



Drugs Misuse in Scotland:
Findings From the 2006
Scottish Crime and
Victimisation Survey

**DRUGS MISUSE IN SCOTLAND: FINDINGS FROM
THE 2006 SCOTTISH CRIME AND VICTIMISATION
SURVEY**

**Matthew Brown and Keith Bolling
BMRB Social Research**

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EXECUTIVE SUMMARY

This report presents the findings on self-reported drug use from the 2006 face-to-face Scottish Crime and Victimization Survey (SCVS).

The principal focus of the SCVS is to monitor the extent of victimisation in Scotland by asking respondents about their experiences of personal and household crime. In addition to this focus on experience of victimisation, there is a self-completion module at the end of the survey where respondents aged 16-59 are asked about their use of illicit drugs. The self-completion module has been a feature of the survey since the first sweep in 1993.

In 2006 the survey (including the self-completion module) moved from being a paper-based survey to Computer Assisted Personal Interviewing (CAPI). This change in the methodology has resulted in higher reported levels of drug use in the 2006 survey compared with previous sweeps. The impact of a “CAPI effect” on self-reported drug usage has been widely noted on similar surveys which have shifted from paper to CAPI. It is generally agreed that the higher levels of reported drug use obtained when using CAPI compared with paper are due to the CAPI methodology leading to more complete and accurate responses; the reduction in the levels of overall non-response and item non-response that CAPI produces; and the fact that the ‘technical formality’ of the computer increases the trust of respondents in the confidential nature of the survey and so encourages more honest reporting.

Because of these methodological changes it is difficult to make meaningful comparisons between the 2006 SCVS, and drug use reported in previous years and this report contains little trend analysis. However, going forward it does provide baseline figures for future surveys, which will also employ a CAPI methodology.

The 2006 SCVS achieved interviews with 4,988 respondents aged 16 or over between June and December 2006. The overall response rate was 70 per cent. The self-completion module was completed by 4,701 respondents which equated to a response rate of 66 per cent of all issued sample and 94 per cent of all those interviewed. The drugs questions within the self-completion module were, however, only asked of respondents aged 16-59; 96 per cent of whom agreed to answer the questions.

The report is structured as follows: Chapter 1 provides background to the survey and notes on limitations and interpretation of the data. Chapter 2 focuses on the prevalence of drug use. Chapter 3 looks at the experience of drug users including the age at which they first took drugs and the drug first taken; regularity of use and polydrug use.

The main findings from the survey are summarised below.

Prevalence of drug use

- The 2006 SCVS found that 37 per cent of 16-59 year olds had taken one or more illicit drugs in their lifetime, while 17 per cent had ever taken one or more Class A drugs. Levels of current drug use were lower with 13 per cent of respondents having taken one or more drugs in the last year and 8 per cent having taken one or more drugs in the last month. Use of one or more Class A drugs in the last year was

reported by 5 per cent of respondents, while 3 per cent reported use of Class A drugs in the last month.

- Although levels of lifetime and current drug use reported on the 2006 survey were higher compared with previous sweeps of the survey, methodological changes means that it is not possible to make meaningful comparisons between the two years.
- Although reported levels of lifetime drug use in Scotland were broadly similar to those reported in England and Wales in 2005/6 by the British Crime Survey (BCS), reported levels of current drug use were higher in Scotland compared with England and Wales, where 10% reported using drugs in the last year and 6% in the last month.
- Lifetime and current use of any drugs and of Class A drugs were both higher among men than women. Thus, 16 per cent of men had taken one or more drugs in the last year compared with 9 per cent of women, while men were twice as likely as women to have taken one or more Class A drugs in the last year (7% and 3.5% respectively).
- Lifetime use of drugs was highest amongst 20-34 year olds, probably reflecting past drug use. However, current drug use in both the last year and the last month was highest amongst 16-19 year olds and declined steadily with age.
- Lifetime and current use of drugs was higher among men than women in all age groups, except for 16-19 year olds, where men and women reported similar levels of lifetime and current drug use. Current drug use fell more sharply with age among women than men.
- Levels of drug use in the last year were highest among those in routine and manual occupations, those who had never worked, those living in rented accommodation, those with a household income less than £10,000 per year, and those who were unemployed or full-time students.

Types of drugs used

- Cannabis was by far the most commonly used drug. A third (33%) of respondents had used cannabis at some point in their lives; one in 10 (11%) had used it in the last year and 7 per cent had used it in the last month.
- All other drugs were used far less widely. Cocaine and ecstasy were the second most commonly used drugs and in the last year having been taken by 4 per cent and 3 per cent of respondents respectively.
- Use of both heroin and crack cocaine was very rare. Only 0.5 per cent had used heroin in the last year and only 0.4 per cent had used crack cocaine.
- Use of Class A drugs was more common amongst respondents who were not currently in work (including students) and amongst those who had never worked.

Experience of being offered drugs

- The survey also gathered information on whether individuals had been offered particular drugs in the last year. Overall one in 5 respondents (20%) reported they had been offered an illicit drug in the last year, while one in 10 (10%) reported they had been offered a Class A drug in the same period.
- Variation in the likelihood of having been offered drugs in the last year showed a very similar pattern to the variation in actual drug use within the last year. Thus, men were more likely than women to have been offered drugs in the last year and the likelihood of having been offered drugs declined with age. However, 16-19 year old men and women were equally likely to report having been offered drugs in the last year.

First experiences of drug taking

- The most common age for first trying any drugs was between the ages of 16 and 19, with over half (51%) of lifetime drug users having first tried any drugs between these ages. Almost a quarter (26%) of lifetime drug users had first tried drugs when they were less than 16 years old.
- Amongst females, where no use had occurred by age 19, respondents were unlikely to use drugs at any future point. Amongst male respondents lifetime drug use was unlikely where no use had occurred by age 24.
- Cannabis was the first drug tried by three-quarters of lifetime drug takers (76%), which was not surprising given that 90% of those who had ever taken one or more drugs had taken cannabis. Even amongst those who had tried many drugs, cannabis was the first drug tried by most users. For example, 64 per cent of those who had tried 4 or more drugs had taken cannabis as their first drug.
- Less than 0.5 per cent of drug users had tried cocaine as their first drug, even although it was the second most commonly used drug in the last year.

Regularity of use

- Those who had taken a drug within the last month were asked how many times they had taken the drug they used most often (which in the majority of cases was cannabis) during this period. Just under half of all those who had used drugs in the last month (47%) had taken their most regular drug on at least a weekly basis, with a fifth (21%) having done so every day or almost every day. Men were more likely than women to have taken their more regular drug on at least a weekly basis in the last month.

Ease of obtaining

- Current drug users reported little difficulty in obtaining drugs. Four in 5 current drug takers (80%) said that they found it 'very' or 'fairly' easy to acquire the drug they had taken most often in the last month.

Polydrug use and mixing drugs with alcohol

- Polydrug use (the concurrent use of more than one drug at a time) was fairly common amongst current drug users. Almost 4 in 10 (38%) of those who had taken drugs in the last month said they had taken another drug while under the influence of the drug they used most regularly. Consuming alcohol while under the influence of drugs was even more common, with 4 in 5 current drug takers (80%) having done this.

CHAPTER ONE INTRODUCTION

Background

1.1 This report presents the findings on self-reported drug use from the 2006 Scottish Crime and Victimization Survey (SCVS).

1.2 One of the main aims of the SCVS is to measure people's experiences of crime in Scotland by asking a random sample of adults whether they have been the victim of any personal or household crimes in the last 12 months. Interviewing for the 2006 survey was carried out during the second half of 2006 and asked people about their experiences of crime between the 1st April 2005 and the 31st March 2006. The measures of crime which the survey produces are intended to be complementary to police recorded crime statistics. Results from the main survey are published as a separate report.

1.3 At the end of the interview there were 2 separate self-completion modules, where respondents were asked about their drug use and about their experiences of domestic abuse. Questions on these topics are especially sensitive and it is generally accepted that allowing respondents to complete the questions in private through a self-completion questionnaire is likely to lead to more honest answers compared with having interviewers verbally ask such questions.

1.4 The self-completion modules have been a feature of previous Scottish Crime Surveys, with the modules being largely unchanged between 1993 and 2004. However, the 2006 SCVS saw a significant methodological shift, with a move from using a paper self-completion questionnaire to using Computer Assisted Self Interviewing (CASI). This change has considerably implications for trend analysis.

1.5 The main aim of the drugs self-completion module was to establish whether people aged 16-59 had taken any of 16 specified drugs either at any point in their lives, in the last year or in the last month. Those who had taken any types of drugs were asked a number of follow-up questions, primarily about frequency of usage.

Methodology

1.6 The 2006 SCVS was the first time that Computer Assisted Personal Interviewing (CAPI) had been used. All previous sweeps of the survey, including the self-completion modules, were carried out using Paper and Pen Interviewing (PAPI).

1.7 In the 2006 survey, once the interviewer had completed the main part of the interview on the computer, respondents were asked to complete the drugs module by themselves. Interviewers gave respondents a brief explanation of how to use the laptop, including taking them through some practice questions, before handing the laptop over. However, interviewers were always present to help respondents if they needed any technical assistance. Once respondents had completed the modules, they handed the laptop back to the interviewer. While respondents were encouraged to use the computer themselves, if they did

not want to use it for some reason, interviewers were allowed to administer the modules provided that no-one else was present in the room.

1.8 In 2006, 96 per cent of respondents aged 16-59 who had already completed the main part of the survey agreed to do the drugs self-completion module, although 21 per cent of interviews involved the interviewer entering the answers for the respondent.

1.9 It was recognised that switching from a paper methodology to a CAPI methodology could have an impact on the ability to compare the 2006 results with previous sweeps of the survey, and in particular, that it could affect the proportion of respondents who admitted to taking drugs. In fact, in the 2006 SCVS, just under 4 in 10 respondents aged 16-59 (37%) admitted that they had taken an illegal drug at some point in their lives. This compares with just less than a quarter of respondents aged 16-59 (24%) who admitted taking an illegal drug in the 2004 survey, which was carried out on paper. Since it seems unlikely that drug misuse in Scotland has increased so rapidly in the space of 2 years, this suggests that the change in methodology had an impact on the reporting of drug prevalence levels. In fact, the impact of a “CAPI effect” has been noted on other surveys where a similar shift from paper to computer has taken place.

1.10 Increases of a similar magnitude in the prevalence of drug taking were found when the British Crime Survey switched from a PAPI to CAPI methodology in 1994¹. Mayhew (1995) suggested three reasons why this increase could have happened, all of which apply equally to the SCVS².

1.11 First, although the questions used in the 2006 survey were similar to the questions asked on previous sweeps, the way in which they were presented to the respondent was significantly different. On the self-completion paper questionnaire used up until 2004, respondents were presented with a list of all 16 drugs and were asked to tick from the list what drugs they had ever taken, taken in the last 12 months, or taken in the last month. By contrast, the 2006 CAPI questionnaire presented each of the 16 drugs to respondents as a separate question and they were required to give a ‘Yes/No’ answer to each in turn. Questions were filtered so that respondents only received questions about the last year if they said they had ever taken a particular drug. Similarly, they were only asked questions about the last month if they reported they had taken a drug in the last year. Therefore it seems likely that the CAPI methodology leads to more complete and accurate responses by the way in which the questions are presented.

1.12 Second, a switch from paper to CAPI tends to reduce levels of non-response, both to the overall acceptance of the self-completion, and to levels of item non-response within the modules. In the 2004 sweep of the survey, 88 per cent of respondents aged 16 to 59 completed the drugs self-completion section of the interview compared with 96 per cent of respondents in 2006. It could be hypothesised that those who had taken drugs would be more likely to refuse to complete a questionnaire about drug misuse, as they might not wish to admit to this behaviour. Consequently, an increased response rate may, in itself, lead to an increase in the proportion of people who admit to taking drugs.

¹ Ramsey, M & Percy, A (1994) ‘Drug misuse declared: Results of the 1994 British Crime Survey’, Home Office Research Study 151. London: Home Office.

² Mayhew, P. (1995), ‘Some methodological issues in victim surveys’. In, D. Brereton (Ed.), *Crime Victim Surveys*. Brisbane: Criminal Justice Commission.

1.13 Finally, it is possible that entering responses directly into the computer increases respondents' trust in the confidentiality of their answers and that the technical formality of a computer screen prompts more thoughtful and honest answers. An increase in the proportion of people willing to admit to sensitive behaviours is fairly common when switching from a paper format to a computerised format. For example when the Home Office's Youth Lifestyle Survey made this switch the proportion of youths willing to admit to having committed offences increased significantly³.

1.14 This difference in methodology means that it is not possible to make any meaningful comparisons between results from the 2006 SCVS and those from previous sweeps of the survey. However, the Scottish Crime and Justice Survey which replaces the SCVS from 2007 onwards will continue to employ a CAPI methodology, so that data collected in future sweeps of the survey will be comparable with the 2006 data.

1.15 A fuller description of the 2006 SCVS methodology is provided in Annex 2.

Limitations of the data

1.16 Although self-reporting drug surveys are valuable in providing information on a sensitive topic where there are few other sources of available statistics about the population as a whole, it is recognised that such surveys do have limitations.

1.17 Firstly, it is likely that there will be an under-representation of the most serious, persistent or 'chaotic' drug users. This will partly be due to the fact that some groups of drug users live in accommodation not covered by a survey of private households such as the SCVS. Examples of types of accommodation that are not included in the survey include hostels, prisons, and student halls of residence. Under representation will also partly be due to the fact that even where such drug users do live in private households, they are likely to be difficult to interview. For example, if they lead busy or chaotic lives they may hardly ever be at home and so cannot be interviewed during the fieldwork period.

1.18 Secondly, despite the switch to a CAPI methodology, it is likely there will still be a certain amount of under-reporting. Drug misuse is an illegal activity and as such some respondents may be uncomfortable with admitting to taking illicit drugs, despite reassurances about confidentiality and anonymity.

1.19 Thirdly, it is possible that some respondents may simply forget occasional uses of a certain drug, particularly if they last took the drug a long time ago.

1.20 While under-reporting of drug use on surveys such as the SCVS are almost certain, it should be noted that the issues discussed above are unlikely to apply equally across all types of drugs. While a household survey such as the SCVS is likely to be a fairly effective measure of the more commonly used drugs, such as cannabis, where the majority of users live in private households, it is likely to be less effective for some of the Class A drugs such as opiates or crack cocaine, where a sizeable number of users may be concentrated in small sub-groups of the population not covered by the survey.

³ Flood-Page, C., Campbell, S., Harrington, V., Miller, J. (1999) 'Youth Crime: Findings from the 1998/1999 Youth Lifestyles Survey', Home Office Research Study 209. London: Home Office.

1.21 While under reporting is by far the main concern on a survey such as this, it is also recognised that some people may report taking particular drugs when they have not actually done so for reasons of ‘bravado’ or other reasons. To try and counter this mis-reporting a bogus drug (semeron) was included in the list of drugs presented to respondents. Including the name of a fictitious drug is a technique that is commonly used in drug surveys. However, in the 2006 survey there was little evidence of over-reporting as only 3 respondents reported that they had ‘ever’ used the bogus drug and no respondents reported using it in the last year or last month. These 3 respondents were excluded from the analysis.

A note on interpretation of results

1.21 Unless otherwise stated, all data presented in this report has been weighted. The unweighted base sizes have been provided beneath all tables and figures.

1.22 As a general rule, only results that are statistically different at the 95% confidence level are commented upon in the text. In other words, we can be 95% sure that any differences observed are not the result of chance. Statistical tests such as 2-tailed t-tests were carried out where appropriate.

1.23 Within the main body of the report most results are rounded to whole numbers, while in the figures and tables results are presented to one decimal place. Where no responses were recorded the ‘-’ has been used. Where less than 0.5 per cent of respondents gave a particular answer the ‘*’ symbol has been used.

1.24 The drugs module was only completed by respondents aged 16-59. ‘All’ (in base text etc.) refers to all respondents aged 16-59.

Structure of the report

1.25 The report is structured as follows. Chapter 2 focuses on the prevalence of drug use. Chapter 3 looks at the experience of drug users including the age at which they first took drugs and the drug first taken; regularity of use; and polydrug use.

CHAPTER TWO PREVALENCE OF DRUG USE

Introduction

2.1 This chapter examines the extent of drug use among adults aged 16-59 living in private household in Scotland. It provides estimates over 3 different time periods for 16 different drugs. Firstly, respondents were asked about whether they had ever taken specific drugs, which is a measure of lifetime drug use. Secondly, those who had ever taken particular drugs were asked whether they had taken them in the last year; and finally, those who had taken specific drugs in the last year were asked if they had taken them in the last month.

2.2 Lifetime use of drugs can provide interesting contextual information when, for example, examining people's general attitudes to drugs. However, measures of lifetime drug use can include people who have taken a drug once, perhaps a long time ago. As such it is not a particularly useful indicator of current drug use nor is it of much use when looking at recent trends. Asking about drugs taken in the last month does provide the most up to date information on current usage. However, since it is a relatively short time period, it may miss people who use drugs on a regular basis but who have not done so within the last month. Therefore, drug use in the last year is generally regarded as the most stable measure of current drug use, especially when analysing trends over time.

Classification of drugs

2.3 Respondents to the 2006 SCVS were asked about their use of 16 different types of drugs. The Misuse of Drugs Act classifies illegal drugs into 3 categories (Class A, B and C) according to the harm they cause, with Class A drugs considered to be the most harmful. Table 1.1 shows the 16 drugs that respondents were asked about on the SCVS and their classification under the Act.

2.4 Since Class A drugs are regarded as the most harmful it is useful to look at the use of any Class A drugs among respondents. Although amphetamines can be classified as either Class A (when injected) or Class B (in powdered form), for the purposes of analysis the report assumes that all amphetamine use is of the Class B type. This is similar to how the British Crime Survey defines Class A drug use in England and Wales⁴.

