL measured in the 2010/11 and 2011/12 surveys. Findings on the use of these substances are presented in the [previous Drug Misuse bulletins](#) covering these past survey years. Questions on the use of nitrous oxide (which is not considered to be an NPS, but is in the scope of the Psychoactive Substances Act) were previously asked in the 2012/13 and 2013/14 surveys and have been reintroduced since the 2016/17 survey¹³.

Estimates of NPS and nitrous oxide use among adults from the 2017/18 CSEW can be found in the [Appendix tables](#). The responses to questions on the ease of obtaining NPS or nitrous oxide are discussed in [Chapter 5](#).

KEY FINDINGS

- **Use of NPS has not changed in the last year.** Approximately 0.4 per cent of adults aged 16 to 59 had used NPS in the last year (equivalent to around 121,000 adults). While this was the same level as in the 2016/17 CSEW, it was lower than the 0.7 per cent found in the 2015/16 survey.
- **As in previous years, around half of all NPS users were aged 16 to 24.** In the last year 1.2 per cent of adults aged 16 to 24 used NPS (equivalent to around 70,000 young adults).
- **People who had visited a pub or nightclub, consumed alcohol, or used another drug, were more likely to have used NPS in the last year than those who had not.** This was true for young adults aged 16 to 24 as well as the wider 16 to 59 age group.

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

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

¹² For example, [Highways and buyways: A snapshot of UK drug scenes 2016](#) and [HM Chief Inspector of Prisons for England and Wales Annual Reports](#)

¹³ The introduction of the question on use of nitrous oxide could have affected respondents’ answers to the subsequent question on generic NPS use, so care should be taken when interpreting comparisons of 2016/17 and 2015/16 estimates of generic NPS use.

- **Herbal smoking mixtures were still the most commonly used NPS in the last year, although there was an increase in the use of liquids.** A third (33%) of last year users aged 16 to 59 had smoked a herbal mixture on the last occasion that they used NPS. One in four (25%) ingested a liquid, which was twice as high as the previous year (12%).
- **NPS were still more likely than other illicit drugs to be obtained from shops and the internet.** Around 30 per cent of last year NPS users aged 16 to 59 had obtained the last NPS they used from either a shop (15%) or the internet (15%), compared with 5 per cent for other illicit drugs (4% from a shop, 1% from the internet).

4.1 EXTENT OF NPS USE

Last year NPS use

The 2017/18 CSEW showed that overall, the prevalence of NPS use in the last year among adults aged 16 to 59 was similar to that found in the 2016/17 survey. It remained generally low compared with the prevalence of well-established drugs such as cannabis, powder cocaine and ecstasy (see [Chapter 1](#)).

Around 0.4 per cent of adults aged 16 to 59 (equivalent to around 121,000 people) had used NPS in the last year. While this was unchanged compared with the 2016/17 CSEW (0.4%) it was lower than in the 2015/16 survey (0.7%). Men remained significantly more likely to have used NPS in the last year than women (0.5% and 0.2% respectively).

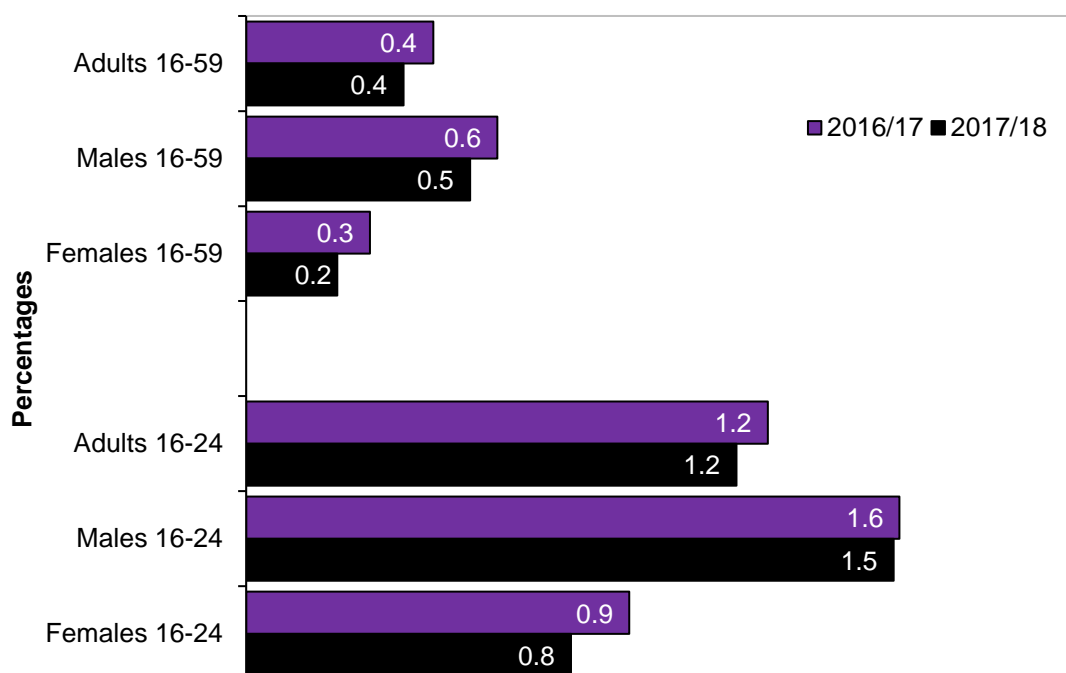
Younger adults aged 16 to 24 were around three times more likely than adults aged 16 to 59 to have used NPS in the last year (1.2%), equating to around 70,000 people. This was also unchanged compared with the 2016/17 survey (1.2%), but was lower than the 2015/16 survey (2.6%). As in previous years, this younger age group accounts for well over half of all last year users of NPS.

