

# Scottish Crime and Justice Survey 2014/15: Drug Use



A National Statistics publication for Scotland

CRIME AND JUSTICE

# 2014/15 Scottish Crime and Justice Survey: Drug Use

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Main findings from the 2014/15 Scottish Crime and Justice Survey were published on 15 March 2016. This report provides additional findings and evidence on drug use.

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## **Comments and Suggestions**

We are committed to continual improvement and would welcome any comments or suggestions on how the SCJS reports could be improved or adapted in the future. Similarly, if you have any enquiries on any aspects of the survey development then we would welcome your opinions or questions. Please contact the SCJS Project Team.

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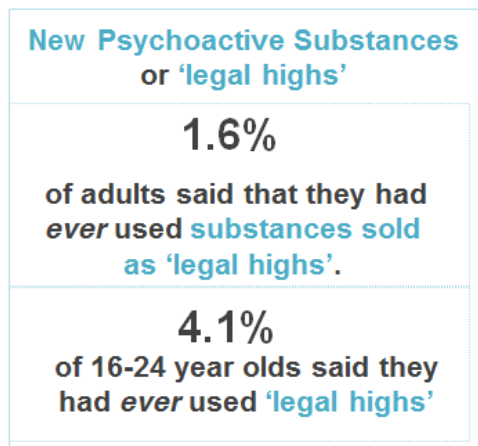
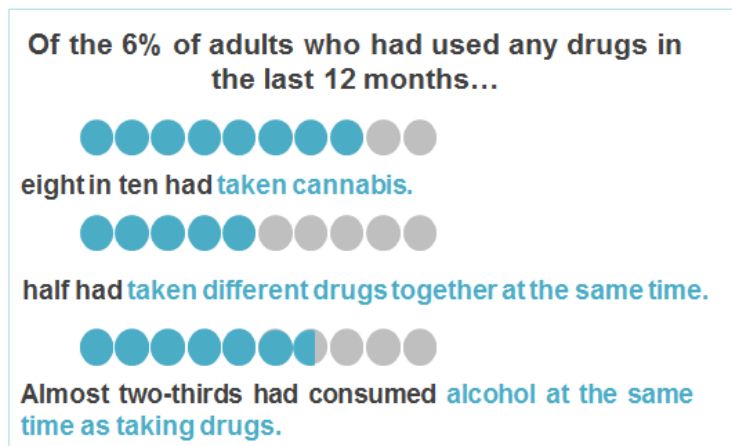
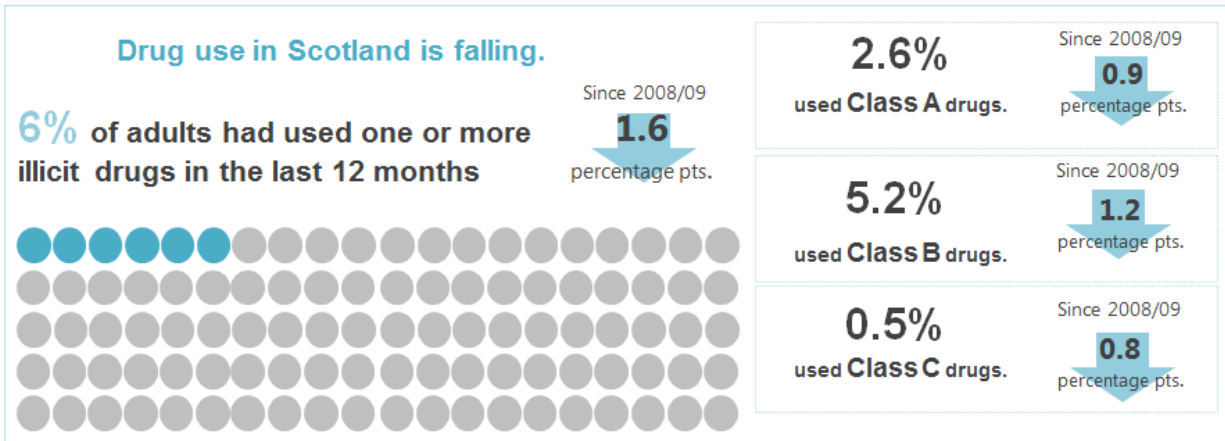
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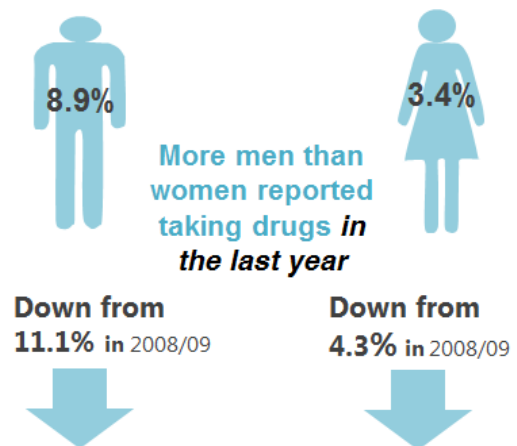
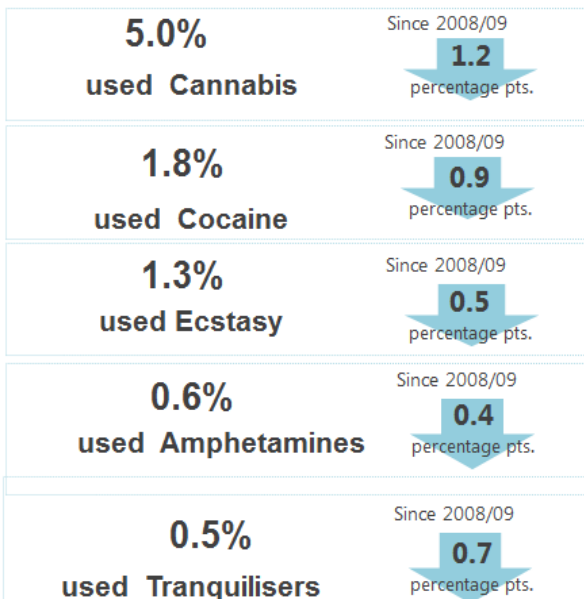
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# Key findings from the SCJS 2014/15 on Drug Use in Scotland



There has been a decrease in reported use among adults of cannabis, cocaine, ecstasy, amphetamines and tranquilisers (in the last 12 months).



# Executive Summary

This summary reports the main findings from the Scottish Crime and Justice Survey 2014/15 on illicit drug use.

## Prevalence of drug use in Scotland

- 6.0% of adults reported having used one or more illicit drugs *in the last year*. There has been a decline in self-reported drug use *in the last year* between the SCJS 2008/09 and 2014/15 (7.6% in the 2008/09 survey).
- Reported drug use has fallen for both females and males between 2008/09 and 2014/15, with a decrease in reported illicit drug use *in the last year* from 11.1% in comparison to 8.9% amongst men, and a decrease from 4.3% to 3.4% amongst women.
- In 2014/15, 2.6% of adults reported use of Class A drugs, 5.2% reported use of Class B drugs and 0.5% reported use of Class C drugs *in the last year*.
- There has been a decline in reported use *in the last year* of Class A, Class B and Class C drugs between 2008/09 and 2014/15.
- As in the SCJS 2012/13, cannabis is the most commonly used drug with 5.0% of adults reporting use *in the last year*, however this has fallen from 6.2% in the 2008/09 survey.
- Self-reported illicit drug use varies significantly by age, gender, socioeconomic classification, area deprivation and victim status; higher levels of drug use are found in younger age groups, men, those working in routine/manual professions, those living in deprived areas and those who are victims of crime.
- 8.9% of adults reported that someone had offered to give or sell them at least one type of illicit drug *in the last year*. There has been a decline in those reporting being offered drugs *in the last year* between the SCJS 2008/09 and 2014/15 (13.7% in the 2008/09 survey). For the younger age groups, there has been a decline in 16-24 year-olds and 25-44 year-olds reporting being offered an illicit drug *in the last year* between the SCJS 2008/09 and 2014/15 (from 41.4% to 27.5% of 16-24 year-olds and from 18.1% to 11.9% of 25-44 year-olds).
- An estimated 1.6% of adults reported that they had taken substances sold as 'legal highs' *at some point in their lives*. Use of legal highs was higher amongst younger age groups, with 4.1% of 16-24 year-olds reporting having ever used 'legal highs', compared with 2.7% of 25-44 year-olds and 0.5% of 45-59 year-olds.



## The experiences of adults reporting drug use in Scotland

- Amongst those who reported drug use *in the last year*, eight in ten (80.7%) said that they had used cannabis; 29.3% said they had used cocaine and 21.7% said they had used ecstasy.
- Of adults reporting taking more than one drug *in the last year*, half (50.6%) reported that they had taken different drugs together at the same time *in the last year*.
- Of adults who reported using drugs *in the last year*, nearly two thirds (64.8%) reported that they had consumed alcohol at the same time as taking drugs *in the last year*.
- The most common age for first trying drugs was the late teens (16-19 year-olds). Similarly to the SCJS 2012/13, the majority of adults who had ever taken drugs reported that their first drug used was cannabis (77.8%).
- Of those reporting having used drugs *in the last month*:
  - Four in ten adults (40.5%) reported using their most frequently used drug once or twice a month and just under one in five adults (18.8%) reported using their most frequently used drug on an almost daily basis.
  - There has been a decline between 2012/13 and 2014/15 in those reporting that they used their most frequently used drug 'every day or almost every day', from 30.2% to 18.8%.
  - The majority said that it was either very easy (40.5%) or fairly easy (43.4%) to get hold of their most often used drug.
  - The majority of respondents (82.5%) said that they did not feel they were dependent upon the drug they used most often *in the last month*.
  - Feeling dependent on the drug taken most often varied by area deprivation (based on the Scottish Index of Multiple Deprivation<sup>1</sup>) with 31.3% of adults feeling dependent on their drug taken most often *in the last month* living in the 15% most deprived areas in Scotland, compared to 11.9% of adults in the rest of Scotland.

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<sup>1</sup> Details of the Scottish Index of Multiple Deprivation can be found on the Scottish Government website: <http://www.gov.scot/Topics/Statistics/SIMD>

# Chapter 1: The Scottish Crime and Justice Survey

## 1.1 Introduction

The [Scottish Crime and Justice Survey](#) (SCJS) is a large-scale social survey which asks people about their experiences and perceptions of crime. The 2014/15 survey is based on around 11,500 face-to-face interviews with adults (aged 16 or over) living in private households in Scotland.

The main aims of the SCJS are to:

- Enable the Scottish population to tell us about their experiences of, and attitudes to, a range of issues related to crime, policing and the justice system; including crime not reported to the police;
- Provide a valid and reliable measure of adults' experience of crime, including services provided to victims of crime;
- Examine trends, over time, in the number and nature of crimes in Scotland, providing a complementary measure of crime compared with police recorded crime statistics;
- Examine the varying risk and characteristics of crime for different groups of adults in the population.

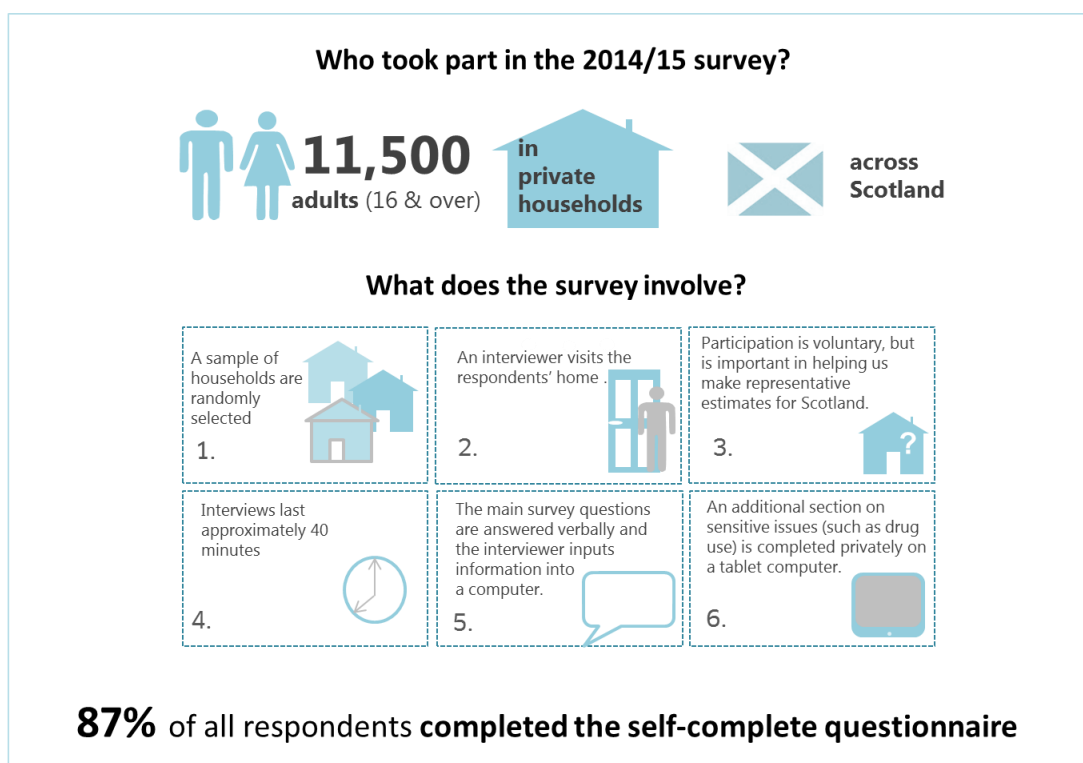
The findings from the survey are used by policy makers across the public sector in Scotland to help understand the nature of crime, target resources and monitor the impact of initiatives to target crime. The results of this survey provide evidence to inform National Outcomes and Justice Outcomes.

This report presents findings from the self-completion module on illicit drug use<sup>2</sup>. The report provides data and analysis on self-reported illicit drug use *in the last month, in the last year and ever* among adults aged sixteen and over in Scotland.

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<sup>2</sup> The overwhelming majority of drugs included are illicit, but some drugs which are not controlled, for example nitrous oxide, are also included.

## 1.2 Survey Design



The design of the 2014/15 SCJS remains broadly similar to the design of the SCJS from 2008/09 to 2012/13:

- **Survey frequency:** Following the completion of the SCJS 2010/11, the SCJS moved to a biennial design. Therefore, no survey ran in 2011/12 or 2013/14<sup>3</sup>.
- **Sample:** the sample is designed to be representative of all private residential households across Scotland (with the exception of some of the smaller islands). A systematic random selection of private residential addresses across Scotland was produced from the Royal Mail Postcode Address File (PAF) and allocated in batches to interviewers. Interviewers called at each address and then selected one adult (aged 16 or over) at random from the household members for interview.
- **Questionnaire:** the questionnaire consists of a modular design completed by the interviewer using Computer-Assisted Personal Interviewing (CAPI) and a self-completion section covering sensitive crimes using Computer-Assisted Self Interviewing (CASI). The most recent questionnaire is available on the SCJS [webpage](#). Questions on illicit drug use were included in the self-completion section of the questionnaire, which was undertaken at the end of the main SCJS interview.
- **Interviews and response rate:** 11,472 face-to-face interviews were conducted in respondents' homes by professional interviewers, with a response rate of 63.8%. Interviews lasted an average of 40 minutes, though there was variation in interview length, depending on the respondent's

<sup>3</sup> From April 2016, the SCJS will revert to a continuous survey of around 6,000 adults each year.

reported experience. Additional to the main questionnaire, all survey respondents were asked to fill out a self-completion section (on a tablet computer) on more confidential and sensitive issues, including drug taking, partner abuse, sexual victimisation and stalking. In 2014/15, **9,986 respondents** completed the self-completion module, that is **87%** of all respondents. The most common reason for refusing to complete the self-complete questionnaire was 'running out of time' (mentioned by almost half of respondents who refused); more details are provided in the [Technical Report](#) (section 6.6.2). An equal proportion of men and women answered the self-completion questionnaire. However, the proportion of those who completed the self-completion section decreased with age. Further information on response rates can be found in the [Technical Report](#) (section 3.4).

- **Fieldwork:** interviews were conducted on a rolling basis between 1<sup>st</sup> April 2014 and 31<sup>st</sup> May 2015, with roughly an equal number of interviews conducted in each month between April 2014 and March 2015. Challenges in fieldwork delivery were experienced in 2014/15 and as a result, the fieldwork period was extended by two months to increase the achieved sample size.
- **Weighting:** the results obtained were weighted to correct for the unequal probability of selection for interview caused by the sample design and for differences in the level of response among groups of individuals. Given that not all respondents chose to answer the self-completion questionnaire, these data are weighted separately to the main questionnaire (using identical weighting procedures). Further details of the weighting used are provided in the [Technical Report](#) (section 4).

### 1.3 Survey Coverage

The SCJS does not aim to provide an absolute estimate for all crime and has some notable exclusions. The SCJS is a survey of adults living in private residential households and, therefore, does not provide information on crimes against adults living in other circumstances (for example those living in institutions or communal residences, such as prisons or hospitals, military bases and student accommodation). Those living in some of the smallest inhabited islands in Scotland are excluded for practical reasons (see Annex 1 of the accompanying Technical Report for details).

## Some notable survey exclusions



Children &  
Young  
People  
(under 16)



Those living in group  
residences, institutions or  
those without a fixed  
address. (e.g. student halls  
or the homeless population)



Those living in  
some of the  
smallest  
inhabited  
islands in  
Scotland

## 1.4 Drug Use

The main aim of the self-completion illicit drug use questionnaire was to establish whether adults aged 16 or over reported illicit drug use over three different time periods: at some point in their lives (*ever*), *in the last year* and *in the last month* before the survey interview. In this report, the relevant reference period for each estimate discussed at any given point is presented in italics for clarity. The respective strengths and weaknesses of the respective time periods are as follows:

1. Self-reported use *ever*: whether respondents had used specific drugs at some point in their lives, providing useful contextual information when, for example, examining general attitudes to drugs. However, this is not a useful indicator of current drug use or recent trends since it can include people who have used a drug once, perhaps a long time ago.
2. Self-reported drug use *in the last year*: whether respondents had used specific drugs in the year prior to interview. This time frame is generally regarded as the most stable measure of current drug use, especially when analysing trends over time.
3. Self-reported drug use *in the last month*: whether respondents had used specific drugs in the month prior to interview. This time frame provides the most up-to date information on usage. It is particularly focused on when considering drug dependency. However, since it is a relatively short time period it is more prone to variation, for example, it may miss people who use drugs regularly but who have not done so within the last month.

The reference period '*in the last year*' is mainly reported as it is generally regarded as the most stable measure of current drug use, especially when analysing trends over time. Information on drug used *ever* and *in the last month* are included in some figures and charts where relevant and can be found in more detail in the published web tables at: <http://www.gov.scot/Topics/Statistics/Browse/Crime-Justice/Datasets/SCJS>

In the SCJS 2014/15 respondents were asked whether they had taken 18 specific drugs. The overwhelming majority of the drugs asked about are illicit, but the list

also included: prescribed drugs used illicitly<sup>4</sup>, poppers, glues, solvents, gas or aerosols and two 'new' drugs which are not controlled: salvia divinorum and nitrous oxide. In addition, respondents were also asked separately whether they had ever used 'new psychoactive substances', also known as 'legal highs'. This generic question about new psychoactive substances was included for the first time in the SCJS 2014/15. It is recognised that some people may report taking particular drugs when they have not actually done so. Respondents were asked whether they had taken a fictional drug 'semeron' and fourteen respondents who said they had taken this were removed from the analysis (making the overall sample 9,972 respondents). Those who had used any types of drugs were then asked a series of follow-up questions. Further details of the questionnaire content can be found in Annex 2 (**section A.2.2**).

This report presents results on adults using drugs, over time, their characteristics and frequency of use etc. For simplicity and consistency, these results are generally presented as proportions of adults, however, to provide additional context on the scale of drug use, these proportions have also been grossed up to provide the estimated number of adults using drugs *in the last year* by drug classification, as presented in **Annex 1 - Table A1.1**.

#### 1.4.1 Classification of drugs

The Misuse of Drugs Act 1971 classifies illegal drugs into three categories (Class A, B and C) according to the harm they cause. The 18 drugs that respondents were asked about and their classification under the Act are:

- **Class A**, including cocaine, crack, crystal meth, ecstasy, LSD, magic mushrooms, heroin and methadone and amphetamines (if prepared for injection)<sup>5</sup>;
- **Class B**, including amphetamines (in powdered form), cannabis, ketamine and mephedrone;
- **Class C**, including temazepam, valium and anabolic steroids;
- **Not classified**<sup>6</sup>, including poppers and glues, solvents, gas or aerosols;
- **'New' drugs**<sup>7</sup>, including salvia divinorum and nitrous oxide.

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<sup>4</sup> While drugs such as valium and temazepam were included in the list of drugs asked about in the questionnaire, the question wording emphasised that only details of drugs not given on prescription were of interest.

<sup>5</sup> The SCJS does not collect details of whether amphetamine was prepared for injection or in powdered form. All self-reported amphetamine use is included in Class B in the analysis that follows. In contrast, amphetamines were incorrectly included in Class A and Class B in the [2012/13 SCJS drug use report](#). The impact of this is highlighted in an erratum note now attached to that publication.

<sup>6</sup> These substances have been included in the overall figures relating to illicit drugs, as in previous sweeps of the SCJS.

<sup>7</sup> 'New drugs' have been excluded from the prevalence figures relating to illicit drugs presented in Chapter 2. Chapter 3 includes 'new drugs' in the analysis of the experiences of adults reporting drug use in Scotland.



## Changes to classifications in 2014/15

Reflecting changes in legislation, some of the drug classifications used in this report differ from those used to produce the [2012/13 SCJS Drug use Report](#). These are described below.

### Ketamine

Ketamine was reclassified from a Class C to a Class B drug under the Misuse of Drugs Act, with effect from June 2014. This change occurred during the fieldwork period for the 2014/15 survey. As a result, ketamine is presented as a Class B drug in this report. Previously, and as set out in section 1.5 of the 2012/13 report, ketamine was reported as a Class C drug. The effects of the change in approach to the classification of ketamine in 2014/15 is shown in the table below.

