Home Office

User Guide to Drug Misuse Statistics

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1 Introduction to drug misuse statistics

The annual statistical release 'Drug Misuse: Findings from the Crime Survey for England and Wales' examines the extent of, and trends in, drug use among a nationally representative sample of 16 to 59 year olds resident in households in England and Wales. The latest release is based on results from the 2018/19 Crime Survey for England and Wales (CSEW) including trends since the 1996 survey (see: https://www.gov.uk/government/organisations/home-office/series/drug-misuse-declared). Following the extension of the 2017/18 CSEW to include participation from 60 to 74 year olds in the self-completion module, the latest release also includes some additional analysis in Chapter 3 based on this age group. They are not however included in the overall time series as there are no historic data available.

As a household survey, the CSEW provides a good and robust way to measure general population prevalence of drug use amongst users contained within the household population. However, estimates from the CSEW must be considered within the context of survey methodology and the operational challenges of obtaining information from respondents on self-declared drug use.

This User Guide to Drug Misuse is designed to be a useful reference guide, with explanations of key issues and classifications concerning the production and presentation of the drug misuse statistics. It presents some background information on the CSEW, focusing on the self-completion module on drug use. It also describes the classifications of the different drugs asked about in the survey and explains the measures of drug use described in the Drug Misuse bulletins.

While responsibility for the CSEW transferred to the Office for National Statistics (ONS) on 1 April 2012, the Home Office retained responsibility for analysis and publication of Drug Misuse statistics from the CSEW.

A consultation on the future of the CSEW was held in June and July 2017. This was led by the ONS who have responsibility for the survey. Respondents were invited to give their views on several options designed to introduce required cost savings, due to a reduction in funding for the survey. As a result of this, the sample size for the 2017/18 survey year onwards was reduced by 600 households (from 35,000 to 34,400 households) and the survey's target response rate was reduced to 71 per cent from October 2017[1]. In 2018/19, the survey response rate was 70%.

For information about demographic classifications and statistical methodology, please refer to Chapter 7 Classifications and Chapter 8 Statistical conventions and methods of the general User Guide to Crime Statistics for England and Wales, published by the ONS. Chapter 2 of the User Guide to the CSEW also includes more detailed background information about the CSEW.

1.1 THE CRIME SURVEY FOR ENGLAND AND WALES AS A SURVEY OF DRUG USE

Survey methodology

The drug misuse estimates from the CSEW are produced from responses to a self-completion module of the survey that is completed at the end of the face-to-face interview (which mainly covers questions on experiences of crime victimisation and perceptions of crime-related issues). Respondents generally complete the drugs module on the interviewer's laptop by themselves (CASI, computer-assisted self-interviewing). This keeps responses confidential from the interviewer, encouraging respondents to answer questions honestly, which is likely to result in better estimates. However, in about three per cent of cases, respondents may elect for the interviewer to continue administering the questions. When complete, answers are encrypted and cannot be retrieved by the interviewer. CSEW estimates are based on a sample of the population that is considered large for a government household survey. The

[1] Over the last ten years, the CSEW has maintained a relatively high response rate of between 72 per cent and 75 per cent (with the exception of 2014/15 and 2018/19 when a 70% response rate was recorded).

main survey has a high response rate of 70 per cent. Of those respondents who completed the self-completion module[2], 96% answered the drugs questions[3].

Data were weighted to ensure that figures reflect the age and sex distribution of the population under study (adults aged 16 to 59 and 60-74, resident in households in England and Wales). Unless otherwise specified, any reported changes over time in CSEW drug use estimates are statistically significant (see Section 3). The CSEW provides consistent trends over time because the survey has included a comparable self-report module of questions on drug use since the 1996 survey.

Target population

From 1996 until 2016/17, the self-completion module of the survey was restricted to those respondents aged 16 to 59 years old. For the first time, the 2017/18 survey invited those aged 60 to 74 to participate in the CSEW self-completion module which contains the questions on drug use. This publication presents the analysis of data collected, for the first two survey years in which questions were asked of 60 to 74 year olds in Chapter 3 alongside analysis presented for 16 to 59 year olds.