⁴ Roe, S. and Man, L. (2006) Drug Misuse Declared: Findings from the 2005/6 British Crime Survey. Home Office Statistical Bulletin 15/06

Table 1.1 Drugs asked about on the 2006 SCVS and their classification

| <i>Classification</i> | <i>Drug</i> |
|-----------------------|--|
| Class A | Cocaine Crack Ecstasy LSD Magic mushrooms Heroin Methadone Amphetamines (if prepared for injection) |
| Class B | Amphetamines (in powdered form) Crystal meth |
| Class C | Cannabis Ketamine Temazepam Valium |
| Not classified | Anabolic steroids Poppers (amyl nitrite) Glues, solvents, gas or aerosols |

Extent of drug use in Scotland

Extent of any illicit drug use

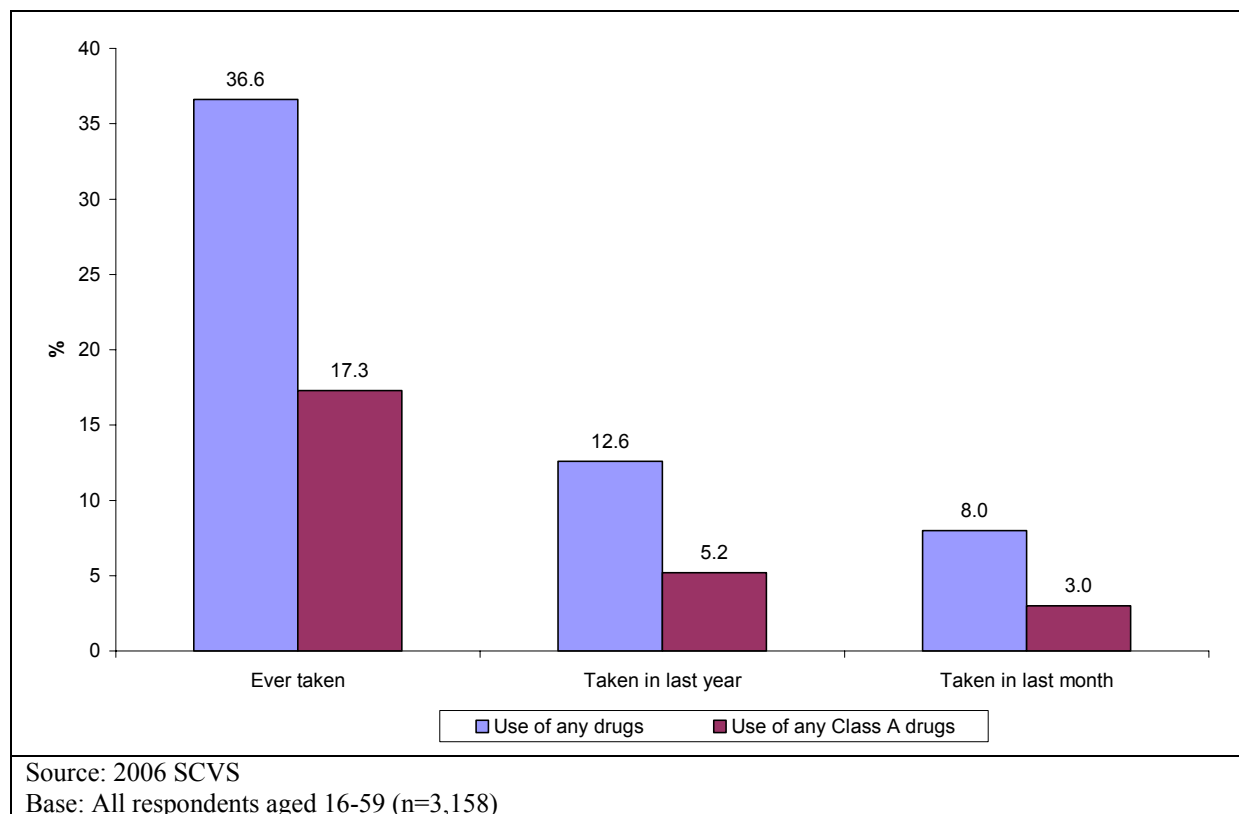
2.5 The 2006 SCVS found that 37 per cent of 16 to 59 year olds had ever taken one or more illicit drugs in their lifetime, 13 per cent had taken one or more drugs in the last year, while 8 per cent had taken one or more drugs in the last month (see Figure 2.1 and Table A1).

2.6 In the 2004 SCVS, 24 per cent of respondents reported having ever taken one or more drugs, 8 per cent reported having taken one or more drugs in the last year, while 4 per cent had taken one or more drugs in the last month. However, as explained earlier, the difference in the estimates between 2004 and 2006 is affected by the change in survey methodology and it is not, therefore, possible to make any assessment about the real change in levels of drug use in Scotland between 2004 and 2006.

2.7 In the 2006 survey, over 6 in 10 (63%) of those who had taken one or more drugs in the last year had also taken one or more drugs in the last month. This suggests that the majority of those who had taken a drug in the last year can be considered to be regular drug users. This is a significantly higher proportion than was recorded in the 2004 survey, when 57 per cent of those who had taken one or more drugs in the last year had also taken one or more drugs in the last month. It seems unlikely that this difference between 2004 and 2006 can be attributed to the change in methodology. While switching from paper to CAPI is likely to increase the proportion of respondents who admit to taking drugs for the reasons already outlined, it is less clear why the change in methodology would also increase the proportion of lifetime drug takers who admit to recent drug use (in the last month).

2.8 The 2006 SCVS estimates for drug use in Scotland were broadly similar to estimates for England and Wales in 2005/6, which uses an identical methodology. Lifetime experience of drugs in 2006 was the same in Scotland compared with England and Wales in 2005/6, while current drug usage (both in the last year and the last month) was higher in Scotland compared with England and Wales. Thus, in England and Wales in 2005/6, 35 per cent of respondents reported ever having taken one or more drugs, 10 per cent reported having taken one or more drugs in the last year, and 6 per cent reported having taken one or more drugs in the last month⁵.

Figure 2.1 Proportion of people who reported having taken any drugs or any Class A drugs ever, in the last year, and in the last month



Extent of Class A drug use

2.9 Figure 2.1 also shows that 17 per cent of respondents reported having ever taken one or more Class A drugs, with 5 per cent have taken one or more Class A drugs in the last year, and 3 per cent having taken them in the last month (see Figure 2.1 and Table A1).

2.10 In the 2006 survey, 57 per cent of those who had taken one or more Class A drugs in the last year had also taken one or more Class A drugs in the last month. Again, this suggests that the majority of those who had taken Class A drugs in the last year can be considered to be regular drug users.

⁵ Roe, S. and Man, L. (2006) Drug Misuse Declared: Findings from the 2005/6 British Crime Survey. Home Office Statistical Bulletin 15/06

2.11 Reported use of Class A drugs was higher on the 2006 SCVS compared with the 2005/6 British Crime Survey for England and Wales. In that survey, 14 per cent of respondents had taken one or more Class A drugs in their lifetime, 3 per cent had done so in the last year, and 2 per cent had done so in the last month.

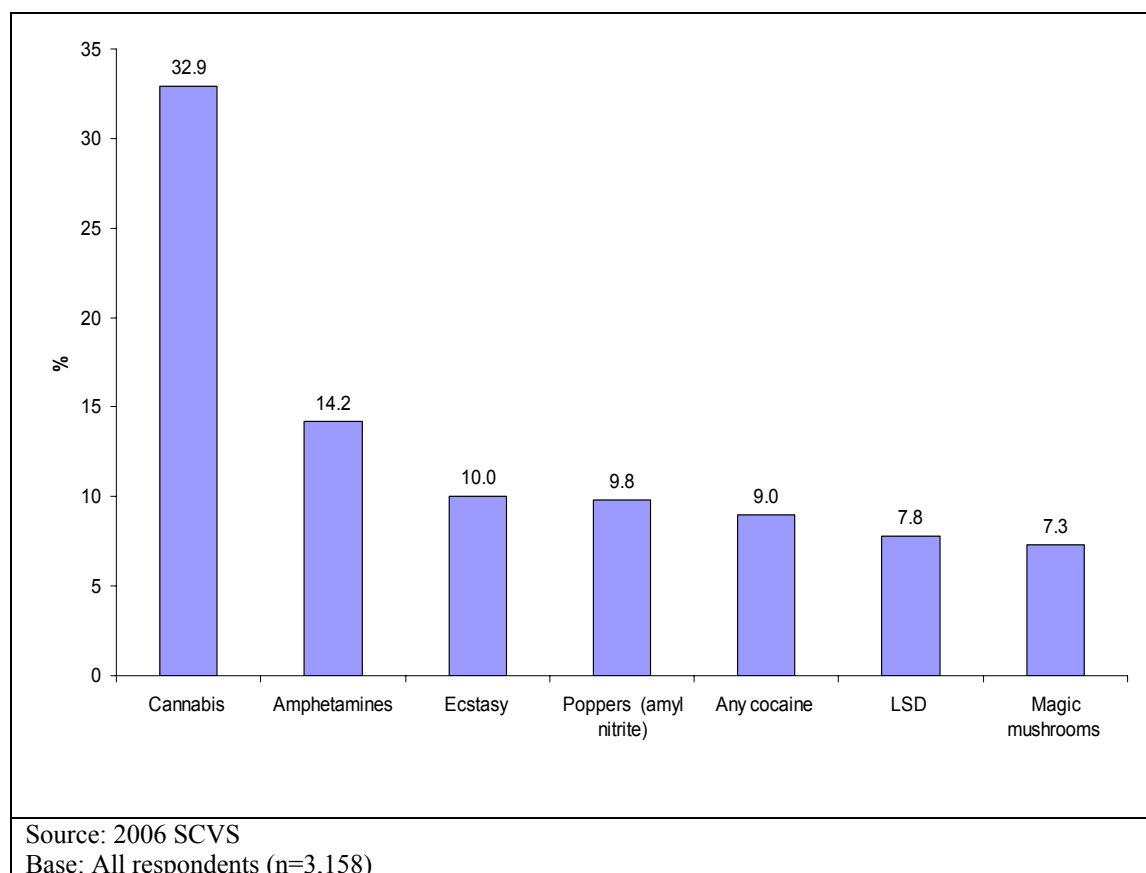
Extent of using different types of drugs

Lifetime use of different types of drug

2.12 Figure 2.2 shows that cannabis was the most common drug that respondents had ever taken. A third of adults (33%) reported having taken cannabis in their lifetime. In fact, more than twice as many people admitted to having ever taken cannabis compared with the next most commonly cited drug, amphetamines, which was reported by 14 per cent of respondents.

2.13 The other most commonly reported drugs that people had ever taken were ecstasy (10%), poppers (10%), and cocaine (9%). The vast majority of people who had ever used cocaine had used powdered cocaine (8.9%), rather than crack cocaine (1%). Lifetime use of LSD was mentioned by 8 per cent of respondents, while magic mushrooms were mentioned by 7 per cent. Table A1 shows the proportion of respondents who had ever taken each type of drug asked about on the survey (see Figure 2.2 and Table A1).

Figure 2.2 Proportion of people who reported having ever taken specific drugs



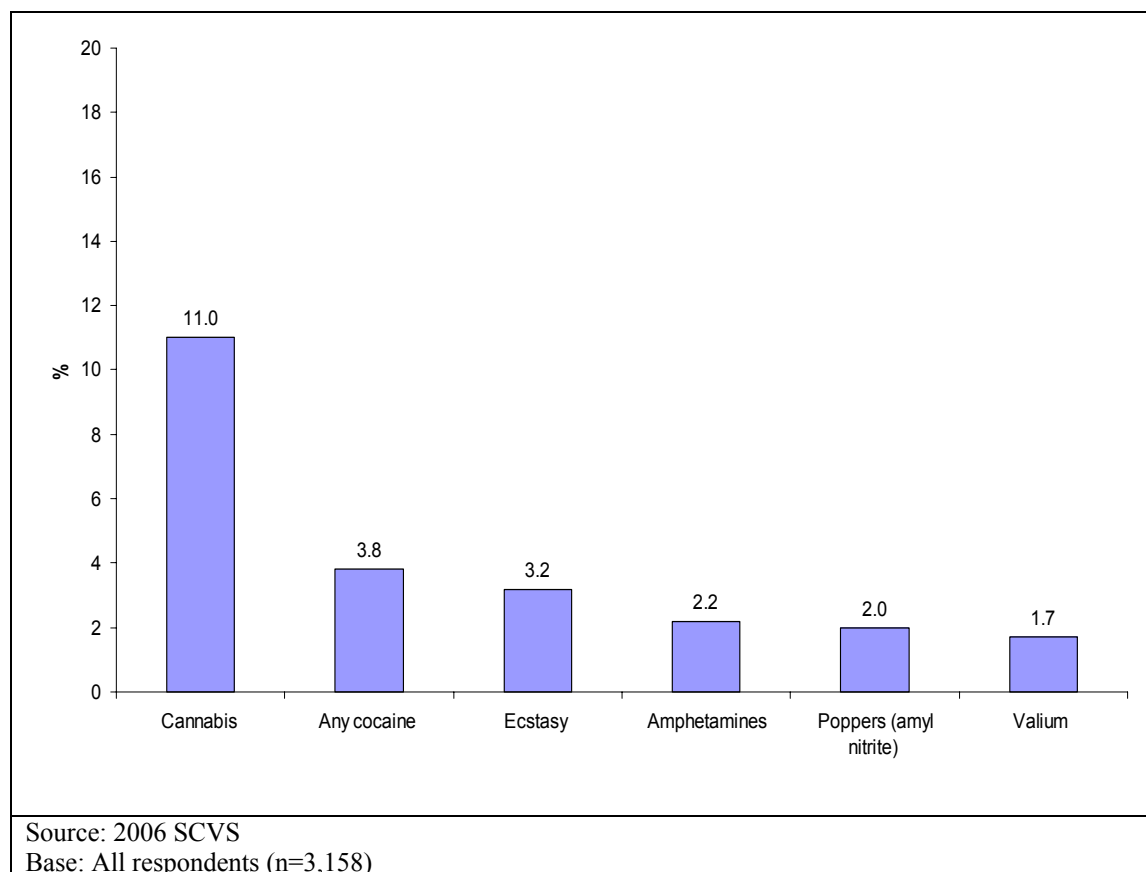
Use of different types of drugs in the last year

2.14 Figure 2.3 shows that reported drug use in the last year followed a similar pattern to lifetime drug use in that cannabis was the drug that respondents were most likely to have used in the last year. Just over one in 10 respondents (11%) reported having used cannabis in the last year. The next most commonly cited drugs which respondents had used in the last year were cocaine (4%), ecstasy (3%), and amphetamines (2%). Use of other drugs in the last year was very uncommon, including low levels of opiate use (heroin and methadone), which was reported by 0.5% of respondents (see Figures 2.3 and Table A1).

2.15 Although the actual figures are not directly comparable with the 2004 survey, it is interesting to note that the top 4 most commonly cited drugs taken in the last year were exactly the same in 2004 and 2006, suggesting a consistency in the overall pattern of drug taking between the 2 surveys.

2.16 Since the proportion of drugs taken in the last year is considered the most stable measure of current drug use it is interesting to compare the results from the 2006 SCVS with those in England and Wales. Although the 3 most commonly taken drugs in Scotland were the same as in England and Wales, reported prevalence in Scotland was higher for each individual drug. In 2005/6, 9 per cent of people in England and Wales reported taking cannabis in the last year, while 2.4 per cent reported taking cocaine and 1.6 per cent reported taking ecstasy.

Figure 2.3 Proportion of people who reported having taken specific drugs in the last year



2.17 Tables A2 and A3 show the trends in lifetime drug use and drug use in the last year since the survey began in 1993. The change in methodology for the 2006 survey has led to increases in the proportion of people admitting to taking each of the drugs, which makes interpreting trends difficult. However, in general it can be seen that the reported use of amphetamines has fallen since a peak in 1996, whereas the use of cocaine has risen. This is broadly consistent with patterns in England and Wales where there has been a decrease in amphetamine use between 1998 and 2005/6 and an increase in cocaine over the same period (see Tables A2 and A3).

Use of different types of drugs in the last month

2.18 Since only 8 per cent of respondents reported taking one or more drug in the last month, it is not surprising that levels of drug use in the last month for individual types of drugs were low. In the majority of cases where respondents said they had taken a drug in the last month, the drug was cannabis, which was reported by 7 per cent of respondents. Cocaine had been used by 1.8 per cent of all respondents in the last month, while ecstasy use in the last month was mentioned by 1.6 per cent of respondents.

2.19 All of the other drugs asked about on the survey had been taken by less than 0.5 per cent or by no-one at all in the last month (see Table A1).

Variations in the prevalence of drug use

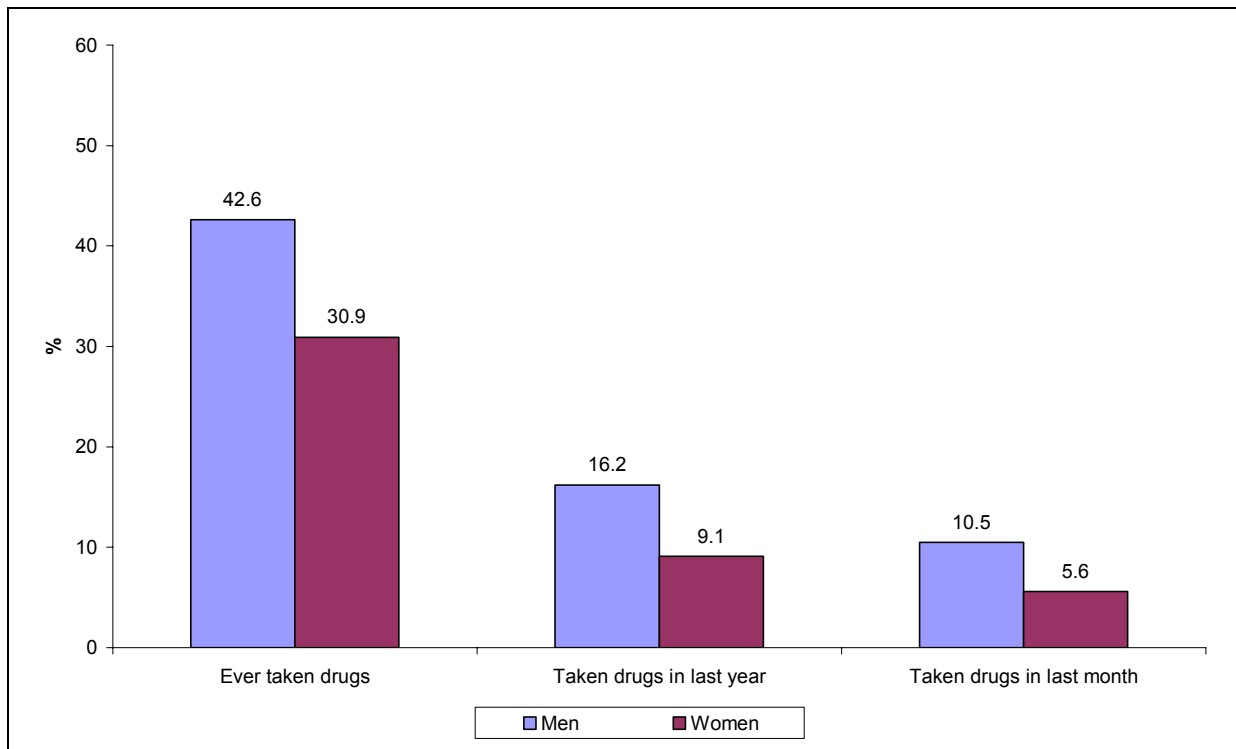
2.20 This section examines variations in the reported use of drugs by various socio-demographic characteristics. It looks at variation in lifetime use, use in the last year, and use in the last month by sex and age and by economic factors such as employment status and income.