### Adults self-reporting use of Class B and Class C drugs, ever and over the last 12 months, with and without changes to the classification of ketamine, 2014/15

Percentage of all adults	Last 12 months		Ever	
	(Ketamine in Class B)	(had Ketamine remained in Class C)	(Ketamine in Class B)	(had Ketamine remained in Class C)
<b>Class B</b>	<b>5.2</b>	<b>5.1</b>	<b>20.6</b>	<b>20.5</b>
<b>Class C</b>	<b>0.5</b>	<b>0.6</b>	<b>2.6</b>	<b>3.3</b>

The effect of moving ketamine from Class C to Class B has made a difference of 0.1 percentage point to most categories. The exception is the change in use of Class C drugs *ever*, for which the move of ketamine from Class C to Class B means a reduction in Class C usage from 3.3% to 2.6%. It should be noted that, in effect, this means that had ketamine not moved from Class C to Class B in 2014/15, the change in Class C use *ever* would have been from 3.8% in 2012/13 to 3.3% in 2014/15, which is a not a statistically significant change (rather than from 3.8% to 2.6%, as noted in Section 2.3.2 and Table A1.3A).

### Mephedrone

Mephedrone has been classified under the Misuse of Drugs Act 1971 since April 2010. It was first added to the SCJS in 2010/11, as a 'new' drug. In order to ensure consistency with previous sweeps of the SCJS, it was excluded from the overall analysis and the trend analysis, and was reported separately in previous SCJS. However, reflecting its classification under the Misuse of Drugs Act, it has now been added to Class B in 2014/15 in this report. The additional effect of adding mephedrone to Class B in 2014/15 is very small; without mephedrone in Class B, Class B estimated use *ever* would be 20.5% rather than 20.6%, while estimated use *in the last month* would remain at 5.2%.

### 'New drugs'

Questions on the use of individual 'new drugs' have been included in the last two surveys, although the specific substances have changed over time. It is therefore not possible to make comparisons between reported use of any 'new drugs' in the SCJS 2014/15 and previous surveys.

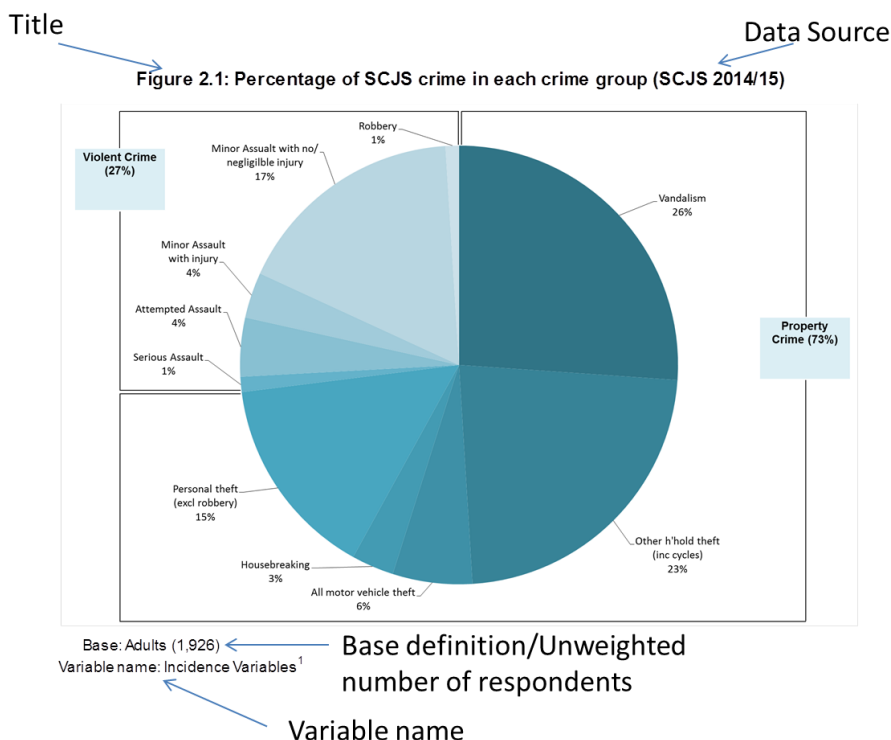
In addition to reporting by Class, a number of other composite drug groups are reported. These composite groups, and the individual drugs that they include, are:

- **Opiates**, including heroin and the illicit / non-prescribed use of methadone;
- **Stimulant drugs**, including cocaine, crack, crystal meth, ecstasy, amphetamines and poppers;
- **Psychedelics**, including LSD, magic mushrooms and ketamine;
- **Downers / tranquilisers**, including temazepam and valium.

The groups include illicit drugs across the legal classifications and reflect the drugs' shared properties, effects and characteristics, providing an additional measure to the class-based categorisation. For example, stimulant drugs may be used interchangeably by the same people at similar times and in similar settings. Drugs not included in the composite groups such as cannabis, anabolic steroids and glues, solvents, gas or aerosols, are included separately in appropriate figures where sufficient data are available to do this.

### 1.5 Conventions used in figures and tables

Each Figure or Table has a title, the data source (survey year etc.), a base definition and the unweighted number of respondents and, if relevant, a variable name. For example:





### 1.5.1 Percentages

Table row or column percentages may not sum to 100 due to rounding.

Percentages presented in tables and figures where they refer to the percentage of respondents, households or crimes that have the attribute being discussed may not sum to 100 per cent. Respondents have the option to refuse answering any question they did not wish to answer and the majority of questions have a 'don't know' option. Percentages for these response categories are generally not shown in tables and figures.

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

Also, percentages quoted in the report may represent variables that allow respondents to choose multiple responses. These percentages will not sum to 100 per cent with the other percentages presented. They represent the percentage of the variable population that select a certain response category.

### 1.5.2 Table abbreviations

' - ' indicates that no respondents gave an answer in the category.

'n/a' indicates that the SCJS question was not applicable or not asked in that particular year.

'0.0' indicates results of less than 0.05%

'**bold text**' indicates that changes are statistically significant at the 95% level.

### 1.5.3 Decimal places

Results from the self-complete section of the survey are generally reported in this document to one decimal place. The self-complete questionnaire collects information on a range of often rare events, therefore, many of the figures reported are small (often under 1%). There is a range of uncertainty around all survey estimates. As outlined below (in section 1.6), statistical testing is conducted to assess whether changes and differences between survey results are statistically significant. Only changes and differences which have been tested and assessed as being statistically significant are highlighted as such in this report.

### 1.6 Survey error and statistical significance

There may be errors in the recall of participants as to when certain incidents took place, resulting in some crimes being wrongly included in, or excluded from, the

reference period. A number of steps in the design of the questionnaire are taken to ensure, as far as possible, that this does not happen, for example repeating key date questions in more detail.

The SCJS gathers information from a sample rather than from the whole population and, although the sample is designed carefully, survey results are always estimates, not precise figures. Estimates can differ from the figures that would have been obtained if the whole population had been interviewed.

It is, however, possible to calculate a range of values around an estimate, known as the confidence interval (also referred to as margin of error) of the estimate. At the 95 per cent confidence level, over many repeats of a survey under the same conditions, one would expect that the confidence interval would contain the true population value 95 times out of 100. This can be thought of as a one in 20 chance that the true population value will fall outside the 95 per cent confidence interval calculated for the survey estimate.

Because of this variation, changes in estimates between survey years or between population subgroups may occur by chance. In other words, the change may simply be due to which adults were randomly selected for interview.

We are able to measure whether this is likely to be the case using standard statistical tests and conclude whether differences are likely to be due to chance or represent a real difference in the underlying population.

Many of the tests for statistical significance in this report, particularly when examining results by different demographic sub-groups, were carried out using the Pearson chi-square test in SPSS<sup>8</sup>, based on individual scaled data. All significant changes highlighted in this report were found to be statistically significant at the  $p \leq 0.05$  level.

The assessments of statistical change over time which are presented in this report use estimated confidence intervals around survey results to examine whether the change is statistically significant. The estimated confidence intervals used in these tests and elsewhere in tables and charts in the report use a generic SCJS design factor of 1.2 for 2014-15 results. More detail on the derivation of these confidence intervals and design factors is available in Chapter 11 of the [SCJS Technical Report](#).

Only increases or decreases that are statistically significant at the 95 per cent level are described as changes within this report and in the tables and figures these are identified by in **bold text**. Where no statistically significant change has been found between two estimates, this has been described as showing 'no change'. The

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<sup>8</sup> While the analysis for the SCJS main findings report was mainly conducted in [SAS](#) and statistical significance assessed there used the [SCJS Statistical Testing Tool](#), the analysis for the self-completion reports utilised related functionality in SPSS to assess for statistical significance and report significance consistently at the 95% level.

presentation of uncertainty and change in this report reflect best practice guidance produced by the Government Statistical Service (GSS)<sup>9</sup>.

## 1.7 Accessing Survey Data

Information on how to access SCJS data is available on the [Data Access](#) section of our webpage. SCJS [Additional Datasets](#) released alongside this report, present more detailed results from the survey questionnaire, showing how answers to questions vary when respondents are grouped by certain geographic, demographic, attitudinal or experiential characteristics.

## 1.8 Structure of the Report

The report proceeds as follows:

**Chapter 2** focuses on prevalence of illicit drug use in Scotland exploring trends in self-reported drug use from the SCJS 2008/09 to the SCJS 2014/15, in comparison to the Crime Survey for England and Wales 2014/15, and looking at self-reported drug use by drug composite group, legal classification and specific drug type. This chapter also examines variations in self-reported drug use by demographic, socioeconomic and geographical factors. Lastly this chapter focuses on prevalence of being offered drugs and the prevalence of new psychoactive substances.

**Chapter 3** focuses on the experiences of those who reported drug use. This chapter begins by examining self-reported drug use *in the last year* with regards to specific drugs, polydrug use and joint use of alcohol and drugs. This chapter then examines experience of drug use *ever* by specifically looking at the age at which drugs were first used; the drug first used; and methods of taking drugs. Chapter 3 concludes by specifically focusing on the experiences of adults over 16 who have used one or more drugs *in the last month* looking at frequency of use; drug dependency; ease of obtaining drugs *in the last month*; and accessibility of drugs.

**Annex 1** contains additional data tables showing the percentage of adults who reported taking illicit drugs *in the last month*, *in the last year* and *ever*. Further tables which show the data broken down by a range of demographic, experiential and area-related variables are available at:

<http://www.gov.scot/Topics/Statistics/Browse/Crime-Justice/Datasets/SCJS>

**Annex 2** provides further information on the methods employed in the SCJS 2014/15, focussing specifically on the self-completion questionnaire. This includes information on the questionnaire, disclosure of sensitive information, drugs classification, interview techniques, and the weighting used in the analysis of the results.

**Annex 3** provides information on the strengths and limitations of the SCJS and the self-completion questionnaire.

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<sup>9</sup> GSS (2014) Communicating Uncertainty and Change: Guidance for official statistics producers-  
<https://gss.civilservice.gov.uk/wp-content/uploads/2014/11/Communicating-uncertainty-and-change-v1.pdf>

# Chapter 2: Prevalence of illicit drug use in Scotland

## Key findings

### Self-reported drug use and changes over time

- There has been a statistically significant decline in self-reported illicit drug use between the SCJS 2008/09 and 2014/15 across all three reporting time periods (*in the last month, in the last year, and ever*). The percentage of adults reporting taking one or more illicit drugs *in the last year* decreased from 7.6% to 6.0% of adults between 2008/09 and 2014/15.
- Reported drug use has fallen for both females and males between 2008/09 and 2014/15, with a decrease in reported illicit drug use *in the last year* from 11.1% in comparison to 8.9% amongst men, and a decrease from 4.3% to 3.4% amongst women.
- In 2014/15, 2.6% of adults reported use of Class A drugs, 5.2% reported use of Class B drugs and 0.5% reported use of Class C drugs *in the last year*. There has been a statistically significant decline in reported use *in the last year* of Class A (-0.9 percentage points), Class B (-1.2 percentage points) and Class C (-0.8 percentage points) drugs between 2008/09 and 2014/15. There has also been a statistically significant decline in the use of Class C drugs between the SCJS 2012/13 and 2014/15 (-0.5 percentage points).
- Looking at drug use by composite group, 2.8% of adults reported use of stimulants, 0.5% reported use of downers/tranquilisers, 0.5% reported use of psychedelics and 0.2% reported use of opiates *in the last year*.
- There has also been a statistically significant decline in reported use *in the last year* of composite groups stimulants (-1.1 percentage points) and downers/tranquilisers (-0.7 percentage points) between 2008/09 and 2014/15.
- As in the SCJS 2012/13, cannabis is the most commonly used drug with 5.0% of adults reporting use *in the last year*, however this has fallen from 6.2% in the 2008/09 survey.

### Variation in drug use

- Drug use varies by age and gender. As in previous sweeps of the SCJS, men (8.9% in comparison to 3.4% of women) and those aged 16-24 (18.8% in comparison to 6% of all adults) reported higher levels of drug use *in the last year* in the 2014/15 SCJS.
- Self-reported illicit drug use varies significantly by age, gender, socioeconomic classification, area deprivation and victim status; higher levels of drug use are found in younger age group, men, those working

routine/manual professions, those living in deprived areas and those who are victims of crime.

## Being offered drugs

- There has been a statistically significant decrease between 2008/09 and 2014/15 in those reporting that someone has offered to give or sell them at least one type of illicit drug *in the last year*. 8.9% of adults reported that someone had offered to give or sell them at least one type of illicit drug *in the last year* compared with 13.7% in 2008/09 and 10.6% in 2012/13. This decline has been statistically significant across legally classified and composite drug groups stimulants, psychedelics and downers/tranquilisers.
- The decrease between 2012/13 and 2014/15 in the proportion of people reporting that someone has offered them an illicit drug has also been statistically significant, as is the decline in drugs from all three classifications being offered in this period.
- Looking at being offered drugs by age group, there has been a statistically significant decline in 16-24 year-olds reporting being offered at least one illicit drug *in the last year* from 41.4% in 2008/09 to 27.5% in 2014/15.

## Use of New Psychoactive Substances

- For the first time, the SCJS 2014/15 asked respondents whether they had ever taken 'New Psychoactive Substances' (NPS), also known as 'legal highs', as a generic category.
- An estimated 1.6% of adults reported that they had taken any powders, pills, herbal mixtures or crystals that are sold as 'legal highs', even if it was a long time ago.
- 0.4% of adults reported that they had taken any powders, pills, herbal mixtures or crystals sold as 'legal highs' in the last year. This was 24.3% of those who said that they had ever taken 'legal highs' (Base: 140).
- Use of NPS was higher amongst younger age groups, with 4.1% of 16-24 year-olds reporting having ever used 'legal highs', compared with 2.7% of 25-44 year-olds and 0.5% of 45-60 year-olds.
- Separately, 0.5% of adults reported taking any of the individual 'new drugs' (salvia divinorum and nitrous oxide) *in the last year*, with 3.0% doing so *at some point in their lives*.

## 2.1 Introduction

This chapter looks at the prevalence of illicit drug use in Scotland examining changes in drug use reported to the SCJS between 2008/09 and 2014/15; variation in types of drug used; and, demographic, socioeconomic and geographic variation in drug use. The chapter also examines the likelihood of being offered drugs. Finally, it reports on the use of two individual 'new drugs' (nitrous oxide and savlia

divinorum), and the use of generic ‘new psychoactive substances’. These substances have generally been excluded from the overall analysis and the trend analysis presented in **this chapter** (therefore all percentages exclude new drugs/new psychoactive substances, unless otherwise stated). This is to ensure consistency with previous sweeps of the Scottish Crime and Justice Survey.

## 2.2 Self-reported drug use

The SCJS 2014/15 provides estimates of the percentage of adults aged 16 and over who report that they have used illicit drugs based on answers provided for three periods of time: *in the last month*; *in the last year*; and *ever*. Comparisons with the previous four sweeps of the SCJS help to put these findings in context and reveals that the percentage of adults reporting using one or more illicit drugs has been declining. **Table 2.1 and Figure 2.1** show this decline in the number of adults reporting illicit drug use for all three time periods used in the survey between the SCJS 2008/09 and the SCJS 2014/15<sup>10</sup>. The decline was significant comparing drug use reported in the 2008/09 survey with that reported in 2014/15. However, there were no statistically significant changes in these results between 2012/13 and 2014/15. In the SCJS 2014/15:

- 3.3% of adults reported having used one or more illicit drugs *in the last month* (the month prior to the survey interview). This is compared with 4.4% in 2008/09, 4.2% in 2009/10; 3.5% in 2010/11; and, 3.3% in 2012/13.
- 6.0% of adults reported having used one or more illicit drug *in the last year*. This is compared with 7.6% in 2008/09, 7.2% in 2009/10; 6.6% in 2010/11; and, 6.2% in 2012/13.
- 22.1% of adults reported taking one of more illicit drug at some point in their lives (*ever*). This is compared with 25.6% in 2008/09, 25.2% in 2009/10; 23.7% in 2010/11; and, 23.0% in 2012/13.

**Table 2.1: % reporting use of any of the listed illicit drugs and percentage change from SCJS 2008/09 and SCJS 2012/13 to SCJS 2014/15**

SCJS 2008/09; SCJS 2009/10; SCJS 2010/11; SCJS 2012/13; SCJS 2014/15

Percentage of all adults aged 16 and over	2008/09	2009/10	2010/11	2012/13	2014/15	pp change	pp change
						2008/09	2012/13
Ever	25.6	25.2	23.7	23.0	22.1	<b>-3.6</b>	-0.9
In last year	7.6	7.2	6.6	6.2	6.0	<b>-1.6</b>	-0.2
In last month	4.4	4.2	3.5	3.3	3.3	<b>-1.1</b>	-
Base	10,960	13,410	10,980	10,220	9,970		

Variable Names: QEVE\_ANY, Q12M\_ANY, Q1M\_ANY

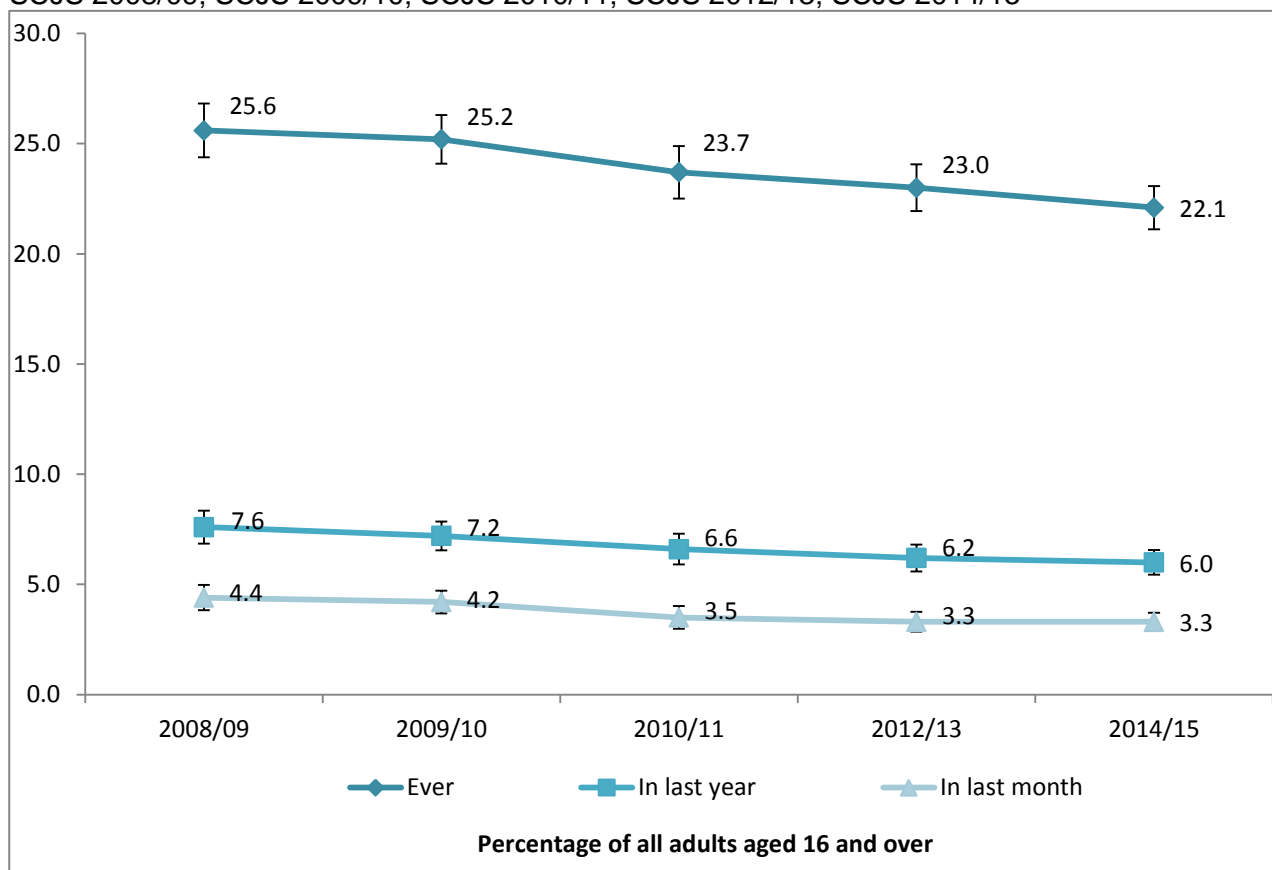
Note: changes which are statistically significant at the 95% level are highlighted by **bold** text

<sup>10</sup> Note that these figures exclude all new drugs included in each SCJS.



**Figure 2.1: % reporting use of any of the listed illicit drugs**

SCJS 2008/09; SCJS 2009/10; SCJS 2010/11; SCJS 2012/13; SCJS 2014/15



Variable Names: QEVE\_ANY, Q12M\_ANY, Q1M\_ANY

Note: Error bars represent a 95% confidence interval (see 1.6 for details)

A comparison with the Crime Survey for England and Wales (CSEW) 2014/15<sup>11</sup>, for those aged 16-59 only, shows that reported use of drugs of any kind<sup>12</sup> *in the last year* was similar in Scotland (8.5%) to England and Wales (8.6%) (Home Office, 2015). This contrasts with self-reported drug use at some point in their lives (*ever*), for 16-59 year olds only, which was lower in Scotland (29.5% compared to 34.7% in England and Wales) (Home Office, 2015).