While the survey was extended in January 2009 to include children (aged 10 to 15), the CSEW children's survey includes only a few questions on the use of cannabis, which are included as explanatory variables. This is because there is already an established National Statistics series giving trends on the prevalence and nature of drug use among 11 to 15 year olds, which is based on the Smoking, Drinking and Drug Use (SDD) Survey among young people in England. NHS Digital published the SDD annually until 2014, usually in July to coincide with publication of Drug Misuse. Currently the survey is only undertaken every two years, and the latest survey (covering 2018) was published in August 2019[4].

Measures of drug use estimated by the Crime Survey for England and Wales

The main measure of drug use estimated by the CSEW is the prevalence of drug use **in the last year**, i.e. in the 12 months prior to interview[5]. Use of drugs in the last year is deemed to be the best indicator to measure trends in recent drug use.

The survey also provides estimates of the prevalence of drug use **ever**, that is, at least once in the respondent's lifetime, which may not have occurred recently. The measure of drug use in a person's lifetime is likely to feature generational effects. Different age-cohorts are likely to have had different attitudes to drug use, so the trend is likely to be affected by the generations that the 16 to 59 age range spans in a particular survey year.

In most years, the CSEW has also included questions on drug use in the **last month**. These questions were excluded from the 2012/13 and 2013/14 surveys. The last month questions were re-introduced in the 2014/15 survey and replaced questions on the frequency of drug use, which had been asked previously. This was due to constraints on the length of the survey. The questions on last month use are used as a measure of the frequency of drug use, but these estimates are subject to more variation due to the smaller numbers of last month users compared with last year users.

The measure of **frequency** of use for 'any drug' used since the 2014/15 survey is calculated slightly differently than previously, as it is based on one specific question that asks about the frequency of any drug use. Before 2014/15, frequent use was calculated by combining the individual questions that ask

[2] Over two fifths (83%) of respondents completed the self-completion module, including those who asked the interviewer to complete it for them on their behalf.
[3] The statistics presented in the Home Office's annual bulletins on *Drug Misuse* are based on responses from those who gave their age and were aged 16 to 59. The latest release also presents some statistics based on responses from those who gave their age and were aged 60-74.
[4] https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2018
[5] The Home Office's annual bulletins on *Drug Misuse* refer to survey years, e.g. "the 1996 survey" rather than the reference periods pertaining to the survey years. Respondents to the 1996, 1998 and 2000 surveys will have recalled last-year drug use in 1995, 1997 and 1999, respectively. For later surveys which took place on a rolling basis, figures from e.g. the 2010/11 survey year refer to a recall period which covers parts of 2009, as respondents were asked to recall the 12 months prior to the interview. For a more detailed explanation see Section 2.4 in the ONS User Guide to Crime Statistics for England and Wales.

about frequency of use for each individual drug in the survey. Therefore no direct comparisons have been made with 2013/14 or previous years for frequent drug use.

Survey timing

The figures in the latest release are based on interviews conducted between April 2018 and March 2019. The reference period for last year drug use (where respondents are asked about their drug use in the 12 months prior to interview) will therefore range from April 2017 for the earliest interviews to February 2019 for the latest interviews.[6]

Questionnaire development

Development of the CSEW questionnaire takes place on an annual basis and aims to reflect emerging issues. This has led to the inclusion of questions on topical issues, including the use of specific emerging substances, simultaneous use of drugs and attitudinal questions. To make space for new questions in the survey it is sometimes necessary to remove other less topical ones.

Since 2014/15, the questionnaire has asked about the use of generic, rather than specific, new psychoactive substances (NPS), which are sometimes referred to as 'legal highs'. Since 2016/17 the questionnaire has also asked about the use of nitrous oxide, which was previously asked in both the 2012/13 and 2013/14 surveys.

Since 2014/15, the survey has asked a question on the misuse of prescription-only painkillers (for example, tramadol, codeine, morphine). The question phrasing and structure changed from 2015/16 onwards, so these estimates are not directly comparable to the 2014/15 estimate.

The 2016/17 survey added a question about the source of NPS or nitrous oxide. The source of any drugs from the composite any drug measure has been asked since the 2010/11 survey (with exception of the 2015/16 survey). In 2017/18, two further questions were added which asked about the primary source of these drugs, if the respondent answered that they had obtained them through a family member or someone else well-known to them. Again, these focused on NPS or nitrous oxide and other drugs separately.

In 2017/18, a question on the frequency of NPS use in the last year was added to the survey. For the first time, the 2017/18 survey also included a question about frequency of powder cocaine use in the last month.

