

Chapter 2 – The scale of the problem: illicit drug use in the UK

Case study: The financial pressure of illicit drug use

The defendant was a 32-year-old man. As a teenager, he had been in a gang and had previous convictions for possession of dangerous weapons (knives), burglaries, street robberies (mainly mobile phones) and assault. Since the age of 22 he had kept out of trouble with the police. He had been in employment until two years ago, when he had been made redundant through no fault of his own. While in employment, he had frequently used drugs (Class A and B) recreationally but this had escalated to the point where he had become addicted. When he was made redundant he had no financial means to pay for the drugs, so his supplier had persuaded him that if he 'helped' him out by couriering drugs to users for him, he would then be given drugs for his own personal use free of charge. The defendant was very troubled by this offer but felt that he had little option. This arrangement continued until he was arrested in an undercover operation by a plain clothes police officer posing as a purchaser. By this time, the defendant had not only been acting as a courier for his supplier but had started to deal, in a modest way, on his own account. He made about £800 per week, but a part of this was then used to pay for drugs for his own use.

He was charged with possession with the intent to supply Class A and B drugs. He pleaded guilty and came before the Crown Court for sentencing.

The pre-sentence report from the Probation Service explained that he was a self-confessed addict who had taken a deliberate decision to supply drugs in order to raise the funds to satisfy his addiction. He had explained that his only real choice was either to go back to committing burglaries and robberies to raise funds, or to cooperate with his supplier. He did not think he had other realistic options open to him. He was desperate not to return to the cycle of violence that had characterised his life during his youth, so he had agreed to work with this supplier, which he viewed as the lesser of the two evils.

No person further up the supply chain, including the defendant's own supplier, was prosecuted. The defendant was given 18 months' custody.

Case study details provided by Nicholas Green QC, who has a special interest in the impact of drugs policy upon the administration of the justice system.

2.1 Prevalence and patterns of use

According to the UK Focal Point on Drugs,^a it is estimated that in 2009-2010, 35.9 per cent of 16 to 59 year olds in the UK had used illicit drugs in their lifetime (ever), while 8.7 per cent had used drugs in the last year (recent use), and 5.0 per cent had used drugs in the last month (current use).^{b,1} The EMCDDA defines problem drug use as '*injecting drug use or long duration/regular use of opioids, cocaine and/or amphetamines*' (see **Glossary**).² In 2011, it was estimated that there were 379,262 people affected by problem drug use in the UK,^c equivalent to a rate of 9.31 per 1,000 population aged 15 to 64 years, and representing approximately 10 per cent of all UK drug users.¹ In the same year, it was estimated that there were 133,112 people injecting drugs (primarily users of opioid drugs or crack cocaine).¹

Data from various surveys^d (see **Appendix 4**) provide a more detailed picture of patterns of illicit drug use in the UK:

- cannabis continues to be the most commonly used across all recall periods, followed by cocaine powder, ecstasy and amphetamines for recent and current use. In England and Wales in 2011-2012, 6.9 per cent of adults had used cannabis in the last year compared to 2.2 per cent who had used powder cocaine
- men are more likely to report drug use than women, across all age groups. In Scotland in 2010-2011, 5.3 per cent of men compared with 1.8 per cent of women reported the use of one or more illicit drug in the last month
- the extent of frequent use varies between drugs, with cannabis users most likely to report frequent use (more than once a month in the past year). Among respondents to the Northern Ireland Crime Survey who had reported taking cannabis in the last year, 34.1 per cent had used it at least once or twice a week in 2008-2009.³⁻⁶

a The UK Focal Point on Drugs is the national partner of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). It provides comprehensive information to the EMCDDA on the drug situation in England, Northern Ireland, Scotland and Wales.

b It is worth noting that the drug-use categories used in these surveys (ever, recent and current use) are not comparable with the categories outlined in **Section 1.1.2** that describe the level of harm associated with drug use.

c The UK Focal Point on Drugs estimate of problem drug use in the UK is based on data from England for 2009/2010 for opiate and/or crack cocaine use; data from Scotland from 2006 for opiates and/or benzodiazepine use and drug injecting; data from Wales from 2009/10 for the injecting of opioids, cocaine powder and/or crack cocaine; and data from Northern Ireland from 2004 for problem opiate and/or problem cocaine powder use. For further details see Department of Health (2011) *United Kingdom drug situation: annual report to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2011*. London: Department of Health.¹

d Data from general population surveys are subject to a number of limitations associated with self-reporting and sampling methodology. Specifically in relation to drug use, these surveys are likely to be under-representative as they commonly miss students and homeless people, who have a higher consumption rate than the general population. Further information on the limitations of general population surveys can be found at www.ons.gov.uk.