Variations in drug use by sex

2.21 Figure 2.4 shows that men were significantly more likely than women to have taken drugs and also to be current drug users. Thus, 43 per cent of men had ever taken one or more drugs compared with 31 per cent of women. Men were also more likely than women to have taken one or more drugs in the last year (16% and 9% respectively) and in the last month (10% and 6% respectively). A higher level of drug use among men than women is consistent both with the 2004 SCVS and with the 2005/6 BCS in England and Wales (see Figure 2.4 and Table A4).

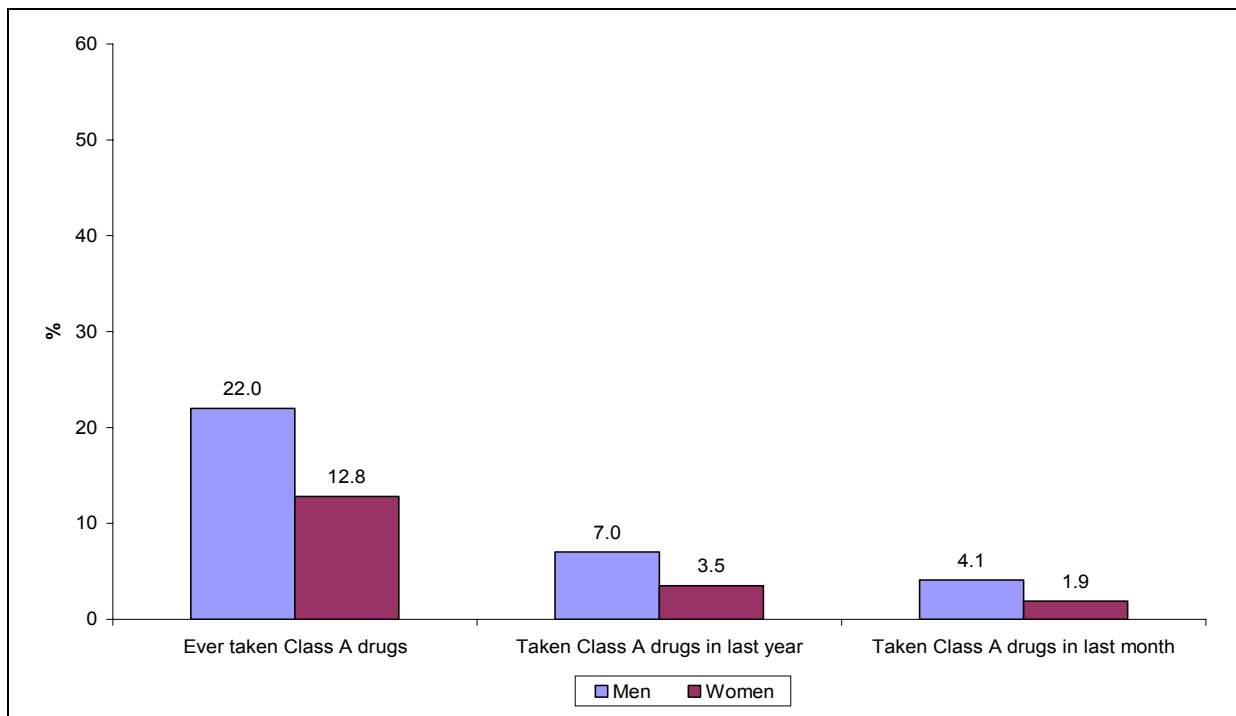
2.22 Men were also more likely than women to report having taken Class A drugs. Thus, 22 per cent of men said they had ever taken one or more Class A drug compared with 13 per cent of women. Men were more than twice as likely as women to have taken one or more Class A drugs in the last year (7% and 3.5% respectively) and in the last month (4% and 2% respectively) (see Figure 2.5 and Table A4).

Figure 2.4 Proportion of people who reported having taken any drugs ever, in the last year, and in the last month by sex



Source: 2006 SCVS
 Bases : All men aged 16-59 (n=1,436); all women aged 16-59 (n=1,722)

Figure 2.5 Proportion of people who reported having taken any Class A drugs ever, in the last year, and in the last month by sex



Source: 2006 SCVS
 Bases : All men aged 16-59 (n=1,436); all women aged 16-59 (n=1,722)

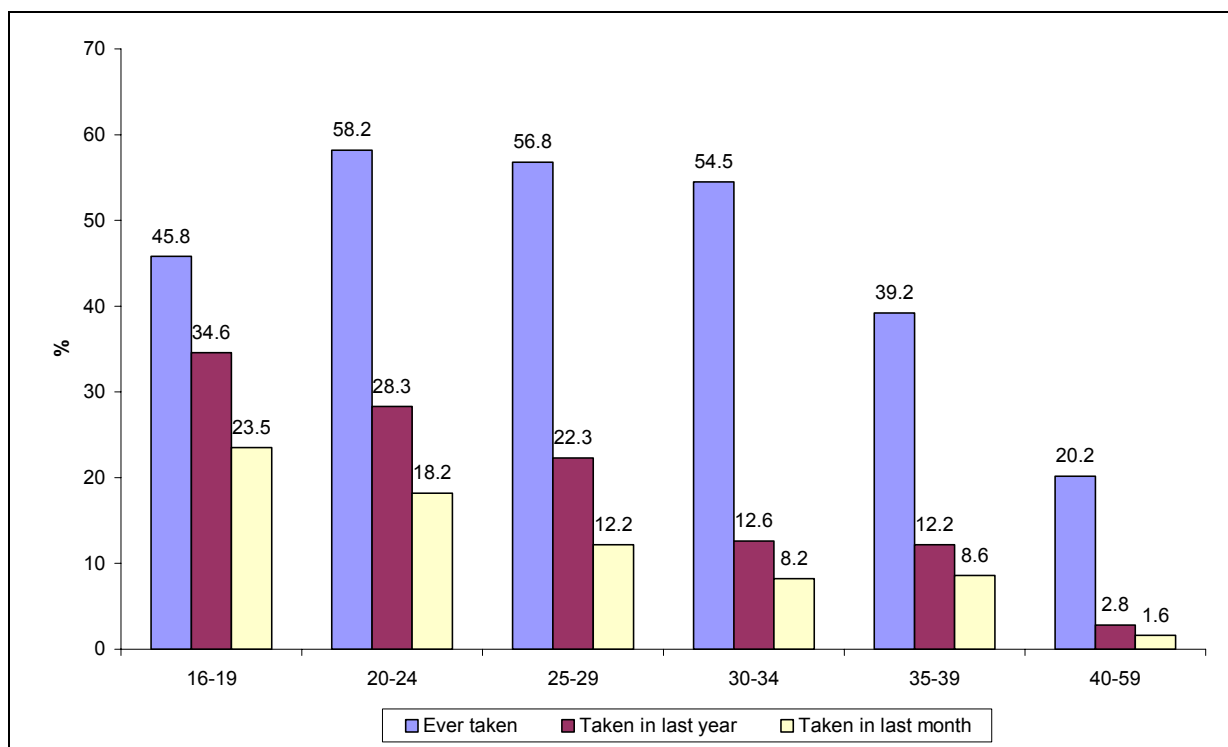
2.23 In terms of specific types of drugs men were more likely than women to report having taken most types of drugs. Thus, for example, 14 per cent of men reported having taken cannabis in the last year compared with 8 per cent of women. Similarly, 5 per cent of men reported having taken any sort of cocaine in the last year compared with 2 per cent of women.

Variation in drug use by age

2.24 Figure 2.6 shows that in terms of lifetime use of one or more drug, the highest reported levels were among 20-34 year olds, with 58 per cent of 20-24 year olds, 57 per cent of 25-29 year olds and 55 per cent of 30-34 year olds reporting having ever taken one or more drugs. These relatively high levels of lifetime use of one or more drugs in the middle age groups almost certainly reflects drug use in the past.

2.25 Looking at more current drug use shows a clear association with age, with use of one or more drugs in both the last year and the last month being highest among 16-19 year olds, and declining steadily with age. Thus, for example, over a third of 16-19 year olds (35%) reported having taken one or more drugs in the last year compared with 13 per cent of 30-34 year olds, and only 3 per cent of 40-59 year olds. Similarly, in the last month almost a quarter of 16-19 year olds (24%) reported having taken one or more drugs compared with 8 per cent of 30-34 year olds and 2 per cent of 40-59 year olds (see Figure 2.6 and Tables A5-A7).

Figure 2.6 Proportion of people who reported having taken any drugs ever, in the last year, and in the last month by age



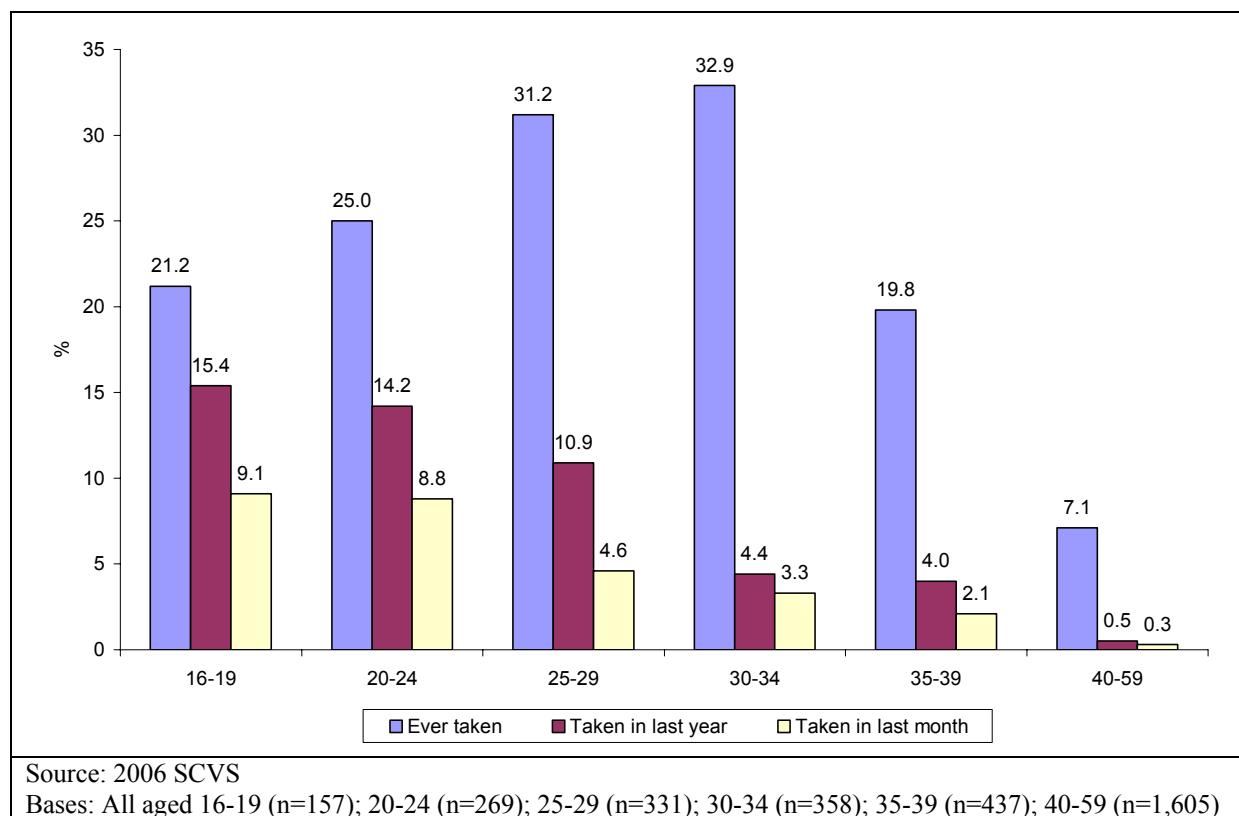
Source: 2006 SCVS

Bases: All aged 16-19 (n=157); 20-24 (n=269); 25-29 (n=331); 30-34 (n=358); 35-39 (n=437); 40-59 (n=1,605)

2.26 Figure 2.7 shows a very similar pattern in variation of Class A drug use by age. The highest levels of lifetime use of one or more Class A drugs was found among 25-34 year olds, with 33 per cent of 30-34 year olds and 31 per cent of 25-29 year olds having ever taken one or more Class A drugs. Lifetime use of one or more Class A drugs was similar among 16-19 year old and 35-39 year olds (21% and 20% respectively).

2.27 Again, however, lifetime usage of Class A drugs in the middle-age groups is mainly a reflection of past drug use. Thus, use of one or more Class A drugs in the last year or the last month was highest among 16-24 year olds, and declined sharply with increasing age. Thus, for example, 15 per cent of 16-19 year olds reported taking one or more Class A drugs in the last year compared with only 4 per cent of 35-39 year olds. A similar pattern was evident for Class A drug use in the last month, with 16-24 year olds being the most likely to have taken Class A drugs in the last month (see Figure 2.7 and Tables A5-A7).

Figure 2.7 Proportion of people who reported having taken any Class A drugs ever, in the last year, and in the last month by age

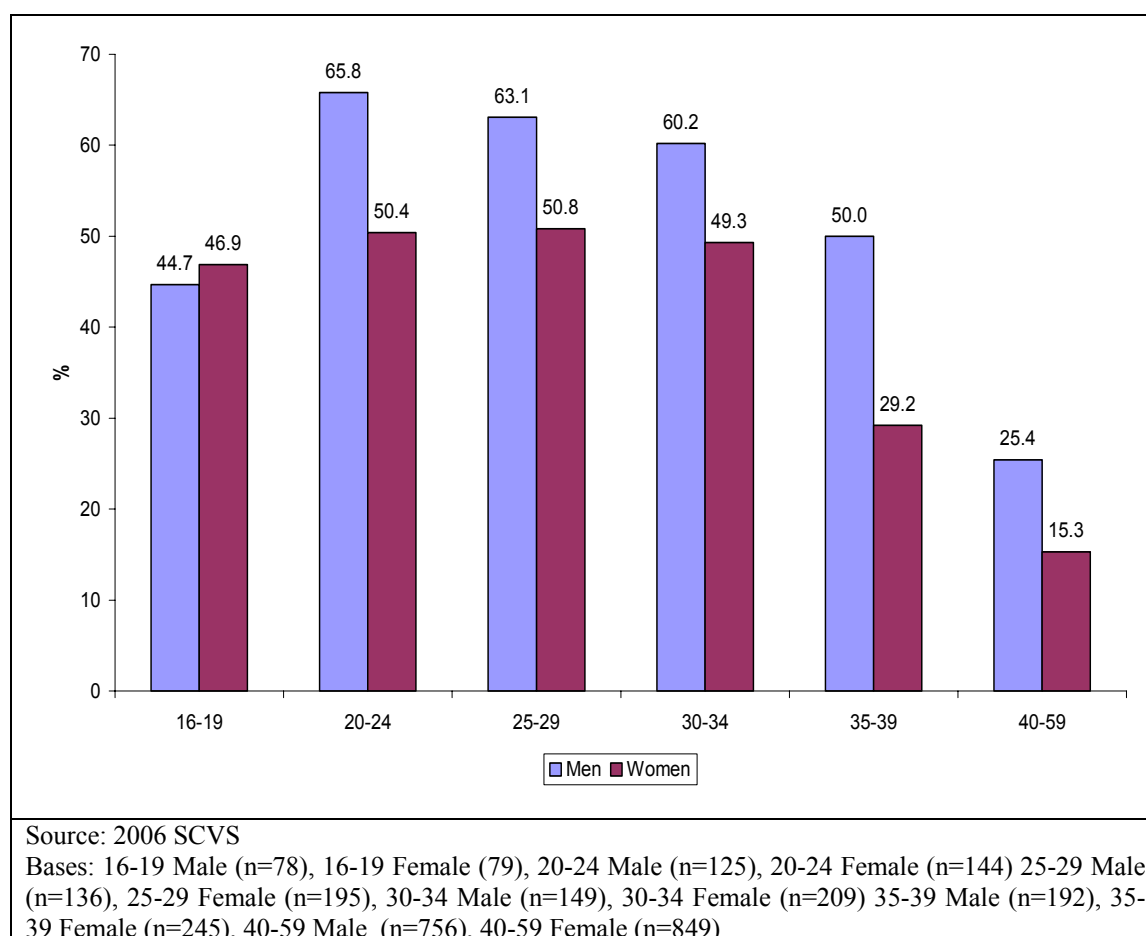


Variation in drug use by age and sex

2.28 Looking at drug use by sex and age reveals some interesting differences between men and women in terms of lifetime use of drugs. Figure 2.8 shows that lifetime drug use in men was highest among 20-34 year olds. For example, two-thirds of 20-24 year old men (66%) reported they had ever taken one or more drugs compared with less than half of 16-19 year old men (45%). Amongst women, however, lifetime drug use was broadly the same across the 16-34 year old age group, with 47 per cent of 16-19 year old women having ever tried one or more drugs compared with 50 per cent of 20-24 year old women and 49 per cent of 30-34 year old women.

2.29 Apart from 16-19 year olds, within each age cohort, men were more likely than women to have ever taken one or more drugs. The difference was most pronounced among 35-39 year olds, where 50 per cent of men reported having taken one or more drugs compared to 29 per cent of women. Among 16-19 year olds, 45 per cent of men reported having ever taken one or more drug compared with 47 per cent of women, although this difference was not significant due to the small base sizes (see Figure 2.8 and Tables A8-A13).

