

Geographical Variations in Drug Use

Key findings from the 2001/02 British Crime Survey

England and Wales

15/03

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4 December 2003

MAIN POINTS

This report looks at geographical variations in drug use for 16 to 59-year-olds in England and Wales. It uses the British Crime Survey (BCS) to examine the prevalence and trends of the most commonly used drugs and how these differ within Government Office Regions, ACORN areas and inner city, rural and urban areas. It also analyses patterns of drug use by physical disorder in the area and population size in Police Force Areas.

This report concludes that there is a strong relationship between levels of drug use and particular geographical areas. It finds that many of the geographical variables are correlated, with the ACORN indicator being the strongest predictor for use of Class A and any illicit drug.

Key findings

A comparison of Government Office Regions indicates that London has higher levels of use of Class A and any illicit drug than the national average. The East Midlands and Wales have lower levels of use of Class A and any illicit drug than the average.

Comparing 1996 and 2001/02 BCS estimates, the North East saw a decrease in the use of any illicit drug and the North West and West Midlands saw an increase in the use of any illicit drug. The North West, London and the South East all saw increases in use of Class A drugs.

'Affluent urban' areas had higher levels of Class A and illicit drug use than the national average. 'Affluent suburbs and rural' areas, 'affluent family' areas and 'mature home-owning' areas have lower levels for these drugs.

There is a strong relationship between levels of drug use in inner city, urban and rural areas with use of any illicit drug highest in inner city areas and lowest in rural areas.

Areas classified as high disorder tend to have higher levels of drug use than areas classified as low disorder.

Population size in Police Force Areas is strongly related to the number of drug users in the area, with more populated areas having a greater number of drug users.

ACORN category is the geographical variable most strongly associated with levels of drug use.

Thank you to all those who assisted in the preparation of this bulletin. Special thanks go to Tom Bucke, Nicola Smith, Natalie Owen and Nicola Singleton.

The views expressed in this report are those of the authors and not necessarily those of the Home Office (nor do they reflect government policy).

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For further information about the British Crime Survey please see <http://www.homeoffice.gov.uk/rds/bcs1.html>
For specific queries please contact the Crime Surveys Section, Measuring and Analysing Crime Programme, at bcsinfo.rds@homeoffice.gsi.gov.uk , or write to the Crime Surveys Section, Room 839 at the above address.

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1. Preface

The Government is committed to tackling ‘the most dangerous drugs, the most damaged communities and those individuals whose addiction and chaotic lifestyles are most harmful, both to themselves and to others’¹. A number of targets were set as part of the Government’s drug strategy to help monitor progress in achieving these aims. These focused on four areas:

- Young People - Preventing young people from using drugs and developing drug problems;
- Reducing Supply - Reducing the prevalence of illegal drugs on the streets;
- Communities - Reducing drug-related crime;
- Treatment - Reducing the number of those with existing drug problems through the provision of effective treatment and harm minimisation measures.

When addressing the delivery of the drugs strategy, policy makers and practitioners require information on the extent of drug use and where drug users are geographically located. As well as providing an overall picture of the level and distribution of illicit drug use, such information informs decisions concerning service provision and target setting. This study aims to assist policy makers and practitioners by examining what the available data can say about the demography of recreational, non-problematic drug use. The main part of the study looks at drug use using a series of geographical indicators. It then goes on to summarise the main patterns and trends and to examine which of these indicators are most powerful in predicting drug use.

The illicit nature of drug use means that obtaining accurate consumption estimates is challenging and data sources are few in number. Examples of regularly collected data include hospital admissions relating to drug overdoses, numbers entering treatment and people convicted of drug offences. Whilst these provide valuable evidence, they only cover relatively small sub-groups of the overall drug-using population – those that have become known to official and voluntary agencies. These data sources provide little evidence on the extent of recreational drug use or the demography of non-problematic users.

To look at these issues the study uses the 2001/02 British Crime Survey (BCS). The BCS provides a good vehicle for providing national prevalence data on drug use in the general population, with a sample of over 40,000 respondents in the 2001/02 sweep. The survey is now conducted annually and comparative questions on drug use have been included in the survey since 1996. Thus, it can provide up-to-date information on the extent and nature of drug use in the general population, and important information on how these may have changed over time. More information on the BCS can be found in Appendix C. Despite the BCS being one of the best providers of data on drug use in the general population there are a few drawbacks that need highlighting.

The BCS is a survey of individuals aged 16-59 living in private households, therefore those living in non-private accommodation such as care homes and university halls of residence are not sampled. Thus the results in this report cannot be extended to those living in these types of accommodation – who may have very different levels of drug use. The relatively infrequent use of drugs in the general population also limits the depth of analysis that can be performed.

¹ A ten-year drug strategy was set out in *Tackling drugs to build a better Britain* (1998). In 2002 an up-dated strategy was published. This re-affirmed the Government's commitment to achieve the targets and detailed progress to date. This update can be found at www.drugs.gov.uk

Geographical variations in drug use

Consequently, when analysing drug use by any indicator with any more than around four response categories, a relatively high prevalence of drug use is required in order to obtain robust estimates. For rarer drugs this number is even lower, and almost all estimates for drugs such as crack, heroin and methadone need to be interpreted with caution. To combat this problem this report focuses on drugs with relatively high prevalence, namely amphetamines, cannabis, cocaine and ecstasy, as well as the grouped categories of Class A drugs² and any illicit drug³. It focuses on drug use over the past year and not the last month since use during the latter time period would be too small to analyse. Estimates for lifetime use are also not provided as people may have used drugs whilst living in one area but have since moved.

There are many interrelated factors that contribute to increasing a person's risk of taking drugs (see Hawkins *et al.*, 1992; Kandel *et al.*, 1986; Newcomb *et al.*, 1986), and area of residence is a recurring issue. It has been shown that those people who reside in particular areas have a higher probability of taking certain drugs than those living in other areas. For example, people living in densely populated areas are more likely to use drugs compared with those living in more rural areas.

However, the location and type of area in which people live is influenced by many factors. An obvious key determinant is income. When this factor is taken into consideration it becomes unsurprising that cocaine – a relatively expensive drug – should be more prevalent in affluent areas. Research has also shown that a person's age is significantly related to their risk of taking drugs, with younger people being at higher risk (see Condon and Smith, 2003). However, the type of accommodation in which a person lives is also significantly dependent on their age, with younger people being more likely to live in rented accommodation, largely due to them being on a lower income.

While this report focuses solely on the issue of geographical variations in drug use, it is worth noting that drug use is driven by a variety of interrelated risk factors. Therefore, geographical factors need to be considered alongside socio-economic and lifestyle factors. It is beyond the scope of this report to fully explore these interconnected risk factors. Instead, the aim is to explore the geographical dimensions of drug use.

The study specifically looks at drugs prevalence using five geographical variables which sub-divide England and Wales:

- into ten Government Office regions covering the south east, south west, west midlands, east midlands, east of England, north west, north east, Yorkshire and the Humber, London and Wales;
- by ACORN – a classification system which categorises residential neighbourhoods according to socio-economic characteristics;
- according to whether an area is rural, urban or inner city in character;

² Class A drugs include: LSD, cocaine, crack, ecstasy, heroin, magic mushrooms and methadone.

³ Any illicit drug includes: all Class A drugs listed above plus amphetamines, cannabis, tranquillisers, amyl nitrite, anabolic steroids, glues and any other unlicensed drugs.

- according to ratings of local disorder given by respondents and interviewers;
- by police force areas grouped according to population size.

The concluding chapter summarises the main findings⁴ and highlights how there is a large degree of overlap between some of the indicators. To make sense of the findings statistical analysis is conducted to unpick the patterns and assess which indicators are most powerful in predicting drug use.

⁴ This report uses two-tailed significance tests at both the five per cent and ten per cent level. Tables and figures clearly differentiate between the two levels.

2. Government Office Region

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

This section examines the prevalence of drug use within each GOR. Estimates from the most recent BCS are presented first, followed by an assessment of those estimates for certain drugs over the last four sweeps of the BCS. All estimates refer to use in the last year and principal attention will be given to those drugs with the highest prevalence.

Extent of drug use

Table 2.1 shows that according to the 2001/02 BCS just over a tenth of the population reported having used cannabis in the last year. Those people living in London reported significantly higher levels of use, whilst those living in the North East, East Midlands and Wales all reported significantly lower levels of use.

Most recent BCS data suggest that around two per cent of the population had used ecstasy in the last year. Again, those living in London had significantly higher levels of use, whilst those living in the Eastern region and Wales reported significantly lower levels of use. Two per cent of people in England and Wales have used cocaine in the last year. Those living in London stated significantly higher levels of use, whilst those living in Yorkshire and Humberside, the East Midlands and Wales reported significantly lower levels of use.

Two per cent of the population in England and Wales had used amphetamines in the last year. Comparing this estimate with those in individual regions, both those living in the Eastern region and Wales reported significantly lower levels of use.

The BCS estimates that in 2001/02 only 0.2 per cent of the population in England and Wales used crack and only 0.1 per cent used heroin. Use of these drugs in most regions was not significantly different from the national estimate except for the North West where 0.05 per cent had used crack or heroin in the last year – in both cases significantly lower than the national figure. Less than half a per cent of the population in England and Wales had used LSD in the last year. Those living in the North East, North West and Wales all had significantly lower levels of use.

The 2001/02 BCS estimates that 0.5 per cent of people in England and Wales had used magic mushrooms in the last year. Those living in the Eastern region and the North East both had significantly lower levels of use. There were no significant regional variations in use of methadone in the last year.

Geographical variations in drug use

Table 2.1 Drug use in the last year by GOR

	North East	North West	Yorks/Humb	East Mid	West Mid	South West	Eastern	London	South East	Wales	E&W
Amphetamines	1.3	2.0	1.5	1.3	1.8	2.1	1.0	1.6	1.8	0.8	1.6
Cannabis	5.9	11.9	10.1	7.4	9.5	11.7	9.7	14.0	11.7	7.0	10.6
Cocaine	1.8	1.9	1.1	1.0	1.5	1.8	1.5	4.2	2.3	0.8	2.0
Crack	0.1	0.0	0.2	0.2	0.1	0.2	0.2	0.3	0.3	0.1	0.2
Ecstasy	1.9	2.8	2.3	2.1	1.7	1.8	1.2	3.5	1.8	1.3	2.2
Heroin	0.1	0.0	0.2	0.1	0.1	0.2	0.2	0.1	0.1	0.2	0.1
LSD	0.1	0.8	0.3	0.2	0.3	0.4	0.3	0.4	0.4	0.1	0.3
Magic	0.1	0.7	0.4	0.5	0.5	0.8	0.3	0.5	0.7	0.3	0.5
Mushrooms											
Methodone	0.1	0.1	0.2	-	0.1	-	0.1	0.0	0.1	0.1	0.1

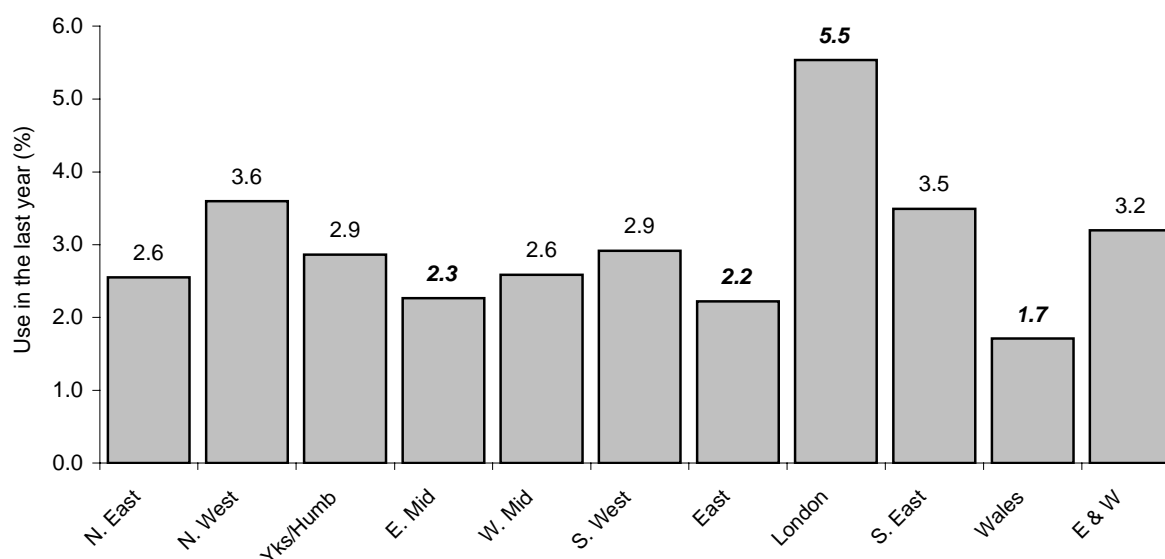
Notes:

- 1 Figures in bold and italics indicate a significant difference from the national estimate at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).
- 2 '-' = estimate is zero. '0.0' = estimate is between zero and 0.5.
- 3 Source: 2001/02 British Crime Survey (weighted data).

Extent of Class A drug use

The 2001/02 BCS estimates that 3.2 per cent of people in England and Wales had used a Class A drug in the last year. Those living in London had significantly higher levels of use, whilst those living in the East Midlands, Eastern region and Wales had significantly lower levels of use compared with the national level (see Figure 2.1).

Figure 2.1 Class A drug use in the last year by GOR

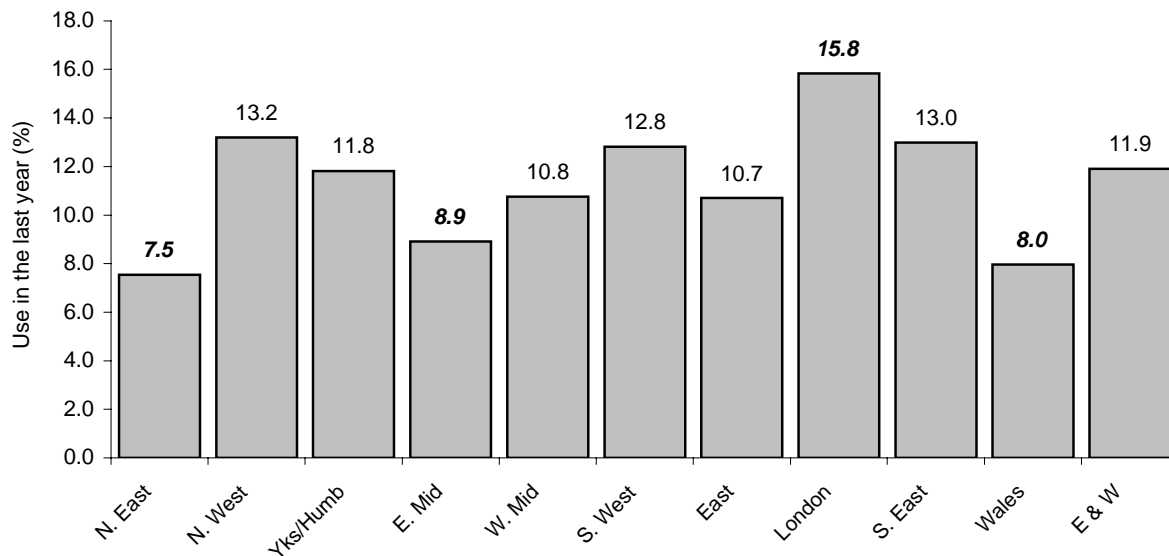


Notes: Figures in bold and italics indicate a significant difference from the national estimate at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).

Extent of any illicit drug use

The 2001/02 BCS shows that 11.9 per cent of people in England and Wales had used an illicit drug in the last year. Those regions with significantly different levels of any illicit drug use are similar to those for Class A drugs. Again those living in London had significantly higher levels of use, whilst those living in the East Midlands, Wales and the North East had significantly lower levels of use compared with the national estimate (see Figure 2.2).

Figure 2.2 Any illicit drug use in the last year by GOR



Notes: Figures in bold and italics indicate a significant difference from the national estimate at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).

Trends in drug use

According to the BCS, the total level of drug use in England and Wales as a whole has remained relatively stable since 1996 – the national figure for use of any illicit drug has been between 11-12 per cent during this time. Despite this, there have been some considerable changes in the prevalence of individual drugs (see Appendix Tables A2.1–A2.3 for trend estimates and statistical significance).

As previously discussed, it is only possible to explore patterns of use over time for drugs that have relatively high prevalence. Trends in the use of amphetamines, cannabis, cocaine and ecstasy, in addition to the categories of Class A drugs and any illicit drug, are discussed in more detail below.

Cannabis

In all regions within England and Wales cannabis has consistently been the most commonly used drug, with around a tenth of the population reporting having used it in the last year (see Table 2.2). However, there is considerable variation across individual regions. Those living in London have consistently had significantly higher levels of cannabis use, whilst those living in the North

Geographical variations in drug use

East, Midlands and Wales have tended to have significantly lower levels of use compared with the national estimate.

Table 2.2 Trend in cannabis use in the last year by GOR

	North East	North West	Yorks/Humb	East Mid	West Mid	South West	Eastern	London	South East	Wales	E&W
1996	9.2	8.7	9.3	7.1	7.5	10.3	7.7	14.0	11.0	6.0	9.5
1998	7.9	9.8	11.6	9.0	7.8	12.0	7.8	15.2	10.0	8.0	10.3
2000	8.6	12.4	9.9	7.9	9.5	9.0	8.9	14.8	10.6	8.2	10.5
2001/02	5.9	11.9	10.1	7.4	9.5	11.7	9.7	14.0	11.7	7.0	10.6

Notes:

- 1 Figures in bold and italics indicate a significant difference from the national estimate at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).
- 2 Source: 1996, 1998, 2000, 2001/02 British Crime Survey (weighted data).

Comparing levels of cannabis use reported in the 1996 BCS with those from the most recent sweep, there have been significant increases in use amongst those living in the North West and West Midlands, and a significant decrease in use amongst those living in the North East. Comparing the most recent estimates with those reported in the 2000 BCS, levels of cannabis use have remained stable in all regions except the South West, which saw a significant increase, and the North East, which saw a significant decrease in levels of use.

Amphetamines and ecstasy

The BCS shows that in recent years ecstasy has increasingly replaced amphetamines as the second most commonly used drug in England and Wales. Estimates from the 1996 and 1998 BCS show amphetamines as the most commonly used drug after cannabis, in all regions in England and Wales. This was also the case in the 2000 BCS, except for those living in the South West and London, where ecstasy became more prevalent. Estimates from the 2001/02 BCS show the popularity of ecstasy has continued to increase, making it the second most commonly used drug in all regions in England and Wales except three; the South East, South West and West Midlands. Within these regions, and additionally the Eastern region, levels of amphetamine and ecstasy use are similar (see Table 2.3).