<sup>11</sup> With regards to the self-completion module on drugs, the methodology and time frame of the CSEW 2014/15 were largely similar to the SCJS 2014/15 although there were slight differences in the specific drugs that respondents were asked about. The prevalence figures for drug use *in the last year* and *ever* in England and Wales in are based on the following drugs: Amphetamines, Amyl nitrite, Anabolic steroids, Cannabis, Powder cocaine, Crack cocaine, Ecstasy, Heroin, Ketamine, Khat, LSD, Magic mushrooms, Mephedrone, Methadone, Methamphetamine, Tranquillisers, unknown pills or powders, something unknown smoked and any other drug. For a user guide for the Home Office (2015) Drug Misuse report see: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/447516/drug-misuse-user-guide.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/447516/drug-misuse-user-guide.pdf)

<sup>12</sup> Including all drugs asked about in the SCJS 2014/15 and the CSEW 2014/15.

The Information Services Division (ISD) provides estimates of national and local prevalence of problem drug use<sup>13</sup> in Scotland. The estimated prevalence rate of problem drug use in Scotland in 2012/13 was 1.74% (ISD, 2016). The ISD states that taking into account confidence intervals and following revisions to the data, the evidence suggests that there remains no significant change in the number or rate of problem drug use since 2009/10. The report can be found here: <http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2014-10-28/2014-10-28-Drug-Prevalence-Report.pdf>

## 2.3 Self-reported drug use by composite group and by class of drug

### 2.3.1 Self-reported drug use by composite group

**Figure 2.2** shows self-reported drug use, for all three time periods, by composite drug groups: stimulants, psychedelics, downers/tranquilisers and opiates. **Figure 2.2** shows that *in the last year*:

- 2.8% of adults reported use of stimulants; a statistically significant decrease in comparison to 3.9% of adults in 2008/09.
- 0.5% of adults reported use of downers/tranquilisers; a statistically significant decrease in the number of adults reporting use of downers/tranquilisers *in the last year* between 2008/09 and 2014/15 (- 0.7 percentage points) and between 2012/13 and 2014/15 (- 0.3 percentage points).
- 0.5% of adults reported use of psychedelics;
- 0.2% of adults reported use of opiates.
- There was no change in the number of adults reporting use of psychedelics and opiate drugs *in the last year* between 2008/09 and 2014/15.

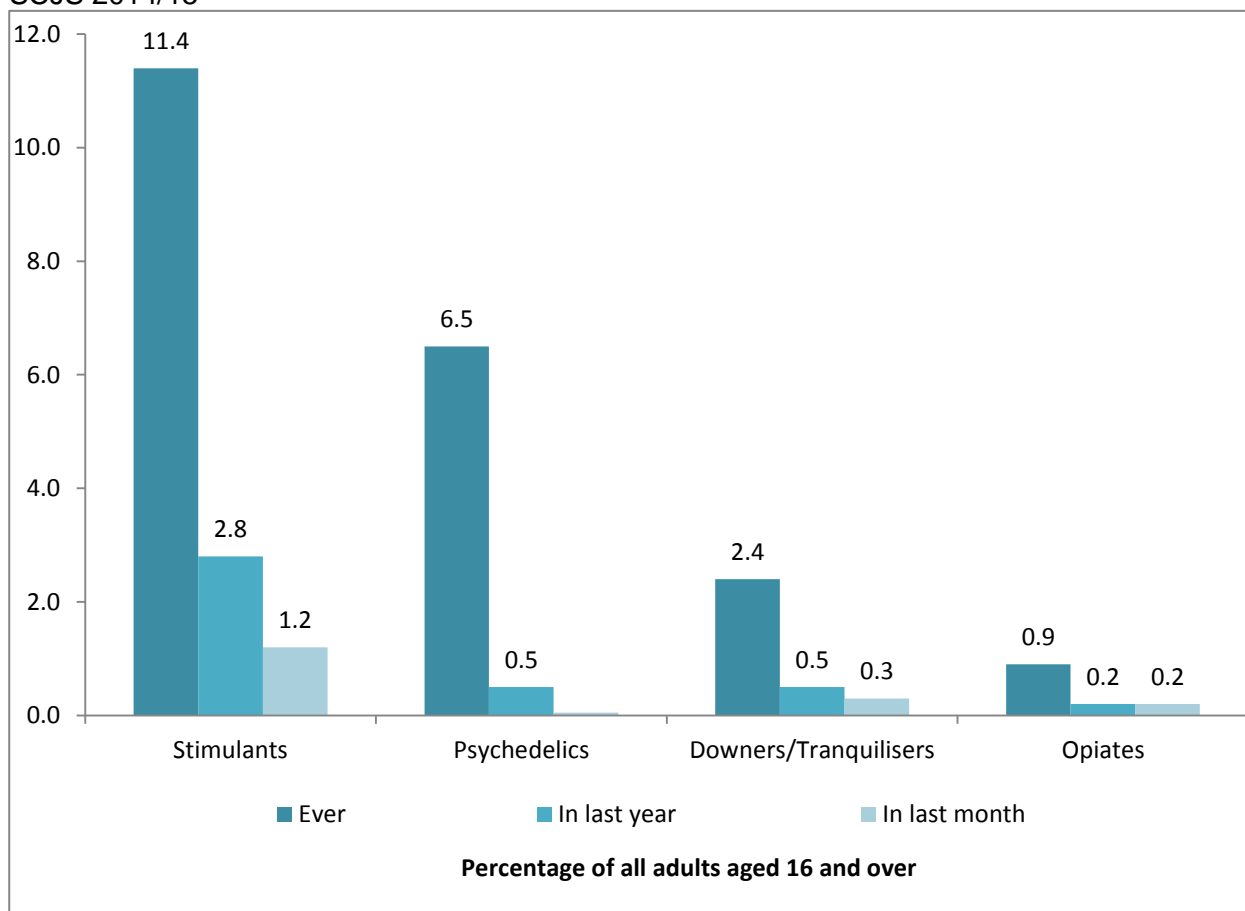
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<sup>13</sup> Problem drug use is defined as the problematic use of opiates (including illicit and prescribed methadone use) and/or the illicit use of benzodiazepines and implies routine and prolonged use as opposed to recreational and occasional drug use.



**Figure 2.2 % reporting use of drugs by composite group**

SCJS 2014/15



Base: Adults (9,970)

Variable Names: QEVE, Q12M, Q1M

### 2.3.2 Self-reported drug use by legal classification

#### Changes to classifications in 2014/15

As discussed in the [Introduction](#), ketamine and mephedrone were presented as 'Class C' and a 'new drug' respectively in previous SCJS reports. In this report, for figures relating to 2014/15, both are presented as Class B drugs, reflecting changes to their classification. The effect of moving ketamine from Class C to Class B has made a difference of 0.1 percentage point to most categories and so generally has not affected the statistical significance of any changes, with one exception relating to use of Class C drugs *ever* (discussed below).

The additional effect of adding mephedrone to Class B in 2014/15 is also very small; without mephedrone in Class B, Class B estimated use *ever* would be 20.5% rather than 20.6%, while estimated use *in the last month* would remain at 5.2%.

See [section 1.4.1](#) for further information.

### **Class A drug use *in the last year and ever***

An estimated 2.6% of adults reported having taken one or more Class A drugs *in the last year*; a statistically significant decrease in comparison to 3.4% of adults in 2008/09. There was no change in the proportion of adults reporting use of Class A drugs between 2012/13 and 2014/15<sup>14</sup>.

An estimated 11.0% of adults reported *ever* having taken one or more Class A drugs, compared to 11.7% in 2008/09 and 11.9% in 2012/13, however neither of these apparent changes are statistically significant.

### **Class B drug use *in the last year and ever***

An estimated 5.2% of adults reported having taken one or more Class B drugs *in the last year*; a statistically significant decrease in comparison to 6.4% of adults in 2008/09. There was no change in the proportion of adults reporting use of Class B drugs between 2012/13 and 2014/15.

An estimated 20.6% of adults reported *ever* having taken one or more Class B drugs; a statistically significant decrease in comparison to 23.6% of adults in 2008/09. However the apparent change from 21.6% in 2012/13 to 20.6% in 2014/15 is not statistically significant.

### **Class C drug use *in the last year and ever***

An estimated 0.5% of adults reported having taken one or more Class C drugs *in the last year*; a statistically significant decrease in comparison to 1.3% of adults in 2008/09 and 1.0% of adults in 2012/13<sup>15</sup>.

An estimated 2.6% of adults reported *ever* having taken one or more Class C drugs; a statistically significant decrease in comparison to 5.7% of adults in 2008/09 and 3.8% of adults in 2012/13. However, as noted in section 1.4.1, had ketamine not been reclassified as a class B drug in 2014/15, the change in class C use *ever* would have been from 3.8% in 2012/13 to 3.3% in 2014/15, which is a not a statistically significant change.

**Figure 2.3** shows self-reported drug use, for all three time periods, by legal classification: Class A, Class B or Class C.

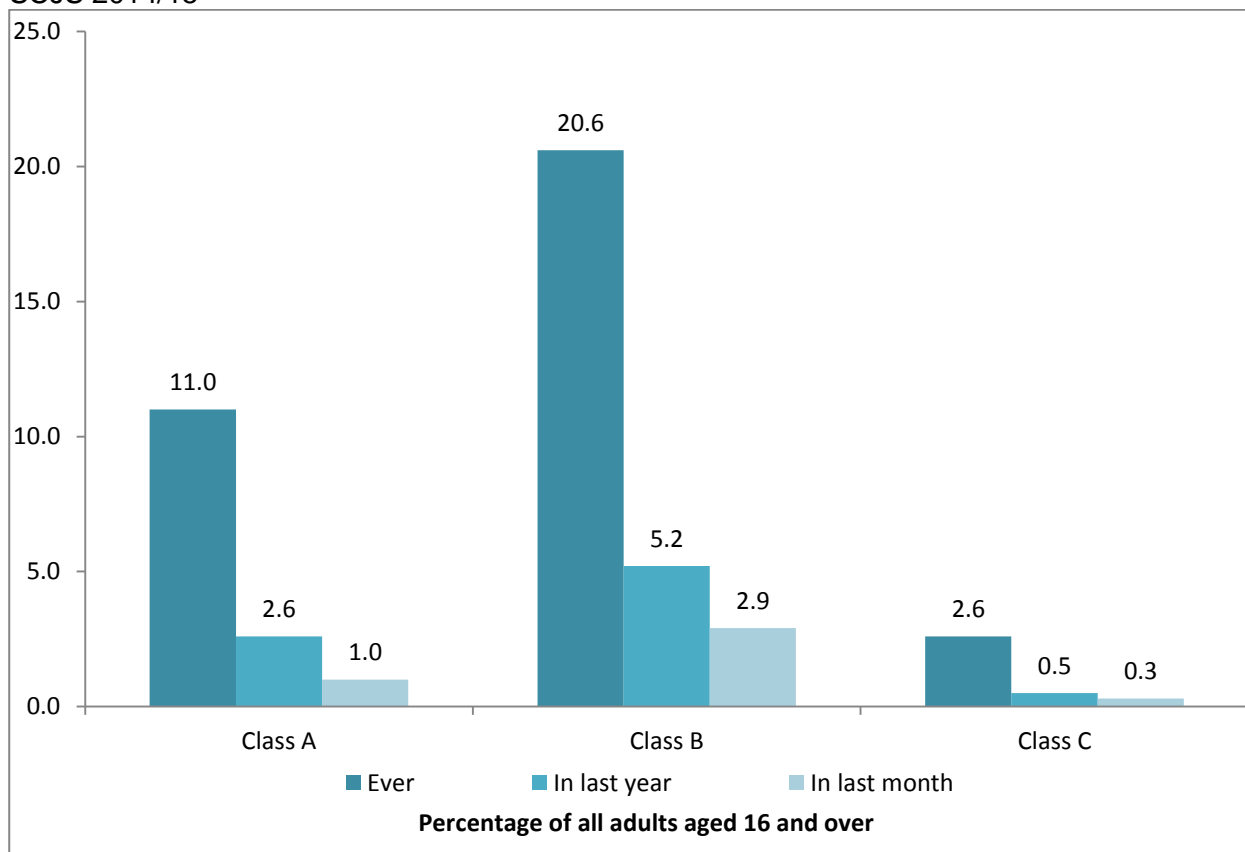
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<sup>14</sup> The SCJS does not collect details of whether amphetamine was prepared for injection or in powdered form. All self-reported amphetamine use is included in Class B in the analysis that follows. In contrast, amphetamines were incorrectly included in Class A and Class B in the [2012/13 SCJS drug use report](#). The impact of this is highlighted in an erratum note now attached to that publication.

<sup>15</sup> Had ketamine not moved from class C to class B, class C use in 2014/15 would have been 0.6% and the change from 1.0% in 2012/13 would still have been significant.

**Figure 2.3 % reporting use of drugs by legal classification: at some point in their lives (ever), in the last year and in the last month**

SCJS 2014/15



Base: Adults (9,970)

Variable Names: QEVE, Q12M, Q1M

**Table 2.2** reveals a statistically significant decrease in reported use of Class A, Class B and Class C drugs *in the last year* between 2008/09 and 2014/15 but only for Class C drugs between 2012/13 and 2014/15.

**Table 2.2: Trends in % reporting illicit drug use in the last year by legal classification from 2008/09 to 2014/15**

SCJS 2008/09; SCJS 2009/10; SCJS 2010/11; SCJS 2012/13; SCJS 2014/15

Percentage of all adults aged 16 and over using drugs in the last year	2008/09	2009/10	2010/11	2012/13	2014/15	pp change 2008/09	pp change 2012/13
						2014/15	2014/15
Class A	3.4	3.0	2.6	2.5	2.6	<b>-0.9</b>	0.1
Class B	6.4	6.2	5.7	5.3	5.2	<b>-1.2</b>	-0.1
Class C	1.3	1.3	1.2	1.0	0.5	<b>-0.8</b>	<b>-0.5</b>
Base	10,960	13,410	10,980	10,220	9,970		

Variable Name: Q12M

Note: changes which are statistically significant at the 95% level are highlighted using **bold** text

## 2.4 Self-reported drug use by specific drug

Similarly to the previous sweeps of the Scottish Crime and Justice Survey, cannabis was the most commonly reported drug used by all adults for all three time periods. In the SCJS 2014/15, it was found that:

- 20.0% of adults reported taking cannabis *at some point in their lives (ever)*;
- 5.0% of adults reported taking cannabis *in the last year*, and
- 2.8% of adults reported taking cannabis *in the last month*.

The next most commonly reported drugs taken by adults *at some point in their lives* after cannabis were cocaine (taken by 6.9%), ecstasy (6.8%), amphetamines (6.1%), poppers (5.4%) and the psychedelic drugs: magic mushrooms (4.5%) and LSD (4.1%).

When looking at drugs taken *in the last year*, the next most commonly reported drugs used after cannabis were cocaine (1.8%), ecstasy (1.3%), poppers (0.6%), amphetamines (0.6%) and tranquilisers (0.5%).

Finally, when considering drugs taken *in the last month*, the next most commonly reported drugs used after cannabis were cocaine (0.6%), ecstasy (0.6%), tranquilisers (0.3%) and amphetamines (0.3%).

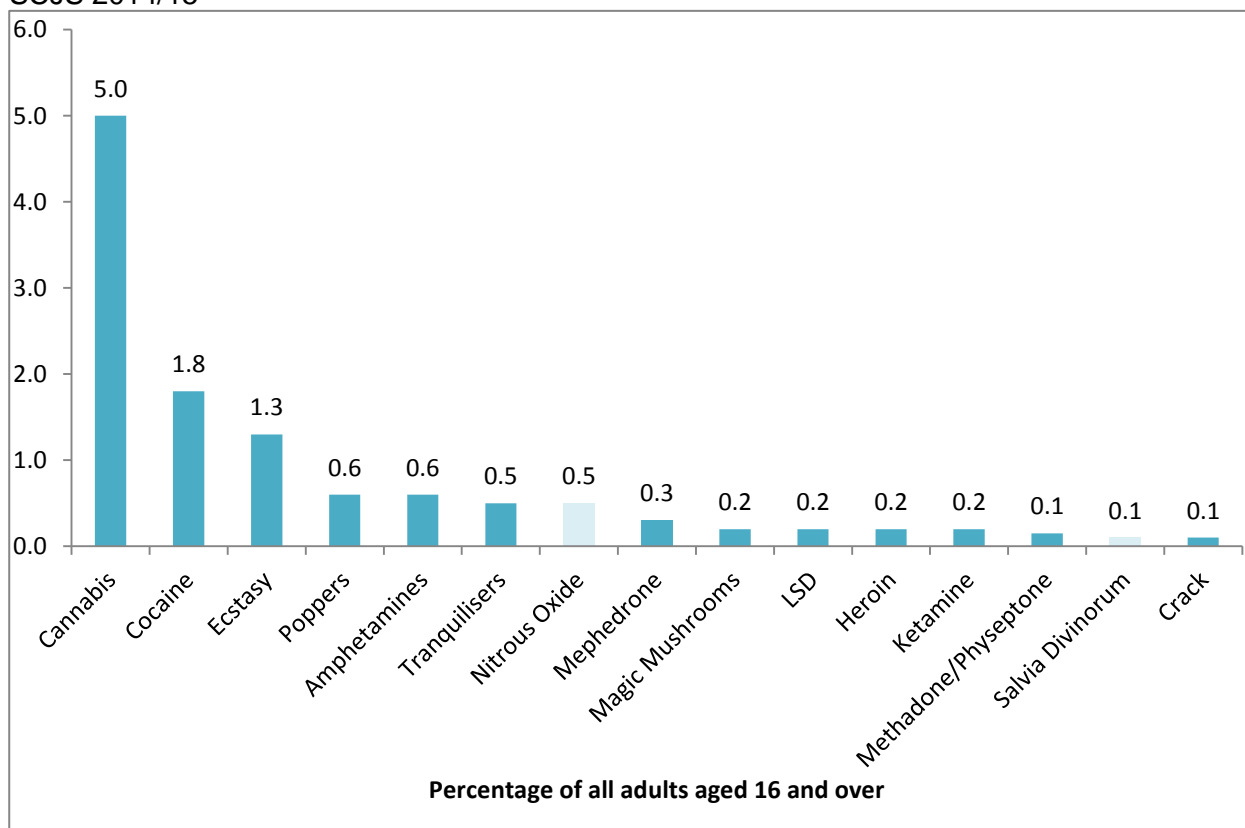
**Figure 2.4**<sup>16</sup> shows the percentage of adults reporting drug use *in the last year* by specific drug in ranked order, from the drug most commonly used to the drug least commonly used across the population.

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<sup>16</sup> The bars for 'new' drugs (salvia divinorum and nitrous oxide), which are excluded from the overall analysis in the report, are shaded light blue.

**Figure 2.4: % reporting drug use *in the last year* by drug used**

SCJS 2014/15



Base: Adults (9,970)

Variable Name: Q12M

- There has been a statistically significant decrease in adults reporting using mephedrone<sup>17</sup> (treated as a ‘new drug’ in previous sweeps of the SCJS, but now a Class B substance) *in the last year* between 2010/11 and 2014/15 (0.7% in comparison to 0.3%).

**Table 2.3** examines changes over time in the use of the most commonly reported drugs used *in the last year*. It shows that there has been a statistically significant decrease in the reported use of cannabis, cocaine, ecstasy, amphetamines and tranquilisers *in the last year* between 2008/09 and 2014/15. As reported above (section 2.3.1), there has also been a statistically significant decrease in reported use of tranquilisers *in the last year* between 2012/13 and 2014/15.

<sup>17</sup> A question about mephedrone was introduced into the survey for the first time in 2010/11.

**Table 2.3: Trends in % of adults reporting use of cannabis, cocaine, ecstasy, poppers, amphetamines and tranquilisers *in the last year* from 2008/09 to 2014/15**

SCJS 2008/09; SCJS 2009/10; SCJS 2010/11; SCJS 2012/13; SCJS 2014/15

Percentage of all adults aged 16 and over using drugs in the last year	2008/09	2009/10	2010/11	2012/13	2014/15	pp change	pp change
						2008/09	2012/13
						–	–
Cannabis	6.2	6.1	5.6	5.1	5.0	<b>-1.2</b>	-0.2
Cocaine	2.7	2.1	1.9	1.7	1.8	<b>-0.9</b>	0.1
Ecstasy	1.8	1.9	1.4	1.3	1.3	<b>-0.5</b>	0.0
Poppers	1.0	0.9	0.6	0.5	0.6	-0.3	0.1
Amphetamines	1.0	0.9	0.9	0.7	0.6	<b>-0.4</b>	0.0
Tranquilisers	1.2	1.0	1.1	0.8	0.5	<b>-0.7</b>	<b>-0.3</b>
Base	10,960	13,410	10,980	10,220	9,970		

Variable Name: Q12M

Note: changes which are statistically significant at the 95% level are highlighted in bold (see section 1.6 for further details).