Young men aged 16 to 24 remained the most prevalent NPS users, being around four times more likely (1.5%, or around 47,000 people) to have used NPS in the last year than average (0.4% for those aged 16 to 59). The proportion of men who reported using NPS in the last year (0.5%) was similar to that in the 2016/17 CSEW (0.6%) but lower than in the 2015/16 survey (1.1%). The proportion of women who reported using NPS in the last year (0.2%) was similar to that found in the 2016/17 and 2015/16 surveys (0.3% and 0.4% respectively) ([Appendix Table 4.01](#), Figure 4.1). Although not shown in the data tables, there was a statistically significant difference in prevalence between men (0.5%) and women (0.2%), but not between young men (1.5%) and young women (0.9%). This may be due to the smaller sample size of the latter two groups.

Frequency of NPS use

In 2017/18, a question on the frequency of NPS use in the last year was added to the survey. This question was asked of all those who answered yes to using an NPS within the last 12 months. The majority (59%) of this group had used NPS one or two times in the previous year, although almost a quarter (23%) used NPS at least monthly. One in twenty (6%) used NPS at least weekly ([Appendix Table 4.02](#)).

Figure 4.1: Prevalence of NPS use in the last year, by sex, 16 to 59 and 16 to 24 year olds, 2016/17 and 2017/18 CSEW



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

Use of NPS in respondent’s lifetime

The 2017/18 CSEW found that 2.5 per cent of adults aged 16 to 59 had used NPS in their lifetime (around 794,000 people), which was similar to the previous year (2.4%). Men were around twice as likely (3.3%) as women (1.7%) to have used NPS at some point in their lives, which was also similar to the previous year.

Young adults aged 16 to 24 were around twice as likely (4.7%) to have used NPS as those in the wider 16 to 59 age group (2.5%). There was no significant difference in the lifetime prevalence of NPS between the 2016/17 and 2017/18 surveys (4.2% and 4.7% respectively)¹⁴ ([Appendix Table 4.01](#)).

4.2 EXTENT OF NITROUS OXIDE USE

The 2017/18 CSEW asked whether respondents had used nitrous oxide (also known as laughing gas) in the last year ([Appendix Table 4.03](#)). Nitrous oxide is included within the Psychoactive Substances Act, but is still sold legally for uses other than as an intoxicant (such as a propellant).

The prevalence of nitrous oxide use in the last year was 2.3 per cent for adults aged 16 to 59 (around 725,000 people). This was a similar level to the 2016/17 (2.4%) and 2013/14 (2.3%) surveys, which were conducted before the Psychoactive Substances Act (2016) was introduced.

As with other drugs, levels of nitrous oxide use were highest among those aged 16 to 24 years (8.8%, around 521,000 people). This level of use was similar to the 2016/17 survey (9.0%) and the 2013/14 survey (7.6%). Men aged 16 to 59 were more likely to have used nitrous oxide (2.9%, or around 463,000 men) than women (1.8%, or around 295,000 women).

¹⁴ It should be noted that statistically significant changes in lifetime measures of drug use are likely to be influenced by sampling variability, and the 'last year' measure of drug use remains the best measure of tracking genuine changes.

4.3 USE OF NPS BY LIFESTYLE FACTORS

The 2017/18 CSEW showed that, as in previous years, some behaviours were associated with the likelihood that an individual had used NPS in the last year. Factors investigated were whether individuals had taken another drug in the last year, whether they had consumed alcohol and whether they had visited a nightclub or visited a pub or bar in the last month ([Appendix Table 4.04](#)).

It is important to note that these factors are not necessarily independently associated with higher drug use. For example, visiting nightclubs and bars is associated with higher drug use, but some of this association may be driven by age, as younger people are more likely to visit nightclubs or bars. A previously published regression analysis of CSEW demographic characteristics and lifestyle factors found that age, sex, frequency of alcohol consumption and marital status were the most important factors associated with drug use ([Drug misuse declared: findings from the 2009/10 British Crime Survey](#)).

Other drug use¹⁵ in the last year

Around 0.1 per cent of 16 to 59 year olds who had not used any other drugs in the last year had used NPS in the last year. This was unchanged from the 2016/17 and 2015/16 surveys (0.1% for both). In contrast, 3.5 per cent of 16 to 59 year olds who had used any other drug in the last year had also taken NPS in the last year. This was similar to the 2016/17 CSEW (4.2%) but lower than the 2015/16 survey (7.7%) (Table 2, [Appendix Table 4.04](#)).

Table 2: NPS use in the last year, by use of another drug in the last year, 16 to 59 and 16 to 24 year olds, 2017/18 CSEW

Percentages who used NPS in the last year*	Adults aged 16 to 59	Adults aged 16 to 24
Used another drug in the last year	3.5	5.4
Did not use another drug in the last year	0.1	0.2

Table notes

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

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

Of the adults aged 16 to 59 who had used NPS in the last year, the majority (81.6%) had also taken another drug, similar to the 2016/17 CSEW (74.5%). However, this proportion was higher for 16 to 24 year olds (87.7%) in 2017/18 compared to the 2016/17 CSEW (73.7%). (These figures are not shown in the Appendix Tables).