Figure 2.8 Proportion of people who reported having ever taken one or more drugs by sex and age

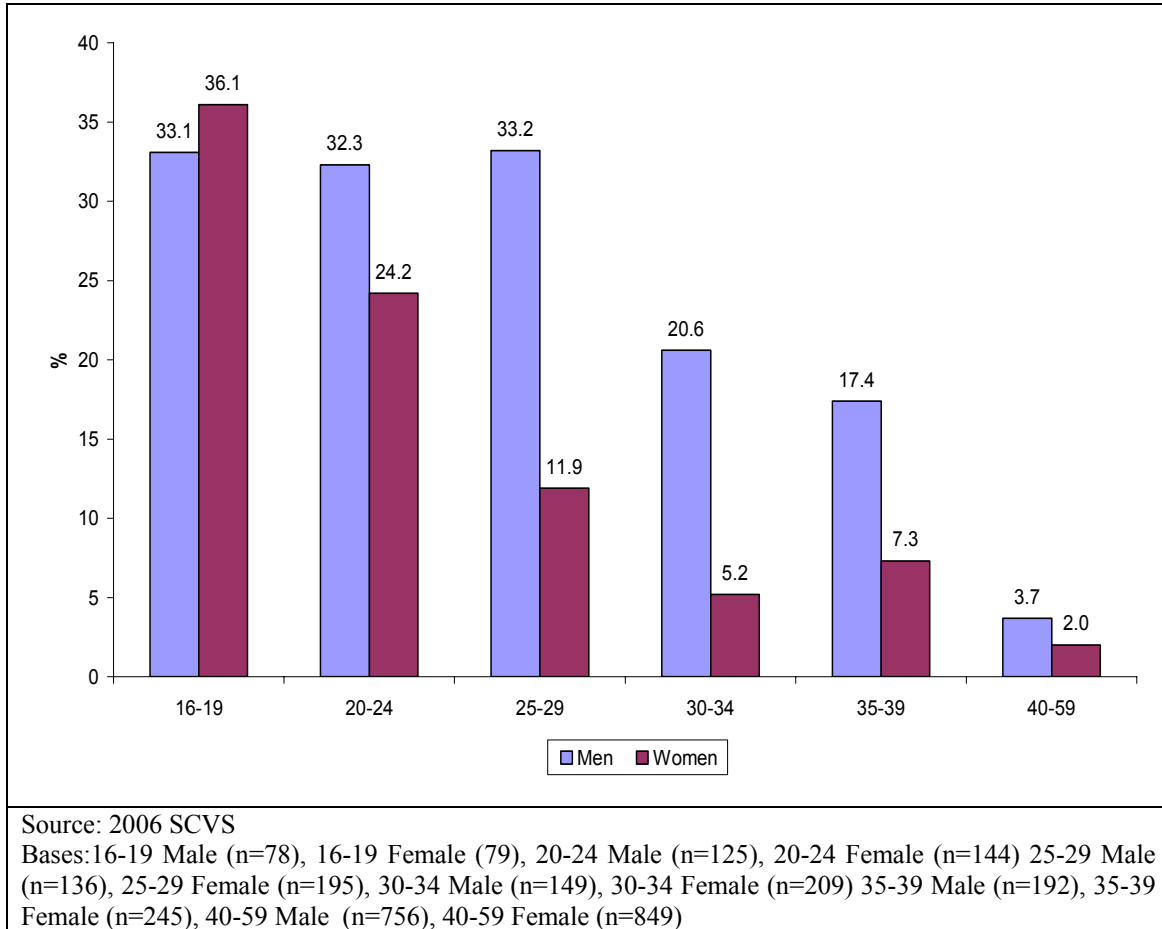


2.30 Drug use within the last year also showed a slight difference between men and women when the figures were broken down by age group. Figure 2.9 shows that the drop off in the levels of recent drug use with age was far sharper among women than men. Thus, more than a third of women aged 16-19 (36%) reported using one or more drugs in the last year compared to a quarter of 20-24 year old women (24%), and only 12 per cent of 25-29 year old women. However, amongst men drug use in the last year was broadly the same across the 16-29 year old age group, with 33 per cent of 16-19 year old men having taken drugs in the last year, which was exactly the same level of drug use reported by 25-29 year old men.

2.31 As with lifetime drug use, reported drug use within the last year was higher for men than women in each age cohort, except for 16-19 year olds, where men and women reported

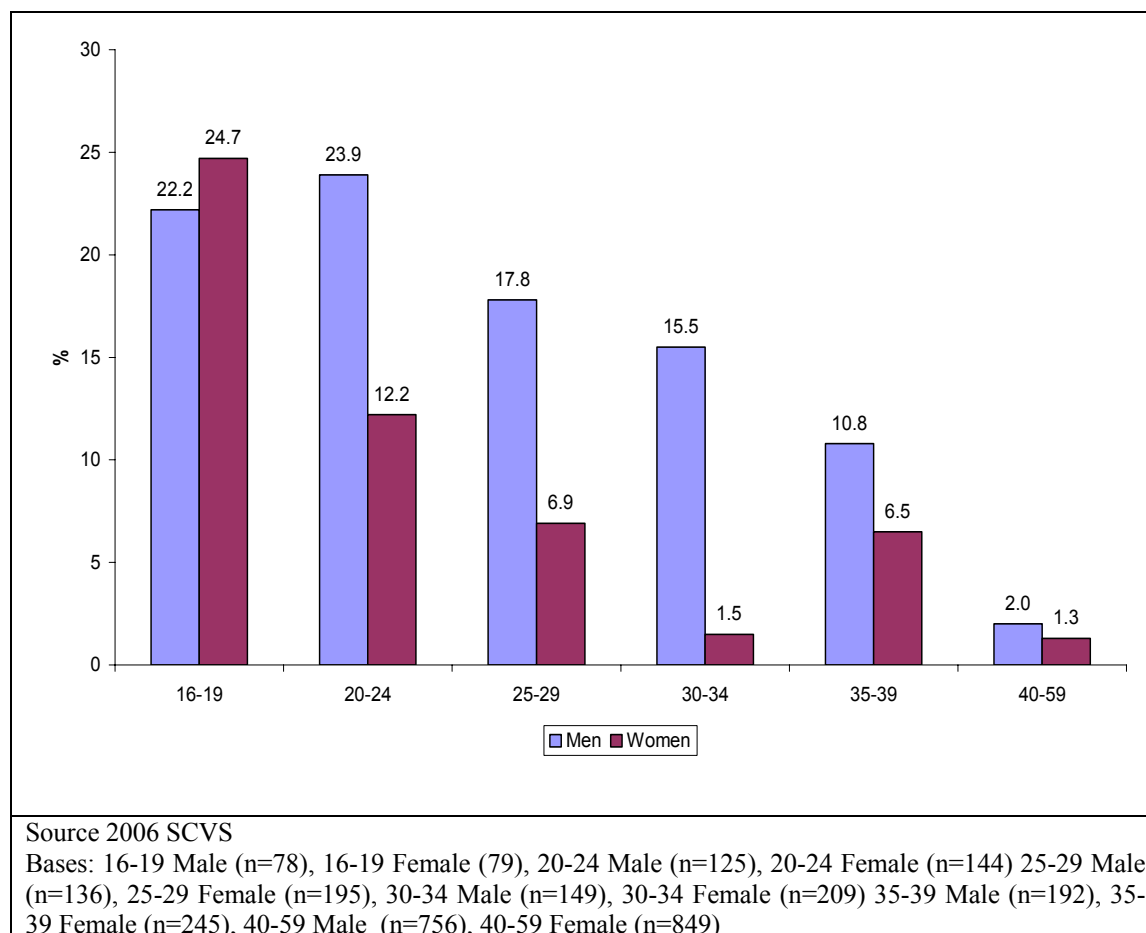
broadly similar levels (33% of 16-19 year old men and 36% of 16-19 year old women) (see Figure 2.9 and Tables A8-A13).

Figure 2.9 Proportion of people who reported having taken one or more drugs in the last year by sex and age



2.32 Finally, reported drug use in the last month showed a fairly similar pattern to usage in the last year when broken down by age and sex. Figure 2.10 shows that again drop off in levels of usage were greater for men than women and in all age cohorts, except for 16-19 year olds, drug use in the last month was higher among men than women. One note of interest was that reported drug use in the last month among women aged 35-39 year old women was actually higher than among 30-34 year old women (7% and 2% respectively). This goes against the general pattern of declining usage with age (see Figure 2.10 and Tables A8-A13).

Figure 2.10 Proportion of people who reported having taken one or more drugs in the last month by sex and age



Variation in drug use by other factors

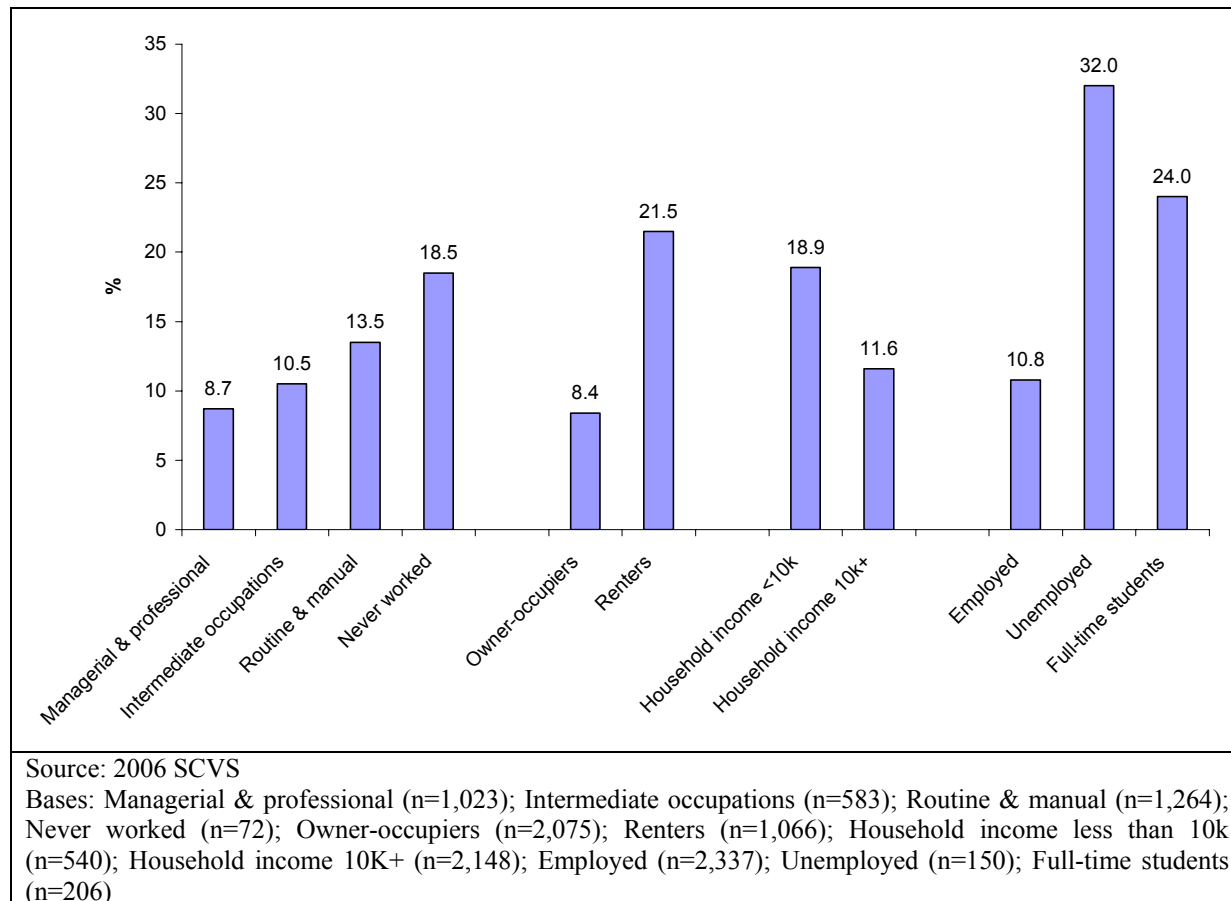
2.33 Patterns of drug use are also associated with other socio-economic factors such as household income and working status. This section examines variations in the levels of drug use in the last year by various factors.

2.34 Figure 2.11 shows the levels of reported drug use within the last year by a variety of socio-economic factors. Reported drug use in the last year showed some difference by socio-economic grouping (NS-SEC), with 9 per cent of respondents in managerial and professional occupations reporting having taken one or more drugs in the last year compared with 13 per cent of those in routine and manual occupations and 19 per cent of those who had never worked. There was also a clear association between employment status and drug use, with those who were unemployed being almost 3 times as likely as those who were in employment to report having taken one or more drugs in the last year (32% and 11% respectively). About a quarter of those in full-time education (24%) reported having taken drugs in the last year.

2.35 Associations were also seen between levels of drug use and income and housing tenure. Those with a household income of less than £10,000 were more likely than those with a household income of £10,000 or more to report taking drugs in the last year (19% and

12% respectively), while those in rented accommodation were more likely than owner-occupiers to report drug use in the last year (22% and 8% respectively).

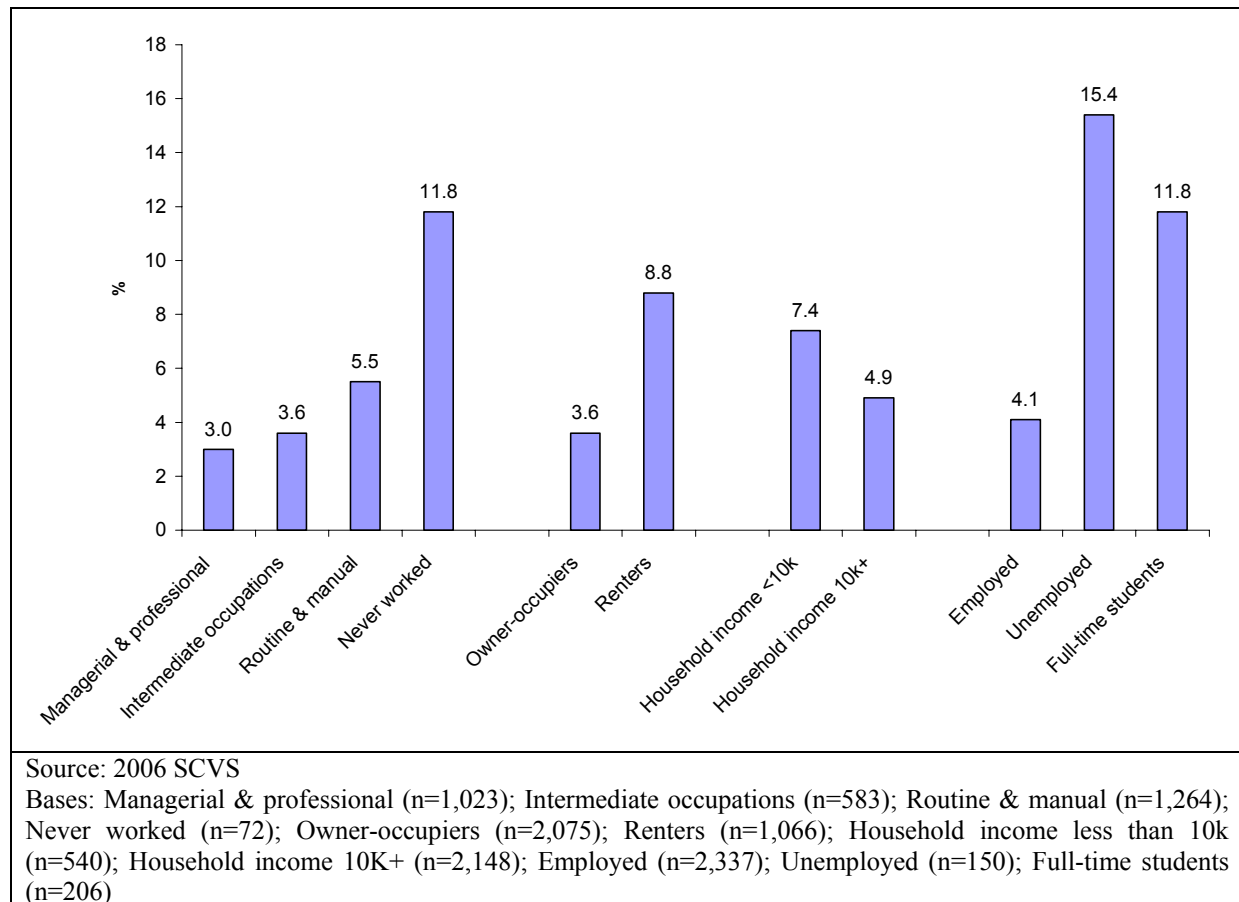
Figure 2.11 Proportion of people who reported having taken one or more drugs in the last year by various socio-economic factors



2.36 Similar associations were found between reported use of one or more Class A drugs in the last year and socio-economic factors. Thus, the highest levels of Class A drug use in the last year were found among those who were unemployed (15%), those who had never worked (12%), full-time students (12%), and those living in rented accommodation (9%) (see Figure 2.12).

2.37 Of course, many of the socio-economic factors mentioned above are closely inter-related. Additionally, age is related to many of the above factors in so far as 16-24 year olds are more likely than older age groups to live in rented accommodation, have lower household incomes, have never worked, and to be full-time students. This means that much of the association between reported drug use in the last year and socio-economic factors is actually likely to be driven by the fact that young people have higher reported levels of drug use as seen in the previous section.