## 2.5 Variations in self-reported drug use

### 2.5.1 Variation by gender

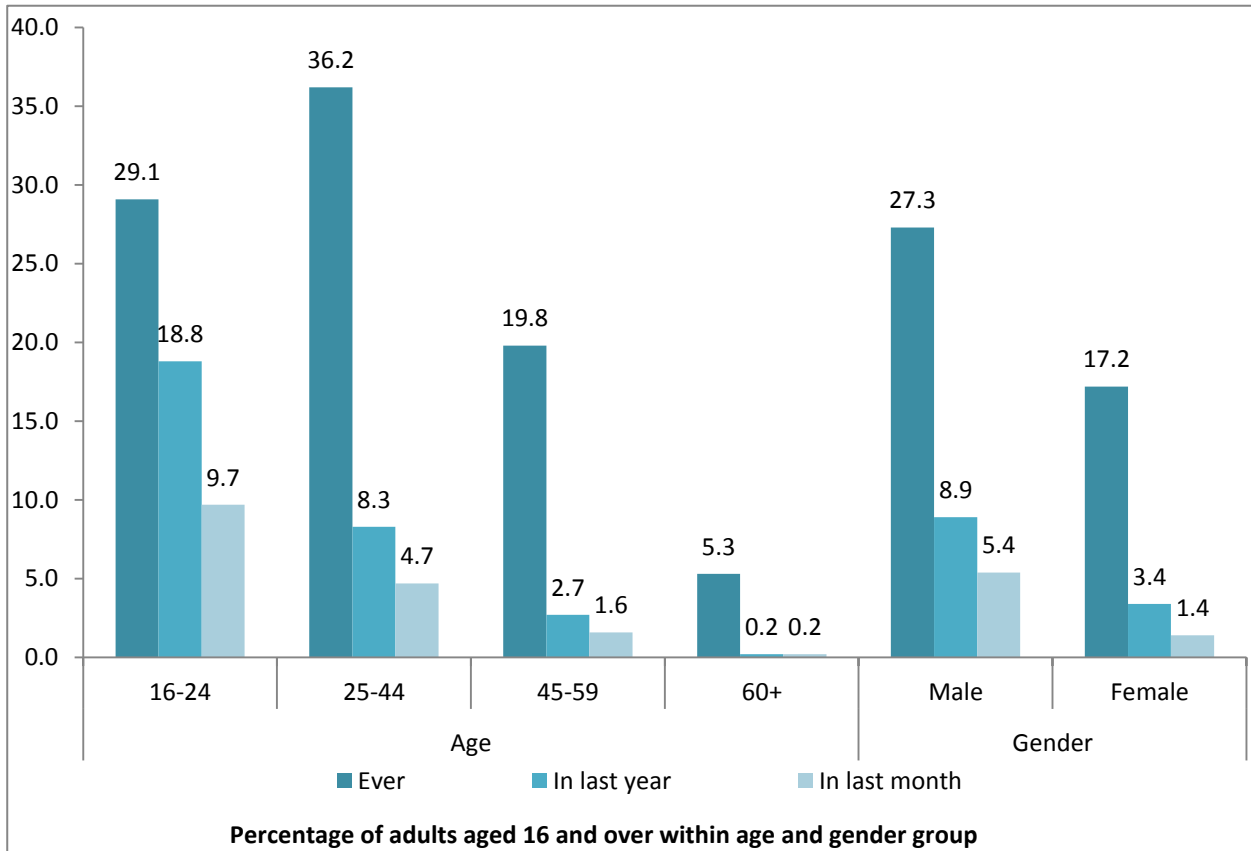
Self-reported drug use *in the last month, in the last year* and *ever* was significantly<sup>18</sup> associated with gender. Men reported higher levels of illicit drug use than women (see **Figure 2.5**):

- 27.3% of men reported taking an illicit drug *at some point in their lives* in comparison to 17.2% of women;
- 8.9% of men reported taking an illicit drug *in the last year* in comparison to 3.4% of women;
- 5.4% of men reported taking an illicit drug *in the last month* in comparison to 1.4% of women.

<sup>18</sup> Significant at the  $p < 0.05$  level.

**Figure 2.5: Variation in illicit drug use ever, in the last year and in the last month by gender and age**

SCJS 2014/15



Base: Adults aged 16 or over (Adults: 9,970; 16-24: 830; 25-44: 3,010; 45-59: 2,620; 60+: 3,500; Male: 4,520 Female: 5,450)

Variable Names: QEVE\_ANY, Q12M\_ANY, Q1M\_ANY

**Table 2.4** reveals a statistically significant decrease in illicit drug use *in the last year* by men (-2.2 percentage points) and women (-1.0 percentage points) between 2008/09 and 2014/15. However, the changes in reported illicit drug use between 2012/13 and 2014/15 for both men and women were not statistically significant.

**Table 2.4: Trends in reported illicit drug use *in the last year* by gender from 2008/09 to 2014/15**

SCJS 2008/09; SCJS 2009/10; SCJS 2010/11; SCJS 2012/13; SCJS 2014/15

<i>Percentage of all adults aged 16 and over</i>	<b>Men (%)</b>	<b>Men (Base)</b>	<b>Women (%)</b>	<b>Women (Base)</b>
2008/09	11.1	4,800	4.3	6,160
2009/10	10.1	5,910	4.5	7,500
2010/11	9.5	4,730	3.9	6,250
2012/13	9.4	4,420	3.3	5,800
2014/15	8.9	4,520	3.4	5,450
% change 2008/09 – 2014/15	<b>-2.2</b>		<b>-1.0</b>	
% change 2012/13 – 2014/15	-0.5		0.1	

Variable Name: Q12M

Note: changes which are statistically significant at the 95% level are highlighted with **bold** text (see section 1.6 for further details).

### 2.5.2 Variation by age

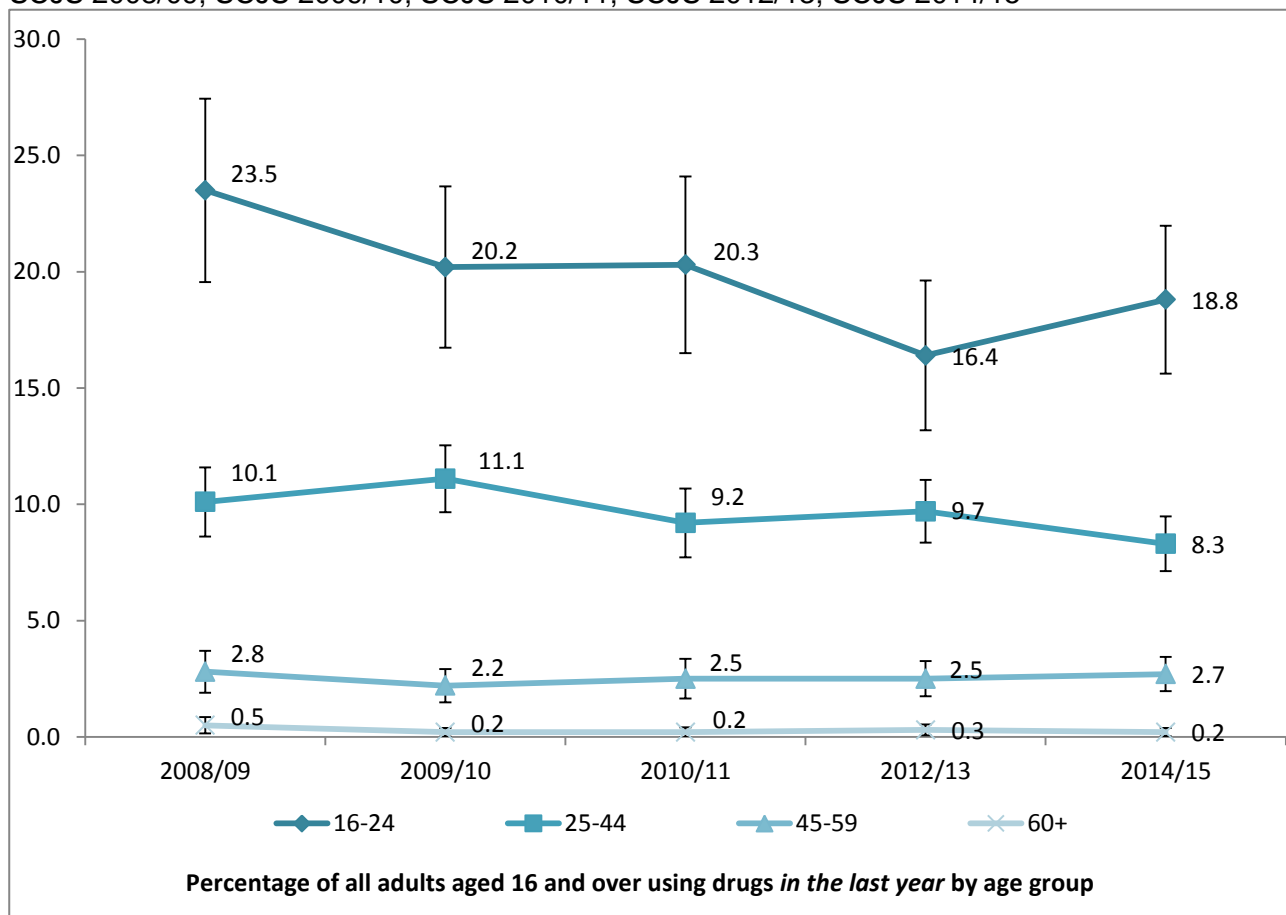
Self-reported drug use also varies by age. Respondents aged 16-24 had the highest level of reported drug use *in the last month* (9.7%) and *in the last year* (18.8%). Respondents aged 25-44 had the highest level of reported drug use ever (36.2%) (see **Figure 2.5**).

**Figure 2.6** illustrates reported use of illicit drugs *in the last year* between 2008/09 and 2014/15 by age group. There were no statistically significant changes in reported drug use by each age group *in the last year* between 2008/09 and 2014/15 and 2012/13 and 2014/15.



**Figure 2.6: Trends in reported drug use *in the last year* by age from 2008/09 to 2014/15**

SCJS 2008/09; SCJS 2009/10; SCJS 2010/11; SCJS 2012/13; SCJS 2014/15



Base: adults aged 16 and over<sup>19</sup>  
 Variable Names: Q12M, TABAGE

**In the 2013 Scottish Schools Adolescent Lifestyle and Substance Use Survey<sup>20</sup> (SALSUS), the proportion of school pupils aged 13 and 15 reporting drug use in the last month was the lowest since time series began in 1998 (Information Services Division, 2014). The number of 15-year-olds who reported using drugs in the last month decreased from 24% to 9% between 1998 and 2013. The number of 13-year-olds reporting using drugs in the last month decreased from 8% to 2% between 1998 and 2013 (Information Services Division, 2014).**

<sup>19</sup> Base: adults aged 16 and over (SCJS sweeps 2008/09: 16-24 1,000, 25-44 3,550, 45-59 2,910, 60+ 3,500; 2009/10: 16-24 1,160, 25-44 4,110, 45-59 3,550, 60+ 4,590; 2010/11: 16-24 970, 25-44 3,300, 45-59 2,920, 60+ 3,790; 2012/13 16-24 860, 25-44 3,100, 45-59 2,730, 60+ 3,540; 2014/15 16-24 830, 25-44 3010, 45-59 2620, 60+ 3500)

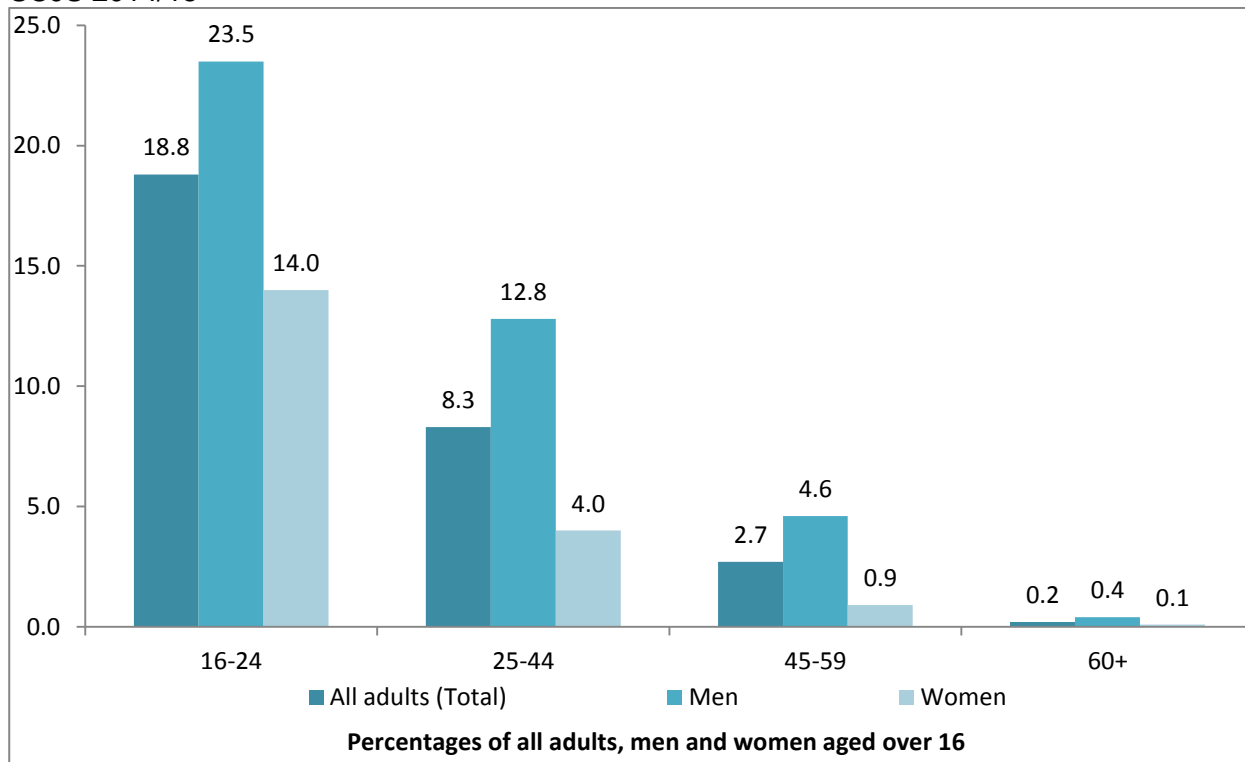
<sup>20</sup> The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) is a large-scale survey of 13 and 15-year-old school pupils in Scotland on their experiences of drinking alcohol, smoking and drug taking as well as asking wider questions on how and where leisure time is spent: <http://www.gov.scot/Topics/Research/by-topic/health-community-care/social-research/SALSUS>

### 2.5.3 Variation by age and gender

For both sexes, the highest level of reported illicit drug use *in the last year* was for the youngest age group. For men, 23.5% of 16-24 year-olds and 12.8% of 25-44 year-olds reported drug use *in the last year*. For women, self-reported drug use was also lower for 25-44 year-olds (4%) than for 16-24 year-olds (14.0%). Reported illicit drug use *in the last year* was lower for both men and women as they got older (see **Figure 2.7**).

**Figure 2.7: Variation in illicit drug use *in the last year* by gender and age**

SCJS 2014/15



Base: Adults aged 16 or over in each age range by gender (All adults: 9,970; Men: 4,520; Women: 5,450)

Variable Name: Q12M

### 2.5.4 Variation in drug use

Self-reported illicit drug use *in the last year* was significantly<sup>21</sup> associated with socioeconomic classification<sup>22</sup>; urban/rural classification<sup>23</sup>; victim status<sup>24</sup> and area

<sup>21</sup> Significant at the  $p < 0.05$  level.

<sup>22</sup> Details of the National Statistics socioeconomic classification operational categories can be found on the ONS website: <http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/guide-method/classifications/current-standard-classifications/soc2010/soc2010-volume-3-ns-sec--rebased-on-soc2010--user-manual/index.html>

<sup>23</sup> Details of the Scottish Government Urban / Rural Classification can be found on the Scottish Government website: <http://www.gov.scot/Topics/Statistics/About/Methodology/UrbanRuralClassification>

<sup>24</sup> A victim is defined as a respondent who reported crimes or offences in the main questionnaire (excludes sexual offences and threats) which are within the scope of the survey, took place in Scotland and occurred within the reference period.

deprivation based on the Scottish Index of Multiple Deprivation<sup>25</sup> (SIMD) (see **Figure 2.8**).

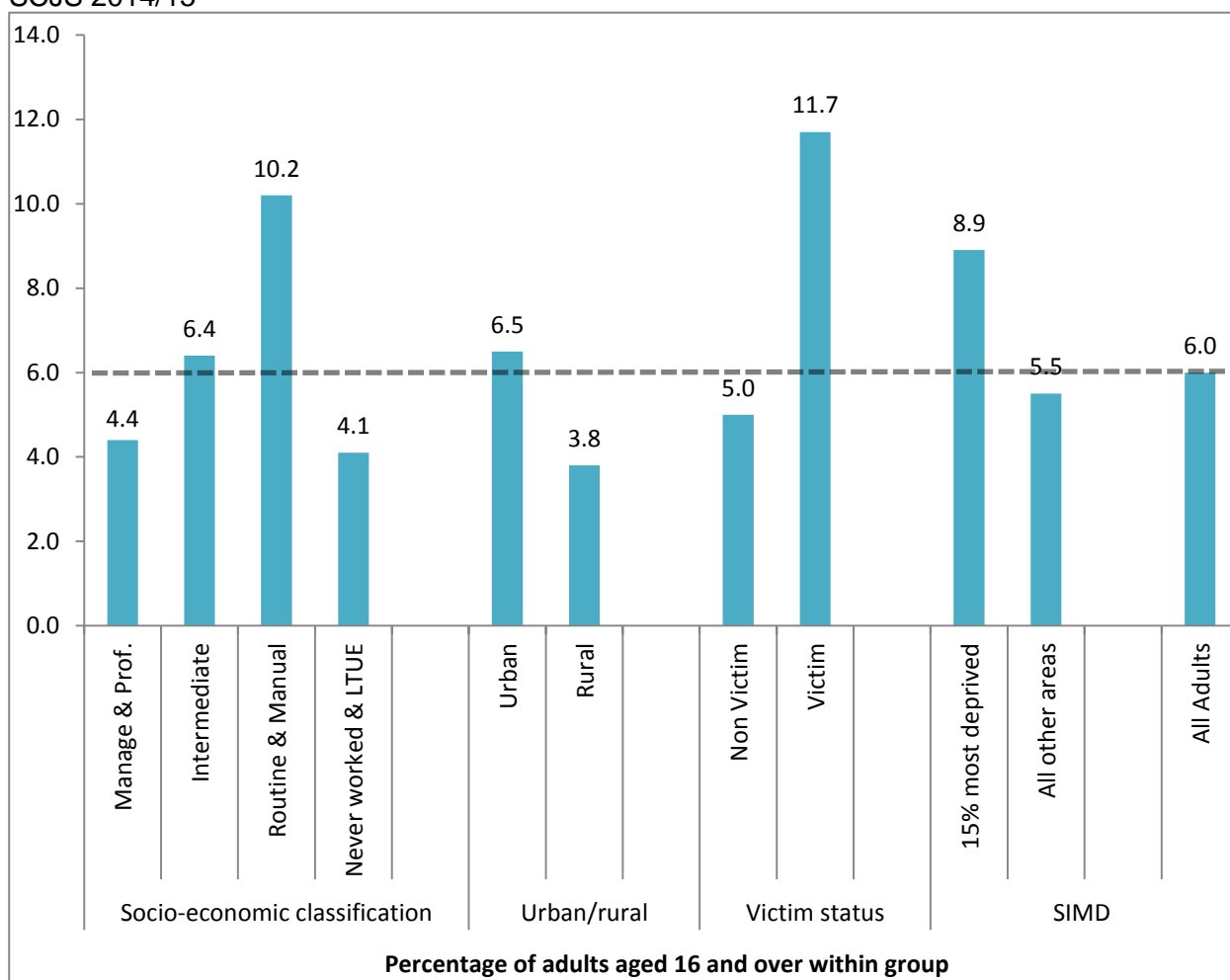
- Those classified in the routine and manual socioeconomic group were more likely to report illicit drug use *in the last year* (10.2% compared to 6.4% in the intermediate occupation group, 4.4% in the managerial and professional group and 4.1% of those in the never worked and long-term unemployed category).
- Those who live in urban areas were more likely to report using illicit drugs *in the last year* (6.5% compared to 3.8% of those living in rural areas).
- Victims of crime were more likely to report using illicit drugs *in the last year* (11.7% compared to 5.0% of non-victims).
- Those classified as living in the 15% most deprived areas based on the Scottish Index of Multiple Deprivation were more likely to report using illicit drugs *in the last year* than those living in all other areas (8.9% compared to 5.5%).

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<sup>25</sup> Details of the Scottish Index of Multiple Deprivation can be found on the Scottish Government website: <http://www.gov.scot/Topics/Statistics/SIMD>

**Figure 2.8: % reporting illicit drug use *in the last year* by socioeconomic group, urban/rural location, victim status and SIMD Index**

SCJS 2014/15



Base: Adults aged 16 and over in group<sup>26</sup>

Variables Names: Q12M\_ANY; TABNSSEC; TABURBRUR; VICFLAG3; SIMD\_TOP.

## 2.6 Being offered drugs *in the last year*

The SCJS 2014/15 estimated that 8.9% of adults reported that someone had offered to give or sell them at least one type of illicit drug *in the last year*.

Comparing this to previous sweeps of the SCJS reveals a statistically significant decline with 13.7% of adults reporting being offered drugs *in the last year* in the SCJS 2008/09 (a drop of 4.8 percentage points) and 10.6% in the SCJS 2012/13 (a drop of 1.7 percentage points). Of those who had not taken drugs *in the last year*, 4.9% said that they had been offered illicit drugs *in the last year*.

<sup>26</sup> Base sizes are for all socioeconomic groups (Management & Professional: 2,110; Intermediate: 1,380; Routine and Manual: 2,240; Never Worked & Long Term Unemployed: 4,180), housing tenure groups (Owner occupier: 6,350; Social rented: 2,250; Private Rented: 1,200), urban/rural location (Urban: 8,010; Rural: 1,970), victim status (Non-Victim: 8,580; Victim: 1,400), SIMD index (15% most: 1,410; All other areas: 8,560), fear of crime (Safe: 7,360; Unsafe: 2,540), disability (Yes: 2,080; No: 7,900).