Visits to a nightclub or disco in the last month

People who had visited a nightclub or disco in the last month were more likely to have used NPS in the last year than those who had not (Table 3). Furthermore, those who visited nightclubs or discos more frequently were also more likely to have used an NPS in the last year. There was no significant change in last year NPS use among those who had visited a nightclub or disco in the last month compared with last year's survey, for both those aged 16 to 24 and those aged 16 to 59 ([Appendix Table 4.04](#)).

¹⁵ 'Other drug use' refers to those drugs which are captured in the 'any drug' measure.

Table 3: NPS use in the last year, by frequency of visits to a nightclub or disco in the last month, 16 to 59 and 16 to 24 year olds, 2017/18 CSEW

Percentages who used NPS in the last year*	Adults aged 16 to 59	Adults aged 16 to 24
No visits to a nightclub or disco in the last month	0.2	0.7
Visited a nightclub or disco in the last month	1.6	2.1
<i>1-3 times in the last month</i>	<i>0.9</i>	<i>0.9</i>
<i>4+ times in the last month</i>	<i>4.9</i>	<i>5.5</i>

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

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

Visits to a pub or bar in the last month

People who had visited a pub or bar in the last month were also more likely to have used NPS in the last year than those who had not. Similarly to nightclub visits, those with more frequent pub or bar visits in the last month had higher prevalence of NPS use in the last year, as illustrated in Table 4 below. There was no significant change in last year NPS use among those who visited a pub or bar in the last month compared with last year's survey, for both those aged 16 to 24 and 16 to 59 ([Appendix Table 4.04](#)).

Table 4: NPS use in the last year, by frequency of visits to a pub or bar in the last month, 16 to 59 and 16 to 24 year olds, 2017/18 CSEW

Percentages who used NPS in the last year*	Adults aged 16 to 59	Adults aged 16 to 24
No visits to a pub or bar in the last month	0.1	0.3
Visited a pub or bar in the last month	0.6	1.7
<i>1-3 times in the last month</i>	<i>0.3</i>	<i>0.8</i>
<i>4+ times in the last month</i>	<i>2.3</i>	<i>5.2</i>

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

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

Alcohol consumption

Last year NPS use was higher among people who had consumed alcohol once or more in the last month, compared with those who had not consumed any alcohol. NPS use in the last year was higher among those that had consumed alcohol three or more days a week in the last month, as illustrated in Table 5. Compared with last year's survey, there was no significant change in last year NPS use for those who had consumed alcohol once or more in the last month, for both those aged 16 to 24 and 16 to 59.

Table 5: NPS use in the last year, by frequency of alcohol consumption in the last month, 16 to 59 and 16 to 24 year olds, 2017/18 CSEW

Percentages who used NPS in the last year*	Adults aged 16 to 59	Adults aged 16 to 24
Did not consume alcohol in the last month	0.1	0.1
Consumed alcohol once or more in the last month	0.6	2.0
<i>Less than a day a week in the last month</i>	<i>0.5</i>	<i>1.4</i>
<i>1-2 days a week in the last month</i>	<i>0.6</i>	<i>2.6</i>
<i>3 or more days a week in the last month</i>	<i>0.6</i>	<i>1.3</i>

Table notes

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

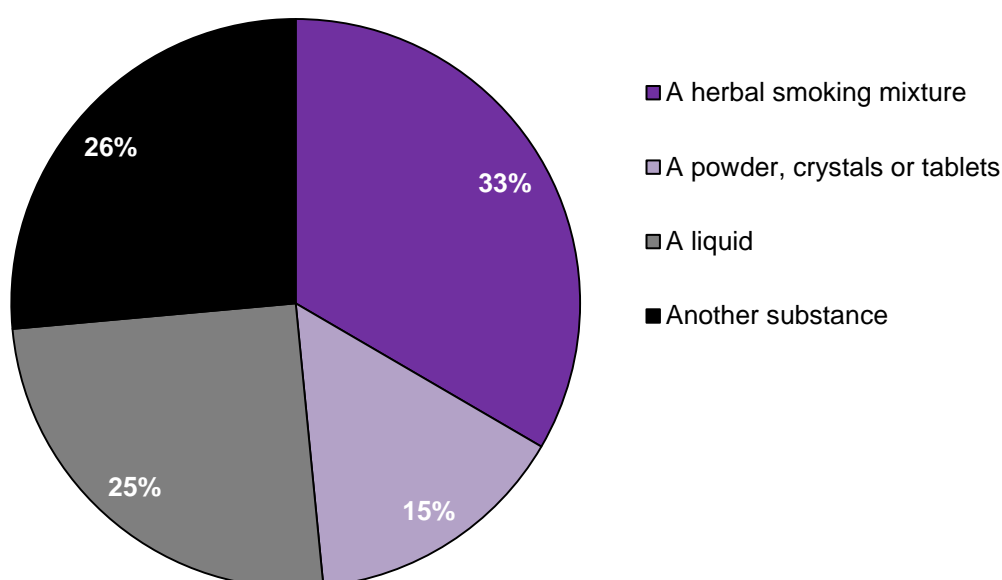
*Percentages who took NPS in the last year, among each population subgroup shown in the table.