Revisions to CSEW time series

All estimates from the CSEW presented in the published figures and tables are based on weighted data. That is, results obtained from surveying a sample of the population of England and Wales are scaled-up to represent the entire population covered by the survey.

Two types of weighting are applied to the CSEW responding sample. First, the raw data are weighted to compensate for unequal probabilities of selection involved in the sample design. These include: the over-sampling of less populous Police Force Areas; the selection of just one household at multi-household addresses; and the individual's chance of participation being inversely proportional to the number of adults living in the household. Second, calibration weighting is used to adjust for different levels of non-response by age, sex and region.

Following a change to the handling of repeat victimisation in the CSEW[7], the entire CSEW time series going back to 1981 has been revised using a new methodology. This new methodology introduces

[6] Since respondents are interviewed at different times within each month, they are asked about experiences of crime in the current month plus in the 12 months prior to interview. Crimes experienced in the "interview" month are excluded from the 12-month reference period used for analysis. See the ONS User Guide to Crime Statistics for England and Wales for more information.

[7] For more information about the methodological change, see Section 7 of Improving victimisation estimates derived from the Crime Survey for England and Wales

variance in the weights. To ensure a usable time series, some minor changes have been made to the weights used to compensate for unequal probabilities of selection. This reduces volatility in estimates between years. The effect of this change on estimates in this release are negligible[8] and therefore the time series for drug misuse data have not been re-calculated using the new weights, except where comparisons of estimates between survey years have been made. From this release onwards, data for the years where the estimates have been re-calculated are therefore differ slightly from those previously published. with data contained in previous publications. The exception to this is where comparisons have been made with 2008/09 data relating to 16 to 24 year olds; datasets containing the revised weights for the youth boost are not currently available and therefore the original estimates have been used in this publication.

1.2 RELIABILITY OF CRIME SURVEY FOR ENGLAND AND WALES DRUG USE ESTIMATES

Collecting information by using a self-completion methodology within the CSEW increases the reliability of estimates of a sensitive nature, such as drug use, since it allows respondents to feel more at ease due to increased confidence in the privacy and confidentiality of the survey.

As a validity check, the survey asks about the use of a fictional drug, which identifies those who may not be honest about their experiences of using drugs. The small number of respondents who reported use of this 'drug' have been routinely excluded from any analyses presented in this and all previous years reports.

Interpreting estimates and trends

Year-on-year prevalence changes are presented using the last year drug use measure, but these need to be interpreted with care and consideration of the following issues.

- While CSEW estimates are based on a large sample of the population, it should be recognised that levels of drug use are relatively low. Even when a large section of the population is sampled, the number of users picked up by the survey can be relatively small. Figures and comparisons published in the release are considered to be robust. Where there are insufficient drug users in the sample to enable robust analysis, this has been indicated in the tables that appear in this bulletin.

- Large sample sizes increase the reliability of estimates for rare acts such as consumption of Class A drugs. However, the range of variability will still be quite large for very rare acts, such as heroin use, because of sampling variability; hence, figures will be liable to fluctuation from year to year. If there are no users identified in the survey sample, it is not possible to test for statistical significance of any change in use and so the difference is marked in the table as 'n/a'.

- Comparisons have been made with 1996 figures (the start of the CSEW self-report drug use collection) and with the survey year a decade ago, to provide trends. However, attention should also be paid to year-on-year changes in the intervening period in order to fully appreciate the patterns of drug use over time.

Youth boost

Between the 2001/02 and 2008/09 CSEW, the surveys included a boost sample of young adults in order to improve the accuracy of drug use estimates among 16 to 24 year olds. Estimates based on surveys conducted prior to the 2011 Census have since been re-weighted to be in line with the 2011 Census population estimate, but the young adult boost weights for survey data prior to the 2006/07 survey could

[8] See Table 2
https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/improvingvictimisationestimatesderivedfromthecrimesurveyforenglandandwalesaccompanyingtables

not be reproduced. As a result, the estimates of drug use among 16 to 24 year olds are not based on re-weighted data for the 2001/02 to the 2005/06 survey years. However, changes to other drug use estimates due to the re-weighting were small, so the effect of this on the time-series of drug use estimates among 16 to 24 year olds is likely to be negligible. The youth boost sample does not affect estimates of drug use among adults aged 16 to 59, as these are based on the core sample only[9].

