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**Drug Consumption in London – a city of diverse and
changing scenes**

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LONDON: CITY REPORT

1. General information about the city

London is one of the largest cities in the world. It is a heavily populated, multi-cultural city and is a nexus of international and national migration and economic activity (Benedictus, 2005; 2006). Greater London consists of 33 local boroughs, comprising 14 Inner London boroughs and 19 Outer London boroughs. The area size of Greater London is 610 square miles. Inner London is 123 square miles (Office of National Statistics – census 2001).

In 2001, the population of Greater London was 7.4 million, with 2.8 million people resident in Inner London and 4.5 million in Outer London. London has by far the highest population density in the UK, with an average of 4,726 people per square kilometre in 2004. The city is also home to the highest proportion of people from non-white ethnic groups. Over a quarter of the London population (29%) are from ethnic minority backgrounds. This compares with 8% in the UK as a whole. In recent years, certain areas in London have seen large rises in the numbers of people born outside the UK. This indicates the pocket-like nature of migrant settlement in metropolitan areas (Benedictus, 2005).

Another important feature of the London population is its age structure. Nearly a fifth (17%; n=1.2 million) of the Greater London population are aged between 20 and 29 and nearly 2/3rds (67% n=4 million) are beneath the age of 45.

2. National and local drug policies

Since the mid-1990s a dedicated drugs strategy has been in place in the UK. This mirrored the onset of a widespread drug-using culture across the country and the aim to reduce the number of people taking drugs, particularly heroin and crack cocaine. National policy and legislation sets the context within which local policies are developed and implemented and local areas, working through Drug Action Teams (DATs) develop strategies in accordance with perceptions of local problems. There are 33 DATs in Greater London and a wide range of prevention, control and treatment services.

A key government objective in respect to the illicit drugs problem in the Capital is to draw more drug users into health treatment services (H. M. Government, 1998) and the number of people in contact with drugs treatment services has increased alongside this. The National Drug Treatment Monitoring System (NDTMS) is the public health surveillance system which monitors the number of people registered with specialist drugs services or treated through General Practitioners. It showed the total number of people who were in contact with structured drug treatment in 2004/05 was 34,213 (Shondhi and Edmunds, 2007). This was an increase from 2001/02 when it was 19,000.

The government's main approach to treating problem drug users, namely heroin users, is through the prescription of oral methadone, although buprenorphine (subutex) and naltrexone are also prescribed. A few pilot projects have tested the prescription of heroin to severe and entrenched drug users. There are no substitution drugs prescribed for crack cocaine users. Official figures are not collated on the numbers of people in London who receive prescribed methadone or other substitution drugs. The number of services across London that have prescribing powers is also not reported. Substitution drug prescribing services are largely situated within the state sector, although some drug agencies managed in the voluntary sector are licensed to prescribe.

The majority of those reported through the NDTMS in 2004/05 are male (79%, female 21%). The average age was 33.3 years with little difference between males and females. The age average was slightly lower among mixed and Asian problem drug users. The majority report their main drug of misuse to be heroin (43%). Crack cocaine users are the second largest group (37%), followed by problem cannabis users (7%).

3. National trends on drug consumption and drug markets

The British Crime Survey (BCS) is the main instrument used to measure the nation's drug-using trends. It is a general population study carried out with over 50,000 people over the age of 16 and has been carried out since the early 1990s. In 2001/2002 it moved from a biannual to an annual survey.

The main trends from the BCS point to an increasing proportion of the general population who have used an illegal drug at some point in their lives. In the 2006/07 survey over a third of the sample (35.5%) had used illegal drugs at some time. Cannabis was the most common drug to have been used by the general population. Nearly a third (30.1%) of 16 to 59 year olds in the 2006/07 survey had smoked it at least once. Amphetamines were the second most likely drug to have been taken – 11.9% of 16 to 59 year olds had used amphetamines at some point in their lifetime. This was followed by hallucinogens (9.1%), 'any cocaine (7.7%) and ecstasy (7.3%) (Murphy, Roe 2007).