4.4 NATURE AND SOURCES OF NPS OR NITROUS OXIDE USED ON LAST OCCASION

For those who had taken NPS in the last year, the 2017/18 CSEW asked respondents what type of substance they had used. In addition, those who had taken either NPS or nitrous oxide were asked where they had obtained the substance on the last occasion ([Appendix Table 4.05](#)).

As illustrated in Figure 4.2, herbal smoking mixtures were the most commonly used type of NPS in the last year, accounting for a third (33%) of last year NPS use. This was true for both the 16 to 59 and 16 to 24 age groups (Figure 4.2). The second most frequently used category of NPS was “another substance”, reported by 26 per cent of 16 to 59 year olds and 41 per cent of 16 to 24 year olds. There was an increase in the use of liquid NPS, from 12 per cent of last year NPS users aged 16 to 59 in 2016/17, to 25 per cent in 2017/18. There were no significant changes compared with the 2016/17 survey for the other types of NPS.

Figure 4.2: Types of NPS used on the last occasion, by adults aged 16 to 59, 2017/18 CSEW



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

Respondents who reported that they had used NPS or nitrous oxide in the last year were also asked where (or from whom) they obtained them on the last occasion. As illustrated in Figure 4.3, last year NPS or nitrous oxide users aged 16 to 59 most commonly obtained them from a friend, neighbour or colleague (35%), a stranger, acquaintance, family member or a dealer not known personally (19%), or a shop (15%) ([Appendix Table 4.06](#)).

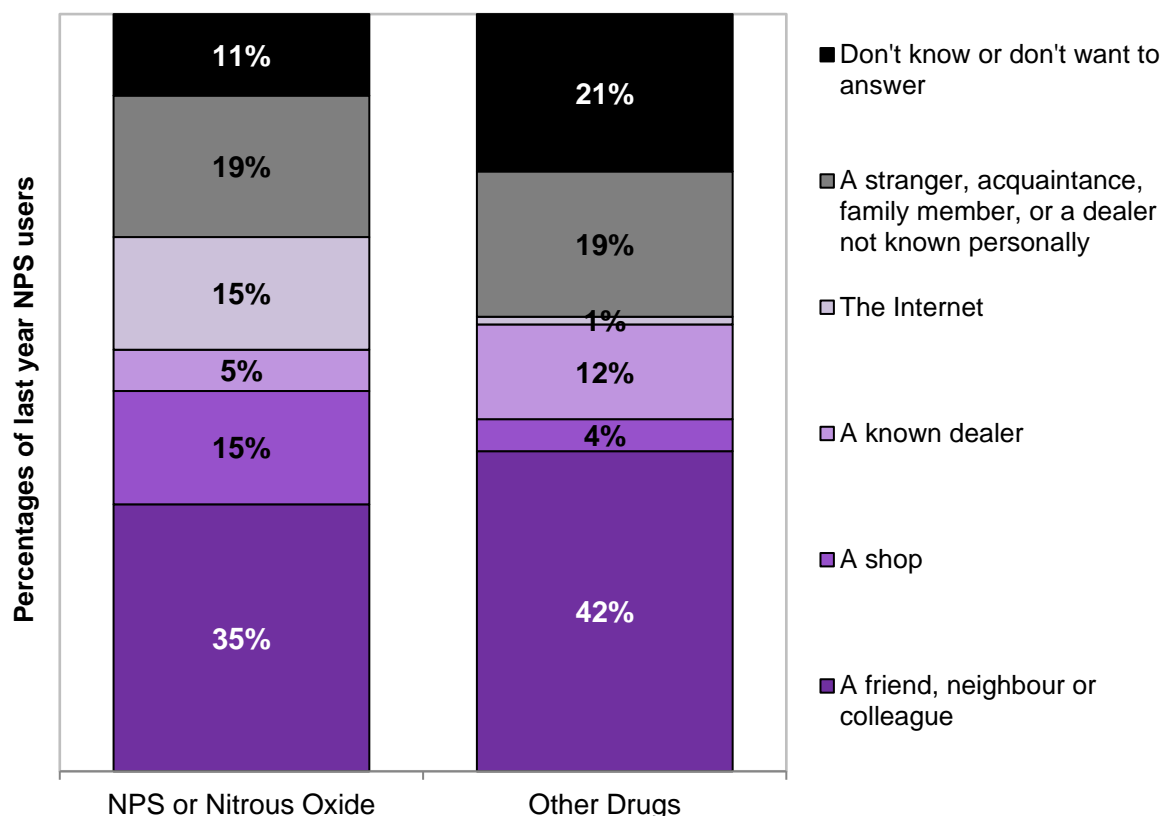
A considerable proportion (15%) of NPS or nitrous oxide was reported to be sourced from shops despite the large majority of interviews having taken place after the Psychoactive Substances Act was introduced¹⁶, when the sale of NPS (and nitrous oxide for use as an intoxicant) became illegal¹⁷. The proportion of respondents who reported that they obtained NPS or nitrous oxide from a shop was similar to the 2016/17 survey (13%), but was lower than the 2015/16 survey (25%).

¹⁶ CSEW asks respondents about where they sourced NPS/nitrous oxide in the previous 12 months, so interviews that were conducted between 1st April 2017 and 25th May 2017 would have referred to up to two months before the Psychoactive Substances Act was introduced.

¹⁷ Nitrous oxide is covered by the Psychoactive Substances Act, but is currently still legal to sell for medicinal use or as a propellant (e.g. to whip cream for catering purposes). It is possible that users of nitrous oxide who purchased it from a shop did so while claiming this intended use.