Table 2.3 Trend in amphetamine and ecstasy use in the last year by GOR

	North East	North West	Yorks/Humb	East Mid	West Mid	South West	Eastern	London	South East	Wales	E&W
Amphetamines											
1996	6.0	3.3	4.3	2.5	3.1	3.3	2.2	2.7	3.3	3.7	3.2
1998	2.3	2.7	4.7	3.5	2.3	3.9	1.5	3.9	2.8	2.4	3.0
2000	3.1	2.6	2.9	1.9	2.1	1.9	1.2	2.0	1.8	2.3	2.1
2001/02	1.3	2.0	1.5	1.3	1.8	2.1	1.0	1.6	1.8	0.8	1.6
Ecstasy											
1996	2.7	1.6	2.4	1.0	1.7	1.4	1.5	2.2	1.1	1.7	1.7
1998	0.3	1.1	1.5	0.8	1.0	2.8	0.6	2.8	1.2	1.6	1.5
2000	2.3	1.8	2.7	1.8	1.4	2.0	0.8	2.9	1.5	0.8	1.8
2001/02	1.9	2.8	2.3	2.1	1.7	1.8	1.2	3.5	1.8	1.3	2.2

Notes:

- 1 Figures in bold and italics indicate a significant difference from the national estimate at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).
- 2 Source: 1996, 1998, 2000 and 2001/02 British Crime Survey (weighted data).

Comparing levels of amphetamine use reported in the 1996 BCS with those from the most recent sweep, there were significant decreases in all regions, except the South West. Comparing the most recent estimates of amphetamine use with those reported in the 2000 BCS, there were

significant decreases in use amongst those living in the North East, Yorkshire and Humberside, and Wales.

When comparing levels of ecstasy use reported in the 1996 BCS with those from the most recent survey, there have been significant increases in use amongst those living in the North West, East Midlands, London and the South East. Comparing the most recent estimates of ecstasy use with those reported in the 2000 BCS, only those living in the North West saw a significant increase in levels of use.

Cocaine

Cocaine use according to the 1996 BCS was estimated at just over half a per cent for England and Wales. However, by the 2000 BCS this had increased significantly to two per cent. The most recent estimates show that levels of use have stabilised (see Table 2.4).

Table 2.4 Trend in cocaine use in the last year by GOR

	North East	North West	Yorks/Humb	East Mid	West Mid	South West	Eastern	London	South East	Wales	E&W
1996	0.8	0.3	0.3	0.1	0.5	0.7	0.2	1.7	0.7	0.2	0.6
1998	0.3	0.3	0.5	0.3	0.2	1.2	0.7	4.2	1.9	0.5	1.2
2000	1.5	1.9	0.7	1.1	1.0	2.2	0.9	5.1	2.0	1.0	2.0
2001/02	1.8	1.9	1.1	1.0	1.5	1.8	1.5	4.2	2.3	0.8	2.0

Notes:

- 1 Figures in bold and italics indicate a significant difference from the national estimate at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).
- 2 Source: 1996, 1998, 2000 and 2001/02 British Crime Survey (weighted data).

Comparing most recent estimates of cocaine use with those from the 1996 sweep, there have been significant increases in all regions except for Wales and North East – where use remained unchanged. The greatest rises appear to have been in the East Midlands, Eastern and North West GORs. However, since the 2000 BCS, levels of cocaine use have stabilised, with no significant changes being identified.

The falling cost of cocaine is likely to have contributed to its rise and also to the decline in amphetamine use. This may have caused many previous users of amphetamines to switch to using cocaine as they are both stimulants often consumed in powder form.

Class A drugs

In all regions within England and Wales the use of Class A drugs has remained fairly stable, with around three per cent reporting having used at least one Class A drug in the last year (see Table 2.5). Again there is considerable variation across individual regions. In both the 1998 and 2000 surveys, those living in London reported levels of Class A drug use twice that of the national figure for England and Wales. In 1998 those in the North East, North West, East Midlands and Eastern GORs had levels of use that were all significantly lower than the national estimate.

Geographical variations in drug use

Table 2.5 Trend in Class A drug use in the last year by GOR

	North East	North West	Yorks/Humb	East Mid	West Mid	South West	Eastern	London	South East	Wales	E&W
1996	4.0	2.5	3.0	1.8	2.0	3.0	2.3	3.5	2.3	2.2	2.7
1998	1.1	1.3	3.3	1.2	1.6	4.1	1.1	5.6	2.7	3.2	2.7
2000	3.5	3.5	3.1	2.5	2.1	3.2	2.2	6.3	2.6	1.9	3.2
2001/02	2.6	3.6	2.9	2.3	2.6	2.9	2.2	5.5	3.5	1.7	3.2

Notes:

- 1 Figures in bold and italics indicate a significant difference from the national estimate at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).
- 2 Source: 1996, 1998, 2000 and 2001/02 British Crime Survey (weighted data).

Levels of Class A drug use within individual regions have fluctuated since 1996 with no regions showing any consistent pattern of increase or decrease. Comparing levels of Class A drug use recorded in the 1996 BCS with those recorded in the 2001/02 BCS, there have been significant increases in use among those living in the North West, London and the South East. However, since the 2000 BCS, levels of Class A drug use have stabilised, with no significant changes being identified.

Any illicit drug

Use of any illicit drug has also remained fairly constant throughout consecutive sweeps of the BCS. The 1996 BCS estimated that 11 per cent of 16 to 59-year-olds in England and Wales had used an illicit drug in the last year. According to the later surveys this figure was 12 per cent, representing a significant increase. However, again there has been considerable variation across individual regions (see Table 2.6).

The main pattern that emerges is that those living in London have consistently reported significantly higher levels of any illicit drug use, whilst those living in Wales have consistently reported significantly lower levels of use, compared with the national estimate for England and Wales as a whole.

Table 2.6 Trend in any illicit drug use in the last year by GOR

	North East	North West	Yorks/Humb	East Mid	West Mid	South West	Eastern	London	South East	Wales	E&W
1996	11.4	10.9	11.4	8.2	8.5	11.6	9.3	15.6	13.2	7.6	11.1
1998	9.2	12.6	14.2	10.5	9.4	13.8	9.3	17.1	11.0	8.9	12.1
2000	10.3	13.8	11.7	9.8	10.7	10.1	10.5	16.4	11.9	9.6	11.9
2001/02	7.5	13.2	11.8	8.9	10.8	12.8	10.7	15.8	13.0	8.0	11.9

Notes:

- 1 Figures in bold and italics indicate a significant difference from the national estimate at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).
- 2 Source: 1996, 1998, 2000 and 2001/02 British Crime Survey (weighted data).

Comparing levels of any illicit drug use recorded in the 1996 BCS with those recorded in the 2001/02 BCS shows that there were significant increases in use among those living in the North West and West Midlands, and a significant reduction amongst those living in the North East. When comparing levels reported in the 2000 BCS with the most recent sweep there was a significant increase in the South West and a significant reduction in the North East.

3. Area type

Another key area identifier in the BCS is 'A Classification Of Residential Neighbourhoods' (ACORN). This identifier groups households according to the demographic, employment and housing characteristics of the surrounding neighbourhood. The ACORN types are generated from cluster analysis of the 1991 Census data. ACORN is most useful in determining the social environment in which households are located. There are a total of 54 ACORN types, which can be merged into 17 groups or six categories.¹ Analysis in this section is based on the six ACORN categories.

It must be emphasised that ACORN refers to the *type* of area and not to a specific identifiable geographical area. For example, the ACORN category 'mature home-owning' area will be found in a number of different localities within England and Wales. However, in order to give some idea of the geographical make-up of each ACORN category, Table B1 in Appendix B shows the composition of GOR by ACORN.

In line with the previous analysis, this section gives the most recent figures and trend estimates of drug use in the last year for each ACORN category. Again, principal attention is given to the most commonly used drugs.

Extent of drug use

The level of drug use in England and Wales will remain the same regardless of how it is dissected. These estimates are briefly reiterated for comparative purposes.

Just over a tenth of the population reported having used cannabis in the last year. There was considerable variation within individual areas. Whilst those living in 'council estate and low-income' and 'affluent urban' areas had significantly higher levels of use, those living in 'affluent suburbs and rural', 'affluent family' and 'mature home-owning' areas all reported significantly lower levels of use.

With the exception of those living in 'council estates and low-income' areas an identical pattern was found for last year use of ecstasy and cocaine. Additionally, those living in 'new home-owning' areas had significantly higher levels of use for ecstasy compared with the national estimate.

Table 3.1 shows that according to the 2001/02 BCS, 1.6 per cent of 16 to 59-year olds in England and Wales reported having used amphetamines in the last year. Comparing this estimate with those from individual area types, those living in 'council estates and low-income' areas reported significantly higher levels of use, whilst those living in 'affluent suburbs and rural' areas had significantly lower levels of use.

There were no differences between different area types in last year use of crack. Those living in 'affluent suburbs and rural' areas had significantly low levels of use of both heroin and methadone, whereas those living in 'affluent family' areas had significantly low levels of use of both LSD and magic mushrooms, compared with the national figure.

¹ Further information about ACORN is available from CACI Ltd., CACI House, Kensington Village, Avonmore Road, London W14 8TS.

Geographical variations in drug use

Table 3.1 Drug use in the last year by ACORN

	Affluent suburbs & rural	Affluent family	Affluent urban	Mature home-owning	New home-owning	Council estates & low-income	E & W
Amphetamines	1.0	1.2	1.8	1.4	2.1	2.0	1.6
Cannabis	8.9	7.4	20.3	9.1	10.5	11.9	10.5
Cocaine	1.2	1.4	4.4	1.6	2.5	2.2	2.0
Crack	0.1	0.1	0.0	0.1	0.4	0.3	0.2
Ecstasy	1.5	1.6	5.1	1.4	2.9	2.3	2.2
Heroin	0.0	0.1	0.0	0.1	0.2	0.3	0.1
LSD	0.3	0.2	0.7	0.3	0.5	0.3	0.3
Magic Mushrooms	0.5	0.3	0.6	0.3	0.7	0.7	0.5
Methodone	0.0	0.0	-	0.1	0.1	0.1	0.1

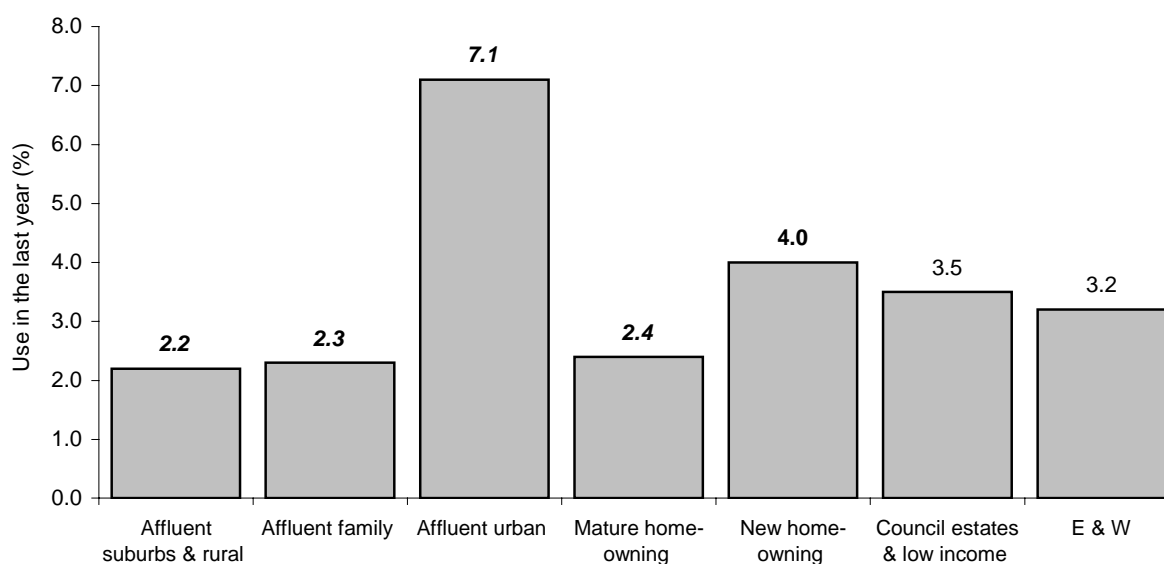
Notes:

- 1 Figures in bold and italics indicate a significant difference from the national estimate at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).
- 2 '-' = estimate is zero. '0.0' = estimate is between zero and 0.5.
- 3 Source: 2001/02 British Crime Survey (weighted data).

Extent of Class A drug use

The 2001/02 BCS estimated that just over three per cent of the population had taken a Class A drug in the last year. However, again there was considerable variation across different areas. Those living in 'affluent urban' areas had significantly higher levels of Class A drug use (more than twice the national figure). This is predominantly due to their high levels of cocaine and ecstasy use. Also, those living in 'new home-owning' areas had significantly higher levels of Class A drug use. This is mainly due to their high level of ecstasy use. In contrast those living in 'affluent suburbs and rural', 'affluent family' and 'mature home-owning' areas had levels of Class A drug use significantly lower than the national figure.

Figure 3.1 Class A drug use in the last year by ACORN

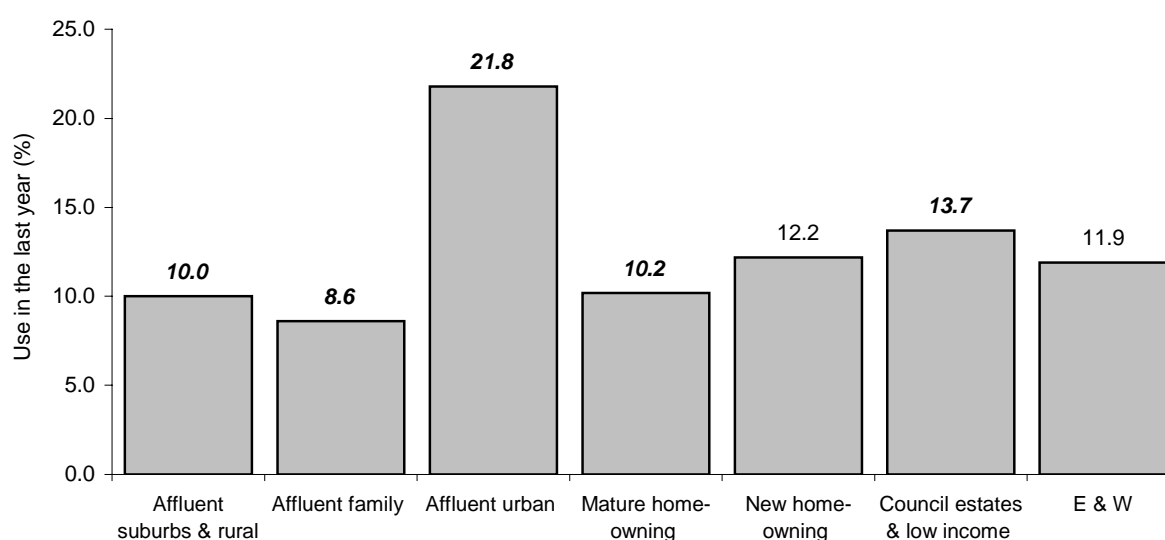


Notes: Figures in bold and italics indicate a significant difference from the national estimate at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).

Extent of any illicit drug use

The 2001/02 BCS estimated that just over ten per cent of the population had taken an illicit drug in the last year. Again those living in 'affluent urban' areas had significantly higher levels of any illicit drug use (almost twice the national estimate), which would have been considerably influenced by their high levels of cocaine, ecstasy and cannabis use. Also those living in 'council estate and low-income' areas had significantly higher levels of any illicit drug use. This would have been mostly due to their high levels of amphetamine and cannabis use. Akin to Class A drug use it was those living in 'affluent suburbs and rural', 'affluent family' and 'mature home-owning' areas that had significantly lower levels of last year use of any illicit drug.

Figure 3.2 Any illicit drug use in the last year by ACORN



Notes: Figures in bold and italics indicate a significant difference from the national estimate at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).

Trends in drug use

Trends in the use of amphetamines, cannabis, cocaine and ecstasy as well as the categories of Class A drugs and any illicit drug are discussed in detail below (see Appendix Tables A3.1–A3.3 for trend estimates and statistical significance).

Cannabis

Since the 1996 BCS, around a tenth of the population reported having used cannabis in the last year, however, there was considerable variation across different areas. Those living in 'affluent urban' areas have consistently reported significantly higher levels of use. In both the 1996 BCS and 2001/02 BCS, those living in 'council estates and low-income' areas have also reported significantly higher levels of cannabis use. Across the four sweeps those living in 'affluent suburbs and rural', 'affluent family' and 'mature home-owning' areas have almost continuously reported significantly lower levels of cannabis use (see Table 3.2).

Geographical variations in drug use

Table 3.2 Trend in cannabis use in the last year by ACORN

	Affluent suburbs & rural	Affluent family	Affluent urban	Mature home-owning	New home-owning	Council estates & low-income	E & W
1996	7.8	5.5	20.3	7.7	8.9	11.5	9.5
1998	7.9	5.8	24.3	7.8	10.9	11.7	10.3
2000	6.9	6.9	24.5	9.4	10.8	11.7	10.5
2001/02	8.9	7.4	20.3	9.1	10.5	11.9	10.5

Notes:

- 1 Figures in bold and italics indicate a significant difference from the national estimate at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).
- 2 Source: 1996, 1998, 2000, 2001/02 British Crime Survey (weighted data).

Comparing levels of cannabis use reported in the 1996 BCS with those in the most recent sweep, there have been significant increases amongst those living in 'affluent family' and 'mature home-owning' areas. Comparing the most recent estimates with those reported in the 2000 BCS, there has been a significant increase in cannabis use amongst those living in 'affluent suburbs and rural' areas – although levels remain significantly lower than the national estimate for England and Wales in these years. Additionally, there has been a significant decrease in cannabis use amongst those living in 'affluent urban' areas.

Amphetamines

Amphetamine use has been on the decline throughout the whole of England and Wales. Across the four sweeps those living in 'affluent urban' and 'council estate and low-income' areas have, in most instances, reported significantly higher levels of use. Again, those living in 'affluent suburbs and rural' and 'affluent family' areas have tended to have levels of amphetamine use significantly lower than the national estimate. (see Table 3.3).

Table 3.3 Trend in amphetamine use in the last year by ACORN

	Affluent suburbs & rural	Affluent family	Affluent urban	Mature home-owning	New home-owning	Council estates & low-income	E & W
1996	2.9	1.2	5.6	3.0	3.0	4.2	3.2
1998	2.3	1.4	6.4	2.7	2.7	3.7	3.0
2000	0.8	0.9	4.9	2.3	2.1	2.9	2.1
2001/02	1.0	1.2	1.8	1.4	2.1	2.0	1.6

Notes:

- 1 Figures in bold and italics indicate a significant difference from the national estimate at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).
- 2 Source: 1996, 1998, 2000, 2001/02 British Crime Survey (weighted data).