Younger age groups are the most likely drug users. This is revealed when we look at the drug use figures of 16 to 24 year olds. Nearly half (44.7%) had used at least one drug in their lifetime, and just under a ¼ (24.1%) had taken one, or more drugs in the last year.

If we look at 'last year' drug use trends, a different picture to lifetime drug use is revealed. Fewer people have used drugs in the last year compared to whether they have ever used them, but cocaine was the second most likely drug after cannabis to have been consumed within the 'last year'. There has been a significant increase in the use of cocaine since 1996, to the extent that it has replaced amphetamines and ecstasy in the position of popularity, in 'last year' drug use trends. Just over two per cent (2.6%) of all ages had used it at least once in the last year, and 6.1% of 20 to 24 year olds had. Following a period of high drugs activity during the 1990s, overall drug use prevalence is showing signs of stability (Chivite-Matthews *et al.*, 2005; Eaton *et al.*, 2005), although the use of some drugs, specifically cocaine, continued to rise.

There is some reporting that cannabis use is increasing (Eaton *et al.*, 2005), yet there are also reports that cannabis use rates have been high in the UK since the mid-1990s, and have stabilised in the last few years (EMCDDA, 2005; Chivite-Matthews *et al.*, 2005; Condon and Smith, 2003).

The use of heroin and crack cocaine remains the preserve of a much smaller drug-using population. The BCS is not considered reliable for estimating the numbers of heroin and crack cocaine users (Bramley-Harker, 2001; Reuter, Stevens, 2007).

Drawing on prevalence figures from other data sources, the ESPAD survey (Hibell, *et al.*, 1999; Hibell *et al.*, 2004) on alcohol and drug use among 16 year old students in 35 European countries showed in the UK just over a third (38%) had smoked cannabis at some point in their lives and a 1/5th (20%) had smoked it in the last month. This was an increase from 16% in 1999.

Similarly, in 2005 an annual survey of smoking, drinking and drug use among 11 to 15 year old school students (Fuller, 2006) showed 11% had used drugs in the 'last month'. Cannabis was more likely to have been used than any other drug and 14 and 15 year olds were the most likely age to have smoked it in the last year (17% and 27% respectively). Cocaine had been used by 4% of 15 year olds.

4. Some data on London

London is a city of highly contrasting drug use scenes, which differ by local area and by socio-economic and cultural and ethnic groupings (GLADA, 2007). This makes it difficult to represent London drug use with any great accuracy. However, there is much value in a 'city' examination as it assists to pinpoint the main drug use trends that are occurring across the Capital and highlights the main drug use types that service providers or other health and enforcement personnel might encounter in their day to day work.

Having said this, there are no comprehensive data on drug consumption among the London population, possibly due to the large geographical and population size of the city and the difficulty with conducting anything but localised studies. A few studies though can be looked to, to shed some light on the situation. Official records also help to provide a picture.

a. A few studies

The London picture is broadly reflective of national trends, whereas cannabis is the most commonly used drug, followed by cocaine. London has seen rising cocaine use and a general stabilisation of the use of the dance drugs in the same way as the rest of the country. The table below draws on data from 2003/04 BCS¹. As it reveals, in 2003/04 London recorded a higher proportion of 16 to 59 year olds who had taken drugs in the year prior to interview. This is most likely drug use by younger age groups, but the data is not analysed using a narrower age band.

Table 1. The proportion of 16-59 year olds reporting having used different drugs in the last year in London and by the total population

Drug	London	Total
Cannabis	12.8	10.8
Amphetamines	1.3	1.5
Opiates	-	0.2
Ecstasy	2.6	2.0
Cocaine	4.5	2.4
Total		
Class A ²	5.5	3.5
Any Drug	14.7	12.3

Source: Chivite- Matthews *et al.*, (2005)

¹ The more recent British Crime Surveys are not referred to here. Changes were made to the way the dataset is analysed that altered geographical drug trends and put London as one of the lowest drug consumption areas in the country.