Figure 2.12 Proportion of people who reported having taken one or more Class A drugs in the last year by various socio-economic factors



Being offered drugs

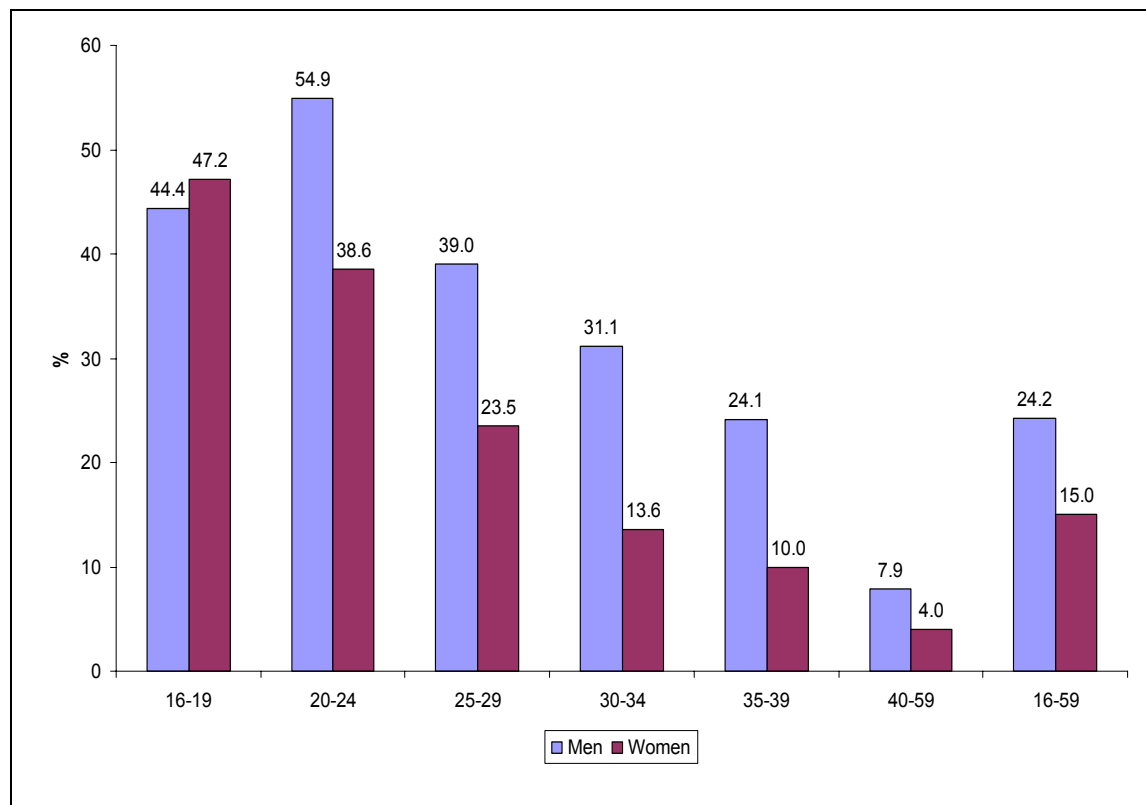
2.38 In the 2006 SCVS all respondents were also asked whether anyone had offered to give or sell them drugs in the last year. Respondents were asked this for each of the 16 specific types of drugs. Overall, one in 5 respondents (20%) reported they had been offered at least one drug in the last year, while one in 10 (10%) said they had been offered at least one Class A drug.

2.39 Not surprisingly the differences in the proportion of respondents who had been offered drugs in the last year by sex and age followed a very similar pattern to the proportion who had actually taken drugs in the last year. Thus, men were more likely than women to have been offered at least one drug in the last year (24% and 15% respectively) and were also more likely to have been offered at least one Class A drug (15% and 9% respectively). Overall, exactly half (50%) of all those who were offered drugs in the last year also reported taking drugs in the last year.

2.40 Figure 2.13 shows how the likelihood of being offered drugs in the last year varied by age and sex. Amongst both men and women the proportion being offered any drugs in the last year decreased with age. Amongst men, 20-24 year olds were the most likely to have been offered drugs in the last year (55%), whereas among women it was 16-19 year olds who were the most likely to report having been offered drugs in the last year (47%). In all age

groups except for 16-19 year olds, men were more likely than women to have been offered drugs in the last year (see Figure 2.13, Tables A14-A15).

Figure 2.13 Proportion of people who reported having been offered drugs in the last year by sex and age



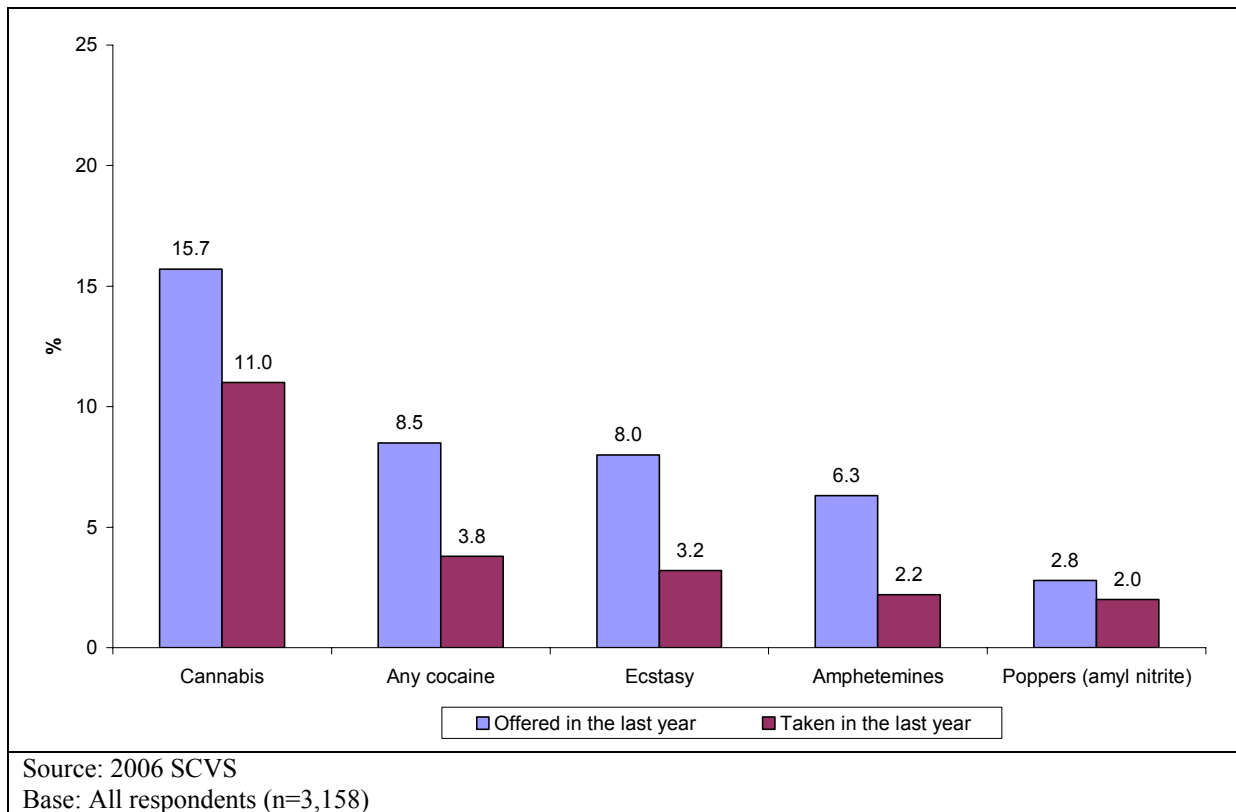
Source: 2006 SCVS

Bases: 16-19 Male (n=78), 16-19 Female (79), 20-24 Male (n=125), 20-24 Female (n=144) 25-29 Male (n=136), 25-29 Female (n=195), 30-34 Male (n=149), 30-34 Female (n=209) 35-39 Male (n=192), 35-39 Female (n=245), 40-59 Male (n=756), 40-59 Female (n=849), All Males (n=1,436), All Females (n=1,722)

2.41 Figure 2.14 shows the proportion of respondents who were offered specific types of drugs in the last year. Not surprisingly the likelihood of being offered particular types of drugs in the last year was closely associated with actual usage levels. Thus, respondents were more than twice as likely to have been offered cannabis in the last year compared with the next most commonly offered drug cocaine (16% and 9% respectively). Ecstasy had been offered to 8 per cent of respondents in the last year, while 6 per cent had been offered amphetamines. Only extremely small proportions of respondents had been offered other drugs in the last year. As can be seen in Figure 2.14 there was a clear association with the types of drugs that people had been most likely to have been offered in the last year and the proportion of people who had actually taken those drugs in the last year (see Figure 2.14 and Tables A14-A15).

2.42 Tables A14 and A15 provide a full breakdown of the proportion of respondents who reported having been offered each type of drug by age and sex.

Figure 2.14 Proportion of respondents offered specific types of drugs in the last year and proportion who had taken specific types of drugs in the last year



CHAPTER THREE THE EXPERIENCE OF DRUG USERS

3.1 Those who reported ever having used one or more drugs were asked a number of follow-up questions about their drug taking. These questions included age at which they first tried any drugs, and for recent drug users, questions about their drug use in the last month, including frequency of use, ease of obtaining drugs, and polydrug use.

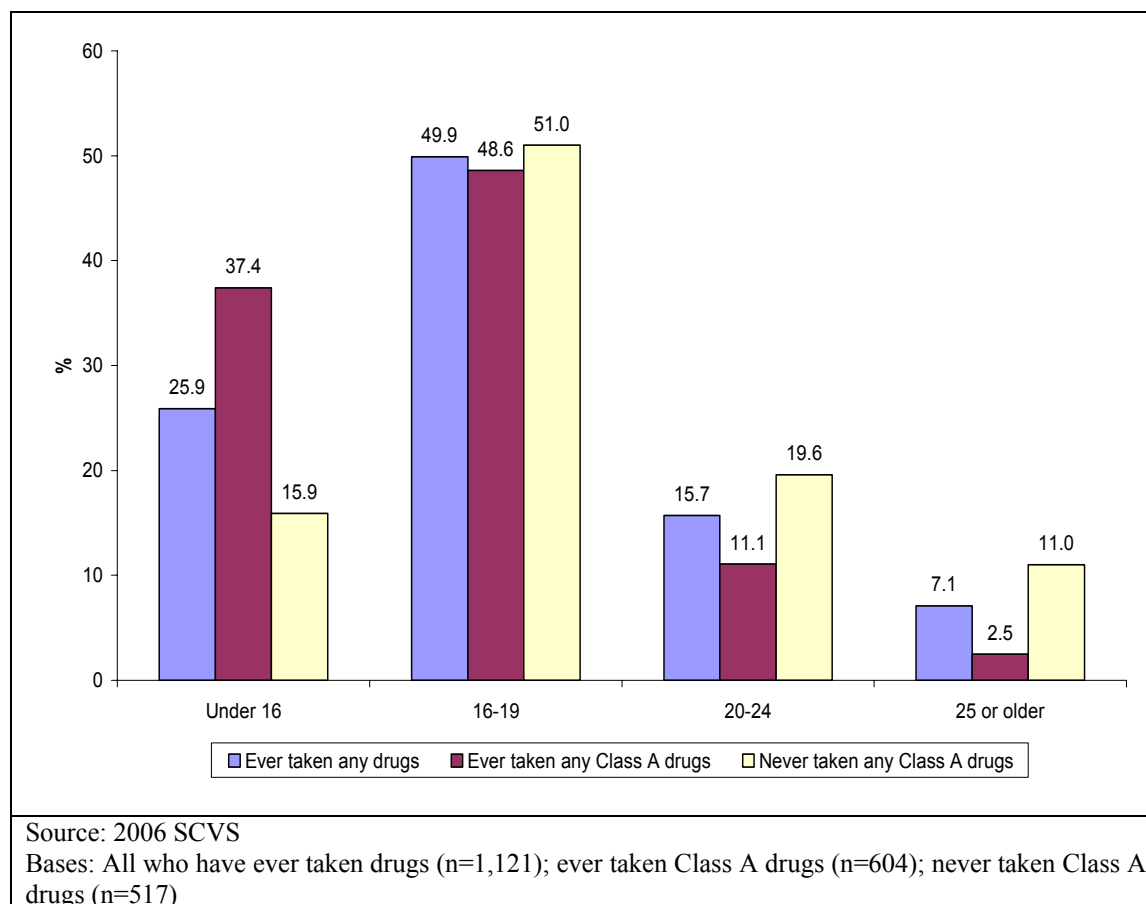
First experiences of drug taking

3.2 All respondents who reported they had ever tried one or more drug were asked what specific drug they first took and at what age they first took this drug. From this it is possible to examine at what age respondents who had ever taken drugs first took any drugs. However, it is not possible to identify the age at which people who had taken several drugs first took each different type of drug since they were only asked about the first drug taken. Thus, for example, if a person had taken cannabis (first) and then cocaine in their lifetime, information was collected about the age they first used cannabis, but not about the age they first used cocaine.

3.3 Figure 3.1 shows the age at which respondents who had ever taken drugs first tried any drugs. About a quarter of lifetime drug users (26%) first tried drugs when they were less than 16. However, 16-19 was the most common age range for first trying any drugs, with half of lifetime drug users (50%) having first tried drugs at this age.

3.4 There was a noticeable difference between respondents who had ever taken Class A drugs and those who had not taken Class A drugs in terms of the age they first took any drug. While 37 per cent of those who had ever taken any Class A drugs reported that they had first tried drugs (not necessarily Class A drugs) before the age of 16, only 16 per cent of those who had never taken Class A drugs reported they had taken any drugs before the age of 16 (Figure 3.1).

Figure 3.1 Age at which those who reported ever having taken drugs first tried any type of drug



3.5 As has already been seen in Chapter 2, cannabis was by far the most frequently used drug amongst lifetime drug users. In fact, 90 per cent of those who had ever taken one or more drug had taken cannabis, while more than a third of lifetime drug users (35%) reported having only ever taken cannabis and no other drugs.

3.6 It is not surprising, therefore, that cannabis was the drug that respondents were most likely to have tried first. In fact, cannabis was the first drug tried by over three-quarters of lifetime drug users (76%). Amphetamines were the second most common drug to have been tried first by lifetime drug users (6%), followed by glues and solvents (4%), and poppers (4%).

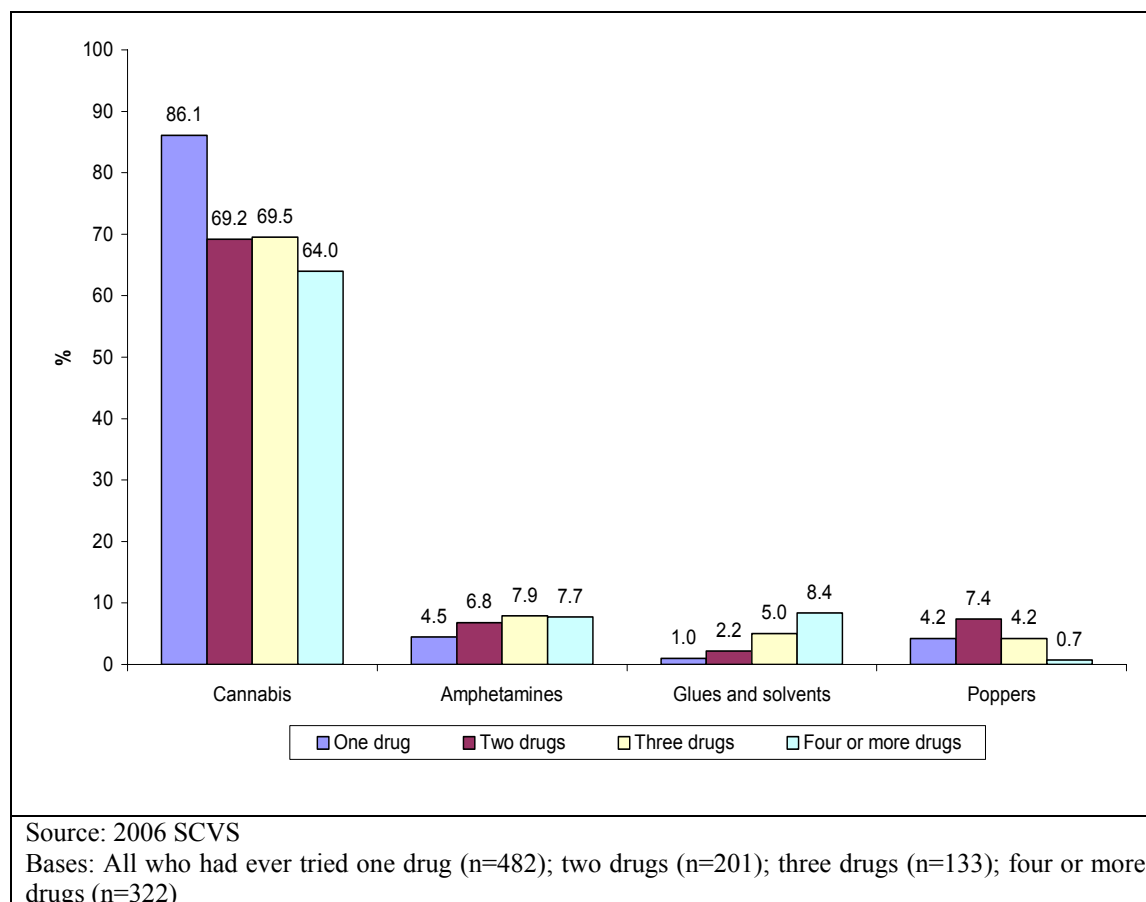
3.7 Since lifetime drug users who have only ever taken one drug must, by definition, have taken that drug first, it is useful to look at the first drug taken broken down by the total number of different drugs ever taken.

3.8 Figure 3.2 shows the first type of drug ever taken by lifetime drug users by the total number of different drugs they had ever taken. Even amongst those who had taken several different drugs, cannabis was the most common drug to have been tried first. Thus, 69 per cent of those who had ever taken 2 drugs had tried cannabis first, while 64 per cent of those who had taken 4 or more drugs had also tried cannabis first. Amphetamines and glues and solvents were more likely to have been the first drug tried by those who had ever taken more than one drug compared with those who had taken only one drug. Thus, for example, 8 per

cent of those who had ever tried 4 or more drugs had taken glue or solvents as their first drug compared with only 1 per cent for who glues and solvents was the only drug they had ever taken.

3.9 Although cocaine was the second most common drug taken in both the last year and the last month (see Chapter 2), less than 0.5 per cent of lifetime drug users had tried this first, and this was the case even amongst those who had tried 4 or more drugs.

Figure 3.2 First type of drug ever taken by total number of drugs ever taken



3.10 Tables A16 and A17 show the relationship between the age at which respondents first took drugs and the type of drug they first took. Cannabis was by far the most common drug first taken by both men and women regardless of the age when they first took a drug. Again this is not surprising given what has already been seen about the predominance of cannabis both in terms of the proportion of lifetime drug users who have ever used cannabis and in terms of the proportion of lifetime drug users who have only ever taken cannabis and no other drugs. However, there were some other interesting differences in terms of the relationship between age first tried drugs and type of drug first used.