Comparing levels of amphetamine use reported in the 1996 BCS with those in the most recent sweep, there have been significant declines in use amongst those living in 'affluent suburbs and rural', 'affluent urban', 'mature home-owning' and 'council estates and low-income' areas. When comparing the most recent estimates and those reported in the 2000 BCS, an identical pattern of significant decline was also found, except for those living in 'affluent suburbs and rural' areas, whose use remained stable.

Ecstasy

Estimates from the BCS show that across the four sweeps around two per cent of 16 to 59-year-olds in England and Wales have used ecstasy. Levels of ecstasy use across areas follow a similar pattern as seen with other drugs. Those living in 'affluent urban' areas and most recently

those living in 'new home-owning' areas have reported significantly higher levels of use, whilst those living in 'affluent suburbs and rural', 'affluent family' and 'mature home-owning' areas have tended to have significantly lower levels of ecstasy use (see Table 3.4).

Table 3.4 Trend in ecstasy use in the last year by ACORN

	Affluent suburbs & rural	Affluent family	Affluent urban	Mature home-owning	New home-owning	Council estates & low-income	E & W
1996	1.3	0.8	2.6	1.4	2.5	2.1	1.7
1998	1.0	0.7	4.8	1.0	1.5	1.3	1.5
2000	1.0	0.6	4.5	1.9	2.2	2.1	1.8
2001/02	1.5	1.6	5.1	1.4	2.9	2.3	2.2

Notes:

- 1 Figures in bold and italics indicate a significant difference from the national estimate at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).
- 2 Source: 1996, 1998, 2000, 2001/02 British Crime Survey (weighted data).

Comparing levels of ecstasy use reported in the 1996 BCS with those from the 2001/02 survey shows a significant increase in ecstasy use amongst those living in 'affluent urban' areas – with levels doubling between 1996 and 2001/02. Levels of use here also significantly increased between 1996 and 2001/02 in 'affluent family' areas – where rates also doubled. Comparing the most recent estimates with those reported in the 2000 BCS there was again a significant increase in levels of ecstasy use by those living in 'affluent family' areas – where rates of use almost trebled.

Cocaine

As mentioned previously, cocaine use has been on the increase, and its falling price was suggested as the impetus for this. However, cocaine still remains a relatively expensive drug. It is therefore perhaps unsurprising that those living in 'affluent urban' areas have continuously had significantly higher levels of use, with rates more than double the national estimate for England and Wales. Again, those living in 'affluent suburbs and rural', 'affluent family' and 'mature home-owning' areas have tended to have significantly lower levels of use (see Table 3.5).

Table 3.5 Trend in cocaine use in the last year by ACORN

	Affluent suburbs & rural	Affluent family	Affluent urban	Mature home-owning	New home-owning	Council estates & low-income	E & W
1996	0.4	0.2	2.3	0.4	0.4	0.6	0.6
1998	1.3	0.3	4.6	0.5	1.3	1.0	1.2
2000	1.4	0.9	6.7	1.6	2.0	1.7	2.0
2001/02	1.2	1.4	4.4	1.6	2.5	2.2	2.0

Notes:

- 1 Figures in bold and italics indicate a significant difference from the national estimate at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).
- 2 Source: 1996, 1998, 2000, 2001/02 British Crime Survey (weighted data).

The BCS indicates a rise in cocaine use since the mid 1990s. Comparing levels of cocaine use reported in the 1996 BCS with the most recent sweep, there have been significant increases in use in all types of areas. However, when comparing the most recent estimates with those from the 2000 BCS no significant increases in use were identified, and for those living in 'affluent urban' areas a significant decrease in use was seen. This suggests the growth in cocaine use has stabilised.

Geographical variations in drug use

Class A drugs

As with Class A drug use within individual GORs, use within individual ACORN categories shows no consistent pattern of increase/decline. There is considerable variation across individual ACORN areas. For example, according to estimates from the 2000 BCS, those living in 'affluent urban' areas had levels of Class A drug use three times that of the national figure. For 'affluent family' areas in that year, levels of use were less than half that of the national figure (see Table 3.6).

Table 3.6 Trend in Class A drug use in the last year by ACORN

	Affluent suburbs & rural	Affluent family	Affluent urban	Mature home- owning	New home- owning	Council estates & low-income	E & W
1996	1.7	1.2	5.6	1.9	3.4	3.7	2.7
1998	2.5	1.7	7.9	1.6	2.4	2.5	2.7
2000	1.8	1.3	9.7	3.0	3.0	3.8	3.2
2001/02	2.2	2.3	7.1	2.4	4.0	3.5	3.2

Notes:

- 1 Figures in bold and italics indicate a significant difference from the national estimate at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).
- 2 Source: 1996, 1998, 2000, 2001/02 British Crime Survey (weighted data).

Comparing levels of Class A drug use reported in the 1996 BCS with the most recent sweep, there has been only one area that has seen a significant change. This area, despite having levels of use significantly lower than the national estimate is, surprisingly, 'affluent family' areas. This area saw levels of Class A drug use nearly double between the 1996 BCS and the 2001/02 BCS. However, this is almost entirely due to the increase in ecstasy use that occurred between 2000 and 2001/02.

Comparing most recent estimates with those from the 2000 BCS, there are two key findings. The first of these has already been mentioned – the significant increase in Class A drug use amongst those living in 'affluent family' areas. The second is the significant decrease in Class A drug use amongst those living in 'affluent urban' areas. This latter change is predominantly attributable to the significant reductions in use of cocaine, LSD and magic mushrooms in these areas.

Any illicit drug

Levels of any illicit drug use across England and Wales increased significantly by nearly one percentage point between the 1996 and the 1998 BCS. Since then levels have remained consistent at around 12 per cent, but there is considerable variation across individual ACORN areas.

Again those living in both 'affluent urban' and 'council estate and low-income' areas again have continually had significantly higher levels of use. Those living in 'affluent suburbs and rural', 'affluent family' and 'mature home-owning' areas have almost consistently had levels of any illicit drug use significantly lower than the national estimate for England and Wales (see Table 3.7).

Table 3.7 Trend in any illicit drug use in the last year by ACORN

	Affluent suburbs & rural	Affluent family	Affluent urban	Mature home- owning	New home- owning	Council estates & low-income	E & W
1996	9.1	7.2	21.7	9.2	10.8	13.6	11.1
1998	9.2	7.7	26.5	9.3	12.7	14.0	12.0
2000	7.6	8.4	27.0	10.9	12.3	13.8	12.0
2001/02	10.0	8.6	21.8	10.2	12.2	13.7	11.9

Notes:

- 1 Figures in bold and italics indicate a significant difference from the national estimate at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).
- 2 Source: 1996, 1998, 2000, 2001/02 British Crime Survey (weighted data).

Comparing levels of any illicit drug use reported in the 1996 BCS with the most recent sweep, no significant differences were identified. Comparing most recent estimates with those from the 2000 BCS, there was a significant increase in any illicit drug use amongst those living in 'affluent suburbs and rural' areas and a significant decrease amongst those living in 'affluent urban' areas.

4. Inner city, urban and rural areas

The British Crime Survey can also identify level of drug use according to whether the individual resides in an inner city, urban or rural area. These categories are created from the 54 ACORN types discussed in the previous chapter. According to the 2001/02 BCS, around a tenth of households are classified as located in inner cities, just over two-thirds are in urban areas and the remaining fifth are in rural areas. These proportions have remained relatively consistent since the 1996 BCS (see Table 4.1).

Table 4.1 Proportion of households in inner city, urban and rural area

	1996	1998	2000	2001/02
Inner city	13.4	13.2	13.7	10.3
Urban	64.2	64.1	63.5	68.9
Rural	22.4	22.6	22.8	20.7

Notes:

1 Source: 1996, 1998, 2000, 2001/02 British Crime Survey (weighted data).

This section gives estimates of drug use by this identifier from the most recent survey, followed by trend analysis for the most prevalent drugs.

Extent of drug use

Table 4.2 shows that for many drugs, levels of use are highest amongst those living in inner city areas, followed by those living in urban areas, and lastly those living in rural areas. Cannabis was the most widely used drug in all three areas. Levels of use were highest in both inner city and urban areas, with no significant difference between the two. However, those living in rural areas had significantly lower levels of use than both the other area types.

Ecstasy and cocaine use were also directly related to area type. Inner city areas showed the highest levels of use – significantly higher than levels of use in urban and rural areas. Rural areas had the lowest levels of use – significantly lower than levels reported in urban areas and inner city areas. For amphetamines those living in rural areas had significantly lower levels of use than both the other area types. Magic mushrooms were the only other drug examined that showed any significant differences between any of the area types with levels of use significantly higher in inner city areas compared to urban areas, (see Appendix Table A4.5 for statistical significance).

Table 4.2 Drug use in the last year by inner city, urban and rural area

	Inner city	Urban	Rural
Amphetamines	1.9	1.6	1.2
Cannabis	12.1	10.9	8.7
Cocaine	3.4	2.0	1.1
Crack	0.2	0.2	0.1
Ecstasy	3.5	2.1	1.6
Heroin	0.1	0.2	0.1
LSD	0.4	0.4	0.3
Magic Mushrooms	0.8	0.4	0.6
Methadone	0.0	0.1	0.0

Notes:

1 '0.0' = estimate is between zero and 0.5.

2 Source: 2001/02 British Crime Survey (weighted data).

Geographical variations in drug use

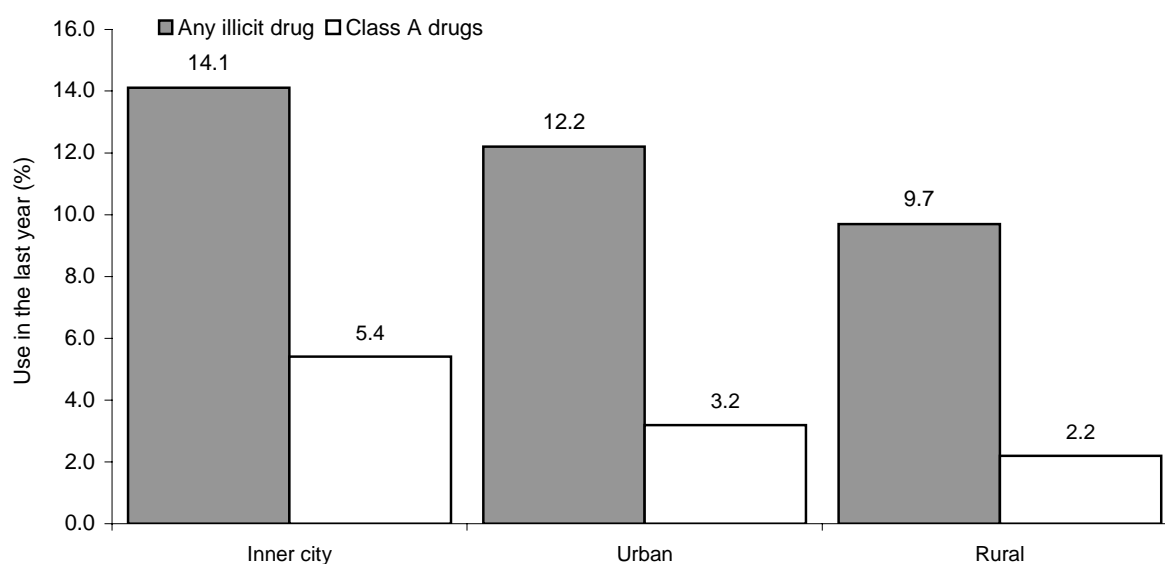
Extent of Class A and any illicit drug use

Analysis by the categories of Class A drugs and any illicit drug also serve to illustrate the existence of the relationship between levels of drug use and area type.

According to the 2001/02 BCS just over five per cent of the inner city population had used a Class A drug in the last year. This dropped significantly to just over three per cent in urban areas and was significantly lower still in rural areas, than both inner city and urban areas, at just over two per cent (see Figure 4.1).

Levels of use any illicit drug in the last year followed the same pattern. One in seven people living in inner city areas had taken an illicit drug and this reduced significantly to one in eight in urban areas and one in ten in rural areas. Levels of use in rural areas were again significantly lower than levels of any illicit drug use in both inner city and urban areas (see Figure 4.1).

Figure 4.1 Any illicit drug and Class A drug use in the last year by inner city, urban and rural area



Trends in drug use

This section examines the extent of drug use in inner city, urban and rural areas over time. Analysis of previous sweeps of data reaffirms the relationship between drug use and this area identifier. In most instances those living in inner city areas have the highest levels of use, those living in rural areas have the lowest levels and those in urban areas fluctuate somewhere between the two. However, trend analysis by this area identifier validates the findings discussed earlier concerning the changing popularity of certain drugs. For the most prevalent drugs this is discussed in more detail below (see Appendix Tables A4.1 to A4.7 for trend estimates and statistical significance).

Cannabis

In each sweep since 1996, levels of cannabis use have remained significantly higher in inner city compared to rural areas and significantly higher in urban compared to rural areas (see Table 4.3).

Table 4.3 Trend in cannabis use in the last year by inner city, urban and rural area

	1996	1998	2000	2001/02
Inner city	12.8	16.4	14.4	12.1
Urban	9.5	10.0	10.8	10.9
Rural	7.2	7.5	7.1	8.7

Notes:

1 Source: 1996, 1998, 2000, 2001/02 British Crime Survey (weighted data).

Comparing levels of cannabis use reported in the 1996 BCS with those in the 2001/02 BCS there was a significant increase in cannabis use in both urban and rural areas. Although levels of cannabis fluctuated between 1996 and 2001/02, when comparing estimates for these two years in inner cities there was no significant difference in levels of use. Comparing most recent estimates with those from the 2000 BCS, there was a significant increase in cannabis use in rural areas.

Amphetamines

In all sweeps of the BCS since 1996 levels of amphetamine use were significantly higher in inner city compared to rural areas. Only in 1998 was the difference in levels of use between inner city areas and urban areas significant. In both the 2000 and 2001/02 sweep a significant difference was identified between urban and rural areas (see Table 4.4), with the former reporting significantly higher levels of use.

Table 4.4 Trend in amphetamine use in the last year by inner city, urban and rural area

	1996	1998	2000	2001/02
Inner city	3.6	4.3	3.2	1.9
Urban	3.3	3.0	2.3	1.6
Rural	2.6	2.3	0.8	1.2

Notes:

1 Source: 1996, 1998, 2000, 2001/02 British Crime Survey (weighted data).

Comparing estimates from the 1996 BCS with those recorded in the 2001/02 BCS, levels of amphetamine use have declined significantly in all three areas types. Comparing figures reported in the 2000 BCS with the most recent survey, levels of use declined significantly in both inner city and urban areas.

Ecstasy

The 2000 BCS, recorded a rise in levels of ecstasy, which brought levels of use in line with amphetamines. By the 2001/02 BCS levels of ecstasy had increased further to become significantly higher than levels of amphetamine use in urban and inner city areas.

Since the 1996 BCS ecstasy has been most prevalent in inner cities and least prevalent in rural areas in England and Wales, with significant differences between the two in all four data points. Additionally, since 1996 levels of ecstasy use recorded in urban areas were statistically higher than those reported in rural areas (see Table 4.5).

Geographical variations in drug use

Table 4.5 Trend in ecstasy use in the last year by inner city, urban and rural area

	1996	1998	2000	2001/02
Inner city	2.5	2.4	2.8	3.5
Urban	1.8	1.5	1.9	2.1
Rural	1.1	0.9	1.0	1.6

Notes:

1 Source: 1996, 1998, 2000, 2001/02 British Crime Survey (weighted data).

In all areas since 1996 ecstasy use has varied within a total of one-percentage point. Thus, when examining changes in ecstasy use over time by this area identifier, few significant differences can be found. This is a problem sometimes encountered when using broad categories in analysis. When using variables to compare changes in ecstasy use that have more categories (i.e. the ten GORs or six ACORN area types) significant differences have been identified. There is also a risk that using more categories increases the possibility of finding significant differences purely by chance. Using three categories may also be somewhat problematic because the categories are quite broad so they may hide or level out any increases or decreases within them.

This may explain why no significant changes were found in levels of ecstasy use in any of the three areas between 1996 and 2001/02. The only significant difference found between 2000 and 2001/02 was for rural areas where use in 2000 was significantly lower.

Cocaine

In all sweeps of the BCS prior to 2001/02 cocaine use was significantly higher in inner city areas compared with urban and rural areas. This same pattern was also found in the 2001/02 BCS, however, additionally, the difference between levels of use in urban areas compared with rural areas was also significant (see Table 4.6).

Table 4.6 Trend in cocaine use in the last year by inner city, urban and rural area

	1996	1998	2000	2001/02
Inner city	1.2	2.5	3.5	3.4
Urban	0.6	1.0	1.8	2.0
Rural	0.4	1.1	1.3	1.1

Notes:

1 Source: 1996, 1998, 2000, 2001/02 British Crime Survey (weighted data).

Levels of cocaine use in 1996 were fairly low at just over one per cent in inner cities and around a half a per cent in both urban and rural areas. Figures recorded in 2001/02 were significantly higher in all three areas reaching over three per cent in inner cities, two per cent in urban areas and just over one per cent in rural areas. Since the 2000 BCS, levels of cocaine use have stabilised, with no significant changes identified.

Class A drugs

Class A drugs were most prevalent in inner cities and levels of use were significantly different from levels recorded in rural areas which had lowest use of Class A drugs.

The 1996 BCS revealed that Class A use in inner city and urban areas was significantly higher than use in rural areas. In 1998 inner city areas had significantly higher levels of use than both urban and rural areas. Levels of Class A use were recorded as significantly higher in inner cities

than both urban and rural areas and significantly higher in urban areas than in rural areas in both the 2000 and 2001/02 BCS (see Table 4.7).

Table 4.7 Trend in Class A use in the last year by inner city, urban and rural area

	1996	1998	2000	2001/02
Inner city	3.6	4.4	5.5	5.4
Urban	2.9	2.4	3.3	3.2
Rural	1.5	2.2	1.8	2.2

Notes:

1 Source: 1996, 1998, 2000, 2001/02 British Crime Survey (weighted data).

Comparing levels reported in the 1996 sweep with those in the most recent sweep, both those living in inner city and rural areas showed a significant increase in Class A drug use. Again, comparing the two most recent sweeps indicates that levels of use have stabilised as no significant differences were identified.

Any illicit drug

Examining the use of any illicit drug over the last four sweeps of the BCS again validates the relationship between drug use and area type. In all four surveys levels of illicit drug use have been significantly higher for those living in inner cities compared with those in either urban areas or rural areas, and significantly higher for those in urban areas compared with rural areas (see Table 4.8).

Table 4.8 Trend in any illicit drug use in the last year by inner city, urban and rural area

	1996	1998	2000	2001/02
Inner city	15.5	18.7	16.4	14.1
Urban	11.1	11.8	12.4	12.2
Rural	8.5	8.9	7.8	9.7

Notes:

1 Source: 1996, 1998, 2000, 2001/02 British Crime Survey (weighted data).

Between 1996 and 2001/02 a significant increase in levels of use was recorded for those living in urban areas. Comparing estimates from the two most recent sweeps, a significant increase in use was reported for those living in rural areas.