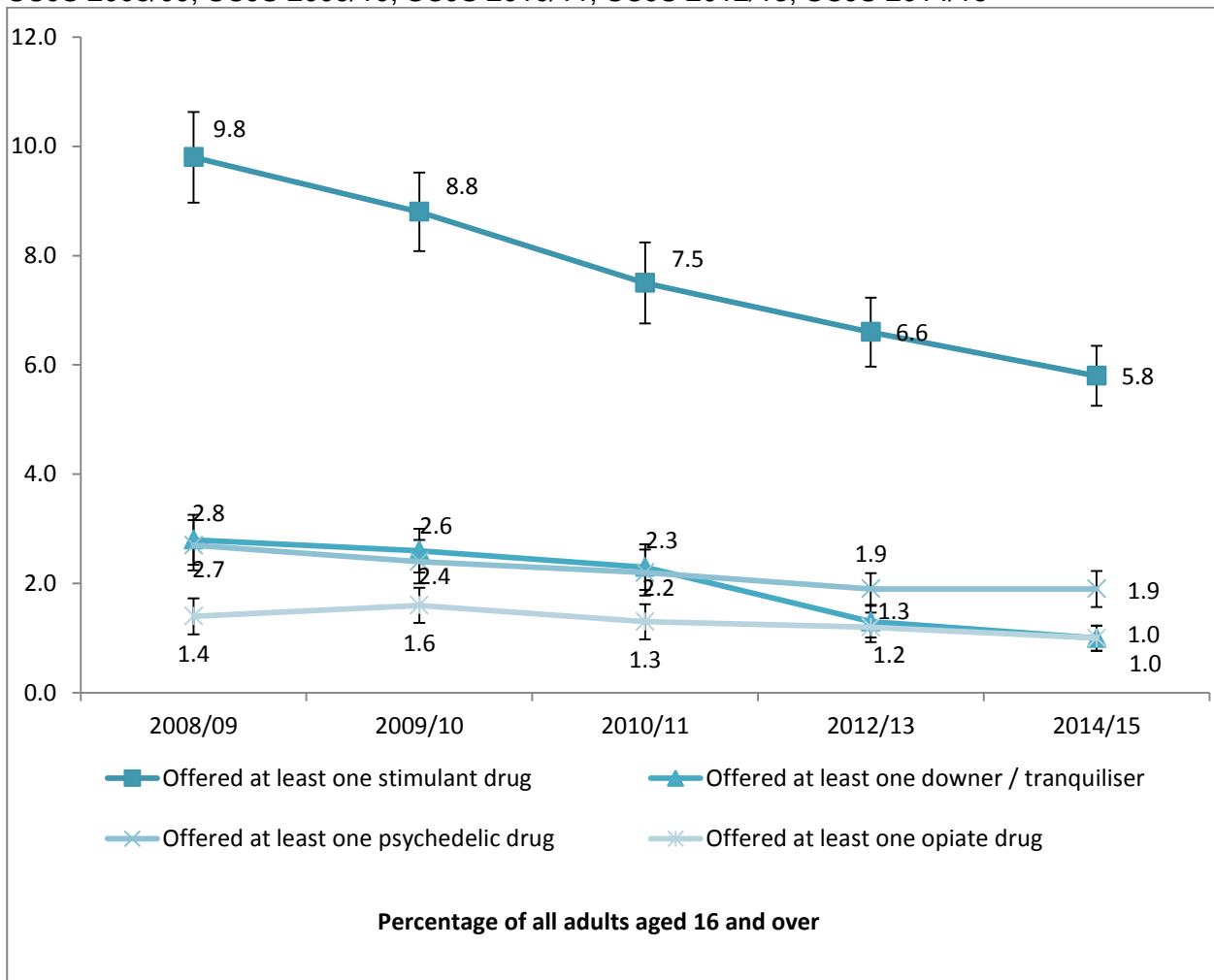
### 2.6.1 Being offered drugs by composite group and legal classification

Compared with previous sweeps of the SCJS, there has been a statistically significant decrease in those reporting that someone had offered to give or sell them at least one type of illicit drug *in the last year* by composite drug group and legal classification:

- Stimulant drugs are the most commonly reported to have been offered *in the last year* in every sweep of the SCJS: 5.8% of adults reported having been offered stimulant drugs *in the last year* in the SCJS 2014/15. For stimulants, downers/tranquilisers and psychedelic drugs, comparisons with the SCJS 2008/09 reveal a statistically significant decline in adults reporting they have been offered these drugs (stimulants -4.0; downers/tranquilisers -1.8; psychedelics -0.8 percentage points) (see **Figure 2.9**).

**Figure 2.9: % being offered an illicit drug *in the last year* from 2008/09 to 2014/15**

SCJS 2008/09; SCJS 2009/10; SCJS 2010/11; SCJS 2012/13; SCJS 2014/15



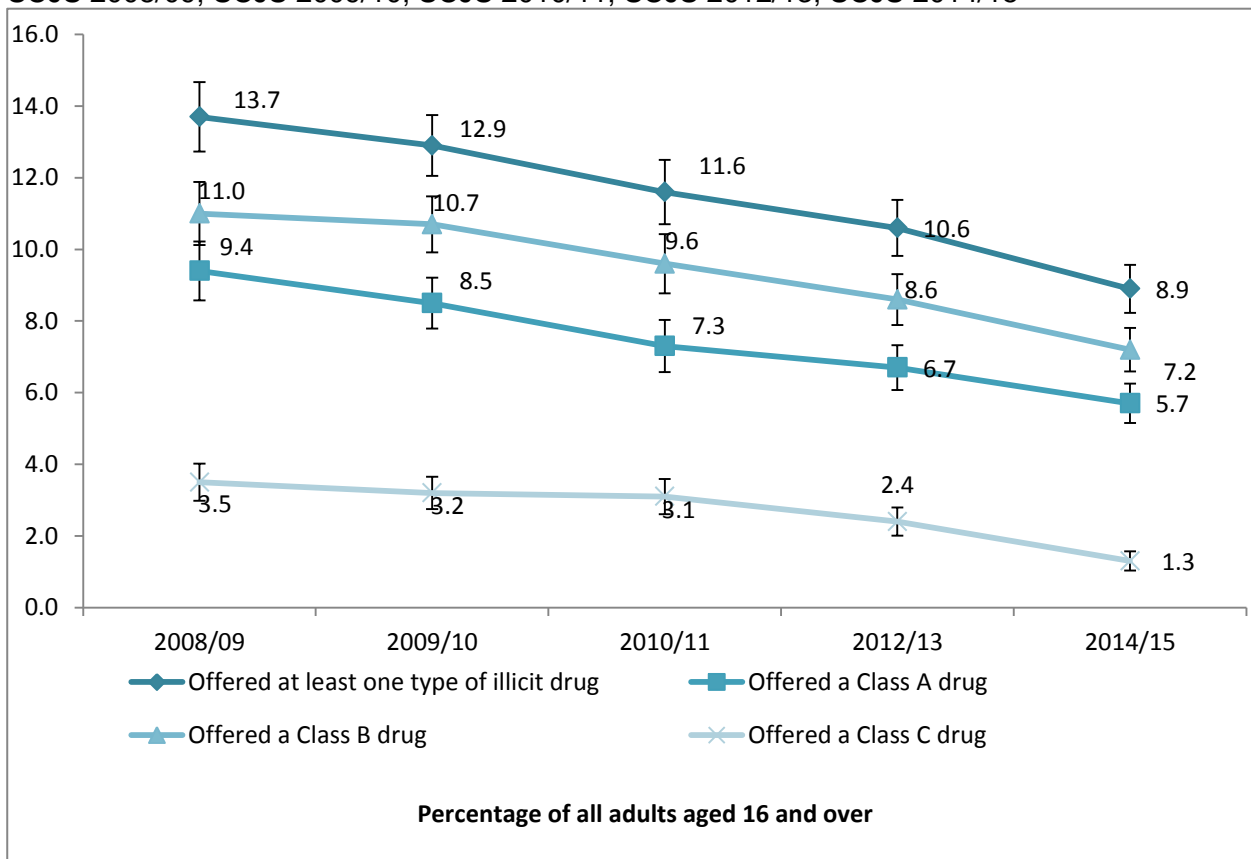
Base: Adults aged 16 or over (adults aged 16 and over (SCJS 2008/09: 10,960; SCJS 2009/10: 13,410; SCJS 2010/11: 10,980; SCJS 2012/13: 10,220; SCJS 2014/15: 9,970)

Variable Name: Q12M

- Drugs legally classified as Class B were the most commonly reported to have been offered *in the last year* (7.2%). For all three Classes of drug, comparisons with the SCJS 2008/09 reveal a statistically significant decline in adults reporting they have been offered these drugs (Class A -3.7; Class B -3.8; Class C -2.2 percentage points) (see **Figure 2.10**). There was also a statistically significant decline in adults reporting being offered drugs across all 3 classifications between the 2012/13 and 2014/15 (Class A -1.0; Class B -1.4; Class C -1.1 percentage points).

**Figure 2.10: % being offered an illicit drug by legal classification *in the last year* from 2008/09 to 2014/15**

SCJS 2008/09; SCJS 2009/10; SCJS 2010/11; SCJS 2012/13; SCJS 2014/15



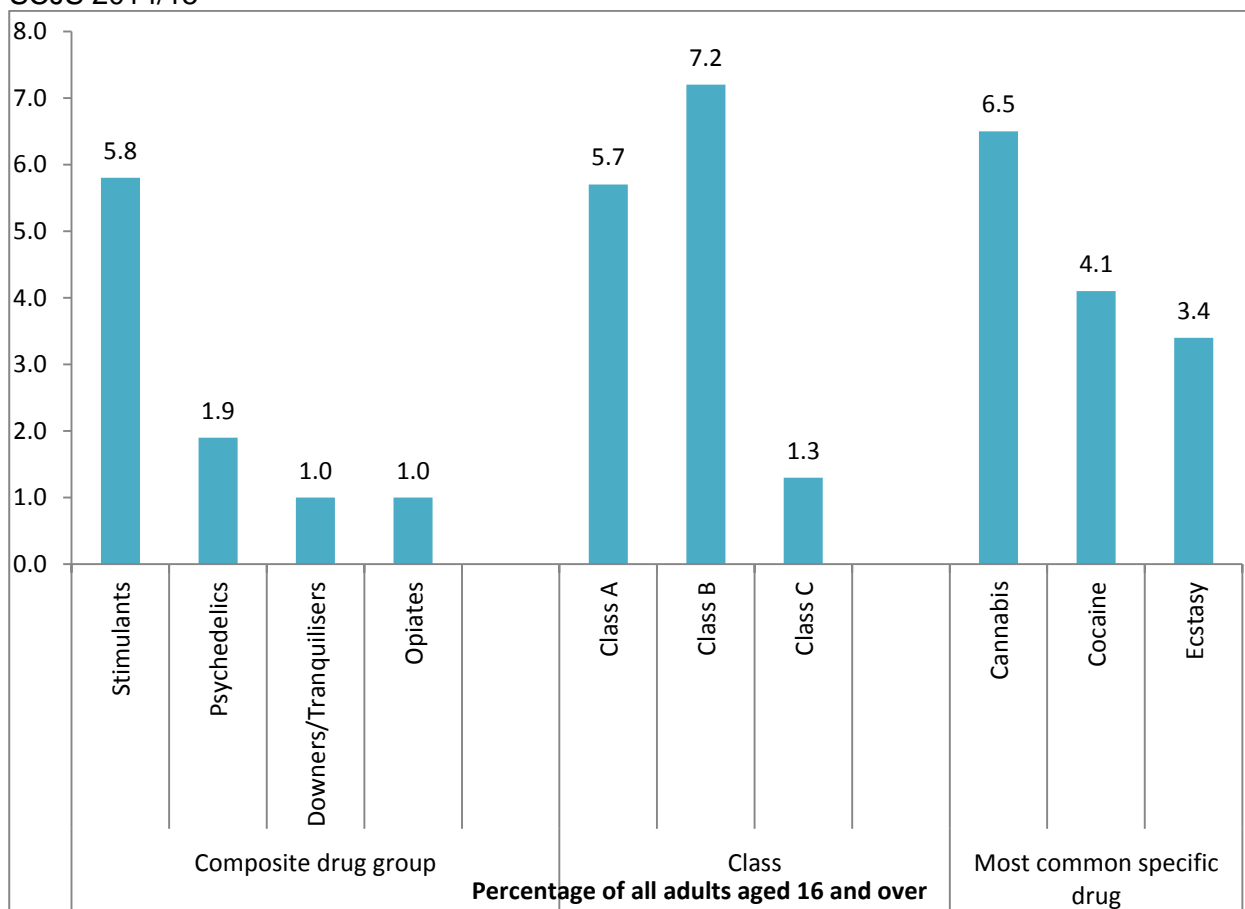
Base: Adults aged 16 and over (SCJS 2008/09: 10,960; SCJS 2009/10: 13,410; SCJS 2010/11: 10,980; SCJS 2012/13: 10,220; SCJS 2014/15: 9,970)  
Variable Name: Q12M

**Figure 2.11** shows the percentage of adults aged 16 or over who reported that someone had offered to give or sell them at least one type of illicit drug in the last year by composite drug group; legal classification of drugs; and the most commonly offered drugs (cannabis, cocaine and ecstasy).

In 2014/15, just over one in twenty adults (6.5%) reported being offered cannabis *in the last year*, down from 10.3% in 2008/09 and 8.3% in 2012/13; 4.1% reported being offered cocaine, down from 7.0% in 2008/09; and 3.4% reported being offered ecstasy, down from 6.3% in 2008/09.

**Figure 2.11: % being offered drugs *in the last year* by type of drug**

SCJS 2014/15



Base: Adults (9,970)

Variable Name: QOF2

### 2.6.2 Variations in being offered drugs

Being offered drugs *in the last year* was significantly<sup>27</sup> associated with gender:

- Men were more than twice as likely as women to report being offered an illicit drug *in the last year* (12.6% compared to 5.5%).

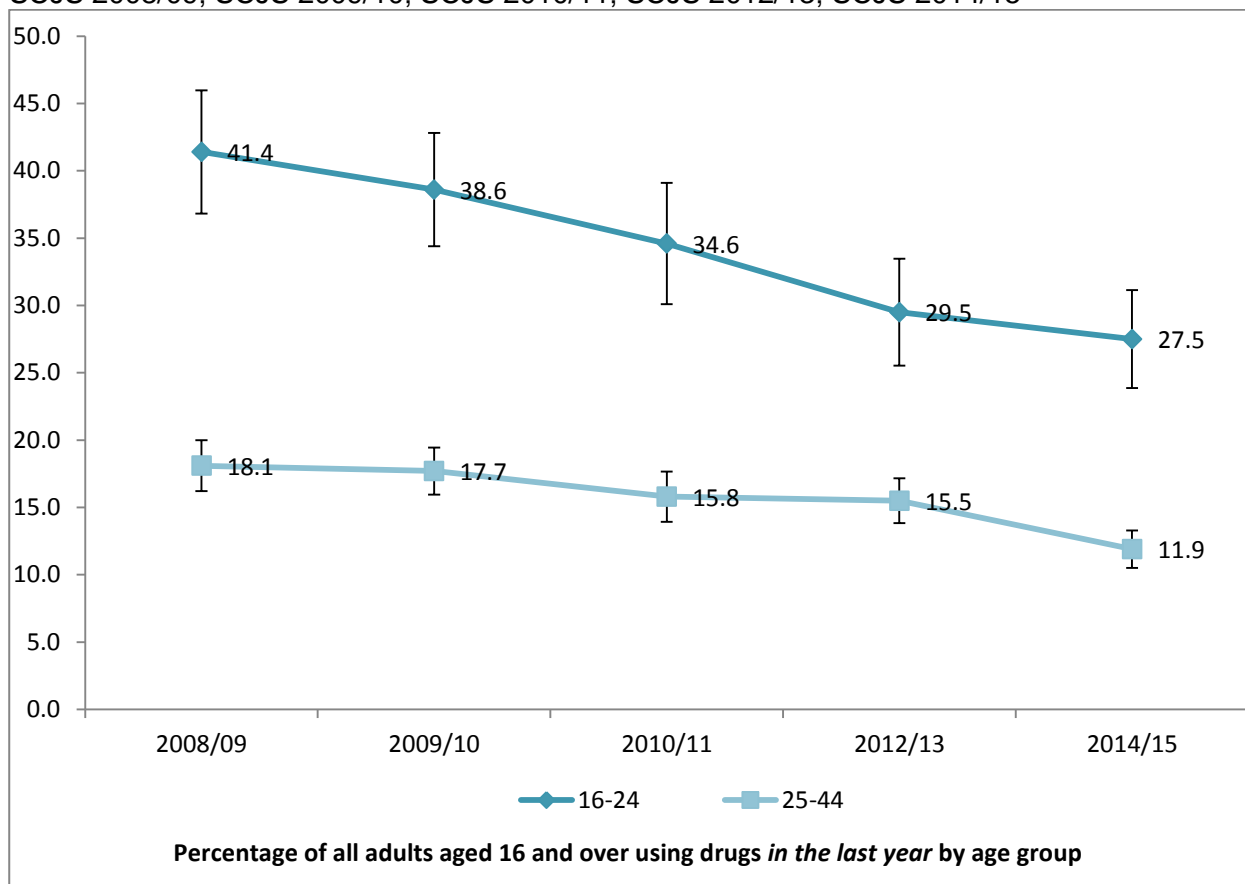
Being offered drugs also varies by age:

- Over a quarter of 16-24 year-olds (27.5%) reported being offered an illicit drug *in the last year*. In comparison, 11.9% of 25-44 year-olds, 4.2% of 45-59 year-olds and 0.8% of those aged over 60 reported being offered an illicit drug *in the last year*.
- For the younger age groups, there has been a statistically significant decrease in the number of 16-24 year-olds and 25-44 year-olds reporting being offered an illicit drug *in the last year* between 2008/09 and 2014/15, and between 2012/13 and 2014/15 for 25-44 year-olds (see **Figure 2.12**).

<sup>27</sup> Significant at the  $p < 0.05$  level.

**Figure 2.12: Being offered an illicit drug *in the last year* by age group from 2008/09 to 2014/15**

SCJS 2008/09; SCJS 2009/10; SCJS 2010/11; SCJS 2012/13; SCJS 2014/15



Base: Adults aged 16 and over<sup>28</sup>  
 Variable Names: QOF2; TABAGE

Being offered illicit drugs *in the last year* varied significantly<sup>29</sup> by socioeconomic classification, urban/rural classification, victim status and area deprivation.

- Those classified as working in the routine and manual occupations (13.5%) were more likely to have been offered illicit drugs *in the last year* than in any other occupation group (in comparison to 7.1% of the managerial and professional occupations group, 10.4% of the intermediate occupations group and 6.5% of those classed as never worked or long-term unemployed).
- Those living in urban areas were more likely to report being offered illicit drugs *in the last year* compared to those living in rural areas (9.5% and 6.3% respectively).
- Victims of crime, as measured by the SCJS 2014/15 were more than twice as likely to have been offered illicit drugs *in the last year* as those who did not report being a victim of crime (17.5% and 7.4% respectively).

<sup>28</sup> Base: Adults aged 16 and over - SCJS sweeps 2008/09 (16-24: 1,000; 25-44: 3,550), 2009/10 (16-24: 1,160; 25-44: 4,110), 2010/11 (16-24: 970; 25-44: 3,300) 2012/13 (16-24: 860; 25-44: 3,100), 2014/15 (16-24: 830; 25-44: 3010)

<sup>29</sup> Significant at the  $p < 0.05$  level.



- Those classified as living in the 15% most deprived areas based on the Scottish Index of Multiple Deprivation were more likely to report being offered illicit drugs *in the last year* than those not living in the 15% most deprived areas (12.9% compared to 8.2%).

## 2.7 New Psychoactive Substances

The SCJS 2014/15 asked respondents for the first time whether they had taken New Psychoactive Substances (NPS), or ‘legal highs’. This generic category referred to: “*a range of substances that are described as ‘legal highs’, ‘designer drugs’, or ‘new drugs’...substances which you take to get a ‘high’ and are not illegal to purchase (but are not prescribed by a doctor)*”.

- An estimated 1.6% of adults reported that they had ever taken any powders, pills, herbal mixtures or crystals sold as ‘legal highs’.
- 0.4% of adults reported that they had taken any powders, pills, herbal mixtures or crystals sold as ‘legal highs’ *in the last year*. Of those who reported ever taking ‘legal highs’ (Base: 140), 24.3% said that they had *in the last year*.
- Those in the younger age groups were more likely to report having ever used ‘legal highs’ (4.1% of 16-24 year-olds, 2.7% of 25-44 year-olds in comparison to 0.5% of 45-59 year-olds). This corresponds with UK and international evidence that use of NPS is higher amongst younger age groups (Scottish Government, 2014).
- Men were more likely than women to report having ever used ‘legal highs’ (2.2% of men compared to 1.0% of women).

The Scottish Government’s [New Psychoactive Substances – Evidence Review](#) examines evidence on demand for and prevalence of use of NPS in Scotland, set in the context of information from the rest of the UK and internationally. In a review of national surveys it reports that use of NPS amongst the general adult population tends to be relatively low compared with the use of other illicit drugs (Scottish Government, 2014).

The Crime Survey for England and Wales collected information on the self-reported use of NPS in 2014/15. Details of the results can be found at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/462885/drug-misuse-1415.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/462885/drug-misuse-1415.pdf)

In addition to the generic question about ‘legal highs’, respondents were asked separately whether they had taken two individual ‘new drugs’ (or those not recorded previously). These were nitrous oxide and salvia divinorum. Questions on the use of individual ‘new drugs’ have been included in the last two surveys, although the specific substances have changed over time. It is therefore not possible to make comparisons between reported use of any ‘new drugs’ in the SCJS 2014/15 and previous surveys.

- 0.5% of adults reporting using any 'new drug' *in the last year*. Looking at individual 'new drugs', 0.5% of adults said that they had taken nitrous oxide and 0.1% said that they had taken salvia divinorum *in the last year*.

Of respondents who reported ever taking salvia divinorum or nitrous oxide, only 22.1% said 'yes' when asked if they had ever taken any powders, pills, herbal mixtures or crystals that are sold as 'legal highs'. This suggests that there remains a degree of uncertainty about what does and does not constitute a 'legal high'.

# Chapter 3: The Experiences of Adults Reporting Drug Use in Scotland

## Key findings

### Self-reported drug use *in the last year*

- Of the 6.2% of adults who reported taking any drugs (including 'new' drugs) *in the last year*, eight in ten (80.7%) said that they had used cannabis; 29.3% said they had used cocaine and 21.7% said they had used ecstasy.

### Polydrug use and mixing alcohol with drug use

- Of all adults over 16 taking *more than one drug in the last year*, half (50.6%) reported that they had taken different drugs together at the same time.
- Of all adults who reported using drugs *in the last year*, nearly two thirds (64.8%) reported that they had consumed alcohol at the same time as taking drugs.