1.3 LIMITATIONS OF THE CRIME SURVEY FOR ENGLAND AND WALES AS A SURVEY OF DRUG USE

Survey coverage

As a household survey, the CSEW provides an effective measure of recreational drug use for the drug types and population it covers population. However, the survey coverage has potential limitations.

- The CSEW does not cover some small groups, which are potentially important, given that they may have relatively high rates of drug use. Notably these are the homeless and those living in certain institutions, such as prisons. It also does not cover students living in halls of residence.

- In practice, it may be impossible for any household survey to reach those problematic drug users whose lives are so busy or chaotic that they are hardly ever at home or are unable to take part in an interview.

As a result of these possible limitations, the CSEW is likely to underestimate the overall use of drugs such as opiates, crack cocaine and some new psychoactive substances (NPS), and possibly also frequent powder cocaine use, where the majority of users are concentrated within small sub-sections of the population not covered or reached by the survey. However, this is likely to have only a marginal impact on overall estimates of drug use within the household population. National and regional estimates of the prevalence of opiate and/or crack cocaine use are published by Public Health England; latest available figures for 2016/17 are online.

Unwillingness to report drug use

Despite the self-completion methodology of the survey, which is intended to encourage honest disclosure issues still exist around willingness to report drug use. An unknown proportion of respondents may not report their behaviour honestly. Hence, estimates of prevalence in this bulletin may under-estimates of the true level of drug use within the general population, even for more commonly used drugs.

However, the CSEW provides consistent measures of drug use, obtained in the same way for each round of the survey, irrespective of any strengths or weaknesses relating to coverage or response to the survey. Hence, even if drug use estimates are lower than the true value, comparisons over time remain valid, assuming that unwillingness to report has remained at a similar level over time.

Identification of substances used

By their very nature, self-report estimates of drug use within a general population sample survey, such as the CSEW, are a measurement of what respondents intended, or believed, they had taken. In reality, particularly with changes in the purity of drugs such as powder cocaine, those who have taken drugs will not always be sure about what they have taken. Estimates from the CSEW must necessarily sit alongside other data sources in providing a comprehensive understanding of drug use in England and Wales.

[9] The 2008/09 estimates provided in this publication are the original estimates and do not include the re-calculated weights under the new methodology.

2 Classification of drugs

2.1 CLASSIFICATION OF DRUGS UNDER THE MISUSE OF DRUGS ACT 1971

The Misuse of Drugs Act 1971 classifies controlled drugs into three categories (Classes A, B and C), according to the harm that they cause, with Class A drugs considered to be the most harmful. The following table lists the drugs that respondents were asked about in the 2018/19 Crime Survey for England and Wales (CSEW) and their current classification under the Misuse of Drugs Act 1971.

Drugs included in the Crime Survey for England and Wales trend measures, and their classification under the Misuse of Drugs Act 1971 (as at September 2019)

Classification	*Drug*
Class A	Powder cocaine Crack cocaine Ecstasy LSD Magic mushrooms Heroin Methadone Methamphetamine
Class B	Amphetamines Cannabis (since January 2009; due to reclassification) Mephedrone (since April 2010) Ketamine (since June 2014)
Class B/C	Tranquillisers*
Class C	Anabolic steroids*

*Note that not all tranquilisers are classed as Class B/C, and not all anabolic steroids are classed as Class C.

Recent changes in drug classifications

Following the Drugs Act 2005, raw **magic mushrooms** were classified as a Class A drug in July 2005. Prior to this change in the law, only prepared (such as dried or stewed) magic mushrooms were classified as Class A drugs. However, the CSEW does not distinguish between the different preparations of this drug, so the trend in magic mushroom and Class A drug use presented here has not been affected by the change in the law.

If a drug that is ordinarily Class B is prepared for injection, it will be treated as a Class A drug under the Misuse of Drugs Act 1971. Since CSEW questions do not distinguish between the preparations of the drugs taken, Class B drugs are not included in estimates of overall Class A drug use in this report.

The CSEW included a question on **methamphetamine** (which is classified as Class A) for the first time in 2008/09.

Similarly, **tranquillisers** can either be classified as Class B (such as barbiturates) or Class C (such as benzodiazepines). Consequently, Class B and Class C drugs cannot be aggregated reliably because the survey does not identify which specific tranquilliser respondents used.

