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## Drug misuse declared in 2000: key results from the British Crime Survey

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The British Crime Survey (BCS) is a large-scale household survey, mainly of crime victimisation, representative of the general public in England and Wales. One component of the survey focuses on self-reported drug-taking. As the same self-report process has been used in the 1994, 1996, 1998 and 2000 surveys, the changing patterns of illicit drug use by people aged 16 to 59 can be examined.

The targets set in the Government's anti-drugs strategy are to reduce 'last year' and 'last month' Class A drug use among young people under 25 by 25% by 2005 and 50% by 2008. Class A drugs are the most harmful drugs which carry the severest penalties for offences including possession and supply.

Baseline figures for the strategy were provided by the 1998 survey. The results of the 2000 survey can now be used to assess initial progress in relation to heroin, cocaine and Class A drug use among young people. These findings concentrate on those aged 16 to 24 but the overall picture covers a wider span of age ranges.

### Key points

- While there have been some increases from 1998 (the baseline) to 2000 in heroin, cocaine and all Class A drug use among 16- to 24-year-olds, these were not statistically significant. This suggests a broadly stable picture for use of these drugs by that age group.

#### Drug use reported in 2000 BCS

- Around half of young people aged 16 to 24 have tried drugs at some point in their lives. More recent use is lower at 29% for the last year and 18% for the last month.
- Cannabis remains the most widely consumed drug in all age groups. Around 45% of 16- to 24-year-olds reported that they had tried cannabis at some point in their lives.

#### Changes since the 1994 survey

- The proportion of 16- to 24-year-olds using any drug in the last year has remained stable at 29% for each of the four sweeps. Similar stability is seen with respect to both cannabis and Class A drugs, with 26% and 9% reporting use in the last year respectively.
- Divergent trends were found for the 16- to 19-year-olds: their rate of overall drug use has fallen by a fifth from 34% in 1994 to 27% in 2000; cocaine use, however, has risen significantly from 1% in 1994 to 4% in 2000.
- Similarly, the proportion of 16- to 24-year-olds using cocaine in the last year rose significantly from 1% in 1994 to 5% in 2000.

**Table 1 Percentage of 16- to 24-year-olds using heroin, cocaine and Class A drugs (1998 baseline, 2000 rates and target rates for 2005 and 2008)**

	1998	2000	Targets	
			2005	2008
<b>Heroin</b>				
Last year	0.30	0.80	0.22	0.15
Last month	0.27	0.32	0.20	0.13
<b>Cocaine</b>				
Last year	3.08	4.94	2.31	1.54
Last month	0.83	1.79	0.62	0.41
<b>Class A</b>				
Last year	8.28	9.24	6.21	4.14
Last month	3.43	4.76	2.57	1.71

Source: 1998 and 2000 BCS (weighted data)

### The drugs strategy

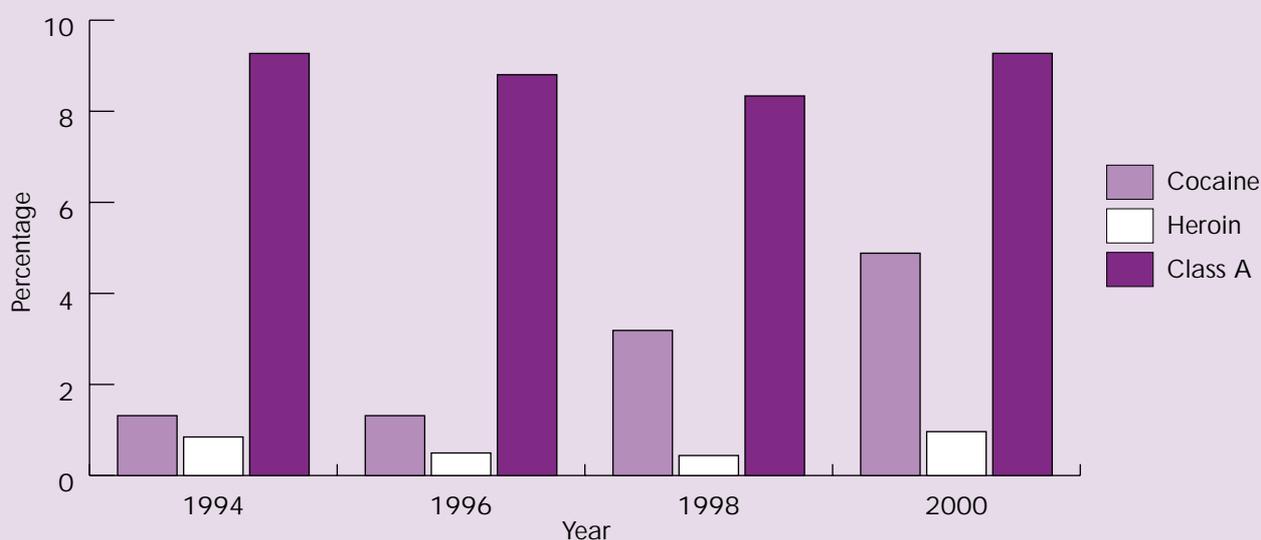
The original targets set in the Government's anti-drugs strategy were to reduce 'last year' and 'last month' use of heroin and cocaine among young people under 25 by 25% by 2005 and 50% by 2008. A more wide-ranging target has since been adopted – reducing Class A drug use (also by 25% by 2005 and 50% by 2008) in this age group.