### First drug use

- The most common age for first trying drugs was the late teens (16-19) with over half (55%) of those who had reported taking drugs *at some point in their lives* first trying them at this age.
- The majority of adults who have *ever* taken drugs reported that their first drug used was cannabis (77.8%).

### Methods of taking drugs

- Of those adults who reported having used drugs *at some point in their lives*, the majority (92.7%) said that they had taken them by smoking, sniffing or inhaling them.

### Experiences of drug use *in the last month*

#### Frequency of drug use

- Of those who reported using drugs *in the last month*, most adults reported using their most frequently used drug once or twice a month (40.5%) followed by almost on a daily basis (18.8%).
- There has been a statistically significant decrease from 30.2% in 2012/13 to 18.8% in 2014/15 in those reporting that they used their most frequently used drug *in the last month* 'every day or almost every day'.

#### Dependency

- 82.5% said that they did not feel dependent on the drug taken most often *in the last month*.

- 31.3% of adults living in the 15% most deprived areas in Scotland said that they had felt dependent on the drug taken most often *in the last month*, compared to 11.9% of those living in the rest of Scotland.
- For those respondents who had *in the last month* tried to cut down on the drug used most often *in the last month*, the majority (87.4%) said that they did not use any support services while trying to cut down.

### Ease of obtaining drugs

- The majority of those who had used drugs *in the last month* said that this was very easy (40.5%) or fairly easy (43.4%) to get hold of the drug used most often *in the last month*.

## 3.1 Introduction

This chapter focuses on the experiences of those who reported drug use. Unlike Chapter 2, Chapter 3 includes ‘new drugs’ in the analysis, as the focus of this chapter is on the experiences of those taking drugs, both illicit and new. Including ‘new drugs’, 22.6% of all adults over 16 said that they had used one or more drugs *at some point in their lives*. Of the adults who had used any drugs *at some point in their lives*, over one quarter (27.2%) had used drugs *in the last year*. Just over one in twenty of all adults (6.2%) said that they had used one or more drugs *in the last year* with 3.3% saying that they had used one or more drugs *in the last month*.

This chapter begins by examining self-reported drug use *in the last year* before then examining experience of drug use *in the last year* with regards to specific drugs; polydrug use; and joint use of alcohol and drugs. This chapter then examines the age at which drugs were first used; the type of drug first used; and methods of taking drugs. The final section of this chapter specifically focuses on the experiences of adults over 16 who have used one or more drugs *in the last month* looking at frequency of use, variation by age and gender in frequency of use; drug dependency; ease of obtaining drugs *in the last month*; and accessibility of drugs. This chapter has a particular focus on drug use *in the last month* as this time frame is most useful when examining drug dependency.

## 3.2 Self-reported drug use *in the last year*

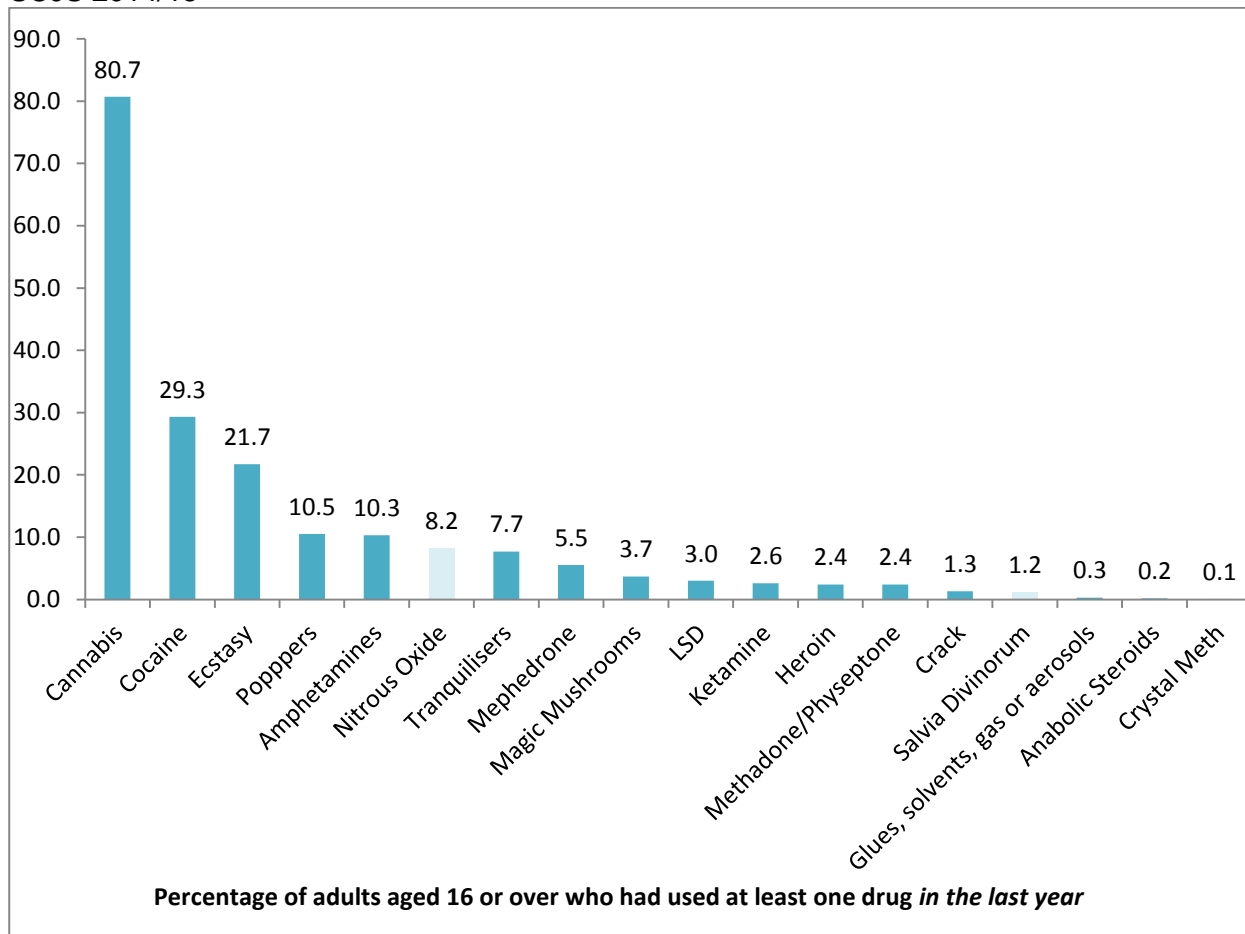
Looking only at those respondents who reported using drugs *in the last year* (Base: 490), **Figure 3.1** shows the percentage of adults who had used each specific drug.

- Eight in ten adults (80.7%) who reported using any drugs (including “new drugs”) *in the last year* said that they had used cannabis in that time.
- Of adults taking drugs *in the last year*, the next most commonly used drugs were cocaine (29.3%), ecstasy (21.7%), poppers (10.5%) and amphetamines (10.3%).
- Of all adults taking drugs *in the last year*, 46.1% said that they had taken stimulants; 7.7% said that they had used downers/tranquilisers; 7.5% said that they had taken psychedelics; and 3.4% said that they had taken opiates.

- Of those who reporting using drugs *in the last year*, the proportion using tranquilisers fell by 8.9 percentage points between 2010/11 and 2014/15. There have been no other statistically significant changes looking at the above drugs.

**Figure 3.1: % each drug type used where used one or more drugs *in the last year***

SCJS 2014/15



Base: Adults aged 16 and over who had used at least one drug *in the last year* (490)

Variable Name: Q12M

### 3.2.1 Experiences of drug use *in the last year* by specific drugs

This section will focus on the experience of drug use *in the last year* by examining experiences of the most commonly used drugs *in the last year*, polydrug use; and joint consumption of alcohol and drugs.

#### Experiences of use of most prevalent drugs

##### Cannabis

As previously mentioned, cannabis is the most used drug *in the last month, last year and ever*. All adults over 16 who had used cannabis *in the last year* were

asked to describe their use of this drug. Of adults who reported using cannabis *in the last year* (Base: 390):

- Over a quarter of adults (26.9%) said that it was something that they had tried once or twice;
- Over three fifths of adults (62.3%) said that it was something that they had used more than once or twice but would not or did not have difficulty giving it up if they wanted to;
- One in ten adults (10%) said that cannabis was something that they needed or were dependent on at the time of the survey or *in the last year*.

## Cocaine

Cocaine was the next most commonly used drug *in the last year* after cannabis. Of adults who reported using cocaine *in the last year* (Base:140):

- Two fifths of adults (40.1%) said that it was something that they had tried once or twice;
- More than half of adults (58.6%) said that it was something that they had used more than once or twice but would not or did not have difficulty giving it up if they wanted to;
- 1.3% of adults said that cocaine was something that they needed or were dependent on at the time of the survey or *in the last year*.

## Ecstasy

Ecstasy was the third most commonly used drug *in the last year*. Of adults who reported using ecstasy *in the last year* (Base: 90):

- Just over two fifths of adults (45.5%) said that it was something that they had tried once or twice;
- More than half of adults (54.5%) said that it was something that they had used more than once or twice but would not or did not have difficulty giving it up if they wanted to;
- No respondents said that ecstasy was something that they needed or were dependent on at the time of the survey or *in the last year*.

### 3.2.2 Polydrug use

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. Respondents who reported taking more than one type of drug *in the last year* were asked whether they had taken different drugs together at the same time during this period. Of all adults over 16 taking more than one drug *in the last year* (Base: 190), half of adults (50.6%) reported that they had taken different drugs together at the same time and 49.1% said that they had not.

### 3.2.3 Alcohol and drug use

Those who had used drugs *in the last year* were asked whether they had consumed alcohol at the same time as taking drugs. Nearly two thirds of adults (64.8%) reported that they had consumed alcohol at the same time as taking drugs (of all adults who reported using drugs *in the last year* - base: 490). Joint consumption of alcohol at the same time as taking drugs varies significantly<sup>30</sup> with socioeconomic classification.

- Those in the managerial/professional socioeconomic group were more likely to report consuming alcohol at the same time as taking drugs *in the last year* (84.8%) in comparison to 61.3% of adults in the intermediate group; 63.3% of adults in the routine and manual socioeconomic group; and 57.6% of adults in the not working and long-term unemployed group.

### 3.3 Experiences of adults who have taken drugs at some point in their lives

This section will explore experiences of drug use of all adults who reported taking drugs *at some point in their lives* (Base: 2110) through examining: age at which drugs used were first taken; first drug ever used; and methods of taking drugs.

#### 3.3.1 Age at which drug first taken

All adults aged 16 and over who reported having ever taken drugs were asked what age they were when they first took drugs. **Figure 3.2** shows that:

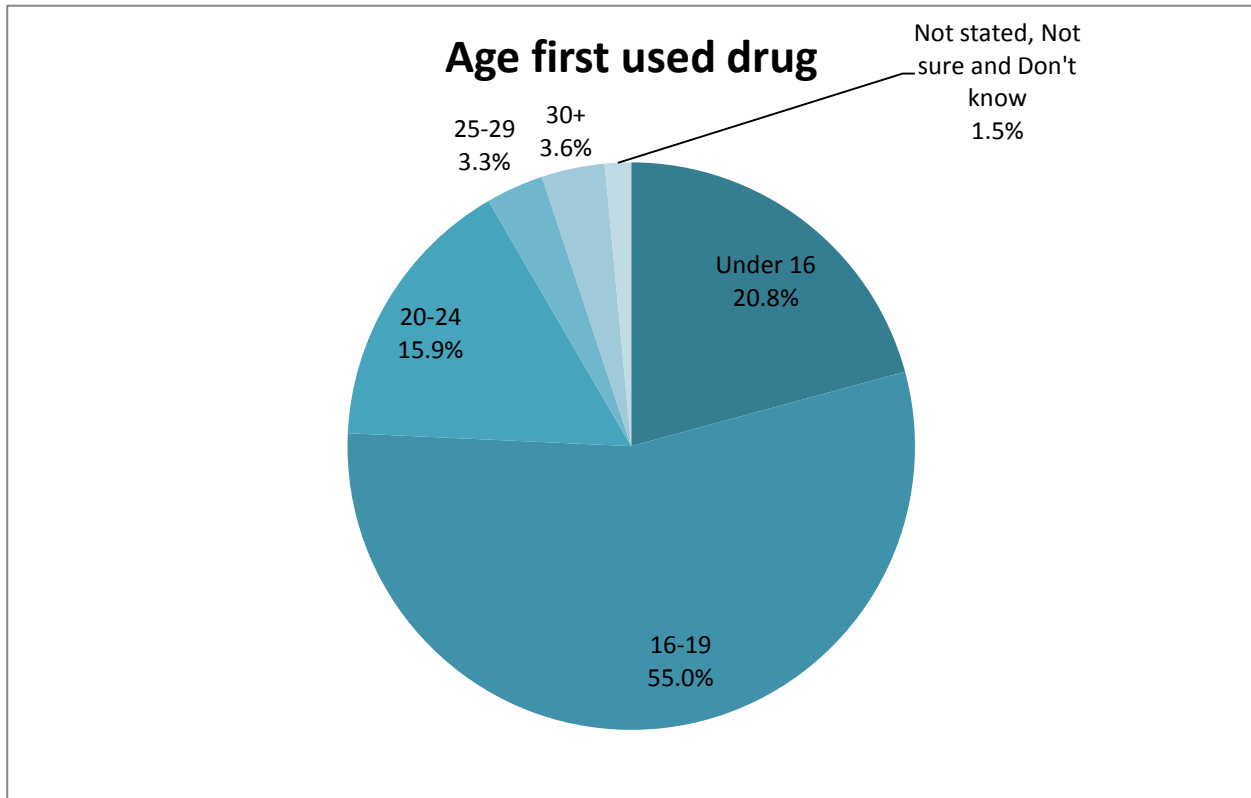
- The most common age for first trying drugs was the late teens (16-19) with over half (55.0%) of those who had reported taking drugs *at some point in their lives* first trying them at this age;
- Two fifths of adults (20.8%) said that they had first used drugs aged under 16;
- 15.9% of adults said that they had first used drugs aged 20-24; and
- A small proportion of adults report having first used drugs over the age of 25. (see Figure 3.2)

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<sup>30</sup> Significant at the  $p < 0.05$  level.

**Figure 3.2: Age at which drugs were first taken**

SCJS 2014/15



Base: Adults aged 16 and over who had used at least one drug ever (2,110)  
Variable Name: QDRAGE

### 3.3.2 First drug ever used

Respondents who had ever used one or more drugs were asked what the first drug they had ever used was. The majority of adults reported that their first drug used was cannabis (77.8%). Of the rest of first drugs ever used (see **Figure 3.3**):

- Over one in ten adults (11.5%) reported that their first drug used was any stimulant drug with 2.3% having first tried ecstasy. 3.0% stated amphetamines, 4.2% stated poppers and 1.9% stated cocaine as their first drug used.
- 3.5% said that their first drug used was a psychedelic drug including 2.0% that stated magic mushrooms and 1.5% that stated LSD as first drug used.
- 3.0% of adults reported that their first drug used was a new drug - salvia divinorum (0.2%) or nitrous oxide (2.8%).
- 2.2% said that their first drug used was glues, solvents, gas or aerosols.
- 0.8% of adults reported that their first drug used was any tranquilisers/downers.
- 0.1% of adults reported that their first drug used was heroin.

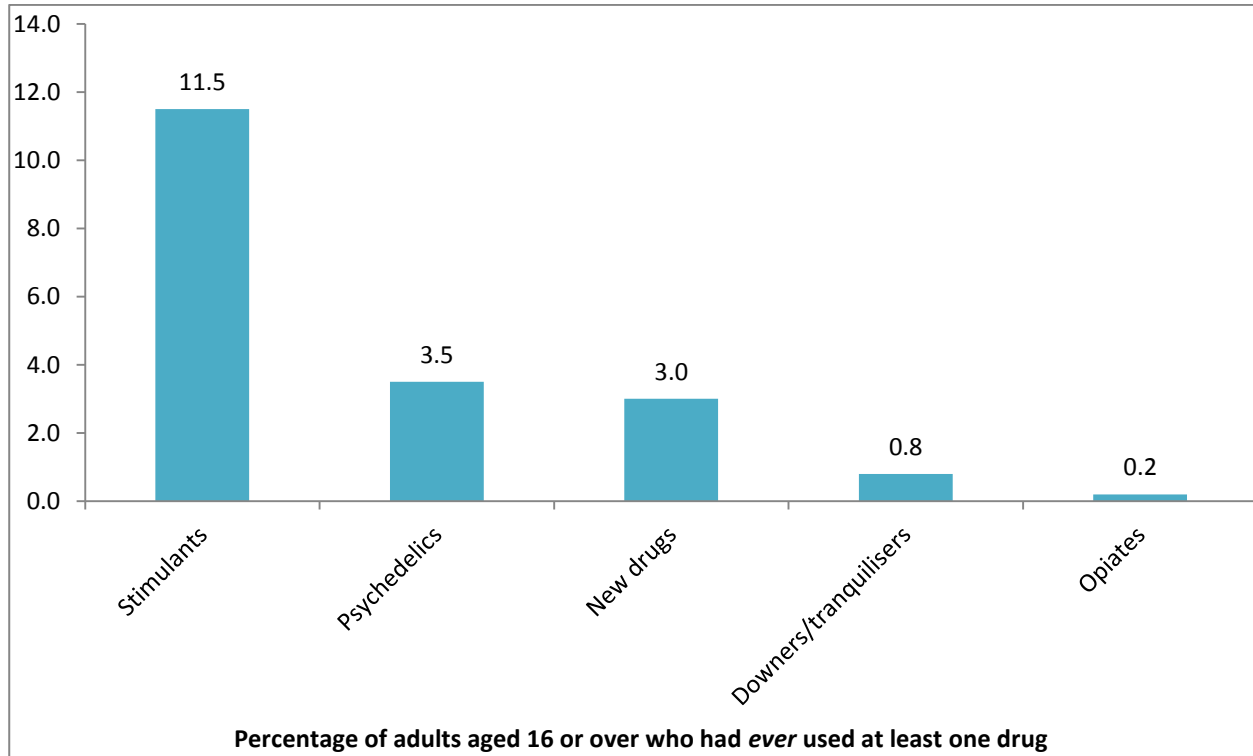
Cannabis was the most commonly stated drug first used for all age ranges. Of those who were under 16 years when they first used drugs, 9.3% said that their



drug first used was either glues, solvents, gas or aerosols. Of those aged 16-19 when they first used drugs, 0.4% said that their first drug used was either glues, solvents, gas or aerosols.

### Figure 3.3: First drug ever used

SCJS 2014/15



Base: Adults aged 16 and over who had used at least one drug ever (2,110)

Variable Name: QDR1ST

#### 3.3.3 Methods of taking drugs ever tried

Of those adults who reported having used drugs *at some point in their lives*, the majority (92.7%) said that that they had taken them by smoking, sniffing or inhaling them. Two in five (40%) reported that they had tried to swallow, eat or drink drugs. A small proportion of adults said that they had injected drugs (1.9%) or used another method (1.4%).

#### 3.4 Experiences of drug use *in the last month*

This section examines experiences of drug use *in the month prior* to the survey interview. It examines:

- the single drug reported as being used most often *in the month prior* to the survey interview;
- the frequency with which that drug was used;
- perceptions of dependency on that drug and
- access to that drug.

Looking at those who had used drugs *in the last month* (Base: 260), it was found that:

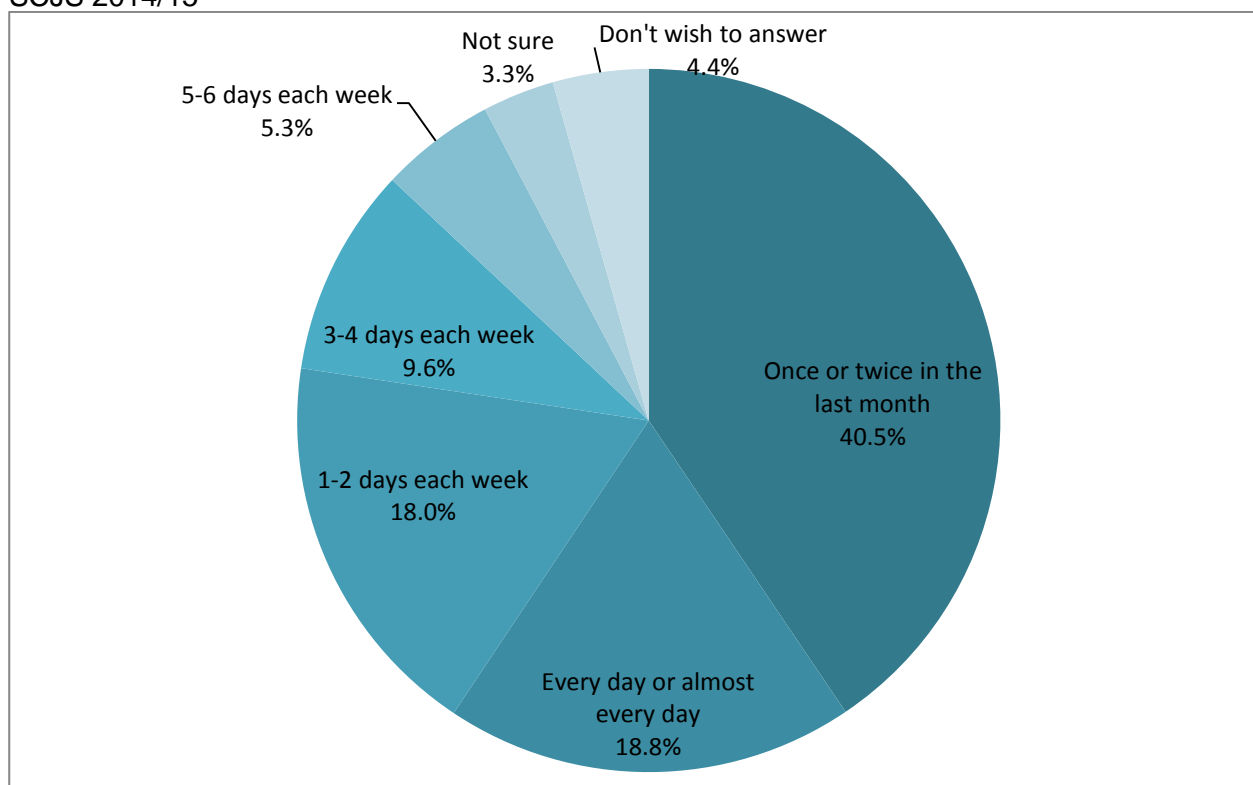
- More than three quarters of adults (77.3%) reported that cannabis was their most frequently used drug *in the last month*;
- Around one in twenty (6.9%) reported that cocaine was their most frequently used drug *in the last month*;
- Stimulants were the most used drug *in the last month* (16.2% of adults reported use of this composite group).
- No adults reported crack, LSD, magic mushrooms, crystal meth, ketamine, salvia divinorum, nitrous oxide, methadone/physeptone or glues, solvents, gas or aerosols as the drug used most often *in the last month*.