The age of first use of illicit drugs varies with drug type. According to the 2011-2012 British Crime Survey (BCS), the most common age of onset for cannabis use was 16 years, compared to 18 years for powder cocaine and ecstasy.⁴ The 2010-2011 Scottish Crime and Justice Survey (SCJS) found that just over half of adults who had ever used drugs (51.3%) reported that late adolescence (16 to 19 years) was the age at which they first did so, and 24.7 per cent had first used them before the age of 16 years.⁵

The data suggest that, for a large majority of users, illicit drug use is a life phase during young years. Young adults aged under 35 years are much more likely than older adults to use drugs, with recent and current use highest in the under-25 age group.³⁻⁶ Data from England for 2009-2010 show that the highest prevalence of problem drug use was in the age group 25 to 34 years, at a rate of 17.95 per 1,000 population, compared to a rate of 6.87 per 1,000 in the 15 to 24 years age group, and 6.65 per 1,000 in the 35 to 64 years age group.⁷

Polydrug use (having taken two or more illicit drugs within the same time period – see **Glossary**) is also commonly reported among drug users. In England and Wales in 2009-2010, 19.7 per cent of adults aged 16 to 59 years reported polydrug use in their lifetime, with 3.3 per cent reporting recent polydrug use, and 1.4 per cent reporting current polydrug use.³ The drugs most commonly used by recent polydrug users were cannabis (83%), cocaine powder (65%), ecstasy (46%) and amphetamines (26%).³ In Scotland, 34.3 per cent of adults who had used at least one illicit drug in the last month reported some kind of polydrug use in their lifetime.⁵

Concurrent use of illicit drugs and alcohol (polysubstance use – see **Glossary**) has also been found to be common. In England and Wales in 2009-2010, the proportion of recent drug users reporting concurrent harmful alcohol use was at least 90 per cent for all drugs, and as high as 98 per cent for cocaine powder and amyl nitrite.³