3.11 Respondents who were under 16 when they first tried any drug were considerably more likely to have tried glues and solvents than those who first took drugs when they were older. This was true of both men and women. Thirteen per cent of those who first took any drug when they were aged under 16 used glue or solvents as their first drug, compared with just 1 per cent of those who first used drugs when aged 16-19, and none of those who first

took drugs after the age of 20. This perhaps reflects the lower cost and easier availability of such products for the younger age group.

3.12 Women were more likely than men to have taken amphetamines as their first drug. Overall, 9 per cent of female drug users took amphetamines as their first drug compared with 4 per cent of male drug users. This was particularly the case for those who first took a drug when they were under 16. Amongst this group 9 per cent of women took amphetamines as their first drug compared with just 2 per cent of men.

3.13 Men who had ever taken drugs were more likely than women to have taken LSD, magic mushrooms and ecstasy as their first drug. Very few women who first took drugs when aged under 16 used LSD as their first drug (less than 0.5%) but this was the first drug taken by 5 per cent of men.

Regularity of drug use in the last month

3.14 Those who reported that they had taken a drug within the last month were asked which drug they had taken most often in the last month and, for that drug, how often they had used it during this time. Since the number of respondents who had taken one or more drugs in the last month was relatively small (n=279) the degree of sub-group analysis that can be done is limited.

3.15 Not surprisingly, cannabis was the most frequently taken drug, with 81 per cent of those who had taken any drugs in the last month saying they had taken this most often during the period. Cocaine (5%) and ecstasy (4%) were the next most frequently taken drugs in the last month.

3.16 Over 6 in 10 respondents (62%) who had taken drugs in the last month had taken only one type of drug during this period, while 20 per cent had taken 2 different types of drugs and a similar proportion (18%) had taken 3 or more types of drugs.

3.17 Just under half of all those who had used drugs in the last month (47%) had taken their most frequently used drug on at least a weekly basis, with a fifth (21%) having done so every day or almost every day. The remaining 53 per cent of users had taken their most frequently used drug only once or twice in the previous month. Men were more likely than women to have taken drugs on at least a weekly basis in the last month (53% and 37% respectively). Over half of respondents aged over 25 (51%) who had taken drugs in the last month had done so on at least a weekly basis compared with 44 per cent of 16-24 year olds. However, this difference was not statistically significant due to small base sizes.

3.18 These results suggest that current drug users, were using drugs less frequently than was reported by the 2004 survey, when 81 per cent were using drugs on at least a weekly basis and 34 per cent were using them every day or almost every day.

Ease of obtaining drugs

3.19 Those who reported taking any drugs in the last month were asked how difficult it was for them to get hold of whichever drug they used most often which, as already mentioned, was cannabis in the majority of cases. Eight in 10 respondents (80%) reported finding it easy to acquire their drug, with 38 per cent saying it was 'very easy' and 42 per cent saying it was 'fairly easy' to do so. While the majority of current users did not encounter difficulty, it appears that since the 2004 SCVS it has become more difficult to acquire drugs. In 2004, over 9 in 10 respondents found it easy to acquire their most regularly used drug, with 68 per cent saying it was 'very easy' and 27 per cent saying it was 'fairly easy' to do so. By contrast, in 2006, 7 per cent of respondents said it was 'very difficult' to acquire drugs whereas in 2004 nobody reported this to be the case.

Polydrug use and mixing drugs with alcohol

3.20 Polydrug use is the use of more than one drug at the same time, often with the intention of enhancing or countering the effect of another drug. An example of polydrug use is using heroin and cocaine together, a combination known as 'speedball'. Polydrug use is not the same as multiple drug use, where users may be taking more than one type of drug over a particular period.

3.21 All respondents who had taken one or more drugs in the last month were asked if they had taken another drug while they were under the influence of the drug they had used most often during this time. Almost 4 in 10 respondents (38%) who had taken drugs in the last month admitted that they had done this, with men being significantly more likely than women to have done so (42% compared with 30%).

3.22 Respondents who had taken drugs in the last month were also asked whether they had consumed alcohol whilst under the influence of the drug they had taken most often in the previous month. This was very common, with 80 per cent admitting to having consumed alcohol while under the influence of drugs. There was no significant difference between men and women in terms of mixing drugs and alcohol.

ANNEX 1

2006 DATA TABLES

Table A1: Proportion of adults aged 16-59 who reported having ever taken drugs, taken drugs in the last year, and taken drugs in the last month

| | Ever used | Used in last year | Used in last month |
|--------------------------|-------------|-------------------|--------------------|
| | % | % | % |
| Class A | | | |
| Cocaine powder | 8.9 | 3.7 | 1.7 |
| Crack | 1.0 | 0.4 | * |
| Any cocaine | 9.0 | 3.8 | 1.8 |
| Ecstasy | 10.0 | 3.2 | 1.6 |
| Heroin | 1.2 | 0.5 | * |
| Methadone | 0.8 | * | * |
| LSD | 7.8 | 0.6 | * |
| Magic mushrooms | 7.3 | 0.9 | * |
| | | | |
| Class A/B | | | |
| Amphetamines | 14.2 | 2.2 | 0.9 |
| | | | |
| Class B | | | |
| Crystal meth | * | * | - |
| | | | |
| Class C | | | |
| Anabolic steroids | * | - | - |
| Cannabis | 32.9 | 11.0 | 6.8 |
| Ketamine | 1.2 | * | |
| Temazepam | 3.0 | 0.5 | * |
| Valium | 4.8 | 1.7 | * |
| | | | |
| Not Classified | | | |
| Glues and solvents | 3.3 | * | * |
| Poppers | 9.8 | 2.0 | 0.7 |
| | | | |
| Any Class A drugs | 17.3 | 5.2 | 3.0 |
| Any drugs | 36.6 | 12.6 | 8.0 |
| | | | |
| Bases: | 3,158 | 3,158 | 3,158 |
| Source: 2006 SCVS | | | |

Table A2: Trends in the proportion of adults aged 16-59 who reported having ever taken drugs, 1993-2006

| | 1993 | 1996 | 2000 | 2003 | 2004 | 2006 |
|--------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | % | % | % | % | % | % |
| Class A | | | | | | |
| Cocaine powder | 1.5 | 2.6 | 2.5 | 4.8 | 4.6 | 8.9 |
| Crack | * | 0.7 | 1 | 1.2 | 1.2 | 1.0 |
| Any cocaine | n/a | n/a | n/a | n/a | n/a | 9.0 |
| Ecstasy | 2 | 4 | 3.7 | 6 | 5.4 | 10.0 |
| Heroin | * | 0.8 | 1.2 | 0.9 | 1.1 | 1.2 |
| Methadone | * | 0.9 | 1 | 0.7 | 0.6 | 0.8 |
| LSD | 4 | 5.5 | 4.1 | 4.6 | 4.3 | 7.8 |
| Magic mushrooms | 3.7 | 5.1 | 3.6 | 4.6 | 3.6 | 7.3 |
| Class A/B | | | | | | |
| Amphetamines | 5.2 | 7.3 | 6.3 | 9.6 | 8.4 | 14.2 |
| Class B | | | | | | |
| Crystal meth | n/a | n/a | n/a | n/a | n/a | * |
| Class C | | | | | | |
| Anabolic steroids | n/a | n/a | 0.7 | * | * | * |
| Cannabis | 14.5 | 19 | 17.4 | 22.8 | 21.9 | 32.9 |
| Ketamine | n/a | n/a | n/a | n/a | n/a | 1.2 |
| Temazepam | 1.7 | 3.7 | 1.8 | 2.1 | 2.0 | 3.0 |
| Valium | 2.7 | 4.2 | 2.3 | 3.4 | 2.7 | 4.8 |
| Not Classified | | | | | | |
| Glues and solvents | * | * | - | * | * | 3.3 |
| Poppers | n/a | n/a | 2.7 | 4.4 | 4.3 | 9.8 |
| Any Class A drugs | n/a | n/a | n/a | n/a | n/a | 17.3 |
| Any drugs | 18.5 | 22.5 | 19.2 | 25.3 | 23.7 | 36.6 |
| Bases: | 3,196 | 2,997 | 2,886 | 3,135 | 2,955 | 3,158 |
| Source: 2006 SCVS | | | | | | |

Table A3: Trends in the proportion of adults aged 16-59 who reported having taken drugs in the last year, 1993-2006

| | 1993 | 1996 | 2000 | 2003 | 2004 | 2006 |
|--------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | % | % | % | % | % | % |
| Class A | | | | | | |
| Cocaine powder | * | 1 | 0.7 | 1.4 | 1.5 | 3.7 |
| Crack | - | * | - | * | * | * |
| Any cocaine | n/a | n/a | n/a | n/a | n/a | 3.8 |
| Ecstasy | 1.1 | 2.1 | 1 | 1.7 | 1.2 | 3.2 |
| Heroin | - | * | * | * | * | 0.5 |
| Methadone | * | * | * | * | * | * |
| LSD | 1.6 | 1.3 | 0.7 | * | * | 0.6 |
| Magic mushrooms | 1 | 1.3 | 0.1 | 0.2 | 0.2 | 0.9 |
| Class A/B | | | | | | |
| Amphetamines | 2.2 | 3.1 | 0.5 | 1.4 | 1.0 | 2.2 |
| Class B | | | | | | |
| Crystal meth | n/a | n/a | n/a | n/a | n/a | * |
| Class C | | | | | | |
| Anabolic steroids | n/a | n/a | * | * | * | - |
| Cannabis | 6.1 | 8.2 | 5.5 | 8 | 6.3 | 11.0 |
| Ketamine | n/a | n/a | n/a | n/a | n/a | * |
| Temazepam | 0.9 | 1.1 | * | * | * | 0.5 |
| Valium | * | 0.9 | 0.6 | 0.6 | 0.6 | 1.7 |
| Not Classified | | | | | | |
| Glues and solvents | * | * | - | * | * | * |
| Poppers | n/a | n/a | * | 0.8 | * | 2.0 |
| Any Class A drugs | n/a | n/a | n/a | n/a | n/a | 5.2 |
| Any drugs | 6.8 | 9 | 6.6 | 9.2 | 7.7 | 12.6 |
| Bases: | 3,196 | 2,997 | 2,886 | 3,135 | 2,955 | 3,158 |
| Source: 2006 SCVS | | | | | | |

Table A4: Proportion of adults aged 16-59 who reported having ever taken drugs, taken drugs in the last year, and taken drugs in the last month by sex

| | Ever used | | Used in last year | | Used in last month | |
|--------------------------|-------------|-------------|-------------------|------------|--------------------|------------|
| | Men | Women | Men | Women | Men | Women |
| | % | % | % | % | % | % |
| Class A | | | | | | |
| Cocaine powder | 12.5 | 5.4 | 5.2 | 2.3 | 2.2 | 1.3 |
| Crack | 1.6 | 0.5 | 0.6 | * | * | * |
| Any cocaine | 12.6 | 5.4 | 5.3 | 2.3 | 2.4 | 1.3 |
| Ecstasy | 13.7 | 6.5 | 4.6 | 1.9 | 2.2 | 1.0 |
| Heroin | 1.8 | 0.5 | 0.8 | * | 0.7 | * |
| Methadone | 1.4 | * | 0.6 | * | 0.5 | * |
| LSD | 11.2 | 4.6 | 1.1 | * | * | * |
| Magic mushrooms | 10.4 | 4.3 | 1.2 | 0.6 | 0.5 | * |
| Class A/B | | | | | | |
| Amphetamines | 17.2 | 11.3 | 2.8 | 1.6 | 1.3 | 0.6 |
| Class B | | | | | | |
| Crystal meth | 0.7 | * | * | - | - | - |
| Class C | | | | | | |
| Anabolic steroids | 0.8 | * | * | - | - | - |
| Cannabis | 39.0 | 27.2 | 14.0 | 8.0 | 9.3 | 4.4 |
| Ketamine | 1.9 | 0.6 | * | * | - | - |
| Temazepam | 3.9 | 2.1 | 0.7 | * | * | * |
| Valium | 6.0 | 3.6 | 1.7 | 1.7 | * | 0.5 |
| Not Classified | | | | | | |
| Glues and solvents | 4.3 | 2.3 | * | * | * | - |
| Poppers | 13.4 | 6.5 | 2.7 | 1.4 | 1.1 | * |
| Any Class A drugs | 22.0 | 12.8 | 7.0 | 3.5 | 4.1 | 1.9 |
| Any drugs | 42.6 | 30.9 | 16.2 | 9.1 | 10.5 | 5.6 |
| Bases: | 1,436 | 1,722 | 1,436 | 1,722 | 1,436 | 1,722 |

Source: 2006 SCVS

Table A5: Proportion of adults aged 16-59 who reported having ever taken drugs by age group

| | 16-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-59 | All adults 16-59 |
|--------------------------|-------------|-------------|-------------|-------------|-------------|-------------|------------------|
| | % | % | % | % | % | % | % |
| Class A | | | | | | | |
| Cocaine powder | 13.2 | 17.4 | 17.6 | 13.2 | 10.2 | 2.6 | 8.9 |
| Crack | 0.7 | 1.2 | 1.2 | 1.3 | 2.5 | 0.5 | 1.0 |
| Any cocaine | 13.2 | 17.4 | 17.7 | 13.4 | 10.5 | 2.7 | 9.0 |
| Ecstasy | 13.8 | 15.5 | 25.0 | 22.0 | 10.4 | 1.5 | 10.0 |
| Heroin | 1.1 | 2.1 | 1.7 | 1.1 | 1.3 | 0.8 | 1.2 |
| Methadone | - | 1.2 | 1.2 | 1.7 | 1.5 | * | 0.8 |
| LSD | 3.6 | 6.1 | 16.8 | 17.8 | 10.6 | 3.7 | 7.8 |
| Magic mushrooms | 3.9 | 5.8 | 10.3 | 15.2 | 12.4 | 4.2 | 7.3 |
| Class A/B | | | | | | | |
| Amphetamines | 11.4 | 18.6 | 28.9 | 26.8 | 19.6 | 5.7 | 14.2 |
| Class B | | | | | | | |
| Crystal meth | - | * | 1.2 | 0.7 | 0.5 | * | * |
| Class C | | | | | | | |
| Anabolic steroids | - | - | * | 0.6 | 0.9 | 0.5 | * |
| Cannabis | 42.4 | 53.8 | 52.4 | 48.4 | 35.1 | 17.5 | 32.9 |
| Ketamine | 0.8 | 0.9 | 3.5 | 3.7 | 0.9 | * | 1.2 |
| Temazepam | 3.0 | 2.3 | 7.7 | 6.1 | 3.2 | 1.2 | 3.0 |
| Valium | 9.6 | 7.6 | 9.6 | 6.2 | 4.9 | 1.8 | 4.8 |
| Not Classified | | | | | | | |
| Glues and solvents | 5.6 | 4.0 | 4.7 | 6.2 | 5.6 | 1.0 | 3.3 |
| Poppers | 14.7 | 19.3 | 19.9 | 18.0 | 10.8 | 2.1 | 9.8 |
| Any Class A drugs | 21.2 | 25.0 | 31.2 | 32.9 | 19.8 | 7.1 | 17.3 |
| Any drugs | 45.8 | 58.2 | 56.8 | 54.5 | 39.2 | 20.2 | 36.6 |
| Bases: | 157 | 269 | 331 | 358 | 437 | 1,605 | 3,158 |
| Source: 2006 SCVS | | | | | | | |

Table A6: Proportion of adults aged 16-59 who reported having taken drugs in the last year by age group

| | 16-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-59 | All adults 16-59 |
|--------------------------|-------------|-------------|-------------|-------------|-------------|------------|------------------|
| | % | % | % | % | % | % | % |
| Class A | | | | | | | |
| Cocaine powder | 10.4 | 11.4 | 7.9 | 2.8 | 3.3 | * | 3.7 |
| Crack | 0.7 | 0.7 | 0.6 | 0.8 | 1.0 | - | 0.4 |
| Any cocaine | 10.4 | 11.4 | 8.0 | 2.9 | 3.3 | * | 3.8 |
| Ecstasy | 10.6 | 8.1 | 7.5 | 2.3 | 2.3 | * | 3.2 |
| Heroin | 1.1 | 1.0 | 0.8 | 1.0 | 0.5 | * | 0.5 |
| Methadone | - | 1.2 | 0.7 | 0.6 | * | * | * |
| LSD | 2.5 | 1.6 | 0.9 | * | 0.7 | - | 0.6 |
| Magic mushrooms | 2.0 | 2.9 | 1.3 | 0.9 | 0.9 | * | 0.9 |
| | | | | | | | |
| Class A/B | | | | | | | |
| Amphetamines | 6.3 | 5.1 | 4.5 | 1.0 | 2.4 | 0.5 | 2.2 |
| | | | | | | | |
| Class B | | | | | | | |
| Crystal meth | - | - | 0.7 | - | - | - | * |
| | | | | | | | |
| Class C | | | | | | | |
| Anabolic steroids | - | - | - | - | - | - | - |
| Cannabis | 31.4 | 23.9 | 18.1 | 11.6 | 11.3 | 2.4 | 11.0 |
| Ketamine | 0.8 | * | 0.7 | 3.7 | 0.9 | * | * |
| Temazepam | 1.1 | 1.2 | 1.3 | 0.5 | 3.2 | * | 0.5 |
| Valium | 5.7 | 3.9 | 2.7 | 2.2 | 1.6 | * | 1.7 |
| | | | | | | | |
| Not Classified | | | | | | | |
| Glues and solvents | 1.7 | - | - | * | 0.6 | - | * |
| Poppers | 10.2 | 4.9 | 3.8 | 0.7 | 0.8 | * | 2.0 |
| | | | | | | | |
| Any Class A drugs | 15.4 | 14.2 | 10.9 | 4.4 | 4.0 | 0.5 | 5.2 |
| Any drugs | 34.6 | 28.3 | 22.3 | 12.6 | 12.2 | 2.8 | 12.6 |
| | | | | | | | |
| Bases: | 157 | 269 | 331 | 358 | 437 | 1,605 | 3,158 |