² The term Class A drugs refers to the drugs classification system devised by the Advisory Council on the Misuse of Drugs and includes what are considered the most severe drugs such as heroin, crack cocaine, cocaine and ecstasy.

National estimates of the problem drug user (opiate and/or crack cocaine use) population indicate London has the highest rate of problem drug users compared to other regions, and higher than the average national rate. Estimates are calculated on the Multiple Indicator Method (MIM)³. The estimate for the opiate and/or crack cocaine population in London in 2006 was at 14.35 per thousand of the population aged 15 to 64 years. For injecting drug users it was 3.45 per thousand (Singleton *et al.*, 2006). The rates between opiate users and injectors are not that different between London and the rest of England, but there is a notable difference between the rates of crack cocaine users in London compared to England as a whole. This is probably due to the higher level of illegal drugs activity in the London area.

Table 2. Estimated prevalence (rate per 1,000 population aged 15 to 64) of problem drug users, opiate users, crack users and injectors in London and England

	Problem drug users (opiate and/or crack cocaine)	Opiate users	Crack users	Injectors
London	14.35	10.64	9.90	3.45
England	9.93	8.53	5.85	4.16

Source: Adapted from Singleton *et al.*, 2006

b. Localised information

There are a few localised London studies that report information on the frequency at which people use drugs and the average amount they use on a daily basis.

One study was that carried out by Best *et al.*, (2004). Interviews were carried out with 114 drug users in contact with treatment services in south-east London. Two-thirds (n=76) of the participants had used heroin on a daily basis in the month prior to admission to the service. This involved an average of 2.8 ‘hits’ a day with a mean use of 0.75g on each using day. An earlier study with 100 participants of a drug treatment programme in south London carried out by the same author (Best *et al.*, 2001) found 3/4s (n=78) had used heroin an average of 23.6 days of the month prior to treatment entry and 0.46 gram was the average amount used per day. Just over a half (n=52) had used crack cocaine in the month prior to treatment. This was on an average of 13.3 days per month (0.71 grams was consumed on average). Thus a greater quantity of crack cocaine was used per day when compared with heroin.

A study carried out with 100 crack cocaine users accessing a London-based crisis ‘detox’ service (Haracopos *et al.*, 2003) recorded in the month prior to the interview, 72 used crack cocaine on a daily basis and 44 people, which related to the available data, used an average of 1.8 grams of crack cocaine per day.

The use of the drugs associated with the rave dance culture has been declining, though a dynamic drug-using culture exists in London linked to the night-time leisure scene. The drugs most commonly associated with this scene are powder cocaine, ecstasy, and an array of other

³ A capture-recapture technique applied to different data sources: specialist drug treatment, arrest referral and accident and emergency. A percentage is added to account for problem users not observed in the official drugs monitoring systems.

stimulant drugs such as ketamine, gamma hydroxybutyrate (GHB), ‘crystal meth’, and amphetamines. A study carried out among 700 nightclub goers in London and the South East indicated ‘clubbers’ have a fairly high rate of ‘lifetime’ use of drugs, such as ecstasy – 52%, LSD – 31%, and ketamine – 17%. Of those interviewed, just over a quarter (27%) planned to use ecstasy that night. An interesting feature of this study was that club events were differentiated by venue type and much higher rates of ‘that night’ ecstasy use were found among attendees of a ‘gay’ club night. Nearly 2/3rds had already taken, or intended to take ecstasy that night (Deehan, Saville, 2003).

Another study examining leisure time drug use among 200 16 to 18 year old Further Education College students in London (McCambridge, Strang, 2004) found nearly half had used drugs such as ecstasy, cocaine and amphetamines at some point in their lives and just under half were ‘daily’, or near daily cannabis smokers. A further third were ‘weekly smokers’. Of the daily, or near daily smokers, the average number of episodes used per week was 26.6. Thus they were smoking on average, almost four times per day. Of those who were weekly smokers, there was a mean 6.6 episodes of use in a usual week. For 36% of participants, ‘skunk weed’ was the usual type of cannabis smoked.