5. Neighbourhood disorder

Another way of identifying areas is by their level of disorder. The British Crime Survey asks respondents about their perceptions of various forms of social and physical disorder in their local area (defined as within a 15-minute walk from their home). Respondents are asked how much of a *problem* they consider various indicators of disorder to be in their area. It must be emphasised that this is a measure of *perceived* disorder and cannot be taken as a measure of *actual* disorder. An alternative measure is obtained from the interviewer assessment where, for each respondent, the interviewer is required to assess how *common* certain disorders are in the local area, although the interviewer will not have the knowledge of the area that the respondent does. The interviewers may, however, be able to offer a better comparative view from their experiences of working in a range of areas.

For the purpose of this report this information has been used to create three measures of disorder. The first classifies the level of perceived disorder in the area as low, medium or high based on the respondents' assessment of the various problems in their area in the 2001/02 BCS. The second is identical to the first except that it is only based on those variables common to each sweep of the survey since 1996. The third scale is based on the interviewers' assessment of area in the 2001/02 BCS and classifies disorder as being either high or low.

This section analyses drug use according to these three disorder scales. Again it concentrates on drugs that are most prevalent.

Respondents' perception of disorder

Five variables in the 2001/02 BCS were combined to create one disorder variable for respondents' perception of disorder in the area. These were:

- How much of a problem are teenagers hanging around;
- How much of a problem is vandalism, graffiti, etc;
- How much of a problem is attack because of skin colour;
- How much of a problem are people using or dealing drugs;
- How much of a problem are people being drunk or rowdy.

Responses to these were then scored, giving a value of 3 if they replied 'a very big problem', 2 for 'a fairly big problem', 1 for 'not a very big problem' and 0 for 'not a problem at all'. These results were then added together and those individuals whose answers scored 8 or more were defined as living in a high disorder area, those who scored 5 to 7 a medium disorder area and those with 4 points or below as living in an area of low disorder. According to this measure, 23 per cent of 16 to 59-year-olds in England and Wales live in an area of high disorder, 29 per cent in an area of medium disorder and 48 per cent in an area of low disorder.

Geographical variations in drug use

Extent of drug use

Estimates from the 2001/02 BCS suggest a somewhat linear relationship between disorder and levels of drug use. In most instances the level of drug use increases as the amount of disorder perceived in the local area increases (see Appendix Table A5.1 for statistical significance).

Table 5.1 shows that cannabis use was significantly higher in areas of high and medium disorder compared with areas of low disorder. Levels of amphetamine and ecstasy use were significantly higher in high and medium disorder areas than areas of low disorder. Cocaine use was significantly higher in areas of high disorder than areas of medium and low disorder. For crack, levels of use in areas of high disorder were significantly higher than areas of low disorder. Other than cocaine, crack was the only drug that showed significantly different levels of use between areas of high and medium disorder – in both cases more prevalent in areas of high disorder. Heroin had levels of use significantly higher in areas of high disorder than areas of low disorder as did LSD. LSD use was also significantly higher in areas of medium disorder than areas of low disorder.

Table 5.1 Drug use in the last year by respondents' perception of disorder

	High disorder areas	Medium disorder areas	Low disorder areas
Amphetamines	2.2	1.9	1.2
Cannabis	13.1	13.0	8.3
Cocaine	2.8	2.0	1.7
Crack	0.4	0.2	0.1
Ecstasy	2.8	2.6	1.7
Heroin	0.3	0.2	0.1
LSD	0.5	0.5	0.2
Magic Mushrooms	0.6	0.5	0.5
Methadone	0.1	0.1	0.0

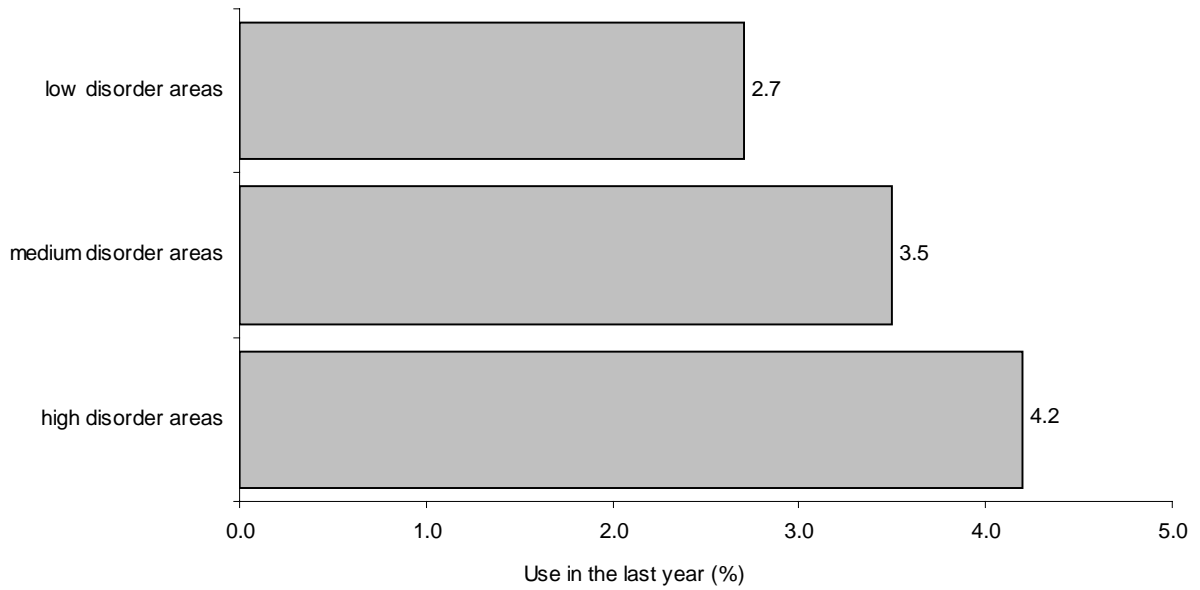
Notes:

- 1 '0.0' = estimate is between zero and 0.5.
- 2 Source: 2001/02 British Crime Survey (weighted data).

Extent of Class A drug use

Analysis of the use of Class A drugs confirms the existence of the relationship between levels of use and perceived local disorder. Levels of Class A drug use amongst those living in both high and medium disorder areas were significantly higher than levels of use by those living in low disorder areas (see Appendix Table A5.1 for statistical significance). Figure 5.1 shows Class A drug use in the last year by respondents' perception of disorder.

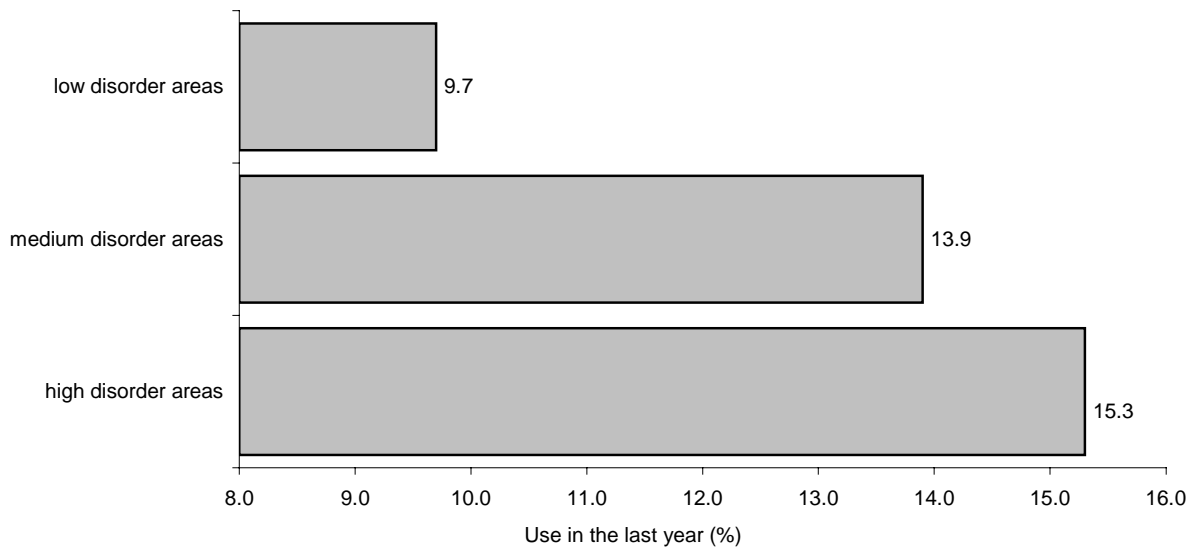
Figure 5.1 Class A drug use in the last year by respondents' perception of disorder



Extent of any illicit drug use

The variation between the different areas in their use of any illicit drug is identical to the pattern identified with Class A drugs. Levels of illicit drug use amongst those living in both high and medium disorder areas were significantly higher than levels of use by those living in low disorder areas (see Appendix Table A5.1 for statistical significance).

Figure 5.2 Any illicit drug use in the last year by respondents' perception of disorder



Geographical variations in drug use

Trends in drug use

Previous sweeps of the BCS also asked respondents to assess the disorder in their local area. The following five questions were common to all of the surveys under discussion:

- How much of a problem are noisy neighbours or loud parties;
- How much of a problem are teenagers hanging about on the streets;
- How much of a problem is rubbish or litter lying around;
- How much of a problem is vandalism, graffiti etc.;
- How much of a problem are people using or dealing drugs.

Using the same scoring system outlined above, these five questions were combined to create one scale. Using this measure, the percentages of respondents living in each of the areas have remained broadly consistent since the 1996 sweep. Around 50 per cent of respondents were identified as living in areas of low disorder, 30 per cent in areas of medium disorder and 20 per cent in areas of high disorder (see Table 5.2).

Table 5.2 Proportion of households in high, medium and low disorder areas

	1996	1998	2000	2001/02
High disorder	16.6	19.2	24.5	25.3
Medium disorder	27.1	29.9	33.9	28.8
Low disorder	56.3	50.8	41.7	45.9

Notes:

1 Source: 1996, 1998, 2000, 2001/02 British Crime Survey (weighted data).

Creating the scale of disorder enables a comparison of levels of drug use by perceived disorder over a period of time. (See Appendix Tables A5.2 to A5.8 for trend estimates and statistical significance). The disorder scale based on the 2001/02 data indicated a somewhat linear relationship between reported levels of drug use and area type. However, this relationship is less defined when looking at the earlier data.

Cannabis

In all four BCS sweeps the level of cannabis use was significantly lower in areas of low disorder compared with areas of medium disorder. Additionally, since the 1998 sweep, levels of cannabis use have been significantly lower in areas of low disorder compared with areas of high disorder (see Table 5.3).

Table 5.3 Trend in cannabis use in the last year by respondents' perception of disorder

	1996	1998	2000	2001/02
High disorder	10.9	13.4	13.0	12.5
Medium disorder	12.1	12.5	13.7	11.6
Low disorder	8.9	8.3	8.2	9.3

Notes:

1 Source: 1996, 1998, 2000, 2001/02 British Crime Survey (weighted data).

There have been no significant changes in the level of cannabis use in any of the areas between the 1996 and the 2001/02 sweep. Comparing estimates from the two most recent surveys, those living in areas of medium levels of disorder saw a significant reduction in their rates of cannabis use.

Amphetamines

Since 1996, amphetamine use amongst those living in high disorder areas has been significantly higher compared with those living in low disorder areas. Additionally, in both the 1996 and 1998 sweeps this pattern was also true for those living in areas of medium disorder compared with those in low disorder areas. In 1998, those living in areas of high disorder also had levels of use significantly higher than those living in medium disorder areas (see Table 5.4).

Table 5.4 Trend in amphetamine use in the last year by respondents' perception of disorder

	1996	1998	2000	2001/02
High disorder	4.1	4.5	3.0	2.1
Medium disorder	4.9	3.3	2.2	1.6
Low disorder	2.5	2.5	1.7	1.3

Notes:

1 Source: 1996, 1998, 2000, 2001/02 British Crime Survey (weighted data).

Comparing estimates from the 1996 BCS with those recorded in 2001/02, significant reductions in use have been reported in all three areas. Comparing estimates from the two most recent sweeps indicates that levels of amphetamine use have stabilised, as no significant changes were reported. This suggests that the falls in amphetamine use occurred in the late 1990s.

Ecstasy

Analysis of the trends in ecstasy by disorder shows a more complex pattern. In the 1996 and 1998 BCS, levels of ecstasy use were significantly higher in areas of both high and medium disorder, compared with areas of low disorder. Estimates from the 2000 BCS show that levels of ecstasy use were significantly higher in areas of medium disorder compared with those in low disorder areas. In the 2001/02 BCS, those living in high disorder areas have significantly higher levels of use compared with those living in areas of low disorder. No significant differences were observed between any other areas in any of the sweeps (see Table 5.5).

Table 5.5 Trend in ecstasy use in the last year by respondents' perception of disorder

	1996	1998	2000	2001/02
High disorder	2.7	1.9	2.3	2.6
Medium disorder	2.4	1.9	2.6	2.2
Low disorder	1.3	1.1	1.4	2.0

Notes:

1 Source: 1996, 1998, 2000, 2001/02 British Crime Survey (weighted data).

When comparing 1996 levels of ecstasy use with those reported in the 2001/02 BCS, use remained stable in both high and medium disorder areas. Levels of use did vary in areas of low disorder with use increasing significantly between 1996 and 2001/02 from 1.3 per cent to two per cent. A similar pattern was observed between 2000 and 2001/02 with no significant changes in ecstasy use in high or medium disorder areas. Again, an increase in low disorder areas was observed between these years with levels of ecstasy use rising significantly from 1.4 per cent in 2000.

Geographical variations in drug use

Cocaine

In all sweeps prior to 2001/02, levels of cocaine use amongst those living in medium disorder areas were significantly higher compared with those in low disorder areas. Additionally, in the 2000 sweep, levels of use were also significantly higher in medium disorder areas compared with high disorder areas. However, recent estimates show that cocaine use in medium disorder areas has declined and levels are now, along with those in low disorder areas, significantly lower than levels reported amongst those living in high disorder areas (see Table 5.6).

Table 5.6 Trend in cocaine use in the last year by respondents' perception of disorder

	1996	1998	2000	2001/02
High disorder	0.7	1.2	1.7	2.6
Medium disorder	1.3	1.7	2.8	1.9
Low disorder	0.4	1.1	1.4	1.7

Notes:

1 Source: 1996, 1998, 2000, 2001/02 British Crime Survey (weighted data).

Comparing the 1996 and 2001/02 sweeps, cocaine use increased significantly in both high and low disorder areas. Between 2000 and 2001/02, levels of cocaine use again increased significantly in areas of high disorder but declined significantly in areas of medium disorder.

Class A drugs

In the 1996, 2000 and 2001/02 BCS, levels of Class A drug use amongst those living in high disorder areas was significantly higher compared with those in low disorder areas. Additionally, in the most recent sweep those living in high disorder areas reported significantly higher levels of use compared with those living in medium disorder areas. In all sweeps prior to the 2001/02 BCS levels of Class A drug use were also higher in medium disorder areas compared with low disorder areas (see Table 5.7).

Table 5.7 Trend in Class A drug use in the last year by respondents' perception of disorder

	1996	1998	2000	2001/02
High disorder	4.2	3.1	3.3	3.9
Medium disorder	4.1	3.3	4.5	3.1
Low disorder	2.1	2.2	2.1	3.0

Notes:

1 Source: 1996, 1998, 2000, 2001/02 British Crime Survey (weighted data).

Comparing the 1996 and 2001/02 BCS reveals a significant increase in use of Class A drugs in areas of low disorder. This pattern was also identified when comparing the 2000 and most recent BCS with a significant increase in Class A use in areas of low disorder. Also, between 2000 and 2001/02 there was a significant fall in use in areas of medium disorder.

Any illicit drug

Since 1996, the BCS has shown significantly higher differences in levels of illicit drug use in both high and medium disorder areas compared with those living in low disorder areas. Additionally, the most recent sweep has also shown a significant difference between those living in a high disorder area compared with those in a medium disorder area (see Table 5.8).

Table 5.8 Trend in any illicit drug use in the last year by respondents' perception of disorder

	1996	1998	2000	2001/02
High disorder	13.1	15.8	15.0	14.6
Medium disorder	13.8	14.3	15.1	12.5
Low disorder	10.2	9.8	9.2	10.7

Notes:

1 Source: 1996, 1998, 2000, 2001/02 British Crime Survey (weighted data).

There are no clear patterns of change when looking at illicit drug use over time. There were no significant changes in levels of use between levels recorded in the 1996 BCS compared with those reported in the 2001/02 BCS. However, when comparing estimates from the two most recent sweeps a significant decrease in levels of use was recorded for those living in areas of medium disorder, whilst a significant increase was recorded for those living in areas of low disorder.

Interviewers' perception of physical disorder

The BCS also asks interviewers to assess how common rubbish, vandalism and houses in poor condition are in the area of the interview. Responses to these were scored with 1 for 'very common' and 'fairly common' and 0 for 'not very common' and 'not at all common'. Responses to these questions were then combined to create another indicator of physical disorder with scores of 0-1 defined as low disorder and scores of 2-3 defined as high disorder.

This measure is based on the interviewer's perception of acceptable levels of physical disorder rather than a respondent's perception of his/her own area. It therefore could be seen as providing either a slightly more objective view or a less informed view, compared with that of the interviewee.

Extent of drug use

Like the respondents' assessment of disorder, there again appears to be a definite relationship between levels of drug use and level of disorder (see Table 5.9). Those living in areas classified as having high levels of disorder have significantly higher levels of use of all drugs compared with those in low disorder areas, except for crack, heroin and methadone – where no significant difference was identified.