Source: 2006 SCVS

Table A7: Proportion of adults aged 16-59 who reported having taken drugs in the last month by age group

| | 16-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-59 | All adults 16-59 |
|--------------------------|-------------|-------------|-------------|------------|------------|------------|------------------|
| | % | % | % | % | % | % | % |
| Class A | | | | | | | |
| Cocaine powder | 6.4 | 6.0 | 2.9 | 0.8 | 1.0 | * | 1.7 |
| Crack | - | 0.7 | * | 0.6 | 0.6 | - | * |
| Any cocaine | 6.4 | 6.2 | 3.1 | 1.3 | 1.0 | * | 1.8 |
| Ecstasy | 4.1 | 5.7 | 1.8 | 1.6 | 1.5 | * | 1.6 |
| Heroin | 1.1 | 1.0 | * | 1.0 | * | * | * |
| Methadone | - | 1.2 | 0.5 | * | * | * | * |
| LSD | - | 0.9 | * | - | 0.7 | - | * |
| Magic mushrooms | - | 0.7 | 0.6 | * | 0.6 | * | * |
| Class A/B | | | | | | | |
| Amphetamines | 2.5 | 2.0 | 1.6 | * | 1.2 | * | 0.9 |
| Class B | | | | | | | |
| Crystal meth | - | - | - | - | - | - | - |
| Class C | | | | | | | |
| Anabolic steroids | - | - | - | - | - | - | - |
| Cannabis | 21.2 | 13.2 | 11.1 | 7.4 | 8.2 | 1.3 | 6.8 |
| Ketamine | | | | | | | |
| Temazepam | - | 1.1 | 0.5 | * | - | - | * |
| Valium | 0.6 | 1.0 | * | 1.0 | 0.7 | * | * |
| Not Classified | | | | | | | |
| Glues and solvents | - | - | - | * | * | - | * |
| Poppers | 2.6 | 1.9 | 1.2 | * | 0.6 | * | 0.7 |
| Any Class A drugs | 9.1 | 8.8 | 4.6 | 3.3 | 2.1 | * | 3.0 |
| Any drugs | 23.5 | 18.2 | 12.2 | 8.2 | 8.6 | 1.6 | 8.0 |
| Bases: | 157 | 269 | 331 | 358 | 437 | 1,605 | 3,158 |
| Source: 2006 SCVS | | | | | | | |

Table A8: Proportion of men aged 16-59 who reported having ever taken drugs by age group

| | 16-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-59 | All men 16-59 |
|--------------------------|-------------|-------------|-------------|-------------|-------------|-------------|------------------|
| | % | % | % | % | % | % | % |
| Class A | | | | | | | |
| Cocaine powder | 13.9 | 22.3 | 28.1 | 20.1 | 15.7 | 3.5 | 12.5 |
| Crack | - | 2.3 | 1.5 | 2.0 | 4.2 | 0.9 | 1.6 |
| Any cocaine | 13.9 | 22.3 | 28.1 | 20.5 | 16.3 | 3.5 | 12.6 |
| Ecstasy | 14.2 | 21.6 | 32.1 | 30.7 | 16.7 | 2.4 | 13.7 |
| Heroin | 2.1 | 3.5 | 1.9 | 1.6 | 1.7 | 1.5 | 1.8 |
| Methadone | - | 2.4 | 1.9 | 2.9 | 1.4 | 0.8 | 1.4 |
| LSD | 5.0 | 8.6 | 23.5 | 24.3 | 16.7 | 5.4 | 11.2 |
| Magic mushrooms | 3.2 | 6.9 | 15.7 | 23.3 | 17.8 | 6.1 | 10.4 |
| Class A/B | | | | | | | |
| Amphetamines | 11.7 | 21.3 | 31.1 | 34.4 | 28.9 | 6.7 | 17.2 |
| Class B | | | | | | | |
| Crystal meth | - | - | 2.5 | 1.5 | 1.0 | * | 0.7 |
| Class C | | | | | | | |
| Anabolic steroids | - | - | 0.7 | 1.2 | 1.7 | 0.9 | 0.8 |
| Cannabis | 41.0 | 62.0 | 57.8 | 55.7 | 44.9 | 22.8 | 39.0 |
| Ketamine | - | 1.0 | 6.4 | 5.4 | 2.0 | 0.7 | 1.9 |
| Temazepam | 3.0 | 2.8 | 10.5 | 10.2 | 3.4 | 1.4 | 3.9 |
| Valium | 9.9 | 8.9 | 12.3 | 10.8 | 3.9 | 2.4 | 6.0 |
| Not Classified | | | | | | | |
| Glues and solvents | 6.4 | 1.8 | 5.9 | 9.4 | 8.9 | 1.7 | 4.3 |
| Poppers | 16.3 | 25.9 | 24.5 | 24.1 | 17.4 | 3.4 | 13.4 |
| Any Class A drugs | 21.0 | 28.5 | 39.1 | 42.0 | 28.5 | 9.8 | 32.0 |
| Any drugs | 44.7 | 65.8 | 63.1 | 60.2 | 50.0 | 25.4 | 42.6 |
| Bases: | 78 | 125 | 136 | 149 | 192 | 756 | 1,436 |

Source: 2006 SCVS

Table A9: Proportion of men aged 16-59 who reported having taken drugs in the last year by age group

| | 16-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-59 | All men 16-59 |
|--------------------------|-------------|-------------|-------------|-------------|-------------|------------|------------------|
| | % | % | % | % | % | % | % |
| Class A | | | | | | | |
| Cocaine powder | 10.6 | 14.5 | 12.8 | 4.8 | 5.7 | * | 5.2 |
| Crack | - | 1.3 | 0.7 | 1.3 | 2.1 | - | 0.6 |
| Any cocaine | 10.6 | 14.5 | 12.8 | 5.1 | 5.7 | * | 5.3 |
| Ecstasy | 11.0 | 11.4 | 11.4 | 4.2 | 3.8 | 0.4 | 4.6 |
| Heroin | 2.1 | 2.1 | 0.7 | 1.3 | 0.8 | * | 0.8 |
| Methadone | - | 2.4 | 1.1 | 0.6 | 0.5 | * | 0.6 |
| LSD | 5.0 | 2.7 | 1.1 | * | 1.5 | - | 1.1 |
| Magic mushrooms | 1.4 | 3.7 | 1.5 | 1.8 | 1.8 | * | 1.2 |
| Class A/B | | | | | | | |
| Amphetamines | 6.4 | 4.9 | 5.9 | 1.4 | 4.2 | 0.8 | 2.8 |
| Class B | | | | | | | |
| Crystal meth | - | - | 1.5 | - | - | * | * |
| Class C | | | | | | | |
| Anabolic steroids | - | - | - | - | - | * | * |
| Cannabis | 29.8 | 26.8 | 27.0 | 19.5 | 15.9 | 3.1 | 14.0 |
| Ketamine | - | - | 4.0 | - | - | - | * |
| Temazepam | 2.1 | 2.1 | 1.7 | * | 3.4 | * | 0.7 |
| Valium | 4.0 | 4.0 | 2.8 | 4.0 | 0.5 | * | 1.7 |
| Not Classified | | | | | | | |
| Glues and solvents | 2.1 | - | - | 0.7 | 1.2 | - | * |
| Poppers | 9.2 | 6.7 | 6.6 | 1.1 | 1.5 | * | 2.7 |
| Any Class A drugs | 16.0 | 16.7 | 15.4 | 7.6 | 7.0 | 0.7 | 7.0 |
| Any drugs | 33.1 | 32.3 | 33.2 | 20.6 | 17.4 | 3.7 | 16.2 |
| Bases: | 78 | 125 | 136 | 149 | 192 | 756 | 1,436 |
| Source: 2006 SCVS | | | | | | | |

Table A10: Proportion of men aged 16-59 who reported having taken drugs in the last month by age group

| | 16-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-59 | All men 16-59 |
|--------------------------|-------------|-------------|-------------|-------------|-------------|------------|------------------|
| | % | % | % | % | % | % | % |
| Class A | | | | | | | |
| Cocaine powder | 6.7 | 7.6 | 4.1 | 1.1 | 1.5 | * | 2.2 |
| Crack | - | 1.3 | - | 1.0 | 1.2 | - | * |
| Any cocaine | 6.7 | 7.9 | 4.1 | 2.1 | 1.5 | * | 2.4 |
| Ecstasy | 2.5 | 8.6 | 1.8 | 3.4 | 2.5 | * | 2.2 |
| Heroin | 2.1 | 2.1 | - | 1.3 | * | * | 0.7 |
| Methadone | - | 2.4 | 0.7 | * | - | * | 0.5 |
| LSD | - | 1.8 | * | - | 1.5 | - | * |
| Magic mushrooms | - | 1.0 | * | 0.7 | 1.2 | * | 0.5 |
| Class A/B | | | | | | | |
| Amphetamines | 2.1 | 2.5 | 2.7 | * | 2.2 | 0.5 | 1.3 |
| Class B | | | | | | | |
| Crystal meth | - | - | - | - | - | - | - |
| Class C | | | | | | | |
| Anabolic steroids | - | - | - | - | - | - | - |
| Cannabis | 20.9 | 18.4 | 17.1 | 14.7 | 10.8 | 1.4 | 9.3 |
| Ketamine | - | - | - | - | - | - | - |
| Temazepam | - | 1.8 | 0.6 | - | - | - | * |
| Valium | - | 1.4 | - | 1.8 | - | * | * |
| Not Classified | | | | | | | |
| Glues and solvents | - | - | - | * | 1.2 | - | * |
| Poppers | 2.9 | 2.1 | 2.1 | 0.7 | 1.2 | * | 1.1 |
| Any Class A drugs | 8.8 | 12.8 | 5.9 | 5.9 | 3.1 | 0.5 | 4.1 |
| Any drugs | 22.2 | 23.9 | 17.8 | 15.5 | 10.8 | 2.0 | 10.5 |
| Bases: | 78 | 125 | 136 | 149 | 192 | 756 | 1,436 |
| Source: 2006 SCVS | | | | | | | |

Table A11: Proportion of women aged 16-59 who reported having ever taken drugs by age group

| | 16-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-59 | All women 16-59 |
|--------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| | % | % | % | % | % | % | % |
| Class A | | | | | | | |
| Cocaine powder | 12.5 | 12.4 | 7.4 | 6.8 | 5.2 | 1.8 | 5.4 |
| Crack | 1.4 | - | 0.9 | 0.6 | 1.0 | * | 0.5 |
| Any cocaine | 12.5 | 12.4 | 7.7 | 6.8 | 5.2 | 1.9 | 5.4 |
| Ecstasy | 13.4 | 9.3 | 18.1 | 13.9 | 4.5 | 0.7 | 6.5 |
| Heroin | 0.5 | 0.6 | 1.6 | 0.6 | 1.0 | * | 0.5 |
| Methadone | - | - | 0.6 | 0.6 | 1.5 | * | * |
| LSD | 2.2 | 3.6 | 10.3 | 11.7 | 4.9 | 2.1 | 4.6 |
| Magic mushrooms | 4.7 | 4.7 | 5.0 | 7.6 | 7.4 | 2.4 | 4.3 |
| Class A/B | | | | | | | |
| Amphetamines | 11.1 | 15.9 | 26.8 | 20.0 | 11.0 | 4.7 | 11.3 |
| Class B | | | | | | | |
| Crystal meth | - | 0.6 | - | - | - | - | * |
| Class C | | | | | | | |
| Anabolic steroids | - | - | - | - | * | * | * |
| Cannabis | 43.7 | 45.4 | 47.3 | 41.6 | 26.0 | 12.5 | 27.2 |
| Ketamine | 1.7 | 0.9 | 0.7 | 2.2 | - | * | 0.6 |
| Temazepam | 3.0 | 1.8 | 5.0 | 2.4 | 3.1 | 1.1 | 2.1 |
| Valium | 9.3 | 6.3 | 6.9 | 2.0 | 5.7 | 1.1 | 3.6 |
| Not Classified | | | | | | | |
| Glues and solvents | 4.8 | 6.2 | 3.5 | 3.1 | 2.5 | 0.5 | 2.3 |
| Poppers | 12.9 | 12.6 | 15.5 | 12.5 | 4.7 | 1.0 | 6.5 |
| Any Class A drugs | 21.3 | 21.4 | 23.5 | 24.5 | 11.7 | 4.5 | 12.9 |
| Any drugs | 46.9 | 50.4 | 50.8 | 49.3 | 29.2 | 15.3 | 30.9 |
| Bases: | 79 | 144 | 195 | 209 | 245 | 849 | 1,722 |

Source: 2006 SCVS

Table A12: Proportion of women aged 16-59 who reported having taken drugs in the last year by age group

| | 16-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-59 | All women 16-59 |
|--------------------------|-------------|-------------|-------------|------------|------------|------------|-----------------|
| | % | % | % | % | % | % | % |
| Class A | | | | | | | |
| Cocaine powder | 10.2 | 8.2 | 3.1 | 0.9 | 1.0 | * | 2.3 |
| Crack | 1.4 | - | 0.6 | * | 1.0 | * | * |
| Any cocaine | 10.2 | 8.2 | 3.4 | 0.9 | 1.0 | * | 2.3 |
| Ecstasy | 10.3 | 4.8 | 3.8 | 0.6 | 1.0 | 0.7 | 1.9 |
| Heroin | - | 0.6 | 0.9 | 0.6 | * | * | * |
| Methadone | - | - | * | 0.6 | * | - | * |
| LSD | - | * | 0.7 | - | - | - | * |
| Magic mushrooms | 2.6 | 2.1 | 1.2 | - | - | * | 0.6 |
| Class A/B | | | | | | | |
| Amphetamines | 6.1 | 5.3 | 3.2 | 0.6 | 0.6 | * | 1.6 |
| Class B | | | | | | | |
| Crystal meth | - | - | - | - | - | - | - |
| Class C | | | | | | | |
| Anabolic steroids | - | - | - | - | - | - | - |
| Cannabis | 33.0 | 20.9 | 9.4 | 4.3 | 7.1 | 1.8 | 8.0 |
| Ketamine | 1.7 | 0.9 | * | - | - | - | * |
| Temazepam | - | * | 0.9 | 0.6 | - | - | * |
| Valium | 7.5 | 3.7 | 2.7 | 0.6 | 2.6 | * | 1.7 |
| Not Classified | | | | | | | |
| Glues and solvents | 1.4 | - | - | - | - | - | * |
| Poppers | 11.2 | 3.0 | 1.0 | * | * | - | 1.4 |
| Any Class A drugs | 14.7 | 11.7 | 6.5 | 1.5 | 1.2 | * | 3.5 |
| Any drugs | 36.1 | 24.2 | 11.9 | 5.2 | 7.3 | 2.0 | 9.1 |
| Bases: | 79 | 144 | 195 | 209 | 245 | 849 | 1,722 |
| Source: 2006 SCVS | | | | | | | |

Table A13: Proportion of women aged 16-59 who reported having taken drugs in the last month by age group

| | 16-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-59 | All women 16-59 |
|--------------------------|-------------|-------------|------------|------------|------------|------------|-----------------|
| | % | % | % | % | % | % | % |
| Class A | | | | | | | |
| Cocaine powder | 6.2 | 4.4 | 1.8 | 0.6 | 0.5 | - | 1.3 |
| Crack | - | - | * | * | - | * | * |
| Any cocaine | 6.2 | 4.4 | 2.1 | 0.6 | 0.5 | * | 1.3 |
| Ecstasy | 5.9 | 2.8 | 1.8 | - | 0.5 | - | 1.0 |
| Heroin | - | - | * | 0.6 | * | * | * |
| Methadone | - | - | * | * | * | - | * |
| LSD | - | - | * | - | - | - | * |
| Magic mushrooms | - | * | 0.9 | - | - | * | * |
| Class A/B | | | | | | | |
| Amphetamines | 3.0 | 1.4 | 0.6 | * | * | * | 0.6 |
| Class B | | | | | | | |
| Crystal meth | - | - | - | - | - | - | - |
| Class C | | | | | | | |
| Anabolic steroids | - | - | - | - | - | - | - |
| Cannabis | 21.6 | 7.8 | 5.4 | 0.6 | 5.7 | 1.2 | 4.4 |
| Ketamine | - | - | - | - | - | - | - |
| Temazepam | - | * | * | * | - | - | * |
| Valium | 1.2 | 0.6 | * | * | 1.3 | - | 0.5 |
| Not Classified | | | | | | | |
| Glues and solvents | - | - | - | - | - | - | - |
| Poppers | 2.3 | 1.6 | * | - | - | - | * |
| Any Class A drugs | 9.4 | 4.8 | 3.3 | 0.9 | 1.2 | * | 1.9 |
| Any drugs | 24.7 | 12.2 | 6.9 | 1.5 | 6.5 | 1.3 | 5.6 |
| Bases: | 79 | 144 | 195 | 209 | 245 | 849 | 1,722 |
| Source: 2006 SCVS | | | | | | | |

Table A14: Proportion of men aged 16-59 who reported having been offered drugs in the last year by age group

| | 16-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-59 | All men 16-59 |
|--------------------------|-------------|-------------|-------------|-------------|-------------|------------|------------------|
| | % | % | % | % | % | % | % |
| Class A | | | | | | | |
| Cocaine powder | 22.5 | 27.5 | 16.9 | 12.0 | 13.4 | 2.7 | 11.1 |
| Crack | 1.3 | 6.1 | 3.5 | 2.2 | 3.4 | 0.5 | 2.1 |
| Any cocaine | 22.5 | 28.1 | 17.3 | 12.3 | 13.7 | 2.7 | 11.3 |
| Ecstasy | 20.7 | 27.6 | 21.0 | 10.8 | 9.5 | 2.3 | 10.6 |
| Heroin | 3.8 | 4.2 | 3.7 | 4.4 | 3.4 | 0.6 | 2.4 |
| Methadone | 1.0 | 2.6 | 0.7 | 1.3 | 0.9 | * | 0.8 |
| LSD | 6.1 | 9.0 | 5.9 | 3.0 | 3.0 | 0.7 | 3.2 |
| Magic mushrooms | 7.0 | 7.4 | 3.3 | 1.9 | 1.8 | 0.5 | 2.4 |
| Class A/B | | | | | | | |
| Amphetamines | 14.4 | 13.5 | 11.6 | 9.1 | 12.3 | 3.5 | 8.1 |
| Class B | | | | | | | |
| Crystal meth | 2.8 | * | - | * | * | * | * |
| Class C | | | | | | | |
| Anabolic steroids | 1.8 | 3.5 | 0.7 | 2.4 | 1.8 | 0.5 | 1.3 |
| Cannabis | 36.4 | 40.2 | 32.8 | 26.3 | 18.9 | 6.6 | 19.5 |
| Ketamine | 1.0 | 2.8 | 2.5 | * | * | - | 0.7 |
| Temazepam | 3.5 | 3.9 | 1.4 | 1.8 | 1.9 | * | 1.5 |
| Valium | 7.9 | 9.3 | 2.4 | 3.3 | 2.4 | 0.6 | 2.9 |
| Not Classified | | | | | | | |
| Glues and solvents | 6.0 | 3.5 | 1.4 | - | 0.7 | - | 1.1 |
| Poppers | 10.9 | 11.5 | 5.1 | 0.8 | 2.1 | 0.5 | 3.4 |
| Any Class A drugs | 29.6 | 35.6 | 25.2 | 17.2 | 15.9 | 3.4 | 14.7 |
| Any drugs | 44.4 | 54.9 | 39.0 | 31.1 | 24.1 | 7.9 | 24.2 |
| Bases: | 78 | 125 | 136 | 149 | 192 | 756 | 1,436 |
| Source: 2006 SCVS | | | | | | | |