36% had used cocaine, but cocaine had been used for the first time at a later age than the other stimulant drugs, at 16 years old. Sixteen per cent defined as ‘regular stimulant’ users. Eleven of these usually used stimulants twice a month and three people used once or twice a week. Both males and females were included in the study and the multi-cultural make-up of the London population was reflected. Young people from deprived backgrounds were more represented than young people from middle-class backgrounds.

5. Interviews with key persons

Seeing the official literature regarding the London drug scene is scarce, further information was collected through interviews with key people working in the field of drug use in London. A total of 15 people were interviewed: the police (3 informants), drug service staff (6 informants), researchers (2 informants), one Drug Action Team (DAT) co-ordinator, a member of the London Drugs Policy Forum and one drug forensic analyst. The key people worked in different London boroughs and with different target groups (e.g. prisoners, young people, addicted users). The people interviewed were chosen to provide a variety of perspectives on drug consumption in London and to construct a profile of drug use in the capital. To contain our work, we focused the research within the Inner London boroughs though the general ‘problematic’ and leisure time forms of drug use that were discussed are also found in the Outer London areas.

A typology of London drug users emerged from the interviews with the key people (see Table 3.). Drugs consumption patterns are discussed within these broad categories.

Table 3. A typology of drug consumers and drug consumption in London 2006

Drug(s)/ drug combinations	Problem heroin and/or crack cocaine users	Leisure time users – cocaine and stimulant dance drugs	School and college students- largely cannabis with
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			marginal use of stimulants
Frequency (per drug)	Daily	Weekly, less frequent than weekly	Daily cannabis
Mode of consumption	Inject/smoke	Sniffing and oral consumption	Smoke
Gender: proportion of male	2/3rds male	50/50	50/50
Age	30s-40s	20s-30s	Late teens
Social-economic status	Marginalized	Middle/upper	Low, middle and high
Main consumption setting	Street-level	Private – nightclubs, dance parties and private homes	Street-level and private scenes
Main financing source	Acquisitive crime, begging and shoplifting	Legitimate employment, drug selling	Petty crime, theft, legitimate earnings

To contain the vast difference in drug consumption patterns occurring across drug-using scenes in London, we differentiate them by ‘problematic’ drug use styles such as heroin and/or crack cocaine dependence and injecting drug use, versus leisure time drug use styles. Leisure styles refer to the use of powder cocaine, ecstasy, amphetamines among other drugs and cannabis smoking cultures.

Heroin and crack cocaine users

Heroin and crack cocaine users are the main client group accessing specialist drug services across London. The two are distinct drug-using cultures, but it is generally considered by drugs service professionals that a shift has occurred in the patterns of heroin and crack cocaine use. This is where drug users now commonly take both drugs drawing the two scenes closer together. One key person who worked in a drugs agency emphasised this in the following comment:

“... two years ago we used to see more of a divide between the heroin and crack users and that’s really almost a thing of the past, that’s pretty much gone. ... Lots of people do more, the vast majority of our heroin clients also use crack and a lot more crack using clients are using heroin. So those sorts of boundaries that were traditionally there are going...” (drug service manager)

The extent to which heroin users, use crack cocaine differs. Some smoke it on an occasional basis, such as once a week, once a fortnight or once month, but a substantial number use the two drugs in combination in the same injection (‘snowballing’). One key person working in a central London drugs agency, estimated around 70% of their clients were heroin and/or crack cocaine users and the majority of these were ‘snowballers’ (injecting heroin and crack cocaine together). It was suggested that this trend had partially been encouraged by ‘dealers’ moving into poly-drug sales. Previously a person had to access two separate ‘dealers’ to buy heroin and crack cocaine, but dealers now sold both drugs.