Table 5.9 Drug use in the last year by interviewers' perception of physical disorder

	High physical disorder	Low physical disorder	Significant
Amphetamines	2.6	1.4	**
Cannabis	15.4	10.0	**
Cocaine	3.4	1.8	**
Crack	0.4	0.2	
Ecstasy	3.9	1.9	**
Heroin	0.2	0.1	
LSD	0.9	0.3	**
Magic Mushrooms	0.9	0.4	*
Methadone	0.2	0.1	
Class A	5.5	2.9	**
Any illicit drug	17.5	11.3	**

Notes:

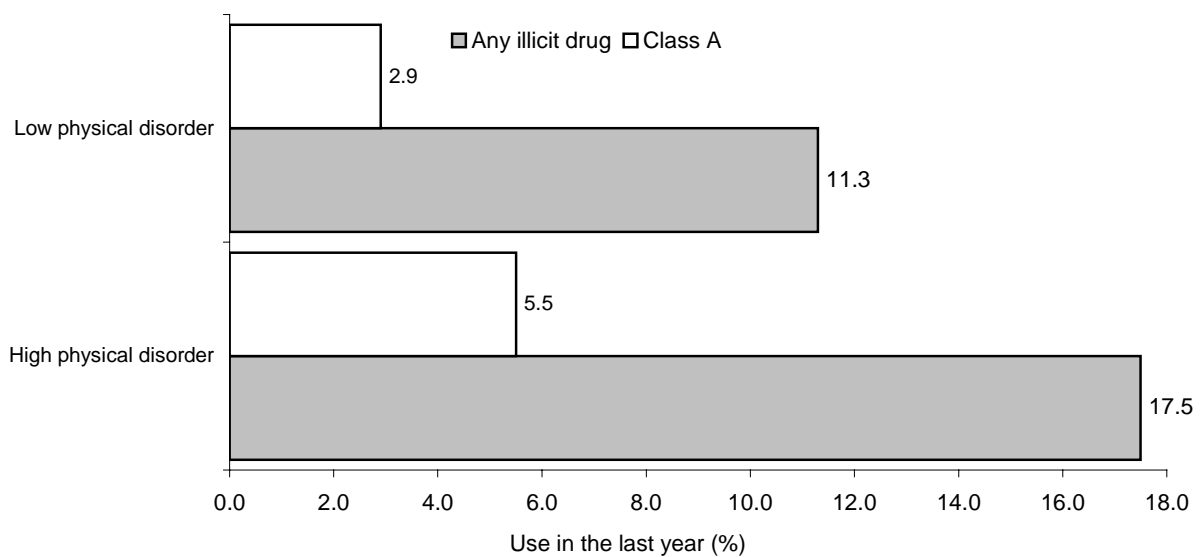
1 *** indicates a significant difference at the 5% level. ** indicates significance at the 10% level (using a two-tailed significance test).

2 Source: 2001/02 British Crime Survey (weighted data).

Extent of Class A and any illicit drug use

Unsurprisingly, there was a significant relationship between use of Class A drugs and any illicit drug and disorder as classified by the interviewer. Class A drug use was twice as high in areas defined as having high levels of disorder compared with areas with low physical disorder. Use of any illicit drug was also significantly higher amongst those living in high disorder areas compared with those in low disorder areas. Figure 5.3 shows the relationship between use of Class A and any illicit drugs by interviewers' perception of physical disorder.

Figure 5.3 Class A and any illicit drug use in the last year by interviewers' perception of physical disorder



6. Population size by Police Force Area

In order to provide more localised information, a new stratifying variable was introduced to the BCS in 2001. This involved achieving a minimum of 750 interviews in each of the 42 Police Force Areas (PFA) in England and Wales.

As discussed in earlier sections, a relatively high prevalence of drug use is needed in order to provide robust analysis by variables with numerous response categories. As a result, it is not possible to analyse by PFA in its current format. Therefore, the population size¹ for each PFA was obtained, and based on this information the 42 PFAs were collapsed to create two new variables – one consisting of five groups and the second of 15 groups. PFAs with similar population sizes were grouped together to create these two variables (see Appendix Table A6.1 for a list of the PFAs in the five and 15 group variables).

Five group variable

For the five-group variable, focus is again limited to last year use of amphetamines, cannabis, cocaine and ecstasy, as well as the categories of Class A drugs and any illicit drug. The 42 PFAs have been placed in one of five groups according to their population size as follows:

- **Group 1:** Metropolitan/City of London
- **Group 2:** West Midlands; Greater Manchester; Thames Valley; West Yorkshire; Hampshire; Essex; Kent.
- **Group 3:** Devon & Cornwall; Avon & Somerset; Sussex; Lancashire; Northumbria; Merseyside; South Yorkshire; South Wales; West Mercia; Surrey; Staffordshire; Hertfordshire; Nottinghamshire.
- **Group 4:** Cheshire; Derbyshire; Leicestershire; Humberside; Norfolk; North Yorkshire; Cambridgeshire.
- **Group 5:** Suffolk; Northamptonshire; Dorset; North Wales; Lincolnshire; Wiltshire; Durham; Bedfordshire; Gloucestershire; Gwent; Cleveland; Warwickshire; Cumbria; Dyfed Powys.

Extent of drug use

Table 6.1 shows the proportion of people within each of the five groups that have taken drugs in the last year. The estimates show that as the population size of PFAs increase, the proportion of people reporting drug use tends to increase. Compared with the national estimate for England and Wales those living in the most populated area (group 1) tend to have significantly higher levels of drug use, whilst those in the least populated areas (group 5) tend to have significantly lower levels of drug use.

¹ 2002 mid-year population estimates from Office of National Statistics website:
<http://www.statistics.gov.uk/StatBase/Expodata/Spreadsheets/D6556.xls>

Geographical variations in drug use

Table 6.1 Drug use in the last year by five population groups

	group 1 (most populated)	group 2	group 3	group 4	group 5 (least populated)	E & W
Amphetamines	1.6	1.8	1.4	1.5	1.7	1.6
Cannabis	14.0	11.0	9.8	9.6	8.8	10.6
Cocaine	4.2	1.8	1.6	1.4	1.2	2.0
Ecstasy	3.5	2.0	2.0	2.0	1.5	2.2

Notes:

- 1 Figures in bold and italics indicate a significant difference from the national estimate at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).
- 2 Source: 2001/02 British Crime Survey (weighted data).

Figure 6.1 shows that compared with the figure for England and Wales, those living in the most populated area (group 1) had significantly higher levels of cannabis use, whilst those living in the least populated areas (group 5) had significantly lower levels of use. Those living in groups 2, 3 and 4 showed no significant difference from the national estimate.

Figure 6.1 Cannabis use in the last year by five population groups

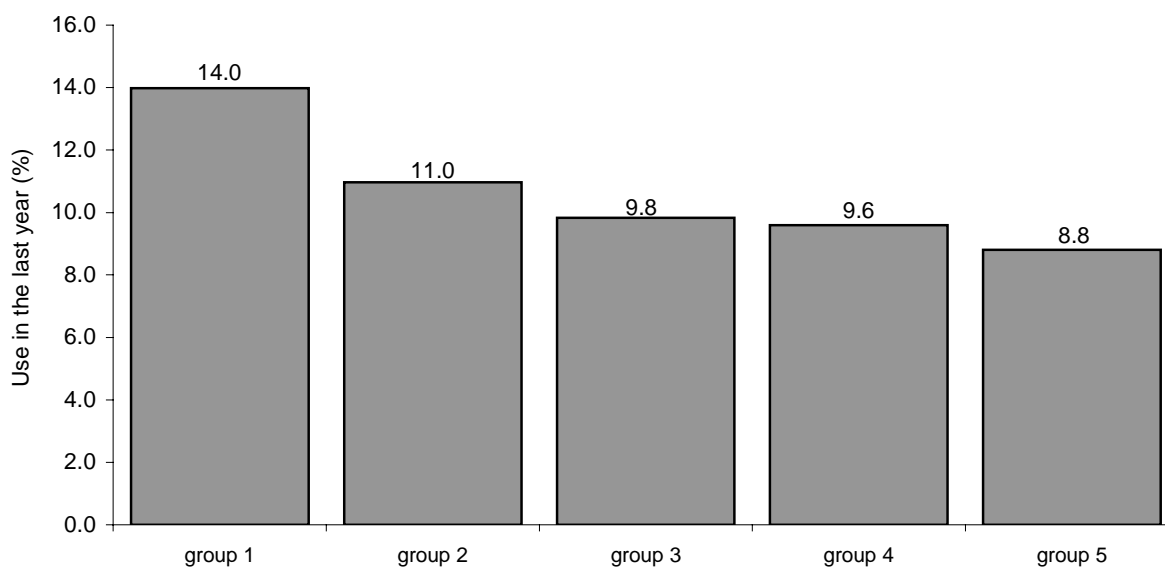


Figure 6.2 shows there is a no relationship between level of amphetamine use and population size. This may be because use of amphetamines is too small for there to be evidence of correlation between different PFA groups.

Figure 6.2 Amphetamine use in the last year by five population groups

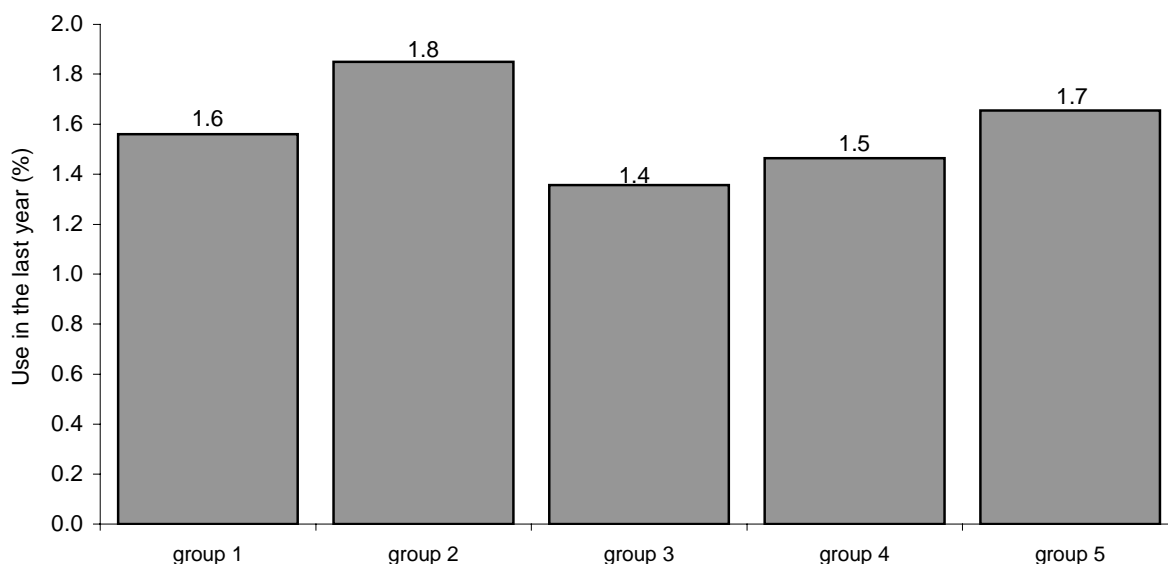
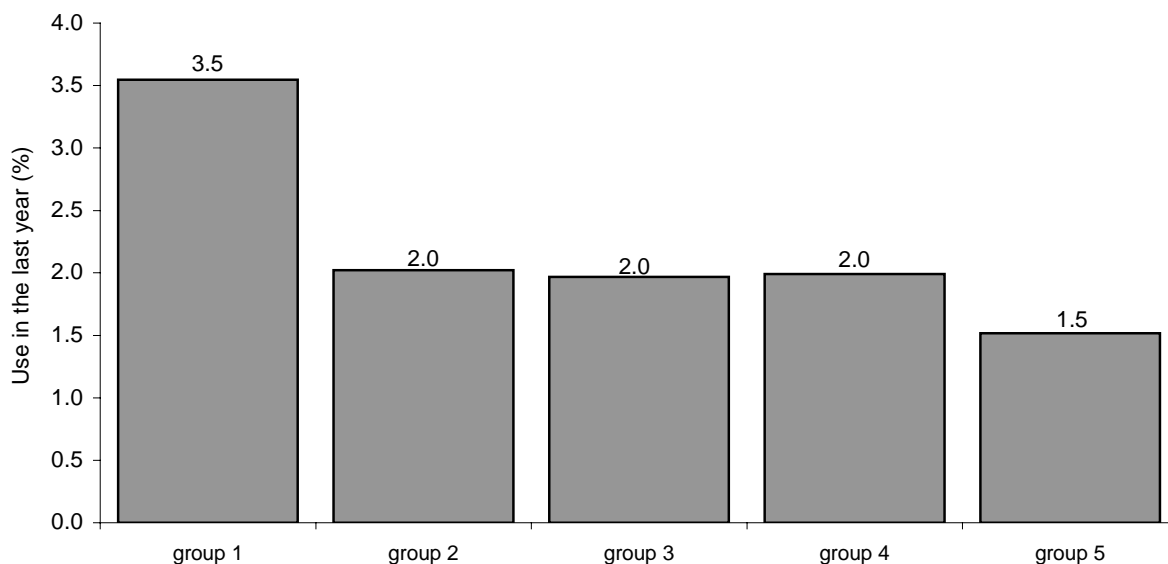


Figure 6.3 shows that those living in the most populated areas (group 1) had significantly higher levels of ecstasy use compared with the national figure, whilst those living in the least populated areas (group 5) had significantly lower levels of ecstasy use.

Figure 6.3 Ecstasy use in the last year by five population groups



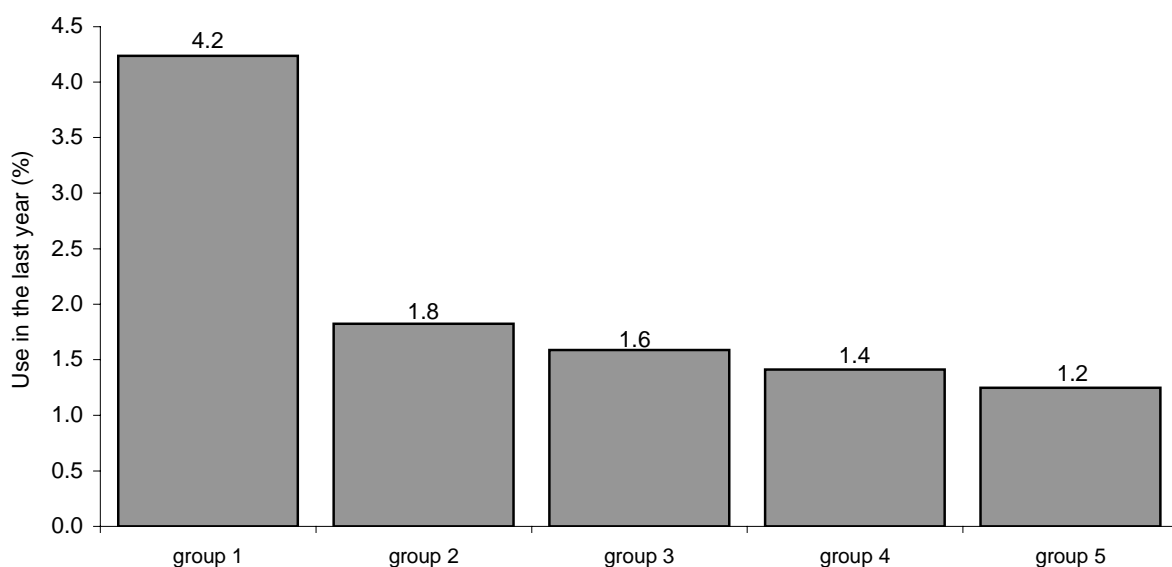
Levels of cocaine use were significantly higher in the most populated area (group 1) and significantly lower in the least populated areas (group 5). Groups 3 and 4, which contain PFAs of average population sizes, also had significantly lower levels of cocaine use, compared with the

Geographical variations in drug use

national estimate for England and Wales. This group is made up of a mixture of PFAs, some in more rural areas such as Wales and the Eastern regions and some in more urban areas such as Merseyside.

It is difficult to conjecture why these groups may have such a low level of cocaine use. It may be that they are made up of slightly more rural areas that in themselves tend to have lower levels of drug use as discussed in Chapter 4. However, if this was the reason, significantly lower levels for drugs other than cocaine in this group would be expected, which is not the case. Another reason may be that the national estimate is skewed by the high levels of use in group 1, so resulting in these groups having a significantly lower level of cocaine use compared with the national figure. It is therefore, perhaps unsurprising, that Figure 6.4 shows a strong positive relationship between level of cocaine use and population size.

Figure 6.4 Cocaine use in the last year by five population groups



Extent of Class A and any illicit drug use

Figure 6.5 shows a higher percentage of Class A users live in highly populated areas and that levels of Class A use decline as population size declines. A similar pattern is found for use of any illicit drug.

Compared with the figure for England and Wales, those living in the most populated area (group 1) had significantly higher levels of Class A drug use, whilst those living in the least populated areas (group 5) had significantly lower levels of Class A use (see Table 6.2).

Table 6.2 Class A and any illicit drug use in the last year by five population groups

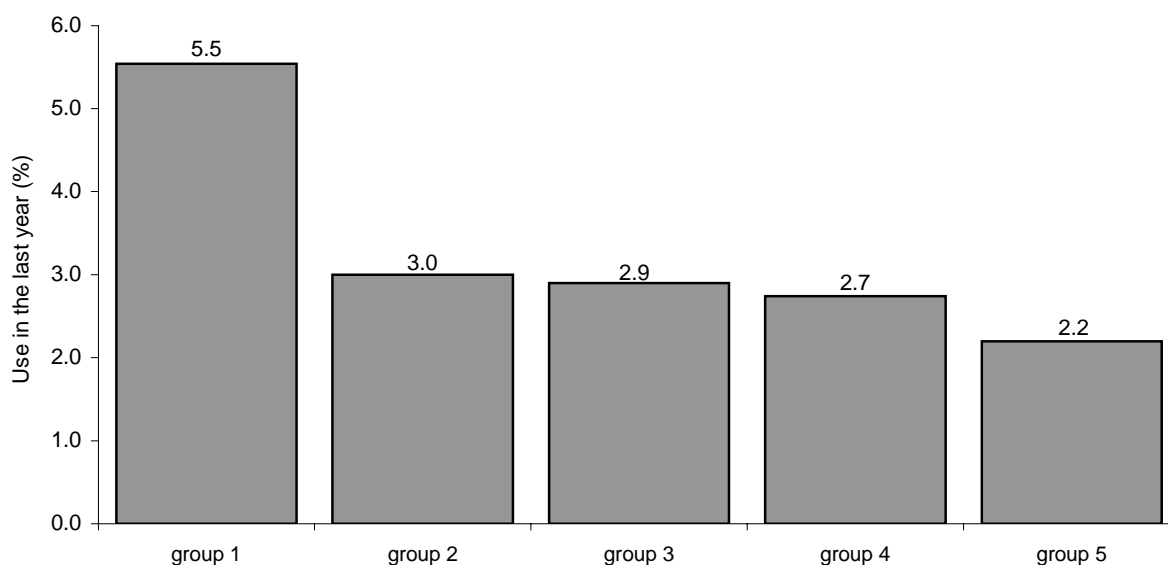
	group 1 (most populated)	group 2	group 3	group 4	group 5 (least populated)	E & W
Class A	5.5	3.0	2.9	2.7	2.2	3.2
Any illicit drug	15.8	12.4	11.2	10.8	9.7	11.9

Notes:

- 1 Figures in bold and italics indicate a significant difference from the national estimate at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).
- 2 Source: 2001/02 British Crime Survey (weighted data).