Table 1 above shows that prevalence rates for heroin, cocaine and Class A drug use increased from 1998 to 2000. However, these increases were not statistically significant. Figure 1 shows these patterns over the four relevant sweeps of the BCS. Class A drugs covered in the BCS are those most commonly used: heroin, cocaine, methadone (unprescribed), crack, ecstasy, LSD and magic mushrooms.

It is difficult to track the prevalence of these more harmful drugs in general population surveys such as the BCS due to the small numbers involved, especially for heroin. However, the next BCS survey (2001) includes a larger sample of 16- to 24-year-olds, allowing changes to be detected with more confidence.

### General patterns of drug use in 2000

These Findings concentrate on the changes for 16- to 24-year-olds, since this group forms the principal focus of the Government's anti-drugs strategy. However, some results for the 16 to 29 age group are also presented. The sample size for this group is almost twice as large as that for the 16 to 24 age group, allowing more exploration of patterns of drug use across variables such as region and ACORN category (see methodological note).

**Figure 1 Percentage of 16- to 24-year-olds using cocaine, heroin and Class A drugs in the last year, 1994, 1996, 1998 and 2000**

Unweighted sample sizes for 1994, 1996, 1998 and 2000 are 1442; 1475; 1296; 1517 respectively. Source: 1994, 1996, 1998 and 2000 BCS (weighted data).

### Age and Gender

Rates for drug use are generally higher among young people. About half of those aged 16 to 29 have tried an illicit drug in their lifetime. More recent use is less widespread, at 25% for use in the last year and 16% for use in the last month. (Figures for 16- to 24-year-olds are similar at 50% for lifetime use, 29% for use in the last year and 18% for use in the last month.) Males are also more likely than females to report drug use, with 30% of males aged 16 to 29 having used drugs in the last year compared with 20% of females.

### Different drugs

Cannabis remains the most widely used drug in all age groups. Lifetime, last year and last month rates among 16- to 29-year-olds are 44%, 22% and 14% respectively. (Figures for 16- to 24-year-olds using cannabis are slightly higher.) After cannabis, amphetamine is the next most commonly consumed drug, with lifetime, last year and last month rates among 16- to 29-year-olds at 22%, 5% and 2% respectively.

Rates for last year use of the more addictive drugs such as heroin, methadone and crack, were found to be low (about 1%). However, the equivalent figure for cocaine use among 16 to 29s is considerably higher, at 5% (a rate similar to that for ecstasy).

Just over a fifth (21%) of young people aged 16 to 29 had used Class A drugs in their lifetime; 8% had used them in the last year and 4% in the last month.

### The drug takers

Many different factors influence whether an individual will use drugs and the type of drugs used. The type of neighbourhood lived in, income level, educational attainment and lifestyle are some examples. A contrast was found between the characteristics of cocaine and heroin users – heroin use is linked with less affluent groups in the population whilst cocaine use is less circumscribed.

Analysis in terms of residential housing areas showed consistently higher levels of drug use among 16 to 29s living in affluent urban areas. Similar patterns are found for cocaine and Class A drugs. Heroin, on the other hand, is more common in less affluent areas.

Unemployed 16- to 29-year-olds have higher rates of last year use for any drug, heroin and Class A drugs. However, the rates for cocaine use among employed and unemployed groups are similar at 5% and 4% respectively.