### 3.4.1 Drug used more often *in the last month* – frequency of use

**Figure 3.4** illustrates the frequency with which adults used their most frequently used drug *in the month prior* to the survey interview. Most adults reported using their most frequently used drug once or twice a month (40.5%) followed by almost on a daily basis (18.8%) and 1-2 days each week (18.0%).

**Figure 3.4: Proportion of respondents who reported drug use *in the last month* by how frequently they have used the drug they use most often**

SCJS 2014/15



Base: adults aged 16 and over who had used at least one drug *in the last month* (260)  
Variable Name: QDROFT

There has been a statistically significant decrease from 30.2% in 2012/13 to 18.8% in 2014/15 in those reporting that they used their most frequently used drug *in the*

*last month* 'every day or almost every day'. However, the change between 2008/09 and 2014/15 is not significant, as shown in **Table 3.1**.

**Table 3.1: Trends in frequency of use of the drug used most often *in the last month* from 2008/09 to 2014/15**

SCJS 2008/09; SCJS 2009/10; SCJS 2010/11; SCJS 2012/13; SCJS 2014/15

Percentage of adults aged 16 and over who had used a drug in the last month						pp change	pp change
	2008/09	2009/10	2010/11	2012/13	2014/15	2008/09 – 2014/15	2012/13 – 2014/15
Once or twice in last month	38.1	34.5	37.4	34.1	40.5	2.4	6.4
Every day or almost every day	20.9	16.5	24.3	30.2	18.8	-2.1	<b>-11.4</b>
<i>Base</i>	<i>380</i>	<i>440</i>	<i>310</i>	<i>270</i>	<i>260</i>		

Base: Adults who have taken drugs in the last month

Variable: QDROFT

### 3.4.2 Variation by gender and age in drug used most often *in the last month* and frequency of use

Frequency of use of the drug used most often *in the last month* varied by gender and by age. Frequency of drug use on an almost daily basis and frequency of drug use once or twice a month were specifically examined.<sup>31</sup>

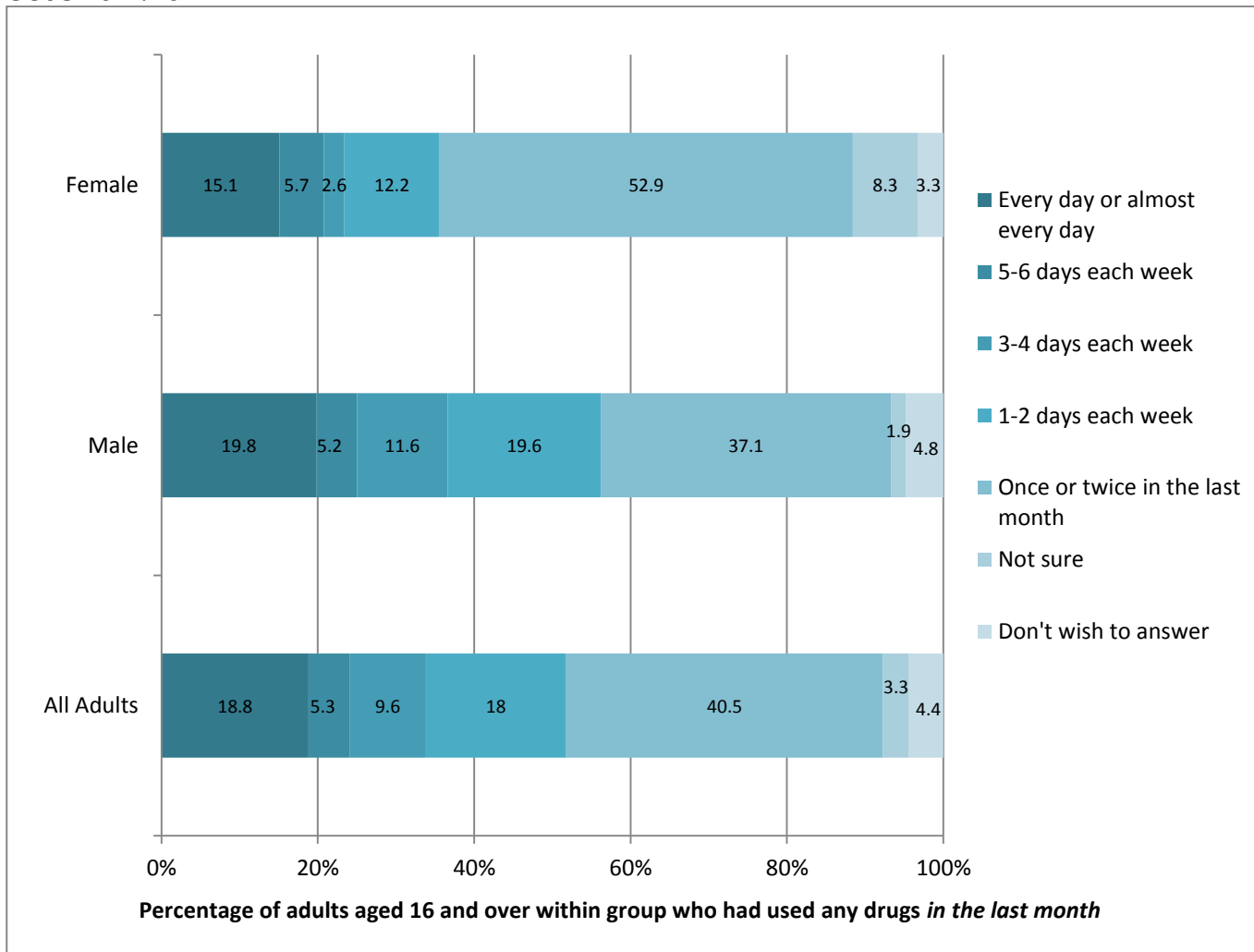
For those aged 16-24 and 25-44, most adults reported using their most frequently used drug once or twice a month (47.6% and 38.0%). Amongst the same age groups, 20.3% of those aged 16-24 and 16.6% of 25-44 year-olds reported using their most frequently used drug on an almost daily basis.

**Figure 3.5** illustrates the association between gender and frequency of drug use for the drug used most often *in the last month*. It illustrates that men were more likely to report using their most frequently used drug on an almost daily basis *in the last month* (19.8%) in comparison to women (15.1%). Women were more likely to report using their most frequently used drug once or twice *in the last month* (52.9%) in comparison to men (37.1%).

<sup>31</sup> Due to small base sizes it was not possible to test whether variations were statistically significant.

**Figure 3.5 % frequency of drug use *in the last month* by gender**

SCJS 2014/15



Base: Adults, males and females aged 16 or over who had used at least one drug *in the last month* (Adults: 260; Males: 200; Females: 70)

Variable Name: QDROFT

### 3.4.3 Drug Dependency

Of those who had used at least one drug *in the last month* (3.3% of adults, Base: 260):

- 82.5% said that they did not feel dependent on the drug taken most often *in the last month*.
- Less than a fifth (16.6%) said that they felt dependent upon the drug they used most often *in the last month*;
- More than a third (35.1%) said that they had tried to cut down on the drug they used most often *in the last month*;
- More than two fifths (41.5%) reported that they had felt dependent on the drug used most often *in the last month* OR had tried to cut down but could not;

- A tenth (10.3%) reported that they felt dependent AND tried to cut down;
- More than half (56.7%) reported that they did not feel dependent nor had tried to cut down.

For those respondents who had *in the last month* tried to cut down on the drug used most often (Base: 100), the majority (87.4%) said that they did not use any support services while trying to cut down on the drug used most often *in the last month*. The remainder of the respondents either said that they had used any support services (7.3%) or that they did not know that help was available (5.3%).

### **Drug dependency by specific drug**

Of those who had used at least one drug *in the last month* (Base: 260), when asked about the drug they used most often, 12.5% of adults who used cannabis most often reported feeling they needed or were dependent on this drug. This compares 20.1% of adults in the SCJS 2012/13. Very few respondents reported feeling they needed or were dependent on the other the drugs used most *in the previous month*.

### **Variation in drug dependency**

There was a statistically significant<sup>32</sup> difference in drug dependency by area deprivation (of all adults who had used drugs *in the last month* - Base: 260) (see **Figure 3.6**).

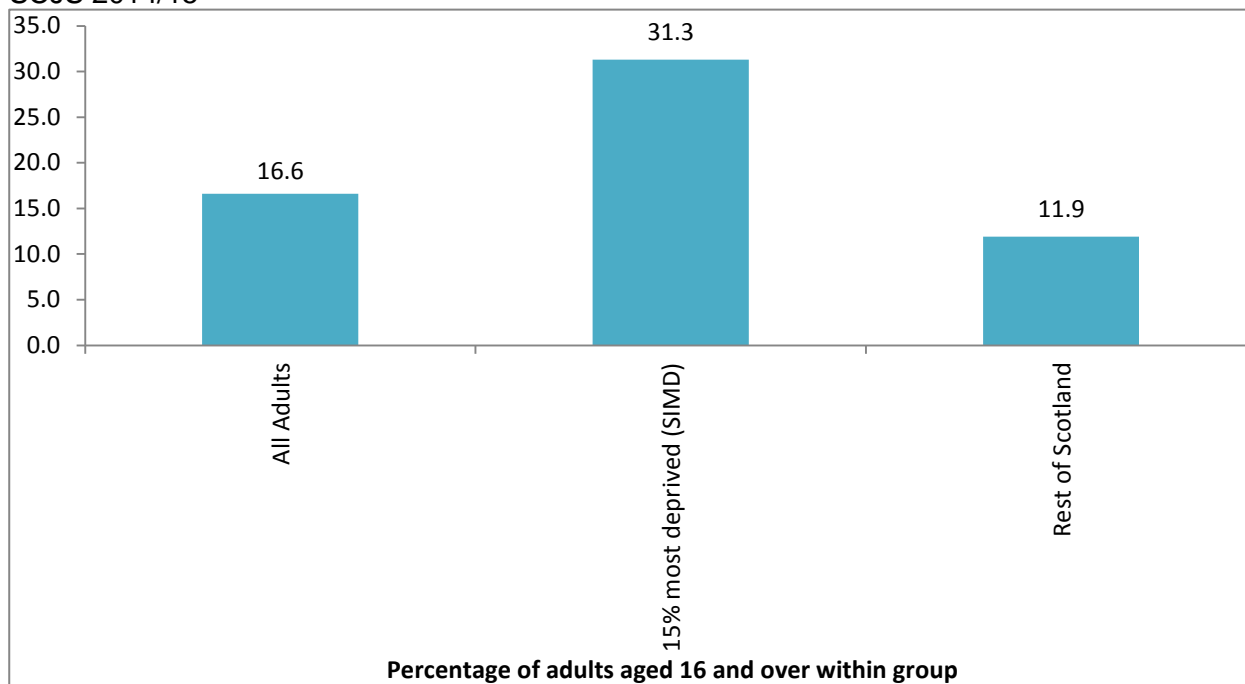
- 31.3% of adults living in the 15% most deprived areas in Scotland said that they had felt dependent on the drug taken most often *in the last month*, compared to 11.9% of those living in the rest of Scotland.

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<sup>32</sup> Significant at the  $p < 0.05$  level.

**Figure 3.6: % reporting they felt dependent on or needed the drug taken most often *in the last month* by SIMD index**

SCJS 2014/15



Variable Names: QDEP1; SIMD\_TOP

Base: SIMD Index (All adults: 260; 15% most deprived: 70; All other areas: 190).

### 3.4.4 Ease of obtaining drugs *in the last month*

Those who had taken drugs *in the last month* (Base: 260) were asked how difficult it was to get hold of the drug used most often *in the last month*. The majority said that this was very easy (40.5%) or fairly easy (43.4%) whilst far fewer said that it was either fairly difficult (13.1%) or very difficult (1.9%) to get hold of the drug used most often *in the last month*.

**The Scottish Household Survey 2014<sup>33</sup> asked respondents about their perceptions on the prevalence of a range of ‘neighbourhood problems’ including ‘drug misuse or dealing’. 11% of all adults reported that ‘drug misuse or dealing’ was very/fairly common in their neighbourhood. People living in social rented housing (24%) were more likely to view drug misuse or dealing as very/fairly common, compared to owner occupiers (7%) and private renters (10%) (Scottish Government, 2015).**

<http://www.gov.scot/Resource/0048/00484186.pdf>

<sup>33</sup> The Scottish Household Survey is a continuous survey based on a sample of the general population in private residences in Scotland.

### 3.4.5 Access to drugs *in the last month*

Those who had taken drugs *in the last month* (Base: 260) were asked who or where they got the drug used most often *in the last month* from, with specific reference to the last time they took the drug.

- Over a third (35.1%) said that they had got their drug taken most often *in the last month*, the last time they used it, from “someone else well known” to them (e.g. a friend, neighbour or work colleague).
- Just under one in five (17%) said that they got it from a known dealer.
- Just over one in ten (13.1%) said that they got it from a dealer not known to them personally.
- 11.7% said that they got it from someone known to them only by sight or to speak to casually.
- The remainder said that they had either got it from a stranger (5.4%), from a shop (2.4%), from a family member (2.9%) or from the internet (0.6%).

## References

- Home Office (2015) *Drug Misuse: Findings from the 2014/15 Crime Survey for England and Wales* (second edition) [online]. Available from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/462885/drug-misuse-1415.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/462885/drug-misuse-1415.pdf) (accessed 29 February 2016).
- Information Services Division Scotland (2014) *Scottish Schools Adolescent Lifestyle and Substance Use Survey Drug Use Among 13 and 15 year olds in Scotland 2013* [online]. Available from: [http://www.isdscotland.org/Health-Topics/Public-Health/Publications/2014-11-25/SALSUS\\_2013\\_Drugs\\_Report.pdf](http://www.isdscotland.org/Health-Topics/Public-Health/Publications/2014-11-25/SALSUS_2013_Drugs_Report.pdf) (accessed 7 April 2016).
- Information Services Division Scotland (2016) *Estimating the National and Local Prevalence of Problem Drug Use in Scotland 2012/13* [online]. Available from: <http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2014-10-28/2014-10-28-Drug-Prevalence-Report.pdf> (accessed 30 April 2016).
- Scottish Government (2014) *New Psychoactive Substances – Evidence Review* [online]. Available from: <http://www.gov.scot/Resource/0045/00457682.pdf> (accessed 5 April 2016).
- Scottish Government (2015) *Scotland's People Annual Report: Results from the 2014 Scottish Household Survey* [online]. Available from: <http://www.gov.scot/Resource/0048/00484186.pdf> (accessed 27 April 2016).
- Scottish Government (2016) *Scottish Crime and Justice Survey 2014/15: Technical Report* [online]. Available from: <http://www.gov.scot/Resource/0049/00496943.pdf> (accessed 7 April 2016).



## Annex 1: 2014/15 data tables

The following tables provide data for some of the key measures of illicit drugs use. Notes on how to read and interpret these tables are given below. Notes: The classification of drugs used in this report is detailed in section 1.5.

- The definition of time periods shown are:

*Ever*: at any time in an individual's life

*In the last year*: in the 12 months prior to interview

*In the last month*: in the month prior to interview

- **Base figures** are shown in the bottom row of Annex 1 tables. **Class** refers to the legal classification of drugs. **Composite** drug groups include:

Any **stimulants**: cocaine, crack, crystal meth, ecstasy, amphetamines and poppers

Any **opiates**: heroin and methadone/ physeptone

Any **psychedelics**: LSD, magic mushrooms and ketamine

Any **downers / tranquilisers**: temazepam and valium

Any **new drugs**: nitrous oxide and salvia divinorum

- Table abbreviations:

'-' indicates that no respondents gave an answer in the category

'n/a' indicates that the SCJS question was not applicable or not asked in that particular year.

'0.0' indicates an answer of less than 0.05%

'#' indicates that base is < 50

- **Changes to classification** will have affected some of the estimates presented in the annex tables. Please see [section 1.4.1](#) for more details.

**Table A1.1: Estimated number of adults in Scotland who used drugs in the last year, by drug classification, in 2014/15 (with 95% confidence interval limits)**

SCJS 2014/15

Estimated drug use	Best estimate	Lower estimate	Higher estimate
<b>Class A</b>	114,000	98,000	131,000
<b>Class B</b>	229,000	206,000	252,000
<b>Class C</b>	21,000	14,000	29,000
<b>Not classified</b> <sup>34</sup>	29,000	21,000	38,000
<b>New drugs</b> <sup>35</sup>	24,000	16,000	32,000
<b>Legal Highs</b> <sup>36</sup>	17,000	11,000	24,000

Base: 9,970

Variable Name: Q12M

<sup>34</sup> Not classified includes poppers and glues, solvents, gas or aerosols.

<sup>35</sup> New drugs include salvia divinorum and nitrous oxide.

<sup>36</sup> Respondents were asked whether they had taken legal highs in a generic question – with legal highs defined as: “a range of substances that are described as ‘legal highs’, ‘designer drugs’, or ‘new drugs’...substances which you take to get a ‘high’ and are not illegal to purchase (but are not prescribed by a doctor)”.

**Table A1.2: % of adults aged 16 or over who reported having ever used drugs, used drugs *in the last year*, and used drugs *in the last month***

SCJS 2014/15

<i>Percentage of all adults aged 16 and over</i>	<b>Ever</b>	<b>In last year</b>	<b>In last month</b>
<b>CLASS A</b>	<b>11.0</b>	<b>2.6</b>	<b>1.0</b>
Cocaine	6.9	1.8	0.6
Crack	0.4	0.1	0.0
Ecstasy	6.8	1.3	0.6
Heroin	0.8	0.2	0.1
Methadone/Physeptone	0.6	0.1	0.1
LSD	4.1	0.2	0.0
Magic mushrooms	4.5	0.2	0.0
Crystal Meth	0.1	0.0	-
<b>CLASS B</b>	<b>20.6</b>	<b>5.2</b>	<b>2.9</b>
Amphetamines	6.1	0.6	0.3
Cannabis	20.0	5.0	2.8
Ketamine	1.3	0.2	-
Mephedrone	1.3	0.3	0.2
<b>CLASS C</b>	<b>2.6</b>	<b>0.5</b>	<b>0.3</b>
Anabolic Steroids	0.3	0.0	0.0
Tranquilisers	2.4	0.5	0.3
<b>NOT CLASSIFIED</b>			
Glues/solvents/gas/aerosols	1.5	0.0	-
Poppers	5.4	0.6	0.2
<b>NEW DRUGS</b>	<b>3.0</b>	<b>0.5</b>	<b>0.0</b>
Nitrous Oxide	2.4	0.5	-
Salvia Divinorum	1.0	0.1	0.0
<b>ANY STIMULANTS</b>	<b>11.4</b>	<b>2.8</b>	<b>1.2</b>
<b>ANY OPIATES</b>	<b>0.9</b>	<b>0.2</b>	<b>0.2</b>
<b>ANY PSYCHEDELICS</b>	<b>6.5</b>	<b>0.5</b>	<b>0.0</b>
<b>ANY DOWNERS / TRANQUILISERS</b>	<b>2.4</b>	<b>0.5</b>	<b>0.3</b>
<b>ANY DRUGS</b>	<b>22.6</b>	<b>6.2</b>	<b>3.3</b>
<b>ANY DRUGS EX. NEW DRUGS</b>	<b>22.1</b>	<b>6.0</b>	<b>3.3</b>
Base:	9,970	9,970	9,970

Variable Names: QEVE, Q12M, Q1M

**Table A1.3A: % of adults aged 16 or over who reported having ever used drugs, 2008/09 to 2014/15**

<i>Percentage of all adults aged 16 and over</i>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2012/13</b>	<b>2014/15</b>
<b>CLASS A</b>	<b>11.7</b>	<b>11.7</b>	<b>11.7</b>	<b>11.9</b>	<b>11.0</b>
Cocaine	6.6	6.7	7.1	7.2	6.9
Crack	0.7	0.7	0.8	0.7	0.4
Ecstasy	7.2	7.4	7.2	7.8	6.8
Heroin	0.9	0.9	0.8	1.0	0.8
Methadone/Physeptone	0.6	0.6	0.7	0.7	0.6
LSD	4.9	4.6	4.9	5.2	4.1
Magic mushrooms	5.5	5.3	5.2	5.4	4.5
Crystal Meth	0.2	0.2	0.3	0.3	0.1
<b>CLASS B</b>	<b>23.6</b>	<b>23.5</b>	<b>22.2</b>	<b>21.6</b>	<b>20.6</b>
Amphetamines	7.5	7.6	7.8	7.8	6.1
Cannabis	22.9	22.9	21.6	21.1	20.0
Ketamine	1.2	1.3	1.2	1.5	1.3
Mephedrone	-	-	1.2	1.4	1.3
<b>CLASS C</b>	<b>5.7</b>	<b>4.8</b>	<b>5.2</b>	<b>3.8</b>	<b>2.6</b>
Anabolic Steroids	0.5	0.4	0.3	0.5	0.3
Temazepam*	2.5	2.1	2.0	-	-
Valium*	4.2	3.4	3.9	-	-
Any Downers / Tranquilisers	5.0	4.1	4.6	2.8	2.4
<b>NOT CLASSIFIED</b>					
Glues/solvents/gas/aerosols	2.3	2.0	2.2	1.9	1.5
Poppers	6.5	6.6	6.4	5.8	5.4
<b>ANY STIMULANTS</b>	<b>12.6</b>	<b>12.7</b>	<b>12.5</b>	<b>12.3</b>	<b>11.4</b>
<b>ANY OPIATES</b>	<b>1.1</b>	<b>1.0</b>	<b>1.0</b>	<b>1.1</b>	<b>0.9</b>
<b>ANY PSYCHEDELICS</b>	<b>7.7</b>	<b>7.6</b>	<b>7.5</b>	<b>7.5</b>	<b>6.5</b>
<b>ANY DOWNERS / TRANQUILISERS</b>	<b>5.0</b>	<b>4.1</b>	<b>4.6</b>	<b>2.8</b>	<b>2.4</b>
<b>ANY DRUGS</b>	<b>25.6</b>	<b>25.2</b>	<b>23.7</b>	<b>23.0</b>	<b>22.6</b>
Base (All respondents):	<i>10,960</i>	<i>13,410</i>	<i>10,980</i>	<i>10,220</i>	<i>9,970</i>