According to the key person working in the central London drugs agency, ‘snowballers’ injected between five and 10 times a day. They typically purchased heroin in £10 bags and crack cocaine in £10 ‘rock’ amounts. It was usual that a £10 bag of heroin and a £10 ‘rock’ of crack were sold as a cheaper ‘two for one’ deal at £17. Users rarely knew the weight amount of the drugs they purchased. In putting a cost on this style of drug use, an individual drug user was estimated to be spending between £25 and £50 per day. This though depended on the location of the drugs market. Drugs are sold in different unit quantities and at different prices according to area location, and the central London drugs market was considered to be the worst value for money.

The drug use patterns of crack cocaine users have also changed. It is now not uncommon for crack users to also use heroin. Heroin use by crack cocaine users is generally to assist the ‘come down’ from the ‘crack high’. Despite this shift in drug style, many crack users do not use other drugs aside from cannabis. Crack cocaine was perceived as having differentially affected black African/Caribbean communities.

The picture regarding the quantity a daily crack cocaine user used was extremely varied. Key persons reported people used ‘£40 to £50 a week when they got their pay on Friday’, to the other end of the spectrum where a person could be using £400 to £600 a day over a 24-hour period. Crack cocaine use was commonly spoken about in terms of how much people spent per day, rather than the weight amount. For example, when key persons attempted to

generalise about the consumption of a heavy crack cocaine user, it was often reported as £200 a day, rather than how much people used in gram amounts.

“We get people who are using every ten days, every six days, every two days. We get people who are coming in and maybe doing £20.00/£40.00 a day and then we get people who might go out and do six hundred quid” (drug service manager)

Heroin and/or crack cocaine users vary in age, ethnicity and socio-economic status though in the open street market scenes the group most represented were the homeless and temporary hostel population. In localised areas, users reflected the varied ethnic mix of the area as a whole, suggesting people from a broad spectrum of ethnic backgrounds were affected.

Leisure time drug use

In contrast to the ‘problematic’ drug-using scenes prevalent across London, there is a more common leisure time drug-using scene (GLADA, 2003). The drugs most commonly used within this scene are cocaine, ecstasy, and an array of other stimulant drugs that are of greater and lesser importance in different social scenes. These include ketamine, ‘crystal’ methamphetamine, amphetamines and cannabis.

Leisure time styles of drug use raised little discussion among the key people we interviewed. This is because they are considered relatively harmless and are seen as effectively managed alongside people’s work and domestic lives. Importantly, it is mostly funded out of legitimate earnings and acquisitive crime is rarely committed to support it. Dosage information was difficult to obtain, though it was assumed two or three ecstasy tablets would be consumed on a night out. In respect to cocaine, typically one gram was shared among a couple of friends on a night out.

Some leisure time drug use though is of a heavy and regular nature where the lines between leisure use and problem use become blurred. Key people who worked in drug services reported people were seeking specialist help for cocaine use that had got out of control or heavy cannabis smoking that had become a problem. In addition to evidence of a highly prevalent cocaine using culture within a variety of leisure scenes, a leisure time crack cocaine using culture was occurring in some groups.

Although the general assumption is that ecstasy use is not as widespread as it was, it is still a heavily used drug in some social circles. The key person working in the central London drugs agency which was located in the heart of the London night-club scene remarked on targeting ‘gay’ drug users. This was in recognition the use of ecstasy, cocaine and other stimulant drugs was heavy among this group.

The drug use of school-aged young people was explored in our interviews with a few key people who worked with this age group. Cocaine and ecstasy use was less common among younger ages, although one key person commented on what she considered to be the cavalier use of ecstasy among under 18 year olds. Here it was noted that traditionally ecstasy was connected to the nightclub scene, but some groups of 15 and 16 year olds were taking it as a matter of course when out on the street with a friend.

“I have focused on young people’s drugs service provision since 1999 and I think one thing that is definitely different is around the strength of cannabis. I think the other is around ecstasy, now kids can get hold of pills really quite cheaply and it is not a special

occasion, its just like 'lets go out and take a couple of pills and wander around the estate'. That is definitely different, it's moved away slightly from the dance culture ... (13 to 18 year olds drug service manager).