Drug use varies considerably across regions in England and Wales, with London having the highest rates for use of any drug and Class A drugs (see Figure 2).

### Ethnic comparisons

An ethnic booster sample was included in the 2000 BCS. In general, drug use is less prevalent in ethnic minority groups (all black groups, Indian and Pakistani/Bangladeshi) compared with whites. The proportion of 16- to 29-year-olds who have used drugs in the last year has increased from 1994 levels for all ethnic groups, with the exception of the Pakistani/Bangladeshi group. The only significant increase, however, is on the part of the 16- to 29-year-old Indian ethnic group, from 7% in 1994 to 12% in 2000. For those who defined themselves as of 'mixed ethnicity', there is a high prevalence rate for a variety of drugs. Their lifetime rates matched or exceeded those of all other ethnic groups.

### Changing patterns of drug use, 1994–2000

The percentage of young people (aged 16 to 29) using any drug in the last year remained fairly stable across the four sweeps of the BCS, rising only slightly from 23% in 1994 to 25% in 2000. Within this, use of some drugs has decreased significantly (amphetamine fell from 7% to 5% and LSD fell from 4% to 2%), whilst use of other drugs increased significantly (cocaine rose from 1% to 5% and crack rose

**Figure 2 Percentage of 16- to 29-year-olds using any drug or Class A drugs in the last year, by region**



Unweighted sample size, England & Wales (n= 3015) Source: 2000 BCS (weighted data).

from less than 0.5% to 1%). Use of cannabis and heroin in the last year has remained stable at around 22% and 1% respectively. Ecstasy use (now 5%) has not changed significantly since 1996, but continues to be used by a cohort of those who were teenagers in the first part of the 1990s, when the rave phenomenon led to dramatic changes in drug use among young people.

Although the patterns for 16- to 29-year-olds were similar to those in the full age range (16 to 59s), there were considerable variations within this age group, especially for 16- to 19-year-olds. Use of any drug in the last year among 16- to 19-year-olds was significantly lower, having fallen from 34% in 1994 to 27% in 2000. This was the result of significant declines in the use of a number of drugs – particularly LSD, poppers and amphetamine.

However, there was an increase in cocaine use among the 16 to 19 age group, which, at a level of 4% for use in the last

year, was significantly higher than previous sweeps, and almost as great as for those in their 20s. The increase in popularity of cocaine among young people has been associated with various factors, such as a reduction in the price of cocaine (Corkery, 2000), and the fact that some young users consider it to be more socially acceptable and less dangerous than other stimulants (Boys et al., 2001).

It is very difficult even to begin to try to predict future levels of drug use. However, the significant increases that occurred in most young people's use of cocaine between 1996 and 1998 have not carried over to 2000, particularly for certain 'leading edge' groups like young people living in affluent urban London (see ACORN grouping below).

### Methodological note

The 2000 sweep of the BCS was carried out for the Home Office by the National Centre for Social Research and the Social Survey Division of the Office for National Statistics. Of the 26,291 addresses obtained, 19,411 interviews were achieved, giving a response rate of 74%. 13,300 people aged 16 to 59 years were contacted for the self-completion drugs component of the 2000 survey. 279 refused to take part, leaving a sample of 13,021 respondents. 3,015 of respondents were aged 16 to 29; 1,517 were aged 16 to 24 and 665 were aged 16 to 19. There was an ethnic booster sample of 3,874 individuals.

ACORN (A Classification of Residential Neighbourhoods) was developed by CACI Ltd. ACORN groupings are based on average census characteristics for an area such as home ownership, health, employment and lifestage. The six different types of neighbourhood used are: Affluent suburban/rural areas; Affluent family areas; Affluent urban areas; Mature home-owning areas; New home-owning areas; Council estates/low income areas.

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Corkery, J.M. (2000). *Drug Seizure and Offender Statistics, United Kingdom, 1998*. Statistical Bulletin 3/00. London: Home Office.

Boys, A., Dobson, J., Marsden, J., and Strang, J. (2001). *Cocaine Trends: a qualitative study of young people and cocaine use*. London: National Addiction Centre.

For a more detailed report see *Drug Misuse Declared in 2000: results from the British Crime Survey* by Ramsay et al. (2001). Home Office Research Study No.224. London: Home Office. Copies are available from the Communication Development Unit.

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