Variable Name: QEVE

\* Separate data on Temazepam and Valium not available 2012/13 and 2014/15

**Table A1.3B: % of adults aged 16 or over who reported having *in the last 12 months* used drugs, 2008/09 to 2014/15**

<i>Percentage of all adults aged 16 and over</i>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2012/13</b>	<b>2014/15</b>
<b>CLASS A</b>	<b>3.4</b>	<b>3.0</b>	<b>2.6</b>	<b>2.5</b>	<b>2.6</b>
Cocaine	2.7	2.1	1.9	1.7	1.8
Crack	0.2	0.1	0.1	0.2	0.1
Ecstasy	1.8	1.9	1.4	1.3	1.3
Heroin	0.2	0.3	0.2	0.3	0.2
Methadone/Physeptone	0.2	0.3	0.2	0.1	0.1
LSD	0.4	0.2	0.2	0.2	0.2
Magic mushrooms	0.3	0.3	0.3	0.2	0.2
Crystal Meth	0.0	0.0	0.0	0.0	0.0
<b>CLASS B</b>	<b>6.4</b>	<b>6.2</b>	<b>5.7</b>	<b>5.3</b>	<b>5.2</b>
Amphetamines	1.0	0.9	0.9	0.7	0.6
Cannabis	6.2	6.1	5.6	5.1	5.0
Ketamine	0.2	0.3	0.3	0.2	0.2
Mephedrone	-	-	0.7	0.4	0.3
<b>CLASS C</b>	<b>1.3</b>	<b>1.3</b>	<b>1.2</b>	<b>1.0</b>	<b>0.5</b>
Anabolic Steroids	0.1	0.0	0.1	0.2	0.0
Temazepam*	0.4	0.4	0.3	-	-
Valium*	1.1	0.9	1.0	-	-
Any Downers / Tranquilisers	1.2	1.0	1.1	0.8	0.5
<b>NOT CLASSIFIED</b>					
Glues/solvents/gas/aerosols	0.1	0.1	0.2	0.1	0.0
Poppers	1.0	0.9	0.6	0.5	0.6
<b>ANY STIMULANTS</b>	<b>3.9</b>	<b>3.3</b>	<b>2.8</b>	<b>2.6</b>	<b>2.8</b>
<b>ANY OPIATES</b>	<b>0.3</b>	<b>0.4</b>	<b>0.3</b>	<b>0.3</b>	<b>0.2</b>
<b>ANY PSYCHEDELICS</b>	<b>0.7</b>	<b>0.7</b>	<b>0.6</b>	<b>0.4</b>	<b>0.5</b>
<b>ANY DOWNERS / TRANQUILISERS</b>	<b>1.2</b>	<b>1.0</b>	<b>1.1</b>	<b>0.8</b>	<b>0.5</b>
<b>ANY DRUGS</b>	<b>7.6</b>	<b>7.2</b>	<b>6.7</b>	<b>6.2</b>	<b>6.2</b>
Base (All respondents):	<i>10,960</i>	<i>13,410</i>	<i>10,980</i>	<i>10,220</i>	<i>9,970</i>

Variable Name: Q12M

\* Separate data on Temazepam and Valium not available 2012/13 and 2014/15

**Table A1.3C: % of adults aged 16 or over who reported having *in the last month* used drugs, 2008/09 to 2014/15**

<i>Percentage of all adults aged 16 and over</i>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2012/13</b>	<b>2014/15</b>
<b>CLASS A</b>	<b>1.8</b>	<b>1.3</b>	<b>1.2</b>	<b>1.0</b>	<b>1.0</b>
Cocaine	1.2	0.7	0.7	0.6	0.6
Crack	0.1	0.1	0.1	0.0	0.0
Ecstasy	0.8	0.7	0.6	0.3	0.6
Heroin	0.1	0.2	0.1	0.2	0.1
Methadone/Physeptone	0.2	0.2	0.2	0.1	0.1
LSD	0.1	0.1	0.1	0.1	0.0
Magic mushrooms	0.2	0.1	0.1	0.0	0.0
Crystal Meth	0.0	0.0	0.0	-	-
<b>CLASS B</b>	<b>3.6</b>	<b>3.7</b>	<b>3.0</b>	<b>2.8</b>	<b>2.9</b>
Amphetamines	0.4	0.3	0.4	0.2	0.3
Cannabis	3.5	3.6	3.0	2.7	2.8
Ketamine	0.1	0.1	0.1	0.1	-
Mephedrone	-	-	0.2	0.1	0.2
<b>CLASS C</b>	<b>0.8</b>	<b>0.6</b>	<b>0.5</b>	<b>0.4</b>	<b>0.3</b>
Anabolic Steroids	0.0	0.0	0.0	0.1	0.0
Temazepam*	0.1	0.2	0.1	-	-
Valium*	0.6	0.5	0.4	-	-
Any Downers / Tranquilisers	0.6	0.5	0.4	0.3	0.3
<b>NOT CLASSIFIED</b>					
Glues/solvents/gas/aerosols	0.0	0.0	0.0	0.0	-
Poppers	0.3	0.2	0.2	0.1	0.2
<b>ANY STIMULANTS</b>	<b>1.9</b>	<b>1.3</b>	<b>1.2</b>	<b>1.0</b>	<b>1.2</b>
<b>ANY OPIATES</b>	<b>0.2</b>	<b>0.3</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>
<b>ANY PSYCHEDELICS</b>	<b>0.3</b>	<b>0.2</b>	<b>0.2</b>	<b>0.1</b>	<b>0.0</b>
<b>ANY DOWNERS / TRANQUILISERS</b>	<b>0.6</b>	<b>0.5</b>	<b>0.4</b>	<b>0.3</b>	<b>0.3</b>
<b>ANY DRUGS</b>	<b>4.4</b>	<b>4.2</b>	<b>3.5</b>	<b>3.3</b>	<b>3.3</b>
Base (All respondents):	<i>10,960</i>	<i>13,410</i>	<i>10,980</i>	<i>10,220</i>	<i>9,970</i>

Variable Name: Q1M

**Table A1.4: % of adults aged 16 or over who reported having ever used drugs, used drugs *in the last year*, or used drugs *in the last month* by gender**

SCJS 2014/15

<i>Percentage of all adults aged 16 and over</i>	Ever		In last year		In last month	
	Men	Women	Men	Women	Men	Women
<b>CLASS A</b>	14.8	7.4	4.1	1.2	1.6	0.5
Cocaine	9.8	4.2	3.0	0.7	1.0	0.3
Crack	0.7	0.2	0.2	-	0.1	-
Ecstasy	9.0	4.8	2.1	0.6	0.9	0.3
Heroin	1.3	0.3	0.3	0.1	0.2	0.0
Methadone/Physeptone	0.8	0.3	0.2	0.1	0.2	0.0
LSD	6.2	2.1	0.3	0.0	0.1	-
Magic mushrooms	6.9	2.2	0.4	0.1	0.0	-
Crystal Meth	0.2	0.1	0.0	-	-	-
<b>CLASS B</b>	25.3	16.3	7.7	2.9	4.9	1.1
Amphetamines	8.2	4.2	1.1	0.2	0.4	0.2
Cannabis	24.6	15.7	7.3	2.8	4.8	0.9
Ketamine	2.2	0.5	0.3	0.0	-	-
Mephedrone	1.8	0.9	0.5	0.2	0.2	0.1
<b>CLASS C</b>	3.9	1.4	0.8	0.2	0.4	0.1
Anabolic Steroids	0.5	0.1	0.0	-	0.0	-
Tranquilisers	3.6	1.3	0.8	0.2	0.4	0.1
<b>NOT CLASSIFIED</b>						
Glues/solvents/gas/aerosols	2.2	0.8	0.0	-	-	-
Poppers	7.2	3.8	1.0	0.4	0.3	0.1
<b>NEW DRUGS</b>	4.3	1.9	0.8	0.3	0.1	-
Nitrous Oxide	3.1	1.7	0.7	0.3	-	-
Salvia Divinorum	1.9	0.2	0.2	-	0.1	-
<b>ANY STIMULANTS</b>	14.9	8.1	4.5	1.3	1.9	0.6
<b>ANY OPIATES</b>	1.4	0.4	0.3	0.1	0.3	0.1
<b>ANY PSYCHEDELICS</b>	9.6	3.7	0.8	0.1	0.1	-
<b>ANY DOWNERS / TRANQUILISERS</b>	3.6	1.3	0.8	0.2	0.4	0.1
<b>ANY DRUGS</b>	27.8	17.8	9.0	3.6	5.4	1.4
<b>ANY DRUGS EX. NEW DRUGS</b>	<b>27.3</b>	<b>17.2</b>	<b>8.9</b>	<b>3.4</b>	<b>5.4</b>	<b>1.4</b>
<i>Base:</i>	4,520	5,450	4,520	5,450	4,520	5,450

Variable Name: QEVE, Q12M, Q1M

## Annex 2: Self-completion methodology

This section provides more detail about the self-completion section of the questionnaire for the SCJS 2014/15 specifically for the questions covering illicit drug use. Details are also included about the self-completion interview, the weighting used on the data and the classifications of illicit drugs used in this report. Further information about the design of the SCJS is contained in [Scottish Crime and Justice Survey: Main Findings 2014/15](#) report and in the accompanying [Technical Report](#).

### The self-completion interview

Fieldwork for the SCJS 2014/15 was continuous and took place between the 1st of April 2014 and the 31st of May 2015. Interviews were conducted face-to-face in-home and were administered by specially trained professional interviewers working for TNS BMRB using Computer Assisted Personal Interviewing (CAPI). The questionnaire is completed by respondents on the interviewer's tablet PC (Computer Assisted Self-completion Interviewing – CASI). This ensures confidentiality when answering sensitive questions or those on illicit behaviour. The respondent was asked to follow the instructions on the screen of the tablet PC and enter their answers using a special pen to tap the touch screen appropriately. In 2014/15 the conversion rate from the main survey to self-completion was 87%. 71% of them entered their answers directly in to the tablet PC themselves and 16% asked the interviewer to administer the questionnaire for them. Of those where the interviewer administered the self-completion, in five per cent of cases, the respondent completed the section themselves after the first few questions being administered by the interviewer.

### Questionnaire Content

The SCJS questionnaire consists of three elements:

- The main questionnaire consists of a set of core modules asked of the whole sample, including demographics; and a set of full and quarter-sample modules, containing questions on a variety of topics;
- A victim form which collects details about the incidents a respondent may have experienced during the reference period (the 12 months prior to interview). This victim form can be repeated up to five times; the number of victim forms completed depends on the number and nature of incidents a respondent has experienced in the 12 month reference period;
- A self-completion questionnaire covering sensitive issues. All respondents were asked to complete the self-completion questionnaire, but had the option to refuse this.

Respondents to the self-completion questionnaire on illicit drug use were first asked whether they had used any of the 18 specific drugs *ever*, whether they had used 'legal highs' and also whether they had taken the fictitious drug semeron. Those respondents who have taken drugs in the past are then asked if they have taken



them *in the last 12 months* and, for those who have, whether they have taken them *in the last month*.

A series of follow-up questions are asked for the different groups, including:

- For those *ever* using drugs, which drug was the first ever taken; at what age they first took drugs, and what methods of drug taking they have ever tried;
- For those using drugs *in the last 12 months*, whether they have mixed these drugs, consumed alcohol at the same time as taking them, how they would describe their usage, and whether they have taken anything else *in the last 12 months* which they thought was a drug;
- For those taking drugs *in the last month*, which one they have taken most often, how difficult it is to get hold of, where they obtained it the last time they took it, and, *in the last month*, how many times they have used it, whether they felt dependant on it, tried to cut down and whether they managed to.
- Those who have *ever* used cannabis, cocaine, ecstasy, tranquiliser or amphetamines *in the last year* were asked how they would describe their use of these drugs *in the last 12 months*.
- In 2014/15 a question on the generic use of 'legal highs' was added for the first time. This asked respondents about "a range of substances that are described as 'legal highs', 'designer drugs', or 'new drugs'. By this we mean substances which you take to get a 'high' and are not illegal to purchase (but are not prescribed by a doctor)". Respondents were asked whether they had *ever* taken any powders, pills, herbal mixtures or crystals that are sold as 'legal highs', even if it was a long time ago. Respondents were also asked whether they had used such substances *in the last year* what the appearance/form of these substances was.

The questions about which drugs respondents have taken are asked in a loop (i.e. have you ever taken?) rather than by selection from a single list of drugs.

### **Disclosure of sensitive information**

Given the sensitive nature of the questions, especially as the majority of the questions on illicit drug use were on offending behaviours rather than victimisation (as opposed to the remainder of the self-completion questionnaire and the main questionnaire), a separate 'Don't wish to answer' button was provided at the top of the screen at every question in the self-completion section of the questionnaire.

At the start of the questions on illicit drug use, respondents were reminded that the answers they gave were completely confidential, reminded not to answer the questions including any drugs for which they had a prescription, and asked to answer the questions honestly: "The following questions ask whether or not you have ever used drugs. Please answer them honestly. The answers you give are completely confidential. Please DO NOT tell us about drugs you have been given on prescription."

## Annex 3: Data Strengths and Limitations

### A.3.1 Overview of Scottish Crime and Justice Survey strengths and limitations

The table below outlines some of the main strengths and limitations associated with the SCJS (and crime and victimisation surveys more generally). Further detail is provided on some issues in the sections below. For further details on the respective advantages and limitations of SCJS data see the introduction to the [2014/15 Main Findings Report](#) and the [Technical Report](#).

Section **A.3.4** discusses the strengths and weaknesses associated with respondent self-completion aspects of surveys.

SCJS Strengths	SCJS Limitations
<b>Captures information about crimes that are not reported to the police (including sensitive issues such as domestic abuse or drug abuse).</b>	Does not cover all crimes (e.g. homicide or 'victimless' crimes such as speeding).
<b>Provides information on multiple and repeat victimisation (up to 5 incidents in a series).</b>	Does not cover the entire population (e.g. children, homeless people or people living in communal accommodation).
<b>Good measure of trends since 2008/09.</b>	Unable to produce robust data at lower level geographies.
<b>Analyses risk for different demographic groups and victim-offender relationships.</b>	Difficult to measure trends between survey sweeps in rarer forms of crime (such as more serious offences).
<b>Provides attitudinal data (e.g. fear of crime or attitudes towards the justice system).</b>	Estimates are subject to a degree of error.

### A.3.2 Strengths

#### A.3.2.1 Comparison with police recorded crime

One of the main strengths of crime and victimisation surveys such as the SCJS is that they provide a complementary measure of crime to police recorded crime statistics. Police recorded crime is a measure of crime that police come into contact with. However, it is well established that people may be unwilling to report crimes for a range of reasons, including a perceived lack of benefit, fear of reprisal, vulnerability, an inability to identify assailants or unwillingness to bring the victims conduct to the attention of the police. People are also less likely to report some types of crime than others (for example, people are less likely to report sexual than

property crimes). Police practices can also influence recorded crime, for example, officers may not record all crimes reported by the public.

These factors are unlikely to affect SCJS data. For example, people's attitudes toward the police are unlikely to affect SCJS data, nor are the data affected by police recording practices. SCJS data also provide a measure of prevalence, that is, the risk of experiencing different types of crime in a given time period. By contrast, police recorded crime can only measure incidence or the number of crimes. In addition, the SCJS collects demographic information, providing richer insights into *who* is experiencing crime. Furthermore, follow-up questions about incidents allow the SCJS to capture respondent's attitudes to the criminal justice system, including reasons for not reporting crimes to the police.

### **A.3.3 Limitations**

#### **A.3.3.1 Sampling and crime type limitations**

The main limitations of the SCJS result from sampling, and the types of crimes surveyed. In terms of sampling, the survey is of adults aged 16 and over, living in private residential households only. As such, the survey excludes persons under the age of sixteen, the homeless, and populations living in residences such as care homes, halls of residences, hospitals, prisons or other communal accommodation.

#### **A.3.3.2 Survey Error**

As discussed in the report [Introduction](#), the SCJS gathers information from a sample rather than from the whole population and survey results are always estimates, not precise figures. This means that they are subject to a level of uncertainty. To estimate the extent of this uncertainty, 95% confidence intervals for the statistics are calculated to define bands within which the 'true' value of survey estimates are likely to lie (i.e. that value which would be obtained if a census of the entire population was undertaken). These confidence intervals are particularly important when making comparisons of SCJS estimates over short timescales.

#### **A.3.3.3 Non-quantifiable errors: recall and accuracy**

SCJS estimates are also subject to a margin of non-quantifiable error. For example: there may be errors in the recall of participants as to when certain incidents took place; respondents may have claimed to have reported a crime to police when they had not, feeling that this was the socially acceptable response; some incidents could also be inaccurately recorded by interviewers, or miscoded by the wider survey team. Although a number of steps in the design and implementation of the survey are taken to reduce such errors, they can never be fully eliminated.

There may be errors in the recall of participants as to when certain incidents took place, or the number of incidents that took place. This is particularly relevant to collecting data on more sensitive topics, which may be cumulative and ongoing. For example, it may be difficult for respondents to recall the exact number of incidents. Also, respondents may not want to either remember or report some experiences.

### **A.3.3.4 Survey design changes**

The collection of survey data on crime and victimisation in Scotland has undergone several major changes in methodology. Changing crime survey methodology in Scotland has implications for making comparisons across survey designs. As previous surveys had smaller sample sizes, estimates from earlier surveys are subject to a higher degree of uncertainty, and this report therefore focuses on the period from 2008-09 onwards.

### **A.3.4 Self-report data strengths and limitations**

As with the reporting of crime experienced, the SCJS self-complete section is unlikely to be influenced by attitudes towards the police and are unaffected by police recording procedures. It is designed to allow respondents to answer questions on more sensitive and personal topics privately. Self-report data can capture crimes and experiences of a sensitive nature that respondents may be unwilling to report to the police, or to disclose in a face-to-face survey situation.

However, a number of factors may act as limitations on the self-report data (as well as other types of survey data). These include the wording of questions and the presence or skills of the interviewer. The presence of other people in the house may also influence results. Although the self-completion module allows respondents to answer in relative privacy, respondents may be unwilling to disclose personal or distressing details.

The nature of self-report means that these estimates of drug use capture what respondents intended to take, or believed they had taken. Given the evolving nature of the drug market however, those who have taken illicit drugs, or 'legal highs' may not be sure about what they have taken.

Another important limitation to consider is where self-completion interviews on sensitive topics are administered by the interviewer at the request of respondents who, for example, do not wish to use the laptop/tablet to complete the interview themselves. In 2014/15 87% of respondents completed the self-completion section; 71% entered their answers directly in to the tablet PC themselves and 16% asked the interviewer to administer the questionnaire for them. Of those where the interviewer administered the self-completion, in five per cent of cases, the respondent completed the section themselves after the first few questions being administered by the interviewer. Steps are taken by the SCJS trained interviewers to ensure that the number of self-complete interviews that are interviewer-administered are minimised and this is monitored closely by the SCJS team and our survey contractors.

Under-reporting and under-representation is also a concern of this survey. For example, it is likely that there will be an under-representation of some groups, e.g. those who take drugs. In part, this will be due to the fact that some people who use drugs may live in accommodation not covered by a survey of private households (such as the SCJS). The survey is likely to under-represent those with the most problematic or chaotic drug use, some of whom may live in accommodation outwith

the scope of the SCJS and some of whom may live in private households covered by the survey, yet they may be rarely be at home or be unable to take part in an interview due to the chaotic nature of their lives.

Despite using Computer Assisted Self-completion Interviewing (CASI) for this module, it is likely there will be some underreporting of (illicit) drug use, partner abuse and sexual victimisation and stalking among survey respondents due to the sensitivity and legality of these issues, despite reassurances about confidentiality and anonymity.

Questions cover past use over varying periods (*ever, in the last year and in the last month*) and it is possible that some respondents may simply forget experiences, particularly if they last took a particular drug a long time ago.

While under-reporting of drug use on surveys such as the SCJS is likely, it should be noted that the issues discussed above are unlikely to apply equally across all types of drugs. While a survey such as the SCJS is likely to provide an insight into the more commonly used drugs, in particular cannabis, it may be less effective in providing information for some of the Class A drugs such as opiates or crack cocaine, where a sizeable number of those using these drugs may be concentrated in small sub-groups of the population not covered by the survey (Smith and Flatley, 2011).

It is also recognised that some people may report taking particular drugs when they have not actually done so. Respondents were therefore asked whether they had ever taken a fictitious drug 'semeron'. Fourteen respondents reported having ever taken semeron and these respondents have been excluded from the analysis in this report (making the overall sample 9,972).

Section 7.7 of the [Technical Report](#) also discusses the self-complete section of the questionnaire in more detail.

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### How to access background or source data

The data collected for this statistical bulletin:

- are available in more detail through Scottish Neighbourhood Statistics
- are available via the [UK Data Service](#) or the [SCJS Webpages](#).
- may be made available on request, subject to consideration of legal and ethical factors. Please contact [Scottish\\_Crime\\_and\\_Justice\\_Survey@gov.scot](mailto:Scottish_Crime_and_Justice_Survey@gov.scot) for further information.
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