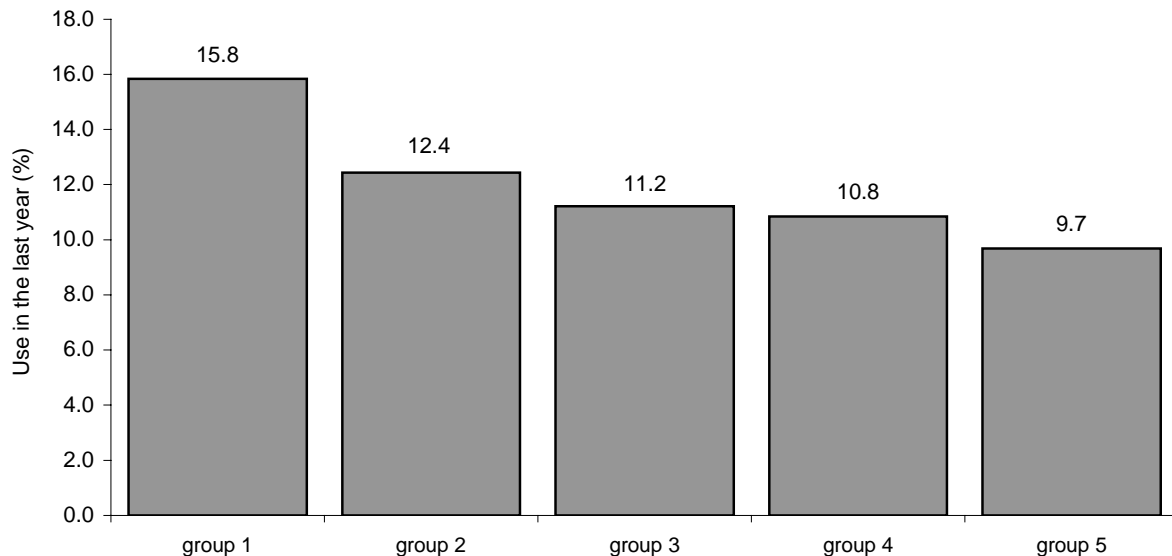
Figure 6.5 again shows a strong relationship between levels of Class A drug use and population size.

Figure 6.5 Class A drug use in the last year by five population groups



Levels of use for any illicit drug were also significantly higher in the most populated area (group 1) and significantly lower in the least populated areas (group 5) compared with the figure for England and Wales. Figure 6.6 again shows a strong relationship between levels of illicit drug use in the last year and the number of people living in the area.

Figure 6.6 Any illicit drug use in the last year by five population groups



Fifteen group variable

Analysing by the five-group variable has shown a positive relationship between the population size of PFAs and levels of drug use for all drugs examined, except for amphetamines. However, using this variable has its disadvantages, as it places police forces into broad categories and may hide differences between them. A 15-group variable has therefore been constructed to provide more detail. However, using the 15-group variable means it is difficult to draw conclusive patterns about drugs that are less prevalent, such as cocaine, as there are so many categories. Therefore, only Class A and any illicit drugs can be examined for the 15-group variable.

The 42 PFAs have been placed in one of 15 groups based on population size as follows:

- **Group 1:** Metropolitan/City of London
- **Group 2:** West Midlands; Greater Manchester
- **Group 3:** Thames Valley; West Yorkshire
- **Group 4:** Hampshire; Essex; Kent
- **Group 5:** Devon & Cornwall; Avon & Somerset
- **Group 6:** Sussex; Lancashire; Northumbria; Merseyside
- **Group 7:** South Yorkshire; South Wales; West Mercia
- **Group 8:** Surrey; Staffordshire; Hertfordshire; Nottinghamshire
- **Group 9:** Cheshire; Derbyshire; Leicestershire
- **Group 10:** Humberside; Norfolk; North Yorkshire; Cambridgeshire
- **Group 11:** Suffolk; Northamptonshire; Dorset; North Wales
- **Group 12:** Lincolnshire; Wiltshire
- **Group 13:** Durham; Bedfordshire
- **Group 14:** Gloucestershire; Gwent; Cleveland
- **Group 15:** Warwickshire; Cumbria; Dyfed Powys

Extent of Class A drug use

Those living in the most populated PFAs (group 1) reported significantly higher levels of Class A drug use compared with the figure for England and Wales. Those living in less populated areas (groups 12, 13 and 14), but not the very least populated (group 15) had levels of Class A drug use significantly lower than the national estimate. Additionally, those living in the area of around average population size (group 8) had significantly lower levels of use compared with the national estimate.

Table 6.3 Class A drug use in the last year by 15 population groups

Group	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	E&W
	5.5	2.9	3.5	2.7	3.5	3.4	2.9	1.8	2.8	2.7	2.6	1.5	1.8	1.9	2.6	3.2

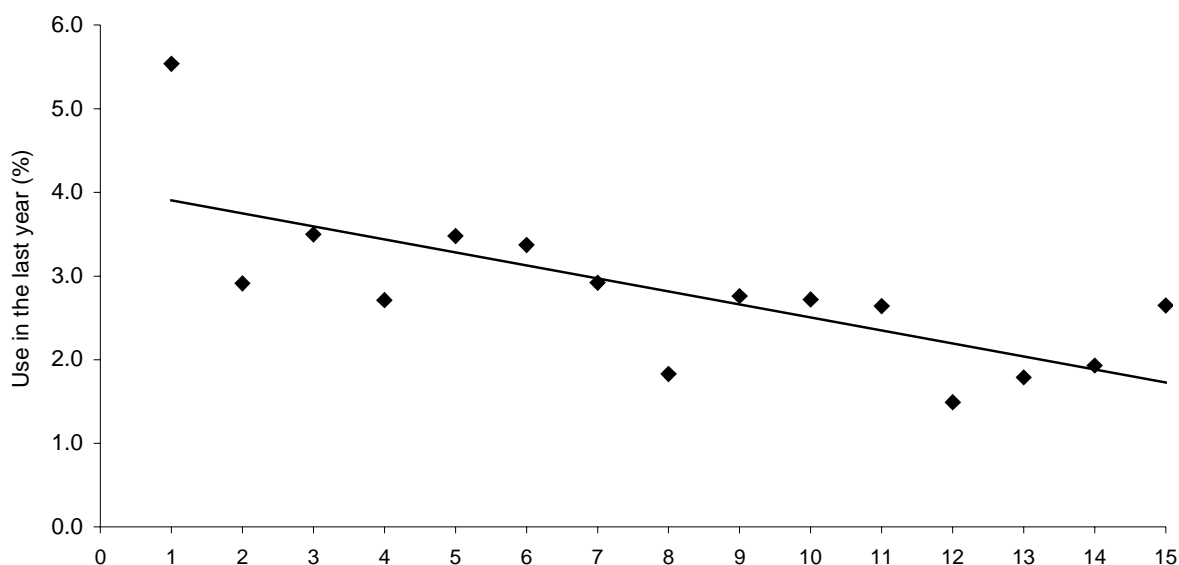
Notes:

- 1 Figures in bold and italics indicate a significant difference from the national estimate at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).
- 2 Source: 2001/02 British Crime Survey (weighted data).

Group 8 is comprised of Surrey, Staffordshire, Hertfordshire and Nottinghamshire PFAs, which are found in the South East, West Midlands, Eastern and East Midlands respectively. These GORs have similar or significantly lower levels of Class A use compared with the national estimate. These GORs also have a higher composition of ACORN areas synonymous with low levels of drug use such as ‘affluent suburbs and rural’, ‘affluent family’ and ‘mature home-owning’ areas.

The least populated areas (group 15) do not show significantly lower levels of Class A use when compared with the national estimate. This group is made up of Warwickshire, Cumbria and Dyfed Powys. These PFAs are found in the West Midlands, North West and Wales GORs respectively. Although Wales was revealed to have significantly lower levels of Class A use when compared with the national estimate in the GOR section, this was not the case for the other two GORs. This may partly explain why, although consisting of the least populated areas, group 15 does not have the lowest levels of Class A drug use. Figure 6.7 illustrates the linear relationship between levels of Class A drug in the last year and population size.

Figure 6.7 Class A drug use in the last year by 15 population groups



Geographical variations in drug use

Extent of any illicit drug use

Analysis of any illicit drug use reveals a similar pattern to Class A use. Those living in the most populated PFAs (group 1) reported significantly higher levels of use compared with the national estimate for England and Wales. Those living in less populated areas (groups 12, 14 and 15) reported significantly lower levels of use. Again, those with middling population sizes have significantly lower levels of use (groups 8 and 9).

Table 6.4 Any illicit drug in the last year by 15 population groups

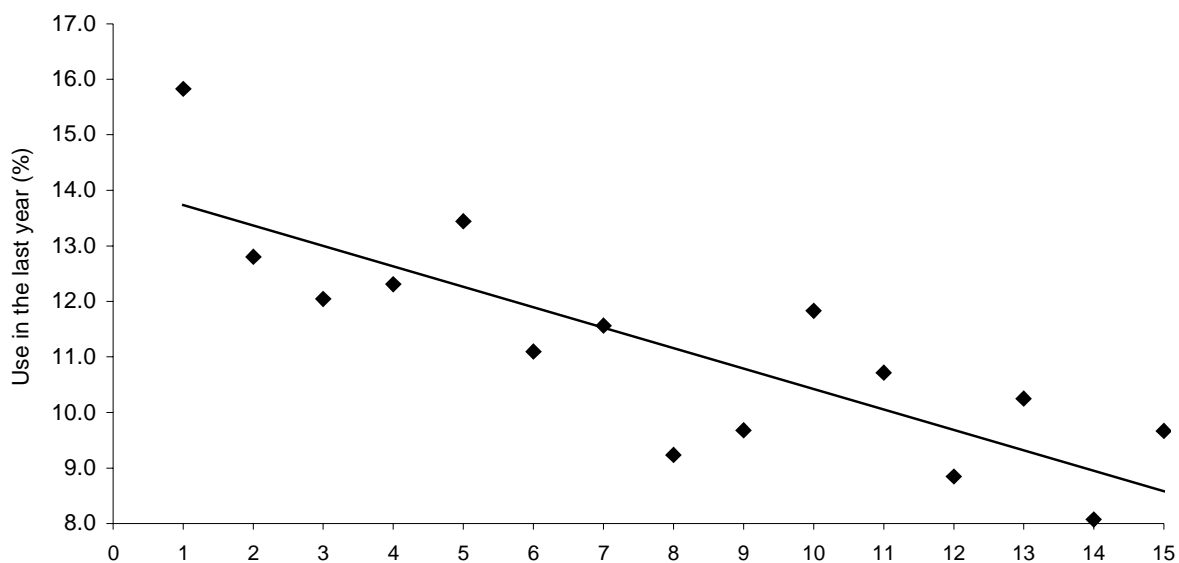
Group	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	E&W
	15.8	12.8	12.0	12.3	13.4	11.1	11.6	9.2	9.7	11.8	10.7	8.8	10.2	8.1	9.7	11.9

Notes:

- 1 Figures in bold and italics indicate a significant difference from the national estimate at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).
- 2 Source: 2001/02 British Crime Survey (weighted data).

Figure 6.8 shows that there is a linear relationship between the level of any illicit drug use and population size.

Figure 6.8 Any illicit drug use in the last year by 15 population groups



7. Summary and conclusions

Summary

A number of patterns have emerged when examining the relationship between the different geographical variables and levels of drug use.

Government Office Region

The BCS shows that the regions where drug use is most prevalent are: London, the South West, North West, and South East. Since 1998 those living in London reported statistically higher levels of Class A drug use and any illicit drug use, compared with the percentage for England and Wales.

Class A drug use was lower than the national figure among people living in the East Midlands, Eastern regions and Wales, while use of any illicit drug was lower than the national figure among those living in the North East, East Midlands and Wales.

When looking at trends between 1996 and 2001/02, those living in the North East have seen the most statistically significant reductions in any illicit drug use, with falls in use of amphetamines, cannabis, LSD and magic mushrooms.¹ This took the North East from being one of the regions with the highest drug use in the 1996 BCS to one of the lowest in the 2001/02 BCS. The North West is the only region that saw rises in both Class A and any illicit drug use, when comparing the 1996 BCS estimates with those recorded in the 2001/02 BCS. This was due to the increases in cannabis, cocaine and ecstasy use.

ACORN

Analysis has shown that there is a relationship between area type and levels of drug use. 'Affluent urban' areas tend to have levels of cannabis, cocaine and ecstasy use higher than the national figure. Consequently use of Class A drugs and any illicit drug are also higher than the figure for England and Wales.

'Affluent suburbs and rural' and 'affluent family' areas consistently showed lower levels of drug use when compared with the figure for England and Wales. 'Affluent suburbs and rural' areas had significantly lower levels of amphetamine, cannabis, cocaine, ecstasy and heroin use. 'Affluent family' areas had significantly low levels of cannabis, cocaine, ecstasy, LSD and magic mushroom use.² Both these areas, and 'mature home-owning' areas, had lower levels of Class A and any illicit drug use than the national estimate.

Comparing the England and Wales figures for the 1996 and 2001/02 BCS shows that there was an increase in cannabis, cocaine, and ecstasy use and a decrease in amphetamine use. Comparing the 2000 and 2001/02 data showed declines in the use of amphetamines. Ecstasy was the only drug that saw an increase in use overall between 2000 and 2001/02.

¹ See Appendix Table A2.1-A2.3 for more information about drugs not discussed in this section.

² See Appendix Table A3.1

Geographical variations in drug use

In 'affluent urban' areas the prevalence of Class A drugs has remained higher than the national figure for each year since 1996, rising until 2000 to reach a high of 9.7 per cent. However, since 2000 levels of use have declined to 7.1 per cent. Similarly, use of any illicit drug was higher than the national figure in 'affluent urban' areas in each year reaching 27 per cent in 2000, before declining significantly to 21.8 per cent in 2001/02.

Findings suggest that in areas where drug use has previously been lower than the national estimate for England and Wales, rates of use are now increasing, for example in 'affluent suburbs and rural' areas. The opposite seems to be occurring in areas once having levels of drug use higher than the national estimate, such as 'affluent urban' areas, which are now starting to show declines. Therefore there is evidence of a possible future convergence of levels of drug use.

Inner city, urban and rural areas

There is a strong relationship between inner city, urban and rural areas and prevalence of drugs. In each of the four most recent sweeps of the BCS, levels of drug use have been highest amongst those living in inner cities, followed by those in urban areas and lastly those in rural areas. This was true for cannabis, amphetamines, ecstasy, cocaine and Class A drugs as a whole.

Respondents' and interviewers' perception of disorder

The BCS indicates a strong relationship between perception of disorder in an area and levels of drug use. Areas rated as having high or medium levels of disorder by respondents had higher levels of Class A drug use. The same pattern was true for use of any illicit drug.

Using the interviewers' assessment of disorder shows a similar relationship. With the exception of crack, heroin and methadone, levels of drug use were higher amongst those living in areas of high disorder compared with those living in areas of low disorder.

How robust is perception of disorder in examining levels of drug use across areas? Standards of disorder vary both between and within communities. Respondents living in an area of low disorder may have different tolerance levels than individuals living in areas of high disorder. Perceptions may also change over time. Interviewer assessment is a way of addressing individual bias, but is still not without its problems as different interviewers may have different standards.

Population size by Police Force Area

Drug use was found to be highest in those PFAs with large populations. This finding can be observed for cannabis, cocaine, ecstasy, Class A and any illicit drugs when PFAs are placed in five groups according to their population size. The relationship is less clear when PFAs are placed in 15 groups, with only any illicit drug use having a strong relationship with population size.

In both the five and 15 group analyses the most populated areas (group 1) have much higher levels of drug use than any other group. Levels of drug use are higher than the national estimate for both variables for Class A drugs and any illicit drug. This is because group 1 is made up of the Metropolitan and City of London PFAs. London is the most populated PFA in England and Wales

with over 4.5 million 16 to 59-year-olds. To put this into proportion the second most populated PFA is the West Midlands with just under 1.5 million 16 to 59-year-olds. London also has a high proportion of inner city areas, which are also synonymous with high levels of drug use.

PFA's with smaller populations tend to have lower levels of drug use. With the five-group variable the least populated areas (group 5) had lower levels of Class A and any illicit drug use. This group is comprised of relatively rural areas such as Gwent, Gloucestershire and Cumbria and has a combined population of just over 4.7 million. For the 15-group analysis, those living in groups 12 and 14 had lower levels of Class A and any illicit drug use compared with the national estimate. Again these areas were comprised of PFA's with small populations and with a more rural focus.

A bivariate analysis of geographical variables

Each of the five chapters has examined the relationship between a geographical variable and levels and patterns of drug use. However, there exist complex inter-relationships between these variables. For instance, when analysing areas by GOR, London has the highest levels of drug use, and when analysing areas by ACORN type 'affluent urban' areas are found to have the highest levels of drug use. It is perhaps then not surprising to find that nearly 60 per cent of 'affluent urban' areas are found in London.

There are also relationships between areas recording low levels of drug use. Rural areas tend to have the lowest levels of drug use compared with inner city and urban areas, as do 'affluent suburbs and rural' areas compared with other ACORN areas. Cross-tabulating the composition of rural areas by ACORN areas reveals that 84 per cent of rural areas consist of 'affluent suburbs and rural' areas.

The relationships between the different geographical areas and levels of drug use are explored in greater depth in Appendix B.

A multivariate analysis of Class A and any illicit drug use

As discussed, there is a strong correlation between the different geographical indicators. Logistic regression has been applied to examine these variables in greater depth to determine which are the most strongly associated with levels of Class A and any illicit drug use in England and Wales. The four geographical variables used in the model were:

- Government Office Region
- ACORN category
- Respondents' perception of disorder
- The five-group population size PFA variable

The area type variable categorising areas as either inner city, urban or rural was not included as it is derived from ACORN types, therefore these two variables are so highly correlated they would make the model unstable.

Geographical variations in drug use

These were entered in a forward stepwise regression calculation, which enables the software to decide which of the variables, if any, show the greatest association with drug use. Those variables that do not add significance to the model were discarded.

Class A drug use

ACORN category was most strongly associated with levels of Class A use. GOR and the respondents' perception of disorder were also included in the model. Age and gender variables were then introduced to the model. Unsurprisingly, age was shown to be the strongest predictor of drug use with younger people being more likely to use drugs than older people. Gender was the next variable in the model with males showing higher levels of drug use than females. By adding these variables to the model it was possible to determine whether the geographical variables still had an effect on levels of drug use. The model retained ACORN category as a predictor of Class A drug use, in addition to GOR. Level of perceived disorder was no longer significant when age and gender were included.

Any illicit drug use

Applying just the geographical indicators to determine which one was the most strongly related to use of any illicit drug, resulted in ACORN category being identified as the strongest determinant. As with Class A use, the respondents' perception of disorder and GOR were also included in the model. Again, as expected, when the analysis was adjusted for age and gender, age was the variable most strongly associated with levels of any illicit drug use followed by gender. However, the model retained ACORN category as the most significant regional variable, followed by GOR and disorder.

None of the logistic regressions carried out found population size by Police Force Area as being significantly related to drug use after accounting for age, gender, ACORN category, GOR or respondents' perception of disorder.