Respondents who reported that they had used any other illicit drugs were also asked where (or from whom) they obtained them on the last occasion. The proportions of other drugs sourced from the internet, shops and strangers were lower than that for NPS or nitrous oxide. Conversely, the proportions of other drugs sourced from friends, family, acquaintances and known dealers were higher than that for NPS or nitrous oxide.

Figure 4.3: Immediate sources of NPS or nitrous oxide and other drugs used on the last occasion, adults aged 16 to 59, 2017/18 CSEW



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

For the first time, the 2017/18 survey asked an additional question to respondents who reported that they had last obtained drugs from a family member or someone else well known to them. The question asked them about the original source of the drug they had obtained. This was asked separately to respondents who had obtained NPS or nitrous oxide, and to those who had obtained other drugs.

NPS or nitrous oxide were much more likely to have been originally sourced from the internet (37%) than other drugs (1%). Conversely, other drugs were more likely to have been originally sourced from a friend, neighbour or colleague (27%) than NPS or nitrous oxide (11%) (Figure 4.4, [Appendix Table 4.07](#)).

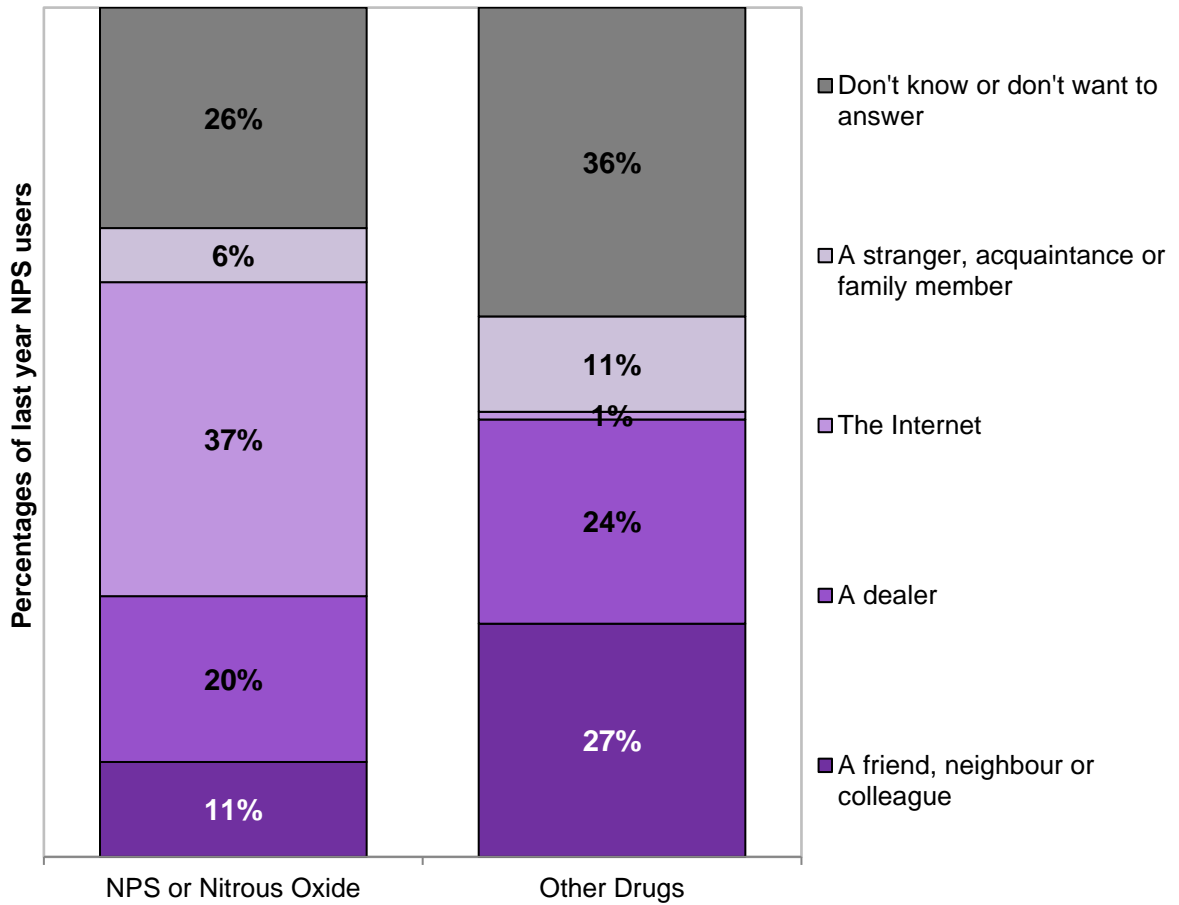
NPS or nitrous oxide was slightly less likely to have originated from a dealer¹⁸ (20%) than other drugs (24%). When asked about the original source of drugs, 26 per cent of NPS or nitrous oxide users and 36 per cent of those who had used other drugs reported that they did not know or did not want to answer.¹⁹ This was a higher proportion of such responses when compared to the first question about

¹⁸ This question did not distinguish between dealers being known or unknown to the respondent, unlike the question on the immediate sources of NPS.

¹⁹ This question was asked only to those who responded that they had initially obtained the drugs from a family member or someone else well known to them.

the initial source of drugs: 11 per cent of NPS or nitrous oxide users and 21 per cent of those who had used other drugs answered in this way ([Appendix Table 4.06](#)).