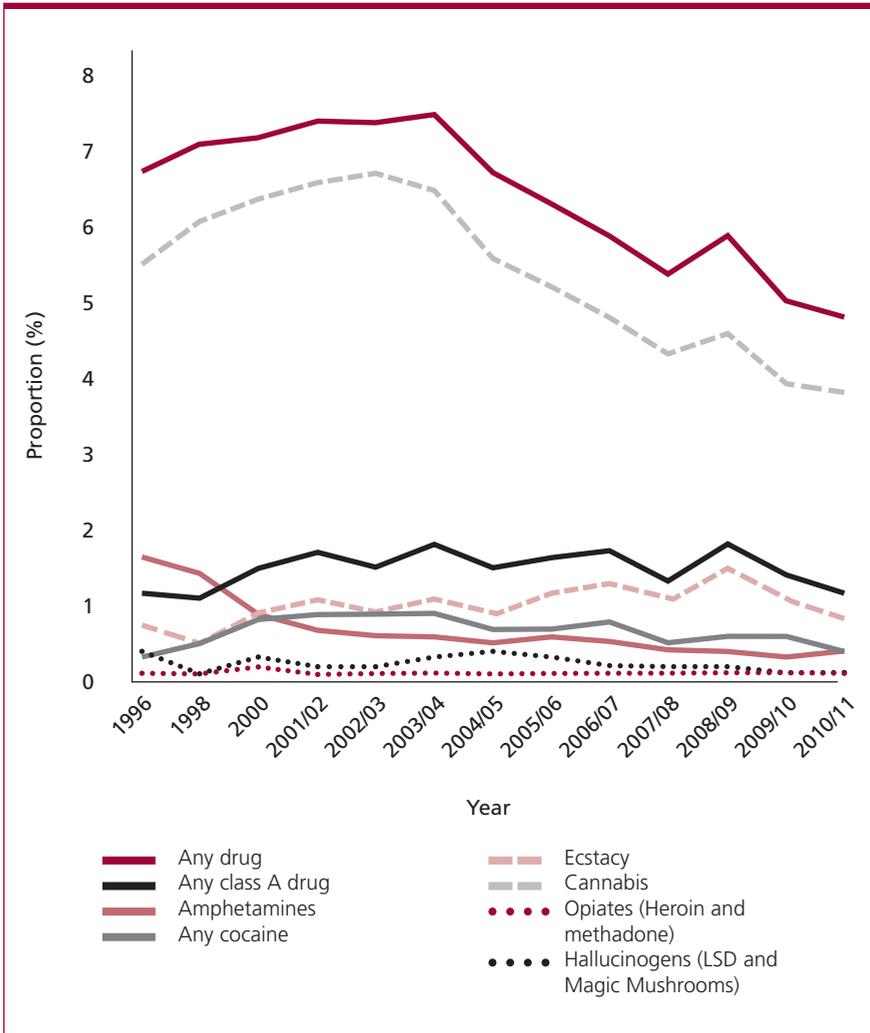
2.2 Trends in illicit drug use

Recent years have seen an overall long-term decline in illicit drug use in the UK. According to the BCS, the proportion of adults aged 16 to 59 years in England and Wales reporting current drug use decreased from 6.7 per cent in 1996 to 5.2 per cent in 2011-2012 (see **Figure 1**).⁴ This has been mainly driven by the decrease in cannabis use (9.5% in 1996 compared to 6.5% in 2011-2012). Over this time period, use of opioid drugs has remained relatively stable, while use of ecstasy, amphetamine and hallucinogens (LSD and psilocybin (magic mushrooms)) has declined slowly.⁴ Cocaine use has increased slightly over the total period, but has been in decline since 2008-2009.⁴

The BCS also shows that there has been a long-term downward trend in current drug use in the 16 to 24 years age group, largely due to a significant reduction in the use of cannabis and amphetamines (see **Figure 2**).⁴ Similar trends have been reported in Northern Ireland and Scotland.^{5,6}

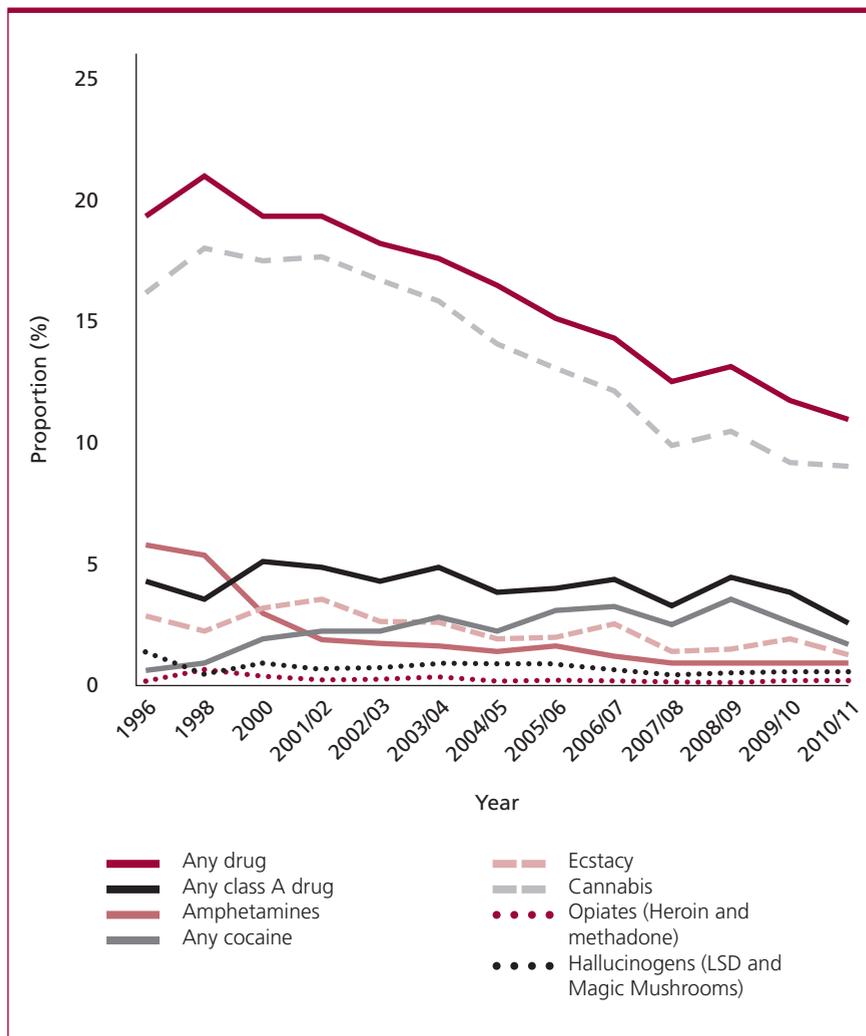
The number of problem drug users aged 15 to 64 years in the UK is approximately 10 per cent of all drug users. It has increased from 357,160 (9.26 per 1,000 population) in 2006 to a peak of 404,884 (10.10 per 1,000 population) in 2009, an increase of 9.07 per cent.¹ This has since declined to 379,262 people (9.31 per 1,000 population).¹ It is worth noting that, while current use of illicit drugs in the UK has been declining since the 1990s, trends (outlined elsewhere in this report, see **Sections 3.3, 3.4** and **5.10**) in problem drug use, drug-related deaths, recorded drug law offences and the number of people in/expenditure on drug treatment, are not showing a long-term decline, and in many cases are increasing. This has important policy implications, which are discussed in more detail in **Chapter 11**.