Conclusions

The illicit nature of drug supply and possession means that it is difficult to obtain measures of drug use and gain insights into where drug users are located. This study has looked at which geographical measures are associated with drug use and has identified those that seem to be the most robust indicators. Statistical analysis has found that ACORN category is the dominant geographical predictor variable associated with use of Class A and any illicit drug. ACORN category groups households according to the demographic, employment and housing characteristics of the neighbourhood. ACORN's subtle and small-scale categorisation of neighbourhood level, compared with large-scale administrative units such as Government Office Region and Police Force Area, may explain its dominance in the models. This combined with the socio-economic basis of categorisation may be more meaningful when one thinks of groups of drug users.

Grouping the population in England and Wales according to just three geographical categories (inner city, urban and rural) is perhaps too crude to provide a strong insight into drug use. The perceptual and subjective way in which respondents and interviewers rate local levels of disorder

also raises questions about its explanatory power. However, it did feature in the model for illicit drug use. Government Office Region and Police Force Area might appear to be rather arbitrary categories with which to look at drug use, since they are based on historical administrative divisions, rather than socio-economic characteristics. Yet Government Office Region did feature in both models. The inclusion of such a large-scale form of classification may be due to a number of reasons. For example, differences in levels of drug availability across the country may mean that Government Office Region is a meaningful variable. The same could be true about different traditions in the demand for drugs. In this way local geographical factors may interact with regional ones to explain drug use.

Appendix A Additional tables

2. Government Office Region

Table A2.1 Trend in drug use in the last year by GOR

	North East	North West	Yorks/Humb	East Mid	West Mid	South West	Eastern	London	South East	Wales	E&W
Amphetamines											
1996	6.0	3.3	4.3	2.5	3.1	3.3	2.2	2.7	3.3	3.7	3.2
1998	2.3	2.7	4.7	3.5	2.3	3.9	1.5	3.9	2.8	2.4	3.0
2000	3.1	2.6	2.9	1.9	2.1	1.9	1.2	2.0	1.8	2.3	2.1
2001/02	1.3	2.0	1.5	1.3	1.8	2.1	1.0	1.6	1.8	0.8	1.6
Cannabis											
1996	9.2	8.7	9.3	7.1	7.5	10.3	7.7	14.0	11.0	6.0	9.5
1998	7.9	9.8	11.6	9.0	7.8	12.0	7.8	15.2	10.0	8.0	10.3
2000	8.6	12.4	9.9	7.9	9.5	9.0	8.9	14.8	10.6	8.2	10.5
2001/02	5.9	11.9	10.1	7.4	9.5	11.7	9.7	14.0	11.7	7.0	10.6
Cocaine											
1996	0.8	0.3	0.3	0.1	0.5	0.7	0.2	1.7	0.7	0.2	0.6
1998	0.3	0.3	0.5	0.3	0.2	1.2	0.7	4.2	1.9	0.5	1.2
2000	1.5	1.9	0.7	1.1	1.0	2.2	0.9	5.1	2.0	1.0	2.0
2001/02	1.8	1.9	1.1	1.0	1.5	1.8	1.5	4.2	2.3	0.8	2.0
Crack											
1996	-	0.2	0.2	-	-	-	-	0.2	-	0.1	0.1
1998	-	-	-	-	-	0.1	0.2	0.1	0.3	0.1	0.1
2000	0.9	0.0	0.1	0.5	0.0	0.8	0.7	0.4	0.3	-	0.3
2001/02	0.1	0.0	0.2	0.2	0.1	0.2	0.2	0.3	0.3	0.1	0.2
Ecstasy											
1996	2.7	1.6	2.4	1.0	1.7	1.4	1.5	2.2	1.1	1.7	1.7
1998	0.3	1.1	1.5	0.8	1.0	2.8	0.6	2.8	1.2	1.6	1.5
2000	2.3	1.8	2.7	1.8	1.4	2.0	0.8	2.9	1.5	0.8	1.8
2001/02	1.9	2.8	2.3	2.1	1.7	1.8	1.2	3.5	1.8	1.3	2.2
Heroin											
1996	0.2	0.2	0.4	-	0.1	0.2	0.0	0.1	0.2	0.1	0.2
1998	-	0.0	0.3	-	0.1	0.1	-	0.2	0.3	0.3	0.1
2000	0.8	0.1	0.3	0.7	0.0	0.5	0.2	0.1	0.3	-	0.3
2001/02	0.1	0.0	0.2	0.1	0.1	0.2	0.2	0.1	0.1	0.2	0.1
LSD											
1996	2.3	1.4	1.3	1.1	0.7	1.0	0.5	1.1	0.7	1.3	1.0
1998	0.1	0.4	1.9	0.4	0.9	0.6	0.3	1.2	0.3	1.7	0.8
2000	0.8	0.7	0.6	0.4	0.7	1.3	0.4	1.0	0.3	1.0	0.7
2001/02	0.1	0.8	0.3	0.2	0.3	0.4	0.3	0.4	0.4	0.1	0.3
Magic Mushrooms											
1996	1.4	0.6	0.2	0.2	0.3	1.4	0.9	0.4	0.6	1.3	0.7
1998	0.7	0.1	1.6	0.5	0.9	2.1	0.6	0.8	0.3	1.7	0.9
2000	0.6	0.7	0.4	0.6	0.4	1.7	0.4	1.3	0.4	0.7	0.7
2001/02	0.1	0.7	0.4	0.5	0.5	0.8	0.3	0.5	0.7	0.3	0.5
Methadone											
1996	-	0.3	0.2	-	-	-	-	-	0.1	0.1	0.1
1998	-	-	0.1	0.2	-	0.7	-	0.1	0.1	-	0.1
2000	0.2	0.2	0.0	0.2	-	0.2	0.0	0.1	-	-	0.1
2001/02	0.1	0.1	0.2	-	0.1	-	0.1	0.0	0.1	0.1	0.1
Class A											
1996	4.0	2.5	3.0	1.8	2.0	3.0	2.3	3.5	2.3	2.2	2.7
1998	1.1	1.3	3.3	1.2	1.6	4.1	1.1	5.6	2.7	3.2	2.7
2000	3.5	3.5	3.1	2.5	2.1	3.2	2.2	6.3	2.6	1.9	3.2
2001/02	2.6	3.6	2.9	2.3	2.6	2.9	2.2	5.5	3.5	1.7	3.2
Any illicit drug											
1996	11.4	10.9	11.4	8.2	8.5	11.6	9.3	15.6	13.2	7.6	11.1
1998	9.2	12.6	14.2	10.5	9.4	13.8	9.3	17.1	11.0	8.9	12.1
2000	10.3	13.8	11.7	9.8	10.7	10.1	10.5	16.4	11.9	9.6	11.9
2001/02	7.5	13.2	11.8	8.9	10.8	12.8	10.7	15.8	13.0	8.0	11.9

Notes:

- Figures in bold and italics indicate a significant difference from the average at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).
- '-' = estimate is zero. '0.0' = estimate is between zero and 0.5.
- Source: 1996, 1998, 2000 and 2001/02 British Crime Survey (weighted data).

Geographical variations in drug use

Table A2.2 Significant changes between 1996 and 2001/02 by GOR

	North East	North West	Yorks/ Humb	East Mid	West Mid	South West	Eastern	London	South East	Wales
Amphetamines	**	*	**	*	*		*	**	**	**
Cannabis	**	**			*					
Cocaine		**	**	**	**	**	**	**	**	
Crack										
Ecstasy		**		*				**	*	
Heroin										
LSD	**		**	**				**		**
Magic Mushrooms	**						*			*
Methadone										
Class A		*						**	**	
Any illicit drug	**	*			*					

Notes:

- 1 *** indicates a significant difference at the 5% level. ** indicates significance at the 10% level (using a two-tailed significance test).
- 2 Source: 1996 and 2001/02 British Crime Survey (weighted data).

Table A2.3 Significant changes in drug use between 2000 and 2001/02 by GOR

	North East	North West	Yorks/ Humb	East Mid	West Mid	South West	Eastern	London	South East	Wales
Amphetamines	**		**							**
Cannabis	*					**				
Cocaine						**				
Crack	*					**				
Ecstasy		*								
Heroin	*			*	*					
LSD	*					**		*		**
Magic Mushrooms	*					*		*		
Methadone										
Class A										
Any illicit drug	*					**				

Notes:

- 1 *** indicates a significant difference at the 5% level. ** indicates significance at the 10% level (using a two-tailed significance test).
- 2 Source: 2000 and 2001/02 British Crime Survey (weighted data).

3. Area type

Table A3.1 Trend in drug use in the last year by ACORN

	Affluent suburbs & rural	Affluent family	Affluent urban	Mature home- owning	New home- owning	Council estates & low-income	E & W
Amphetamines							
1996	2.9	1.2	5.6	3.0	3.0	4.2	3.2
1998	2.3	1.4	6.4	2.7	2.7	3.7	3.0
2000	0.8	0.9	4.9	2.3	2.1	2.9	2.1
2001/02	1.0	1.2	1.8	1.4	2.1	2.0	1.6
Cannabis							
1996	7.8	5.5	20.3	7.7	8.9	11.5	9.5
1998	7.9	5.8	24.3	7.8	10.9	11.7	10.3
2000	6.9	6.9	24.5	9.4	10.8	11.7	10.5
2001/02	8.9	7.4	20.3	9.1	10.5	11.9	10.5
Cocaine							
1996	0.4	0.2	2.3	0.4	0.4	0.6	0.6
1998	1.3	0.3	4.6	0.5	1.3	1.0	1.2
2000	1.4	0.9	6.7	1.6	2.0	1.7	2.0
2001/02	1.2	1.4	4.4	1.6	2.5	2.2	2.0
Crack							
1996	-	0.1	0.1	-	0.3	0.1	0.1
1998	0.1	-	0.1	0.1	0.1	0.2	0.1
2000	0.2	0.2	0.6	0.3	0.4	0.4	0.3
2001/02	0.1	0.1	0.0	0.1	0.4	0.3	0.2
Ecstasy							
1996	1.3	0.8	2.6	1.4	2.5	2.1	1.7
1998	1.0	0.7	4.8	1.0	1.5	1.3	1.5
2000	1.0	0.6	4.5	1.9	2.2	2.1	1.8
2001/02	1.5	1.6	5.1	1.4	2.9	2.3	2.2
Heroin							
1996	-	0.1	0.1	0.1	0.3	0.2	0.2
1998	0.1	0.0	0.2	0.1	0.1	0.3	0.1
2000	0.1	0.2	0.2	0.4	0.2	0.5	0.3
2001/02	0.0	0.1	0.0	0.1	0.2	0.3	0.1
LSD							
1996	0.6	0.1	2.0	0.9	1.4	1.7	1.1
1998	1.1	0.2	2.0	0.4	0.3	1.0	0.8
2000	0.3	0.2	1.8	0.6	1.0	0.9	0.7
2001/02	0.3	0.2	0.7	0.3	0.5	0.3	0.3
Magic							
Mushrooms							
1996	0.4	0.2	2.2	0.3	0.5	1.2	0.7
1998	1.0	0.7	2.2	0.4	0.8	0.8	0.9
2000	0.4	0.3	2.1	0.7	0.8	0.7	0.7
2001/02	0.5	0.3	0.6	0.3	0.7	0.7	0.5
Methadone							
1996	-	0.1	-	0.0	0.2	0.1	0.1
1998	0.3	0.1	0.6	-	-	0.0	0.1
2000	-	0.1	0.1	0.1	0.2	0.2	0.1
2001/02	0.0	0.0	-	0.1	0.1	0.1	0.1
Class A							
1996	1.7	1.2	5.6	1.9	3.4	3.7	2.7
1998	2.5	1.7	7.9	1.6	2.4	2.5	2.7
2000	1.8	1.3	9.7	3.0	3.0	3.8	3.2
2001/02	2.2	2.3	7.1	2.4	4.0	3.5	3.2
Any illicit drug							
1996	9.1	7.2	21.7	9.2	10.8	13.6	11.1
1998	9.2	7.7	26.5	9.3	12.7	14.0	12.0
2000	7.6	8.4	27.0	10.9	12.3	13.8	12.0
2001/02	10.0	8.6	21.8	10.2	12.2	13.7	11.9

Notes:

- 1 Figures in bold and italics indicate a significant difference from the average at the 5% level. Figures in bold indicate significance at the 10% level (using a two-tailed significance test).
- 2 '-' = estimate is zero. '0.0' = estimate is between zero and 0.5.
- 3 Source: 1996, 1998, 2000 and 2001/02 British Crime Survey (weighted data).

Geographical variations in drug use

Table A3.2 Significant changes in drug use between 1996 and 2001/02 by ACORN

	Affluent suburbs & rural	Affluent family	Affluent urban	Mature home- owning	New home- owning	Council estates & low-income	E & W
Amphetamines	**		**	**		**	**
Cannabis		**		*			**
Cocaine	**	**	**	**	**	**	**
Crack						*	**
Ecstasy		*	**				**
Heroin							
LSD			**	**	**	**	**
Magic			**			*	*
Mushrooms							
Methadone							
Class A		**					**
Any illicit drug							*

Notes:

- 1 *** indicates a significant difference at the 5% level. ** indicates significance at the 10% level (using a two-tailed significance test).
- 2 Source: 1996 and 2001/02 British Crime Survey (weighted data).

Table A3.3 Significant changes in drug use between 2000 and 2001/02 by ACORN

	Affluent suburbs & rural	Affluent family	Affluent urban	Mature home- owning	New home- owning	Council estates & low-income	E & W
Amphetamines			**	**		*	**
Cannabis	**		*				
Cocaine			*				
Crack			*	*			**
Ecstasy		**					*
Heroin				**			**
LSD			*			**	**
Magic			**	**			**
Mushrooms							
Methadone							
Class A		**	*				
Any illicit drug	**		**				

Notes:

- 1 *** indicates a significant difference at the 5% level. ** indicates significance at the 10% level (using a two-tailed significance test).
- 2 Source: 2000 and 2001/02 British Crime Survey (weighted data).

4. Inner city, urban and rural areas

Table A4.1 Trend in drug use in the last year by inner city, urban and rural area

	1996	1998	2000	2001/02
Amphetamines				
Inner City	3.6	4.3	3.2	1.9
Urban	3.3	3.0	2.3	1.6
Rural	2.6	2.3	0.8	1.2
Cannabis				
Inner City	12.8	16.4	14.4	12.1
Urban	9.5	10.0	10.8	10.9
Rural	7.2	7.5	7.1	8.7
Cocaine				
Inner City	1.2	2.5	3.5	3.4
Urban	0.6	1.0	1.8	2.0
Rural	0.4	1.1	1.3	1.1
Crack				
Inner City	0.1	0.1	0.1	0.2
Urban	0.1	0.1	0.4	0.2
Rural	-	0.1	0.2	0.1
Ecstasy				
Inner City	2.5	2.4	2.8	3.5
Urban	1.8	1.5	1.9	2.1
Rural	1.1	0.9	1.0	1.6
Heroin				
Inner City	0.3	0.1	0.3	0.1
Urban	0.2	0.1	0.3	0.2
Rural	-	0.1	0.1	0.1
LSD				
Inner City	1.2	0.8	1.1	0.4
Urban	1.2	0.7	0.8	0.4
Rural	0.6	1.0	0.3	0.3
Magic Mushrooms				
Inner City	1.0	1.2	0.8	0.8
Urban	0.7	0.8	0.8	0.4
Rural	0.3	0.9	0.4	0.6
Methadone				
Inner City	0.2	0.0	0.1	0.0
Urban	0.1	0.1	0.1	0.1
Rural	0.0	0.2	-	0.0
Class A				
Inner City	3.6	4.4	5.5	5.4
Urban	2.9	2.4	3.3	3.2
Rural	1.5	2.2	1.8	2.2
Any illicit drug				
Inner City	15.5	18.7	16.4	14.1
Urban	11.1	11.8	12.4	12.2
Rural	8.5	8.9	7.8	9.7

Notes:

1 '-' = estimate is zero. '0.0' = estimate is between zero and 0.5.

2 Source: 1996, 1998, 2000 and 2001/02 British Crime Survey (weighted data).

Table A4.2 Significance between inner city, urban and rural areas (1996 BCS)

	Inner city and urban areas	Inner city and rural areas	Urban and rural areas
Amphetamines			*
Cannabis	**	**	**
Cocaine	**	**	
Crack			
Ecstasy	*	**	*
Heroin			
LSD		**	**
Magic Mushrooms		*	*
Methadone			
Class A		**	**
Any illicit drug	**	**	**

Notes:

1 '***' indicates a significant difference at the 5% level. '**' indicates significance at the 10% level (using a two-tailed significance test).

2 Source: 1996 British Crime Survey (weighted data).

Geographical variations in drug use

Table A4.3 Significance between inner city, urban and rural areas (1998 BCS)

	Inner city and urban areas	Inner city and rural areas	Urban and rural areas
Amphetamines	**	**	
Cannabis	**	**	**
Cocaine	**	**	
Crack			
Ecstasy	**	**	*
Heroin			
LSD			
Magic Mushrooms			
Methodone			
Class A	**	**	
Any illicit drug	**	**	**

Notes:

- 1 *** indicates a significant difference at the 5% level. ** indicates significance at the 10% level (using a two-tailed significance test).
- 2 Source: 1998 British Crime Survey (weighted data).

Table A4.4 Significance between inner city, urban and rural areas (2000 BCS)

	Inner city and urban areas	Inner city and rural areas	Urban and rural areas
Amphetamines		**	**
Cannabis	**	**	**
Cocaine	**	**	
Crack	**		
Ecstasy	*	**	**
Heroin			**
LSD		**	**
Magic Mushrooms			**
Methodone			
Class A	**	**	**
Any illicit drug	**	**	**

Notes:

- 1 *** indicates a significant difference at the 5% level. ** indicates significance at the 10% level (using a two-tailed significance test).
- 2 Source: 2000 British Crime Survey (weighted data).

Table A4.5 Significance between inner city, urban and rural areas (2001/02 BCS)

	Inner city and urban areas	Inner city and rural areas	Urban and rural areas
Amphetamines		*	**
Cannabis		**	**
Cocaine	**	**	**
Crack			
Ecstasy	**	**	**
Heroin			*
LSD			
Magic Mushrooms	*		
Methodone			
Class A	**	**	**
Any illicit drug	*	**	**

Notes:

- 1 *** indicates a significant difference at the 5% level. ** indicates significance at the 10% level (using a two-tailed significance test).
- 2 Source: 2001/02 British Crime Survey (weighted data).

Table A4.6 Significant changes in drug use between 1996 and 2001/02 by inner city, urban and rural areas

	Inner city	Urban areas	Rural areas
Amphetamines	**	**	**
Cannabis		**	*
Cocaine	**	**	**
Crack			
Ecstasy			
Heroin			
LSD	**	**	
Magic Mushrooms		**	
Methadone			
Class A	**		*
Any illicit drug		*	

Notes:

- 1 *** indicates a significant difference at the 5% level. ** indicates significance at the 10% level (using a two-tailed significance test).
- 2 Source: 1996 and 2001/02 British Crime Survey (weighted data).