Figure 4.4: Original sources of NPS or nitrous oxide and other drugs used on the last occasion, adults aged 16 to 59, 2017/18 CSEW²⁰



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

²⁰ The questions about original sources of NPS/nitrous oxide or other drugs was asked only to those who reported first obtaining drugs from a family member or someone else well know to them, so the chart is based on these responses only.

5 Perceived ease of obtaining illegal drugs

INTRODUCTION

This chapter examines respondents' perceptions about the ease of obtaining drugs. Respondents to the 2017/18 Crime Survey for England and Wales (CSEW) were asked how easy it would be for them to obtain illegal drugs.

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

KEY FINDINGS

- **Around a third (37%) of adults aged 16 to 59 thought that it would be very or fairly easy for them personally to obtain illegal drugs within 24 hours if they wanted them.**
- **Around a quarter (23%) of adults aged 16 to 59 thought that it would be very or fairly easy for them personally to obtain new psychoactive substances (NPS) or nitrous oxide within 24 hours if they wanted them.**

5.1 EASE OF OBTAINING ILLEGAL DRUGS

In the 2017/18 CSEW around one quarter of respondents were randomly selected to answer the following question: "how difficult or easy do you think it would be for you personally to obtain illegal drugs within 24 hours, if you wanted some".²¹ A question on the ease of obtaining illegal drugs was also asked in the 2016/17 survey, so responses for the two years can be compared.

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

Respondents who said that they "did not know" how easy or difficult it would be to obtain illegal drugs within 24 hours were included in the analysis, accounting for around a quarter (28%) of respondents aged 16 to 59. Those who refused to answer (1.3% of those asked) were excluded from the analysis.

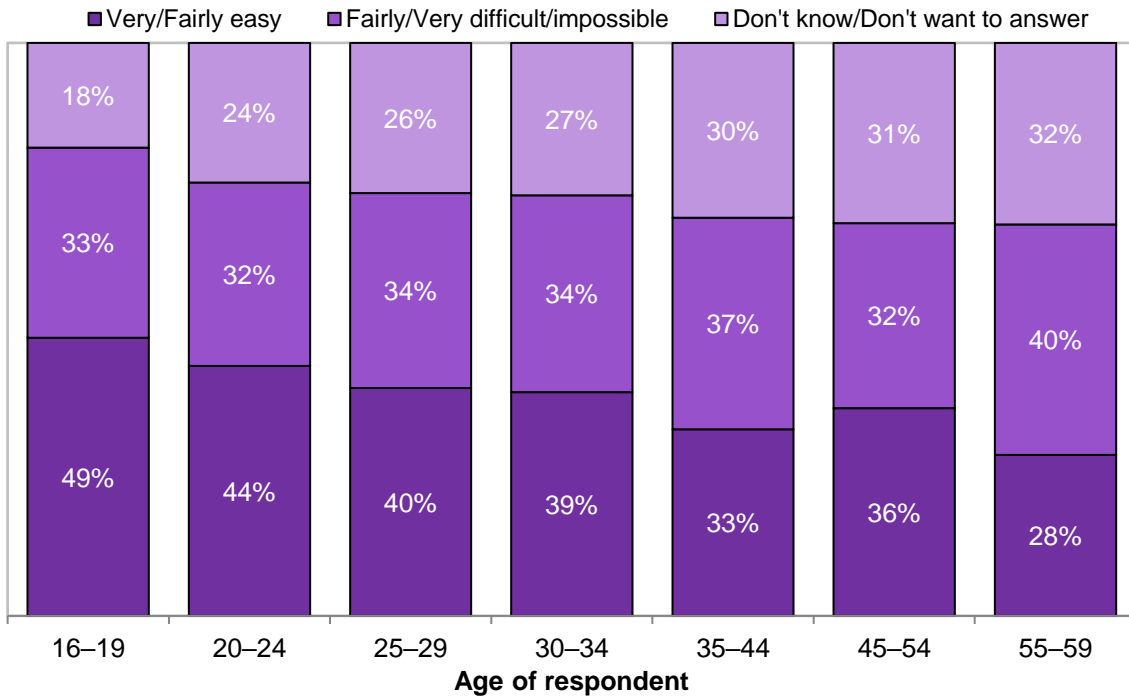
Around a third (37%) of adults aged 16 to 59 thought that it would be very easy or fairly easy for them personally to get illegal drugs within 24 hours if they wanted them, a similar proportion to 2016/17 (35%). A further third (35%) thought that it would be fairly difficult, very difficult or impossible, a similar proportion to 2016/17 (34%) ([Appendix Table 5.01](#)).

A higher proportion of men (40%) than women (34%) thought that it would be very or fairly easy for them personally to obtain illegal drugs within 24 hours ([Appendix Table 5.02](#)).

Older respondents were less likely to think that they could obtain drugs easily compared with younger respondents. Adults aged 16 to 24 were most likely to think that it would be very or fairly easy for them personally to obtain drugs within 24 hours (46%), whereas those aged 55 to 59 years old were least likely to think so (28%) ([Appendix Table 5.02](#); Figure 5.1). This is in line with previous findings and may reflect differences in the prevalence of drug use seen across different age groups.

²¹ Respondents were offered the following responses to this question: impossible, very difficult, fairly difficult, fairly easy, very easy, don't know or don't want to answer.