The cavalier use of ecstasy was linked to the current cheap price such as £2.50 per tablet. Another key person drugs service worker considered young people were now more likely to be involved in the ecstasy trade when compared to previous years. Access to ecstasy through friends was easier. He distinguished young drug users as two broad groups – those who smoked cannabis and those who took ecstasy tablets.

Cannabis use

Cannabis smoking permeates all drug-using scenes in London and crosses a broad age spectrum from people in their 30s, 40s and 50s who have been smoking it since their teens, to current day teenagers. It is easily accessible through friendship networks and street-level drugs markets. The general consensus among the people we interviewed was that cannabis resin is less frequently available these days and that the 'skunk weed' market dominates. 'Skunk' is reported to be much higher in tetrahydrocannabinol (THC) content than previous types of cannabis herb and it is this that some attribute to the increased number of people who are experiencing mental health problems connected to cannabis use.

The people we interviewed considered large numbers of people in London smoked cannabis to no detrimental effect. It was noted though that some people used large quantities and experienced problems as a consequence. A key person drug service worker said they were seeing people who had decided to seek help and advice for their use.

“... smoking is everywhere. We are seeing people coming in, in their twenties, early twenties who have maybe got five/six years smoking history behind them and they are starting to experience problems, apathy, maybe low grade depression and sometimes other stuff as well, anger issues. You get people brought in by their family members. But more often than not, it's just lack of motivation. They can't get out of bed and occasionally there'll be the odd mental health.” (drug service manager)

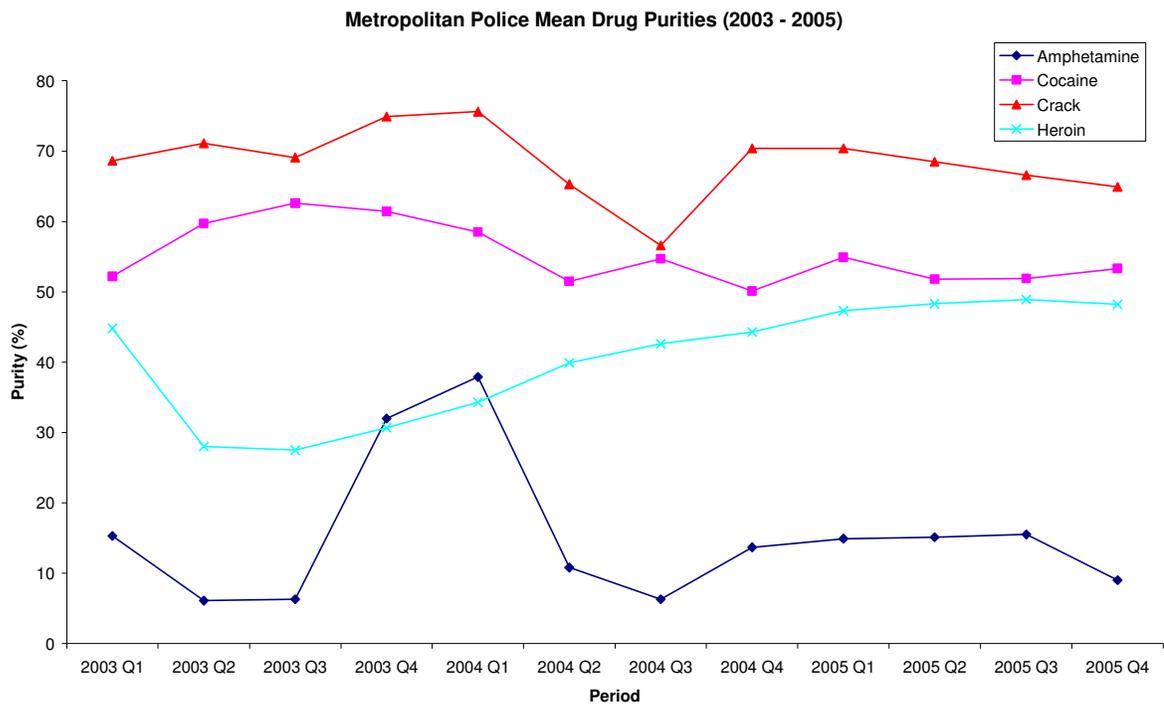
The key person who worked with secondary school-aged youth said the general pattern she observed was young people smoking a cannabis joint after school, three to four times a week. This was added to by a key person working in the youth justice system. He viewed the amount of cannabis smoked by the young people he worked with as high, but noted these were young people who had already come to the attention of the criminal justice system. Generally higher levels of drug use are found among this population (Hammersley *et al.*, 2003). The style of drug use he was discussing applied to 13 to 18 years olds. They were typically smoking £10 worth of cannabis a day (3.5gms), though some were smoking a ¼ of an ounce (7 grams) a day. A ¼ ounce of 'skunk' sold at £35 to £40.