Figure 1 – Proportion of 16 to 59 year olds reporting having used drugs in the last month, England and Wales, 1996 to 2010-2011



Source: Home Office (2012) *Drug misuse declared: findings from the 2010/11 British Crime Survey, England and Wales (2e)*. London: Home Office.⁴ Reproduced under the terms of the Open Government Licence for public sector information.

Figure 2 – Proportion of 16 to 24 year olds reporting having used drugs in the last month, England and Wales, 1996 to 2010-2011



Source: Home Office (2012) *Drug misuse declared: findings from the 2010/11 British Crime Survey, England and Wales* (2e). London: Home Office.⁴ Reproduced under the terms of the Open Government Licence for public sector information.

2.3 Young people and use of illicit drugs

Use of illicit drugs among young people under the age of 16 years broadly mirrors that of the UK adult population. According to *Smoking, drinking and drug use amongst young people in England 2011*, 12 per cent of 11- to 15-year-old pupils reported taking drugs in the last year, and 6 per cent did so in the last month.⁸ Similar proportions of boys and girls had ever taken drugs or used drugs in the last year, while slightly more boys reported taking drugs in the last month compared to girls (7% and 5% respectively).⁸ There has been a broad decline in drug use in 11 to 15 year olds since 2001.⁸

The survey also found that:

- 11- to 15-year-old pupils were most likely to have taken cannabis (7.6% in the last year), or to have sniffed glue, gas or other volatile substances (3.5%)
- 2.3 per cent of pupils reported taking a Class A drug in the last year
- most pupils who took drugs did so relatively infrequently: 3 per cent had only ever taken drugs once in the last year, 3 per cent said they had taken them on two to five occasions, and 1 per cent reported having taken drugs on six to ten occasions. Repeated drug use, on more than ten occasions was reported by 3 per cent of pupils
- those pupils reporting Class A drug use were more likely to take drugs at least once a month.⁸

The 2005-2006 cross-national Health Behaviour in School-aged Children (HBSC) study found that of the 41 countries and regions surveyed, use of cannabis among 15 year olds was particularly high in North America, the UK, France, Spain and Italy, especially among boys.⁹ The 2007 European School Survey Project on Alcohol and other Drugs (ESPAD) found that in Europe, UK teenagers were among the most likely to report recent and current use of cannabis, and were above the European average reported level for lifetime use of illicit drugs other than cannabis.¹⁰

2.4 Emerging trends

The use of a range of new substances – commonly referred to as ‘legal highs’ – is becoming increasingly prevalent in night-life settings and among specific populations such as the lesbian, gay, bisexual and transgender (LGBT) community. These include GBL, BZP, oripavine, mephedrone,¹¹ a number of anabolic steroids and growth promoters, and herbal smoking mixes such as Spice (see **Appendix 2**). As these were only recently brought under control of the Misuse of Drugs Act 1971, there is only limited information on their use in the general population. As a result of this control, the term ‘legal highs’ is no longer appropriate and the ACMD favours the term ‘novel psychoactive substances’. A significant rise in the use of mephedrone was reported in 2009, which led to its control under the Misuse of Drugs Act 1971 in 2010.¹¹ The 2011-2012 Crime Survey for England and Wales found that 1.1 per cent of adults aged 16 to 50 years reported using mephedrone in the last year, compared to