Table A15: Proportion of women aged 16-59 who reported having been offered drugs in the last year by age group

| | 16-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-59 | All women 16-59 |
|--------------------------|-------------|-------------|-------------|-------------|-------------|------------|-----------------|
| | % | % | % | % | % | % | % |
| Class A | | | | | | | |
| Cocaine powder | 20.3 | 19.5 | 9.3 | 3.8 | 2.0 | 0.7 | 5.7 |
| Crack | 4.1 | 2.7 | 0.9 | 1.3 | * | * | 0.9 |
| Any cocaine | 21.8 | 19.5 | 9.6 | 3.8 | 2.0 | 0.8 | 5.8 |
| Ecstasy | 23.2 | 18.3 | 8.9 | 3.6 | 1.8 | 0.5 | 5.5 |
| Heroin | 5.3 | 2.6 | 2.5 | 0.9 | 0.5 | * | 1.2 |
| Methadone | 0.5 | 1.9 | * | * | 1.1 | * | 0.5 |
| LSD | 3.9 | 6.1 | 0.7 | 1.3 | 1.1 | * | 2.1 |
| Magic mushrooms | 10.0 | 8.3 | 1.9 | * | 0.7 | * | 2.1 |
| Class A/B | | | | | | | |
| Amphetamines | 14.2 | 15.8 | 8.5 | 3.5 | 1.2 | 0.9 | 4.6 |
| Class B | | | | | | | |
| Crystal meth | - | 2.3 | - | 0.6 | - | * | * |
| Class C | | | | | | | |
| Anabolic steroids | - | 1.3 | - | - | - | * | * |
| Cannabis | 39.2 | 31.5 | 16.0 | 9.4 | 8.9 | 3.9 | 12.1 |
| Ketamine | 3.5 | 2.9 | * | - | - | * | 0.6 |
| Temazepam | 5.0 | 3.6 | 2.6 | 1.2 | 1.3 | * | 1.4 |
| Valium | 7.1 | 5.8 | 3.2 | 1.3 | 3.1 | * | 2.1 |
| Not Classified | | | | | | | |
| Glues and solvents | 3.1 | 2.2 | * | - | - | * | 0.5 |
| Poppers | 14.4 | 7.0 | 1.8 | 0.6 | * | * | 2.3 |
| Any Class A drugs | 33.2 | 26.1 | 15.0 | 6.8 | 4.3 | 1.4 | 8.9 |
| Any drugs | 47.2 | 38.6 | 23.5 | 13.6 | 10.0 | 4.0 | 15.0 |
| Bases: | 79 | 144 | 195 | 209 | 245 | 849 | 1,722 |
| Source: 2006 SCVS | | | | | | | |

Table A16: Type of drug first taken and age first taken at amongst men who reported having ever taken drugs

| | Under 16 | 16-19 | 20-24 | 25 or over | All male drug users |
|-----------------------|-----------------|--------------|--------------|-------------------|----------------------------|
| | % | % | % | % | % |
| Class A | | | | | |
| Cocaine powder | - | 0.8 | - | - | 0.4 |
| Crack | - | - | - | - | - |
| Ecstasy | 1.9 | 3.7 | 0.8 | 1.5 | 2.8 |
| Heroin | 0.6 | 0.6 | - | 1.6 | 0.6 |
| Methadone | - | - | - | - | - |
| LSD | 5.0 | 2.8 | 2.5 | 2.8 | 3.2 |
| Magic mushrooms | 7.5 | 2.5 | 2.5 | - | 3.6 |
| | | | | | |
| Class A/B | | | | | |
| Amphetamines | 2.1 | 3.4 | 7.6 | 5.2 | 4.3 |
| | | | | | |
| Class B | | | | | |
| Crystal meth | * | - | - | - | * |
| | | | | | |
| Class C | | | | | |
| Anabolic steroids | - | * | - | - | * |
| Cannabis | 65.5 | 82.6 | 80.7 | 76.8 | 77.1 |
| Ketamine | - | - | - | - | - |
| Temazepam | - | * | - | 4.8 | * |
| Valium | - | - | 1.7 | 1.0 | * |
| | | | | | |
| Not Classified | | | | | |
| Glues and solvents | 13.0 | 1.1 | - | - | 3.9 |
| Poppers | 4.0 | 2.0 | 4.2 | 6.4 | 3.1 |
| | | | | | |
| Bases: | 140 | 290 | 106 | 48 | 593 |
| Source: 2006 SCVS | | | | | |

Table A17: Type of drug first taken and age first taken at amongst women who reported having ever taken drugs

| | Under 16 | 16-19 | 20-24 | 25 or over | All male drug users |
|-----------------------|-----------------|--------------|--------------|-------------------|----------------------------|
| | % | % | % | % | % |
| Class A | | | | | |
| Cocaine powder | - | - | - | 1.3 | * |
| Crack | - | - | - | - | 0.0 |
| Ecstasy | - | 3.7 | - | - | 0.6 |
| Heroin | - | - | 0.5 | - | * |
| Methadone | - | - | - | - | - |
| LSD | 0.4 | 1.9 | 2.8 | - | * |
| Magic mushrooms | 5.6 | 1.5 | 0.7 | - | 0.7 |
| | | | | | |
| Class A/B | | | | | |
| Amphetamines | 8.8 | 8.6 | 9.4 | 9.4 | 8.9 |
| | | | | | |
| Class B | | | | | |
| Crystal meth | - | - | - | - | - |
| | | | | | |
| Class C | | | | | |
| Anabolic steroids | - | - | - | - | - |
| Cannabis | 68.8 | 77.6 | 77.7 | 69.3 | 73.6 |
| Ketamine | - | - | - | - | - |
| Temazepam | 0.5 | - | 1.6 | 4.8 | * |
| Valium | - | 0.5 | 1.8 | 11.5 | * |
| | | | | | |
| Not Classified | | | | | |
| Glues and solvents | 12.6 | 0.8 | - | - | 1.1 |
| Poppers | 3.4 | 5.4 | 5.4 | 3.7 | 1.5 |
| | | | | | |
| Bases: | 123 | 261 | 84 | 52 | 528 |
| Source: 2006 SCVS | | | | | |

ANNEX 2 METHODOLOGY

Conduct of the research

A2.1 The 2006 SCVS was carried out by BMRB Social Research, with interviews being conducted between June and December 2006. Full details on the 2006 SCVS methodology are provided in the technical report.

Response rates

A2.2 The 2006 SCVS interviewed 4,988 adults aged 16+ and achieved a response rate of 70 per cent. Of those who completed the main survey, 4,701 agreed to take part in the self-completion questionnaire. This is equivalent to a response rate of 66 per cent of all issued sample and 94 per cent of all those interviewed. The drugs module of the self-completion was, however, only asked of respondents aged 16 to 59; of which 96 per cent agreed to complete the section.

Sampling and weighting

A2.3 The 2006 SCVS, like previous sweeps of the survey, employed a probability sample with a multi-stage stratified design. Households were randomly selected from the Postcode Address File (PAF). Sample points were clustered within postcode sectors but were spread across the whole of Scotland (including the Highlands and larger islands). Once households had been selected, one respondent was randomly selected from all the adults aged 16+ who were resident at the address (using the Kish grid method). No substitution of households or selected individuals was permitted.

A2.4 Weighting was applied to the main survey data in order to compensate for any bias which might have arisen from either variability in sample selection probabilities (such as a weight to compensate for the number of dwelling units found within a particular address) or non-response. Non-response weights were calculated by comparing the survey data with national population estimates. The self-completion data was subject to the same potential for biases as the main survey data and as such the weights calculated for the main survey data were also applied to the self-completion data. Since the overall response rate to the self-completion questionnaires was slightly lower than the main survey there was additional scope for bias arising from non-response to the self-completion element. In the previous sweep of the survey in 2004 an additional weight was calculated to compensate for this. However, a comparison of the weighted profile of all adults completing the self-completion part of the survey in 2006 with that of the adult population suggested that no additional weighting was necessary.

Self-completion questionnaire

A2.5 The 2006 self-completion questionnaire is included in Annex 3.

A2.6 On completion of the main interview respondents were asked if they would be willing to complete the final section of the survey on their own by entering their answers directly into the laptop. Respondents aged 16-59 completed the drugs module followed by a module on experience of domestic violence; those aged 60 or over proceeded straight to the domestic violence module. Respondents were offered the laptop and asked to follow the instructions on screen and enter their answers appropriately. Practice questions were included before the start of the self-completion module to give the interviewer an opportunity to show the respondent the different functions of the computer. If the respondent was unable or unwilling to complete the modules using the computer the interviewer could administer the self-completion.

ANNEX 3 2006 QUESTIONNAIRE

QEVE [ASK ALL]

Have you EVER taken [*type of drug*] even if it was a long time ago?

1. Yes
2. No
3. Don't want to answer

Question repeated for each of the following drugs:

1. AMPHETAMINE (SPEED, SULPH, WHIZZ, UPPERS)
2. CANNABIS (MARIJUANA, POT, GRASS, HASH, GANJA, BLOW, DOPE, SPLIFF, JOINTS, WEED)
3. COCAINE (COKE, CHARLIE, SNOW, BASE)
4. CRACK (ROCK, SAND, STONE, PEBBLES)
5. ECSTASY ('E', 'X', ECCIES, 'XTC', MDMA)
6. HEROIN (SMACK, SKAG, 'H', MORPHINE, BROWN, JUNK, GEAR)
7. LSD (ACID, TABS, TRIPS, STARS, WHITE LIGHTNING)
8. MAGIC MUSHROOMS (MUSHIES, PSILOCYBIN)
9. METHADONE/PHYSEPTONE (PHY, METH, JUICE)
10. SEMERON (SEMS)
11. TEMAZEPAM (RUGGERS, JELLIES, EGGS, BEANS)
12. VALIUM (VALLIES, BLUES)
13. ANABOLIC STEROIDS (STEROIDS)
14. POPPERS (AMYL NITRITE)
15. CRYSTAL METH (ICE, GLASS, TINA)
16. KETAMINE (GREEN, K, SPECIAL K, SUPER K, VITAMIN K)
17. GLUES, SOLVENTS, GAS OR AEROSOLS (TO SNIFF OR INHALE)

QOF2 [ASK ALL]

Has anyone (apart from a doctor) offered to give or sell you [*type of drug*] in the last 12 MONTHS?

1. Yes
2. No
3. Don't want to answer

[Question repeated for each of the 17 drugs listed at QEVE]

Q12M [ASK IF ANY DRUG TAKEN AT QEVE]

Have you taken [*type of drug*] in the last 12 MONTHS?

1. Yes
2. No
3. Don't want to answer

[Question repeated for each drug ever taken at QEVE]

Q1M [ASK IF ANY DRUG TAKEN AT Q12M]

Have you taken [*type of drug*] in the last MONTH?

1. Yes
2. No
3. Don't want to answer

[Question repeated for each drug taken in the last 12 months at Q12M]

QDR1ST [ASK IF MORE THAN 1 DRUG EVER TAKEN AT QEVE]

You said that at some point in your life you have taken the following drugs. Which one was the first that you ever took?

YOU CAN CHOOSE ONLY ONE ANSWER AT THIS QUESTION

1. AMPHETAMINE (SPEED, SULPH, WHIZZ, UPPERS)
2. CANNABIS (MARIJUANA, POT, GRASS, HASH, GANJA, BLOW, DOPE, SPLIFF, JOINTS, WEED)
3. COCAINE (COKE, CHARLIE, SNOW, BASE)
4. CRACK (ROCK, SAND, STONE, PEBBLES)
5. ECSTASY ('E','X', ECCIES, 'XTC', MDMA)
6. HEROIN (SMACK, SKAG, 'H', MORPHINE, BROWN, JUNK, GEAR)
7. LSD (ACID, TABS, TRIPS, STARS, WHITE LIGHTNING)
8. MAGIC MUSHROOMS (MUSHIES, PSILOCYBIN)
9. METHADONE/PHYSEPTONE (PHY, METH, JUICE)
10. SEMERON (SEMS)
11. TEMAZEPAM (RUGGERS, JELLIES, EGGS, BEANS)
12. VALIUM (VALLIES, BLUES)
13. ANABOLIC STEROIDS (STEROIDS)
14. POPPERS (AMYL NITRITE)
15. CRYSTAL METH (ICE, GLASS, TINA)
16. KETAMINE (GREEN, K, SPECIAL K, SUPER K, VITAMIN K)
17. GLUES, SOLVENTS, GAS OR AEROSOLS (TO SNIFF OR INHALE)
18. DONT WANT TO ANSWER

[Only those drugs ever taken at QEVE are shown on screen]

[If only 1 drug ever taken then answer is set automatically]

QDRAGE [ASK IF QDR1ST NE DON'T WANT TO ANSWER]

And how old were you when you first took [*drug mentioned at QDR1ST*]?

1. Less than 10
2. 10-15
3. 16-19
4. 20-24
5. 25-29
6. 30 or more
7. Not sure
8. Don't want to answer

QDRMETH [ASK IF TAKEN ANY DRUG IN LAST MONTH AT Q1M]

Which of these methods of taking drugs have you ever tried?

YOU CAN CHOOSE MORE THAN ONE ANSWER AT THIS QUESTION IF YOU WISH

1. Smoked / sniffed / inhaled
2. Swallowed / eaten / drunk
3. Injected
4. Other
5. Don't want to answer

QDRMOST [ASK IF MORE THAN 1 DRUG TAKEN AT Q1M]

You said that in the last month you have taken the following drugs. In the last month which one have you taken most often?

YOU CAN CHOOSE ONLY ONE ANSWER AT THIS QUESTION

1. AMPHETAMINE (SPEED, SULPH, WHIZZ, UPPERS)
2. CANNABIS (MARIJUANA, POT, GRASS, HASH, GANJA, BLOW, DOPE, SPLIFF, JOINTS, WEED)
3. COCAINE (COKE, CHARLIE, SNOW, BASE)
4. CRACK (ROCK, SAND, STONE, PEBBLES)
5. ECSTASY ('E', 'X', ECCIES, 'XTC', MDMA)
6. HEROIN (SMACK, SKAG, 'H', MORPHINE, BROWN, JUNK, GEAR)
7. LSD (ACID, TABS, TRIPS, STARS, WHITE LIGHTNING)
8. MAGIC MUSHROOMS (MUSHIES, PSILOCYBIN)
9. METHADONE/PHYSEPTONE (PHY, METH, JUICE)
10. SEMERON (SEMS)
11. TEMAZEPAM (RUGGERS, JELLIES, EGGS, BEANS)
12. VALIUM (VALLIES, BLUES)
13. ANABOLIC STEROIDS (STEROIDS)
14. POPPERS (AMYL NITRITE)
15. CRYSTAL METH (ICE, GLASS, TINA)
16. KETAMINE (GREEN, K, SPECIAL K, SUPER K, VITAMIN K)
17. GLUES, SOLVENTS, GAS OR AEROSOLS (TO SNIFF OR INHALE)
18. DONT WANT TO ANSWER

[Only those drugs taken in the last month at Q1M are shown on screen]
[If only 1 drug taken in the last month then answer is set automatically]

QDRHOLD [ASK IF QDRMOST NE DON'T WANT TO ANSWER]

How difficult is it to get hold of [*drug mentioned at QDRMOST*]?
YOU CAN CHOOSE ONLY ONE ANSWER AT THIS QUESTION

1. Very difficult
2. Fairly difficult
3. Fairly easy
4. Very easy
5. Don't want to answer

QDROFT [ASK IF QDRMOST NE DON'T WANT TO ANSWER]

How many times have you taken [*drug mentioned at QDRMOST*] in the last month?
YOU CAN CHOOSE ONLY ONE ANSWER AT THIS QUESTION

1. Every day or almost every day
2. 5-6 days each week
3. 3-4 days each week
4. 1-2 days each week
5. Once or twice in the last month
6. Not sure
7. Don't want to answer

QDRMIX [ASK IF MORE THAN 1 DRUG AT QEVE]

Whilst under the influence of [*drug mentioned at QDRMOST*], have you ever taken any other drug?

1. Yes
2. No
3. Don't want to answer

QDRWHIC [ASK IF QDRMIX = YES]

Which drugs have you ever taken while under the influence of [*drug mentioned at QDRMOST*]?

1. AMPHETAMINE (SPEED, SULPH, WHIZZ, UPPERS)
2. CANNABIS (MARIJUANA, POT, GRASS, HASH, GANJA, BLOW, DOPE, SPLIFF, JOINTS, WEED)
3. COCAINE (COKE, CHARLIE, SNOW, BASE)
4. CRACK (ROCK, SAND, STONE, PEBBLES)
5. ECSTASY ('E', 'X', ECCIES, 'XTC', MDMA)
6. HEROIN (SMACK, SKAG, 'H', MORPHINE, BROWN, JUNK, GEAR)
7. LSD (ACID, TABS, TRIPS, STARS, WHITE LIGHTNING)
8. MAGIC MUSHROOMS (MUSHIES, PSILOCYBIN)
9. METHADONE/PHYSEPTONE (PHY, METH, JUICE)
10. SEMERON (SEMS)
11. TEMAZEPAM (RUGGERS, JELLIES, EGGS, BEANS)
12. VALIUM (VALLIES, BLUES)
13. ANABOLIC STEROIDS (STEROIDS)
14. POPPERS (AMYL NITRITE)
15. CRYSTAL METH (ICE, GLASS, TINA)
16. KETAMINE (GREEN, K, SPECIAL K, SUPER K, VITAMIN K)
17. GLUES, SOLVENTS, GAS OR AEROSOLS (TO SNIFF OR INHALE)
18. DONT WANT TO ANSWER

[Only those drugs ever taken at QEVE are shown on screen]

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