6. Purity, prices, expenditure and financing

Aside from drug forensic science reports (King, 1997), there is little published information on the purity of illicit drugs relating to the London drugs market. The Police, Customs and Excise are the main users of the UK's drug forensic testing services. Drugs purity information is requested by the Police, Customs and Excise in regard to arrests and seizures they make and where they are seeking to convict a person through the criminal justice system. The drugs purity trends revealed in the graph below pertain to the London Metropolitan Police seizures

between 2003 and 2005. These are seizures made at the street level, and larger seizures that are made at the ‘middle’ tier of the market. In line with nationwide trends, there has been a general upward trend in heroin purity since 2003, where it has risen from around 30% to just over 40% in 2005. There has been a general downward trend in the purity of crack cocaine and cocaine powder. The average purity of crack cocaine is at around 70% in the Metropolitan Police area, although there was a decrease to around 60% purity in mid 2004. The purity of cocaine powder is around 50 to 60%. The figures for amphetamines in the graph below hide the real picture, as the 2004 high purity level was skewed by a high weight seizure, located at a high level of the drugs market.

Figure 1. Metropolitan Police Mean Drug Purities (2003-2005)



Source: Forensic Science Services, London.

Sources covering earlier years confirm the continuing upward trend in the purity of heroin and the continuing downward trend in the purity of crack cocaine and powder cocaine since the late 1990s (Jeffrey *et al.*, 2002) as illustrated in Table 4.

Table 4. Average drugs purity from 1997 to 2001

Drugs	1997 1998 1999 2000 2001
Brown heroin	35% 37% 43% 47% 54.1%
Cocaine	52% 54% 62% 52% 57.7%
Crack cocaine	80-84% ----- 66% 72.8%
Amphetamine	14-16% ----- 5% 10%
Ecstasy	75mgs* ----- 75mgs per

*mgs of MDMA per tablet

Source: Jeffrey *et al.*, (2002)

As a part of our research we obtained drugs purity figures from the Forensic Science Services for drugs seized in four inner London boroughs between the years 2003 and 2005. These were the boroughs of Islington, Kensington and Chelsea, Lambeth and Tower Hamlets. As with all areas of London, the four boroughs are comprised of mixed populations and are home to diverse ethnic and social class communities. Tower Hamlets has a high concentration of people from the Bangladeshi community and Lambeth has a relatively large black African population. The London Borough of Kensington and Chelsea is known for its well-off inhabitants but equally there are poor neighbourhoods in the borough. Similarly Islington is a borough of enormous wealth and poverty sitting side by side. Crack cocaine was the drug most commonly seized over this time period. Taking the 2005 figures, there was some differentiation in drugs purity across the four boroughs, with higher purity crack cocaine seized in Kensington and Chelsea than the other boroughs. Tower Hamlets recorded a higher purity of heroin and powder cocaine than the other boroughs.