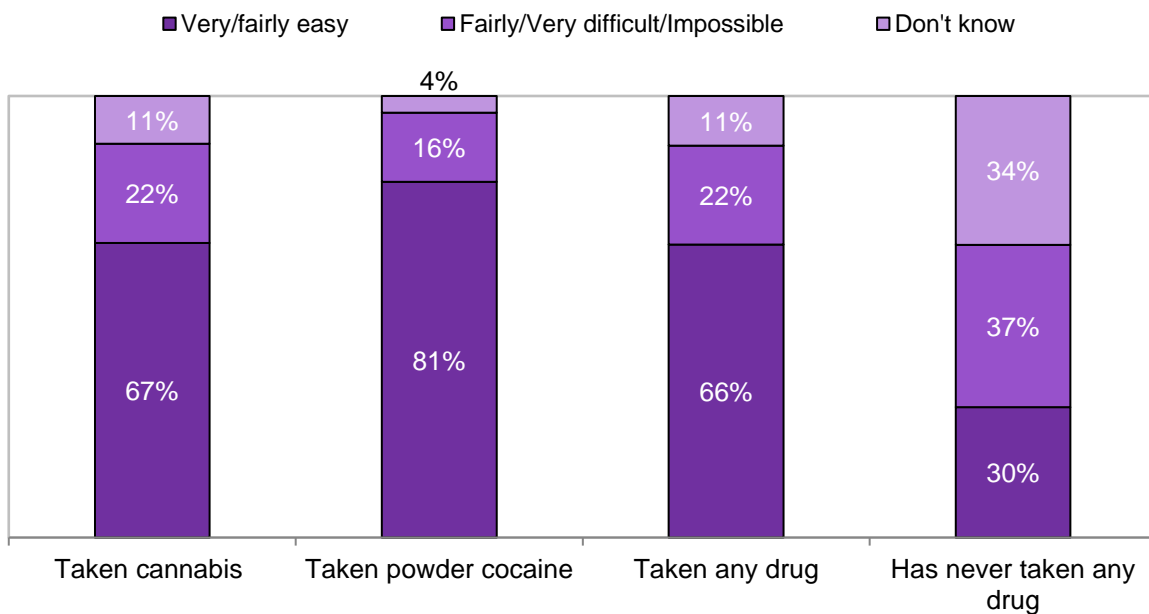
Figure 5.1: Ease of obtaining illegal drugs within 24 hours, by age, adults aged 16 to 59, 2017/18 CSEW



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

As expected, adults who had taken drugs in the last year were more likely to say that it would be very or fairly easy to obtain them than those who had not. For example, twice as many of those who had taken any drugs in the last year thought it would be very or fairly easy to obtain them within 24 hours than those who had never taken drugs (66% compared with 30%). Perceived ease of obtaining drugs also varied by type of drug used, with those who had used cocaine the most likely to think it would be easy to obtain drugs (81%), followed by users of ecstasy (75%) and cannabis (67%).

Figure 5.2: Ease of obtaining illegal drugs within 24 hours, by drug use in last year, adults aged 16 to 59, 2017/18 CSEW



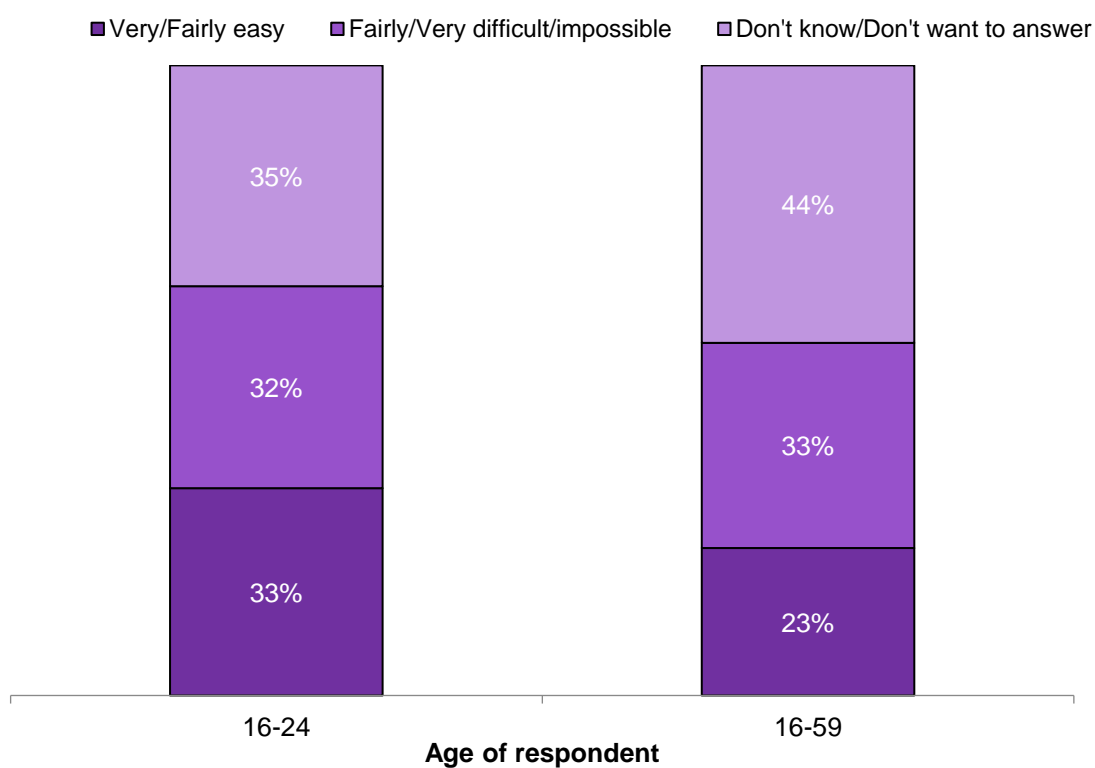
Source: Home Office, [Appendix Table 5.02](#).