Table A4.7 Significant changes in drug use between 2000 and 2001/02 by inner city, urban and rural areas

	Inner city	Urban areas	Rural areas
Amphetamines	*	**	
Cannabis			**
Cocaine			
Crack		**	
Ecstasy			*
Heroin		*	
LSD	*	**	
Magic Mushrooms		**	
Methadone			
Class A			
Any illicit drug			**

Notes:

- 1 *** indicates a significant difference at the 5% level. ** indicates significance at the 10% level (using a two-tailed significance test).
- 2 Source: 2000, and 2001/02 British Crime Survey (weighted data).

5. Neighbourhood disorder

Table A5.1 Significance between high, medium and low disorder areas as perceived by the respondent (2001/02 BCS)

	High disorder and low disorder areas	High disorder and medium disorder areas	Medium disorder and low disorder areas
Amphetamines	**		**
Cannabis	**		**
Cocaine	**	**	
Crack	**	*	
Ecstasy	**		**
Heroin	**		
LSD	**		*
Magic Mushrooms			
Methadone			
Class A	**		**
Any illicit drug	**		**

Notes:

- 1 *** indicates a significant difference at the 5% level. ** indicates significance at the 10% level (using a two-tailed significance test).
- 2 Source: 2001/02 British Crime Survey (weighted data).

Geographical variations in drug use

Table A5.2 Trend in drug use in the last year by respondent perception of disorder

	1996	1998	2000	2001/02
Amphetamines				
High disorder	4.1	4.5	3.0	2.1
Medium disorder	4.9	3.3	2.2	1.6
Low disorder	2.5	2.5	1.7	1.3
Cannabis				
High disorder	10.9	13.4	13.0	12.5
Medium disorder	12.1	12.5	13.7	11.6
Low disorder	8.9	8.3	8.2	9.3
Cocaine				
High disorder	0.7	1.2	1.7	2.6
Medium disorder	1.3	1.7	2.8	1.9
Low disorder	0.4	1.1	1.4	1.7
Crack				
High disorder	-	0.3	0.5	0.4
Medium disorder	0.3	0.0	0.5	0.1
Low disorder	0.0	0.1	0.2	0.1
Ecstasy				
High disorder	2.7	1.9	2.3	2.6
Medium disorder	2.4	1.9	2.6	2.2
Low disorder	1.3	1.1	1.4	2.0
Heroin				
High disorder	-	0.2	0.7	0.3
Medium disorder	0.5	0.1	0.5	0.2
Low disorder	0.1	0.1	0.2	0.1
LSD				
High disorder	1.1	1.1	1.0	0.4
Medium disorder	1.3	0.7	1.0	0.5
Low disorder	0.7	0.7	0.3	0.3
Magic Mushrooms				
High disorder	0.5	1.2	0.4	0.5
Medium disorder	1.1	1.1	1.0	0.4
Low disorder	0.5	0.7	0.5	0.6
Methadone				
High disorder	-	0.1	0.4	0.1
Medium disorder	0.2	0.3	0.1	0.1
Low disorder	0.0	0.1	0.0	0.0
Class A				
High disorder	4.2	3.1	3.3	3.9
Medium disorder	4.1	3.3	4.5	3.1
Low disorder	2.1	2.2	2.1	3.0
Any illicit drug				
High disorder	13.1	15.8	15.0	14.6
Medium disorder	13.8	14.3	15.1	12.5
Low disorder	10.2	9.8	9.2	10.7

Notes:

1 '-' = estimate is zero. '0.0' = estimate is between zero and 0.5.

2 Source: 2001/02 British Crime Survey (weighted data).

Table A5.3 Significance between different areas of disorder (1996 BCS)

	High disorder and low disorder areas	High disorder and medium disorder areas	Medium disorder and low disorder areas
Amphetamines	*		**
Cannabis			**
Cocaine			**
Crack			*
Ecstasy	**		**
Heroin			
LSD			
Magic Mushrooms			
Methadone			
Class A	**		**
Any illicit drug	**		**

Notes:

1 *** indicates a significant difference at the 5% level. ** indicates significance at the 10% level (using a two-tailed significance test).

2 Source: 1996 British Crime Survey (weighted data).

Table A5.4 Significance between different areas of disorder (1998 BCS)

	High disorder and low disorder areas	High disorder and medium disorder areas	Medium disorder and low disorder areas
Amphetamines	**	*	*
Cannabis	**		**
Cocaine			*
Crack		*	
Ecstasy	**		**
Heroin			
LSD			
Magic Mushrooms			
Methadone			
Class A			**
Any illicit drug	**		**

Notes:

- 1 *** indicates a significant difference at the 5% level. ** indicates significance at the 10% level (using a two-tailed significance test).
- 2 Source: 1998 British Crime Survey (weighted data).

Table A5.5 Significance between different areas of disorder (2000 BCS)

	High disorder and low disorder areas	High disorder and medium disorder areas	Medium disorder and low disorder areas
Amphetamines	**		
Cannabis	**		**
Cocaine		**	**
Crack			
Ecstasy			**
Heroin	*		
LSD	**		**
Magic Mushrooms		*	
Methadone	*		
Class A	*		**
Any illicit drug	**		**

Notes:

- 1 *** indicates a significant difference at the 5% level. ** indicates significance at the 10% level (using a two-tailed significance test).
- 2 Source: 2000 British Crime Survey (weighted data).

Table A5.6 Significance between different areas of disorder (2001/02 BCS)

	High disorder and low disorder areas	High disorder and medium disorder areas	Medium disorder and low disorder areas
Amphetamines	**		
Cannabis	**		**
Cocaine	**	*	
Crack	**	**	
Ecstasy	*		
Heroin	**		
LSD			*
Magic Mushrooms			
Methadone			
Class A	**	*	
Any illicit drug	**	**	**

Notes:

- 1 *** indicates a significant difference at the 5% level. ** indicates significance at the 10% level (using a two-tailed significance test).
- 2 Source: 2001/02 British Crime Survey (weighted data).

Geographical variations in drug use

Table A5.7 Significant changes in drug use between 1996 and 2001/02 by respondent perception of disorder

	High disorder	Medium disorder	Low disorder
Amphetamines	**	**	**
Cannabis			
Cocaine	**		**
Crack			
Ecstasy			**
Heroin			
LSD	*	**	**
Magic Mushrooms		**	
Methadone			
Class A			**
Any illicit drug			

Notes:

- 1 *** indicates a significant difference at the 5% level. ** indicates significance at the 10% level (using a two-tailed significance test).
- 2 Source: 1996 and 2001/02 British Crime Survey (weighted data).

Table A5.8 Significant changes in drug use between 2000 and 2001/02 by respondent perception of disorder

	High disorder	Medium disorder	Low disorder
Amphetamines			
Cannabis		*	
Cocaine	*	*	
Crack		*	
Ecstasy			*
Heroin			
LSD	*		
Magic Mushrooms		**	
Methadone			
Class A		**	**
Any illicit drug		**	*

Notes:

- 1 *** indicates a significant difference at the 5% level. ** indicates significance at the 10% level (using a two-tailed significance test).
- 2 Source: 2000 and 2001/02 British Crime Survey (weighted data).

6. Population size by Police Force Area

Table A6.1 Distribution of PFA into five and 15 density groups

Police Force Area	Population	Five density groups	Fifteen density groups
Metropolitan/City of London	4,549,409	1	1
West Midlands	1,471,207	2	2
Greater Manchester	1,466,127	2	2
Thames Valley	1,286,620	2	3
West Yorkshire	1,227,372	2	3
Hampshire	1,050,248	2	4
Essex	940,383	2	4
Kent	912,116	2	4
Devon & Cornwall	879,679	3	5
Avon & Somerset	865,655	3	5
Sussex	833,614	3	6
Lancashire	813,524	3	6
Northumbria	809,930	3	6
Merseyside	783,200	3	6
South Yorkshire	742,716	3	7
South Wales	697,606	3	7
West Mercia	673,736	3	7
Surrey	629,204	3	8
Staffordshire	620,137	3	8
Hertfordshire	615,918	3	8
Nottinghamshire	604,188	3	8
Cheshire	577,718	4	9
Derbyshire	558,069	4	9
Leicestershire	552,987	4	9
Humberside	498,200	4	10
Norfolk	446,986	4	10
North Yorkshire	434,446	4	10
Cambridgeshire	430,417	4	10
Suffolk	378,164	5	11
Northamptonshire	378,094	5	11
Dorset	377,922	5	11
North Wales	374,543	5	11
Lincolnshire	363,986	5	12
Wiltshire	360,853	5	12
Durham	346,990	5	13
Bedfordshire	340,340	5	13
Gloucestershire	326,475	5	14
Gwent	315,112	5	14
Cleveland	313,557	5	14
Warwickshire	299,053	5	15
Cumbria	278,180	5	15
Dyfed Powys	270,971	5	15

Notes:

1 Source: 2001/02 British Crime Survey (weighted data).

Appendix B Additional analysis

Examining each geographical variable separately does not allow much scope to explore patterns of drug use in-depth. Analysis has to remain fairly basic concentrating on highest and lowest prevalence and trends over time. Some variables such as GOR do not even enable comparisons between the different regions. Therefore it is useful to cross-tabulate different geographical variables to look at how they are related.

ACORN and GOR

In order to understand where the six ACORN categories are geographically located, Table B1 shows the composition of GORs by ACORN category.

Table B1 Composition of GOR by ACORN

	Affluent suburbs & rural	Affluent family	Affluent urban	Mature home-owning	New home-owning)	Council estates & low-income	Total in E & W (%)
North East (%)	6.2	15.1	6.4	23.5	17.8	30.9	4.8
North West (%)	13.9	14.6	4.4	29.4	10.8	26.9	12.8
Yorks/Humb (%)	11.8	13.6	4.2	31.6	13.0	25.9	9.8
East Midlands (%)	14.9	18.9	1.5	33.2	15.0	16.5	8.3
West Midlands (%)	17.9	16.1	2.7	24.3	13.7	25.3	9.6
South West (%)	25.4	18.3	5.6	25.2	12.8	12.7	10.2
Eastern (%)	23.2	20.5	3.5	27.5	11.6	13.7	14.1
London (%)	9.5	3.1	32.5	14.2	16.7	24.1	15.6
South East (%)	30.5	19.5	7.7	19.7	10.7	11.8	9.6
Wales (%)	18.8	8.3	1.5	30.4	21.2	19.8	5.2
Total in E & W (%)	17.4	14.6	8.6	25.2	13.8	20.4	100.0

Notes:

1 Source: 2001/02 British Crime Survey (weighted data).

Analysis that has been presented so far has shown the high level of drug use in both 'affluent urban' areas and London. It is therefore unsurprising that almost a third of London consists of 'affluent urban' areas. A quarter of London is comprised of 'council estates & low-income' areas, which are also synonymous with high levels of any illicit drug use.

When analysing 2001/02 BCS estimates by GOR, the East Midlands had lower than average levels of Class A and any illicit drug use. When broken down into ACORN category, a third of the East Midlands is made up of 'mature home-owning' areas and nearly a fifth of 'affluent family' areas, which also have lower levels of use for these drugs. Only 1.5 per cent of the East Midlands is made up of 'affluent urban' areas.

Table B1 shows that patterns of drug use in different GORs can be better understood by looking at the distribution of the six area types defined by ACORN category within GOR. Higher than average levels of drug use in some GORs can be explained by their composition including a greater proportion of "high drug using" ACORN area types. Consequently, GORs that have lower levels of drug use tend to have less concentration of ACORN areas that are synonymous with higher levels of drug use.

Geographical variations in drug use

Inner city, urban and rural areas and ACORN

Table B2 examines the composition of inner city, urban and rural areas by ACORN category.

Table B2 Composition of inner city, urban and rural area by ACORN

	Affluent suburbs & rural	Affluent family	Affluent urban	Mature home-owning	New home-owning	Council estates & low-income	Total in E & W (%)
Inner city (%)	0.4	3.5	15.0	6.0	12.6	62.6	10.5
Urban (%)	-	20.7	10.3	30.9	18.1	20.1	68.8
Rural (%)	83.8	-	-	16.2	-	-	20.8
Total in E & W (%)	17.4	14.6	8.6	25.2	13.8	20.4	100.0

Notes:

1 '-' = estimate is zero.

2 Source: 2001/02 British Crime Survey (weighted data).

There is a tendency for the more built-up areas to have higher levels of drug use, with 'affluent urban' areas having higher levels of drug use than any other area types identified by ACORN category. Just over three-quarters of inner city areas are comprised of 'council estates and low-income' and 'affluent urban' areas – both of which have levels of any illicit drug higher than the national average.

Rural areas, which tend to have the lowest levels of drug use compared with inner city and urban areas are comprised entirely of 'affluent suburbs and rural' areas and 'mature home-owning' areas. The previous section revealed that both of these ACORN areas had levels of Class A and any illicit drug use lower than the national average.

Analysis of inner city, urban and rural areas by GOR and ACORN category reinforces the relationship between prevalence of drugs and area. Inner cities that have the highest drug use tend to be made up of ACORN areas that also have higher levels of drug use. In turn inner city areas tend to be found in GORs with higher levels of drug use. A similar pattern is seen for areas with lower levels of drug use.

Disorder and ACORN

One way to assess the relationship between levels of drug use and perceptions of disorder is to examine ACORN category by level of disorder (see Table B3).

Table B3 Composition of ACORN by respondents' perception of disorder

	Affluent suburbs & rural (%)	Affluent family (%)	Affluent urban (%)	Mature home-owning (%)	New home-owning (%)	Council estates & low-income (%)	Total in E & W (%)
High disorder	7.5	14.1	25.3	20.9	29.0	40.6	23.0
Medium disorder	22.7	28.0	33.0	30.0	32.3	31.2	29.2
Low disorder	69.8	57.9	41.7	49.0	38.7	28.2	47.8
Total in E & W (%)	17.7	14.7	8.3	25.3	13.7	20.2	100.0

Notes:

1 Source: 2001/02 British Crime Survey (weighted data).

There appears to be a relationship between levels of disorder and ACORN. ACORN areas that had lower levels of drug use tend to have more low disorder areas. 'Affluent suburbs and rural'

areas and 'affluent family' areas had the lowest levels of drug use and a substantial proportion of these areas are classified by residents as consisting of areas of low disorder.

More people living in 'council estates and low-income' areas classified their area as having high disorder than medium or low disorder. Use of any illicit drug was higher than the national average in 'council estates and low-income' areas and also higher than low disorder areas when assessed by the respondent.

However, this relationship is not so clear for other areas. 'Affluent urban' areas had higher levels of drug use against the average. But people living in these areas give a low disorder score for their neighbourhood. More classify their area as low disorder at 41.7 per cent compared with 33 per cent classifying it as medium disorder and 25.3 per cent as high disorder. This may be because overall nearly half of the population live in areas described as low disorder (47.8%) with only 23 per cent living in high disorder areas.

It is difficult to speculate whether there is a definite relationship between levels of drug use in areas categorised by ACORN and perceived disorder. As mentioned, disorder is based on individual perception and people living in different areas will have different standards of acceptable disorder. However, it is interesting to note that for some areas, a relationship does appear to exist between disorder and ACORN and levels of drug use.

Population size and GOR

Table B4 shows the population size of the ten GORs in England and Wales and ranks levels of any illicit drug and Class A drug use for each of these GORs.

The GORs with the highest drug prevalence tend to be London, the South West, North West, South East and Yorkshire and Humberside. Those with the lowest are Wales and the North East, Eastern and East Midlands GORs. Drug prevalence by GOR appears to be related to population density: areas with higher population densities have higher drug use such as London and the South East and areas with lower densities such as Wales and the North East tend to have lower levels of drug use.

It is interesting to note that the Eastern GOR has one of the lowest any illicit drug and Class A use but is one of the GORs with a higher population density. This may be because the Eastern region contains several rural areas such as Norfolk and Suffolk which tend to have lower levels of drug use than inner city and urban areas.

Geographical variations in drug use

Table B4 Population size by GOR for Class A and any illicit drug

GOR	Population density	Class A drugs (per cent)	Class A drugs (ranked)	Any illicit drug (per cent)	Any illicit drug (ranked)
South East	4,711,802	3.5	3	13.0	3
London	4,549,409	5.5	1	15.8	1
North West	3,918,749	3.6	2	13.2	2
Eastern	3,152,208	2.2	7	10.7	7
West Midlands	3,064,133	2.6	5	10.8	6
Yorkshire & Humberside	2,902,734	2.9	4	11.8	5
South West	2,810,584	2.9	4	12.8	4
East Midlands	2,457,324	2.3	6	8.9	8
Wales	1,658,232	1.7	8	8.0	9
North East	1,470,477	2.6	5	7.5	10

Notes:

1 Source: 2001/02 British Crime Survey (weighted data).

Appendix C Additional information

The British Crime Survey

The 2001/2002 BCS has a nationally representative sample of 32,797 adults living in private households in England and Wales. The response rate was 74 per cent. Of the total achieved sample, 21,946 respondents were eligible to complete the self-completion drugs module. Subtracting the 1,794 respondents who refused to take part and a further six respondents for methodological reasons, this gave a final sample size of 20,146. The 2001/2002 BCS also included an additional sample of 1,536 16 to 24-year-olds (this figure takes into account the 19 respondents who either refused or were discounted). The response rate for the youth boost was 72 per cent. The total number of 16 to 24-year-olds from both the core and booster sample was 4,055. See Bolling *et al.* (2002) for more information.

The BCS has moved from a biennial to annual survey, with respondents now being interviewed continuously throughout the year as opposed to in the first quarter of the year. The reporting period has moved from a calendar to a financial year. The BCS has adopted 'calibration weighting', which is designed to adjust for known differentials in response rates across age, gender and regional sub-groups. This weighting has been applied to sweeps from 1996 onwards. All estimates in this paper have incorporated calibration techniques; thus some estimates vary slightly from those previously published. The impact calibration weighting has on estimates remains relatively constant over consecutive sweeps: on average 'ever use' estimates increase by a 0.5 percentage point, 'year use' by 0.2 and 'month use' by 0.1. See Simmons (2002) for more information.

Two-tailed significance tests were carried out at the 5 per cent and 10 per cent level. Estimates of the number of users are based on 95 per cent confidence intervals (calculated using a logit transformation where proportions were less than 0.2 or greater than 0.8). The figures are calculated using population estimates provided by The Office for National Statistics (ONS). A design factor of 1.2 has been used throughout.

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**RESEARCH, DEVELOPMENT AND STATISTICS DIRECTORATE
MISSION STATEMENT**

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

RDS is also part of National Statistics (NS). One of the aims of NS is to inform Parliament and the citizen about the state of the nation and provide a window on the work and performance of government, allowing the impact of government policies and actions to be assessed.

Therefore -

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