There is no obvious explanation to the differences in purity apart from an indication that the drugs are cut with other substances to varying levels across the drugs market.

Table 5. Drugs purity figures of 4 Inner London Boroughs in 2005

Drugs	Islington	Kensington and Chelsea	Lambeth	Tower Hamlets
Heroin	42.9	44.0	40.3	46.8
Crack cocaine	69.4	72.4	66.2	66.6
Cocaine	42.4	53.2	51.4	57.2

Drugs Prices

It is occasionally commented by drugs enforcement and health professionals, that illicit drugs are inexpensive and that they are in the financial reach of many people, including young people. Drug prices obviously correlate to the quantity of drugs purchased. The larger the amount purchased, the lower the unit cost (Pearson, Hobbs 2001). The table below provides a general picture of drug prices in London in the years 2005 and 2006. The information was collated from a survey of 40 frontline drugs agencies carried out by the drugs information

charity DrugScope and indicates that drug prices slightly increased for most drugs between the two years.

Table 6. London Street Drug Prices, prices are in £'s

London Street Drug Prices	2005	2006
Cannabis herbal (ounce)	£50-60 per ounce	£75 per ounce
Cannabis resin (ounce)	-	£80 per ounce
Heroin (gram)	£40 per gram	£45 per gram (£10 for 0.2 grams)
Cocaine (gram)	£45 per gram	£50 per gram
Crack (rock)	£7-15 per rock	£10 for 0.2 gram
Ecstasy (pill)	£2	£3.50
Amphetamine (gram)	£9 per gram	£9 per gram
Ketamine (gram)	£15-40 per gram	£20 per gram
LSD (tab)	£2-3	-
Powder/crystal MDMA (gram)	-	£50 per gram

Source: DrugScope (2007)

Expenditure and financing behaviour

Problem drug users spend large amounts of money financing their drug addictions. Few can rely on legal means to fund it. The people we interviewed cited begging and shoplifting as the main sources of funds for heroin and crack cocaine purchases and a smaller number were involved in low-level drug dealing. A key person we interviewed who worked in a London prison found more serious drug-related acquisitive crime had been committed by prison inmates such as robbery and burglary. A figure often cited in respect to drug-related crime is that approximately 70% of all acquisitive crime, such as burglary and car break-ins, is committed by 'drug addicts'. A study of drug dependent offenders on probation in London found that the average spend on illegal drug use before arrest was £362 each week (Hearnden, *et al.* 1999). Sixty per cent of the sample said that they had committed shoplifting in the month prior to arrest, 19 per cent burglary, 17 per cent theft from a person.

On the other hand, leisure time drug use such as the nightclub drugs culture is believed to be funded through regular employment. This style of drug use can for the most part be funded out of legitimate income, thus the same level of nuisance and criminal activity that surrounds the funding of heroin and crack cocaine is not present. Again this depends on the extent to which a person is using these drugs, as a heavy powder cocaine user for instance needs a substantial amount of money to fund a regular 'habit'.

Those working with younger aged people and the funding of cannabis smoking and marginal stimulant use mentioned theft and resale of bicycles and low-level dealing.

Conclusion

London is a city of enormous wealth and of enormous poverty sitting side by side. It is well known that problem drug use is closely correlated with poverty and social deprivation; yet it is also the case that illegal drug use spans social class background and is highly prevalent among educated and employed sections of the population (Chivite-Matthews *et al.*, 2005; Ramsay *et al.*, 2001). As a result, London houses the types of drug use that are associated with social and economic disadvantage and also those which are associated with affluence and certain leisure styles and choices.

Because of its specific cultural and demographic profile, London is home to a host of different drug-using scenes.

The main drug use trends in the Capital appear to be: increasing numbers of problem heroin users who are smoking, or injecting crack cocaine in addition to heroin; continuing high levels of people who use cocaine powder as a regular part of their social lives and the high potency cannabis weed (skunk) that is smoked by a broad spectrum of people.

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