5.2 EASE OF OBTAINING NPS OR NITROUS OXIDE

The 2017/18 CSEW asked all respondents who completed the drugs self-completion module about how easy or difficult they believed it would be to obtain NPS or nitrous oxide within 24 hours, if they wanted them ([Appendix Table 5.03](#)). This is the second year that this question has been included in the CSEW. The responses on ease of obtaining NPS or nitrous oxide were similar to those for other drugs.

Approximately 23 per cent of adults aged 16 to 59 thought that it would be very easy or fairly easy for them personally to obtain NPS or nitrous oxide, 33 per cent thought that it would be fairly difficult, very difficult or impossible, and 44 per cent did not know. Younger adults, aged 16 to 24, were most likely to think that obtaining these substances would be easy, with a third (32%) stating so (Figure 5.3). None of these findings were significantly different to those found in the 2016/17 CSEW.

Figure 5.3: Ease of obtaining NPS or nitrous oxide within 24 hours, by age, adults aged 16 to 59, 2017/18 CSEW



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

Technical annex

INTRODUCTION

Since 1996, the Crime Survey for England and Wales (CSEW) has provided estimates of drug use among adults aged 16 to 59 resident within the **general household population** of England and Wales. For the first time, the 2017/18 survey invited those aged 60 to 74 to participate in the CSEW self-completion module. However, this publication presents the analysis of data collected from 16 to 59 year olds only. Plans for the future reporting of results from data collected from 60 to 74 year olds are currently being considered and we will be seeking the views of users as we prepare our plans.

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

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

The 2017/18 survey provides estimates of drug use among adults over three time periods:

- ever in their lifetime;
- in the last year; and
- in the last month.

Information on these measures is provided for the extent of drug use and is contained in the tables for [Chapter 1](#). However, the discussion on trends focuses mainly on last year use, which is deemed to be the most reliable measure of recent drug use.

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

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

T.1 INTERPRETING THE FIGURES

Frequent drug use

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

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

'cannabis'. From 2015/16 onwards, respondents were asked about the frequency of use of 'any drug' as well as three specific drug-types: cannabis, powder cocaine and ecstasy.

The omission of questions asking about the frequency of each individual drug use and the inclusion of one question asking about the frequency of 'any drug' use (and cannabis individually in 2014/15 and cannabis, powder cocaine and ecstasy individually in 2015/16) means that the estimates for the frequency of any drug use for 2014/15 to 2016/17 cannot be compared with previous years. This is because it is based on one specific question rather than a composite variable made up of individual questions that ask about the frequency of use for each individual drug.

Personal, household and area characteristics

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

T.2 RE-WEIGHTING THE CSEW

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

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

The methodology for estimating numbers of drug users was subsequently improved, to account for the fact that respondents to the CSEW self-completion module on drug use are a sub-sample of the whole target population. Only those aged 16 to 59 are asked to complete this module, and some may refuse to do so. This further detail was taken into account when dealing with non-response to produce more accurate estimates and led to a further revision of the estimated numbers of drug users in the 2014/15 Drugs Misuse release.

T.3 OTHER DATA SOURCES

Public Health England (PHE) publishes information annually on the age, sex and ethnicity of clients aged 18 years and over accessing specialist substance misuse services in England in its annual report *Substance misuse treatment for adults: statistics 2016 – 2017*. A separate report is produced to cover those aged under 18. The latest reports are available online at: <https://www.gov.uk/government/statistics/substance-misuse-and-treatment-in-adults-statistics-2016-to-2017>

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

Opiate and crack cocaine use: prevalence estimates for local populations is published by PHE. Latest figures for 2014/15 are available online at:

<https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations>

The *Smoking, Drinking and Drug Use Among Young People in England* survey is run in alternate years. The 2016 report is published by the Health and Social Care Information Centre and includes extensive information on drug use for 11 to 15 year olds. It is available online at:

<https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2016>

The *Deaths related to drug poisoning in England and Wales – 2016 registrations* report published by the Office for National Statistics (ONS) contains statistics on deaths related to drug-poisoning and drug-misuse and is available online at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2016registrations>

The *Deaths involving legal highs in England and Wales: between 2003 and 2014* report published by the ONS contains statistics on drug-related deaths involving legal highs and is available online at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/deathsinvolvinglegalhighsinenglandandwales/between2004and2013>

The *Seizures of drugs in England and Wales, financial year ending 2017* report is published by the Home Office and included statistics on the number and quantity of drug seizures made by police forces and the Border Force. The latest report is available online at:

<https://www.gov.uk/government/statistics/seizures-of-drugs-in-england-and-wales-financial-year-ending-2017>

The *Scottish Crime and Justice Survey – Drug use report, 2014–15* is published by The Scottish Government and examines the findings from the self-completion questionnaire on drug use in Scotland. It explores the prevalence of drug use in Scotland, trends in self-reported drug use and the experiences of those who reported drug use in Scotland. The latest report is available online at:

<http://www.gov.scot/Publications/2016/06/8687/0>

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

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

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