0.1 per cent for Spice and other cannabinoids and 0.1 per cent for BZP.⁴ The level of reported mephedrone use (1.1%) in this age group was similar to that for ecstasy. Younger adults (aged 16 to 24 years) were more likely to have used recently classified drugs in the last year than adults aged 25 years and over.³ For adults aged 16 to 24 years, the level of mephedrone use (3.3%) was the same as for ecstasy, the third most taken drug within this age group.⁴

There is emerging evidence that novel psychoactive substances are increasingly being sought as an alternative to ecstasy.¹ In light of the rate at which these new substances are coming onto the market, it is not yet clear whether they will be more or less harmful than the psychoactive substances already commonly used.

2.5 Attitudes to illicit drug use and policy in the UK

Public attitudes to illicit drug use and policy have varied over time. While there has been limited systematic research in this area, a number of surveys and polls provide an indication of public opinion on drug use.

A 2004 review of the international evidence of attitudes to drug policy concluded that support in the UK for relaxing the laws on cannabis had grown considerably over the last decade, among the general population (particularly men) and various professional groups (notably the police, doctors and MPs).¹² It found that more than four in five people supported rescheduling cannabis to allow medical use,^e and a substantial minority believed in reforming the laws on personal use – including up to one in two who supported decriminalising or legalising possession (see **Glossary** for a detailed description of these terms), and about one in four who endorsed some form of legalised supply.¹⁴ Support for legalisation of any other drug was found to be no higher than 10 per cent in general population surveys, though it has been notably higher among surveys of some sections of the young adult population (eg dance-clubgoers, students, drug users).¹⁴

Two recent YouGov surveys (in 2006 and 2011) have considered the attitudes of the general public to drugs:^f

- in 2011, 48 per cent of all respondents agreed that drug use was a serious problem that affects practically the whole country, compared to 51 per cent in 2006
- in 2011, 59 per cent felt that, where individuals use drugs but have not committed any other crime, they should be treated as people who may need medical treatment and other forms of support, compared to 62 per cent in 2006

^e The BMA report *Therapeutic uses of cannabis*, published in 1997, concluded that although cannabis is unsuitable for medical use, individual cannabinoids have a therapeutic potential in a number of medical conditions in which present drugs or other treatments are not fully adequate.¹³

^f The 2007¹⁴ and 2011¹⁵ surveys on behalf of the Royal Society for the encouragement of Arts, Manufactures & Commerce (RSA) Commission on Illegal Drugs, Communities and Public Policy, were of 2,938 and 2,928 adults in Great Britain, respectively.

- in 2006, 58 per cent of all respondents said that possession of 'soft' drugs, such as cannabis, for personal use should be treated as a lesser offence or not treated as an offence at all
- in 2006, 80 per cent of all respondents considered that people's knowledge of the ABC classification had little or no impact on their choice of which drugs, if any, to use
- in 2006, 10 per cent of drug users said they had held back from seeking treatment, because of the stigma of illegality
- in 2011, 53 per cent of all respondents believed that the Government's approach to illegal drugs was totally ineffective.^{14,15}

A number of other surveys have found that the attitudes towards illicit drug use, in particular opioid and cannabis use, have changed since the start of the 21st century.^{16,17} There is a trend towards better understanding of the health harms associated with drug use and greater agreement with maintaining the illegal nature of drugs.^{16,17}

The 2009 Scottish Social Attitudes (SSA) survey found that 34 per cent of respondents believed that people in possession of small amounts of cannabis should not be prosecuted, while support for the legalisation of cannabis fell from 37 per cent in 2001 to 24 per cent in 2009.¹⁷ Similar views were found in the 2009 British Social Attitudes (BSA) survey, which reported that 58 per cent of participants felt that cannabis should remain illegal, compared to 46 per cent in 2001.¹⁶

This change in attitudes is also reflected in the views about the harms of illicit drug use and its acceptability. The proportion of respondents to the 2009 BSA survey who supported the statement '*cannabis isn't as damaging as some people think*' decreased from 46 per cent in 2001 to 24 per cent in 2009.¹⁶ The 2009 SSA survey found that the number of respondents who disagreed with the statement '*using illegal drugs should be accepted as a normal part of some people's lives*' increased from 40 per cent in 2001 to 57 per cent in 2009.¹⁷ This was particularly noticeable in the age group 18 to 24 years, where disagreement with the statement increased from 48 per cent in 2001 to 86 per cent in 2009.¹⁷ Other findings from the SSA include:

- individuals who reported ever having used drugs and/or to have had indirect experience of drug use (through family and friends) were more liberal in their attitudes towards drug use
- 54 per cent of respondents agreed with the statement that taking cocaine occasionally is '*very seriously wrong*'
- 45 per cent of respondents thought that persistent heroin users themselves were to blame for their problems with heroin
- 29 per cent of respondents agreed with the statement '*most users come from difficult backgrounds*'.¹⁷

In relation to young people's attitudes to illicit drug use, this varies depending on drug type. *Smoking, drinking and drug use amongst young people in England 2011* found that relatively small proportions of pupils thought it was acceptable for someone of their age to try cannabis (9%), sniffing glue (7%) or taking cocaine (2%). Even smaller proportions thought it would be acceptable for someone their age to take any of these drugs once a week (cannabis 4%, sniffing glue 2%, cocaine 1%).⁸

2.6 International perspectives

According to the UNODC *World Drug Report 2012*, approximately 230 million people (5% of the population aged 15 to 64 years) worldwide used illicit substances at least once in 2010.¹⁸ By comparison, 10 per cent of 16 to 59 year olds in the UK had used drugs in the last year.¹ Cannabis users comprise the largest number of users of illicit drugs (119 to 224 million people and an annual prevalence between 2.6% and 5% of the global population aged 15 to 64 years), followed by users of amphetamine-group substances (including amphetamine, methamphetamine and ecstasy), cocaine and opioid drugs.¹⁸ It is estimated that there were 27 million problem drug users in the world in 2010, representing between 10 and 13 per cent of all people who used drugs that year.¹⁸ This is similar to the ratio of problem drug users to total drug users in the UK (see **Section 2.1**).

Information on the global drug markets provides an indication of recent global trends. Behind North America, Europe is the second largest cocaine market, with the UK highest within Europe, followed by Spain, Italy, Germany and France.¹⁸ Recent data suggest that the rapid growth of the European cocaine market is beginning to level off in the majority of the larger markets, except in the UK, where consumption is increasing.¹⁸ While western Europe is the second largest heroin market worldwide – consisting predominantly of the markets in the UK, Italy and France – heroin use is declining in most west European countries.¹⁸ There is limited information on the international cannabis market, as much of the drug is produced locally. The most notable global trend is the growth of indoor cultivation, in particular in Europe, Australia and North America.¹⁸

Summary

- There has been a long-term downward trend in illicit drug use in the UK, although use of cocaine has increased slightly. In 2009-2010, 5 per cent of 16 to 59 year olds in the UK population were current drug users (had used drugs in the last month).
- Men are more likely than women to report drug use and current use is highest in the under-25 age group.
- International evidence suggests 10 to 13 per cent of all people who use drugs worldwide are problem drug users. Problem drug use affects approximately 10 per cent of all UK drug users, with the highest levels in the 25 to 34 years age group.
- Cannabis is the most commonly used drug, followed by cocaine powder, ecstasy and amphetamines.
- After North America, Europe is the next largest cocaine market and the UK is the largest market in Europe.
- In Europe, UK teenagers are among the most likely to report recent and current cannabis use, and are above the European average reported level for lifetime use of other illicit drugs.
- There are few reliable data on novel psychoactive substances, gamma-butyrolactone (GBL), 1-benzylpiperazine (BZP), mephedrone, oripavine, anabolic steroids, Spice, etc), which have only been controlled under the Misuse of Drugs Act 1971 since 2009, but they appear to be used more by younger age groups and as an alternative to ecstasy.
- Around half the UK population surveyed considers drug use is a serious problem; and slightly more believe drug users should be treated as individuals needing medical treatment or other support.
- A majority of those interviewed in the British Social Attitudes survey in 2011 believed cannabis should remain illegal and is harmful; this has increased since 2009.
- A majority interviewed for the Scottish Social Attitudes survey thought illegal drug use should not be accepted as a normal part of some people's lives and the proportion has also increased from 2001 to 2009; this is particularly noticeable in the 18 to 24 years age group. Less than 10 per cent of pupils interviewed in England in 2010 thought use of any illicit drugs was acceptable.
- Over half the UK population interviewed in 2011 believed the Government's approach to illicit drug use is totally ineffective.