Cannabis was reclassified from a Class B to a Class C drug in January 2004. However, the Government decided to reclassify cannabis as a Class B drug under the Misuse of Drugs Act 1971 with effect from January 2009. Reclassification does not affect CSEW estimates, but cannabis is presented as a Class B drug within CSEW reports from the 2008/09 publication onwards.

Questions on **ketamine** were first introduced in the 20005/06 survey. Ketamine was reclassified from a Class C to Class B drug under the Misuse of Drugs Act 1971, with effect from June 2014. Reclassification does not affect CSEW estimates, but ketamine is presented as a Class C drug within

CSEW reports up to 2013/14, and as a Class B drug from the 2014/15 publication onwards, reflecting the change in classification during that interview year.

Legislation was passed on 16 April 2010 under the Misuse of Drugs Act 1971 to control **mephedrone** as a Class B substance. From 2010/11 mephedrone was included in the main trend measures for last year use and in the main trend measures for lifetime use since 2012/13 (when this question was introduced into the survey).

Legislation was passed in December 2009 to control the substances Spice, BZP and GBL/GHB and other synthetic cannabinoids. **Spice** is a brand name of, and generic slang for, various herbal mixtures laced with synthetic cannabinoids. **BZP** (Benzylpiperazine) is a drug with euphoric and stimulant properties with effects similar to those produced by amphetamines. **GHB** (gamma-Hydroxybutyrate) is an intoxicant and a 'date rape drug', which has been controlled under the Misuse of Drugs Act 1971 as a Class C drug since 2003. **GBL** (gamma-Butyrolactone) is not active in its own right but is a substance that is converted to GHB by enzymes found in the blood, and has a faster onset of effects than GHB itself.

Following a review by the Advisory Council on the Misuse of Drugs, which focused on the medical and social harms of **khat** consumption, it was announced in July 2013 that the Government would control khat under the Misuse of Drugs Act 1971 as a Class C drug, from 24 June 2014. Questions on khat were included in the 2010/11 and 2011/12 surveys, removed for 2012/13 and 2013/14, re-introduced for the 2014/15 and 2015/16 surveys, and removed for the 2016/17,2017/18 and 2018/19 surveys.

The category '**not classified'** indicates that possession of these substances is not controlled under the Misuse of Drugs Act 1971. Other legislation may apply to the supply of these substances.

2.2 CLASSIFICATION OF DRUGS UNDER THE PSYCHOACTIVE SUBSTANCES ACT 2016

Substances such as mephedrone, Spice, GBL/GHB, salvia and other emerging substances are collectively known as **new psychoactive substances (NPS)**, often previously referred to as 'legal highs'. These substances are usually intended to mimic the effects of 'traditional' drugs such as cannabis, ecstasy, or cocaine. These substances can come in different forms such as herbal mixtures that are smoked, powders, crystals, tablets or liquids.

NPS is not a perfect term; some of these substances were first synthesised a considerable time ago and are not inherently 'new'. However, other descriptions of NPS, such as 'legal highs', are inaccurate, as many NPS have been controlled under the Misuse of Drugs Act 1971 (see Section 2.1 above).

With limited exemptions (for example, caffeine, tobacco, alcohol) the production, distribution, sale and supply of psychoactive substances not controlled under the Misuse of Drugs Act 1971 or other Acts (for example, the Medicines Act 1968) is now illegal under the Psychoactive Substances Act 2016; these may previously have been legal to buy.

The CSEW first measured the use of generic, rather than specific, NPS in 2014/15, prior to the commencement of the Psychoactive Substances Act 2016. Similar to other questions on drug use that include the street names of drugs, the NPS questions included a description using the better-understood term 'legal highs':

"*There are a range of substances sometimes called 'legal highs' that have the same effects as drugs such as cannabis, ecstasy, or cocaine. These are herbal or synthetic substances that you take to get 'high', which may or may not be illegal to buy. These substances can come in different forms such as herbal mixtures which you smoke, powders, crystals, tablets, or liquids*."

The same question wording was retained for the 2015/16, 2016/17 and 2017/18 surveys, for comparability of estimates. As the Psychoactive Substances Act 2016 was enacted in April 2016, the explanatory wording for NPS in the 2016/17 survey was revised to remove the words *"which may or may not be illegal to buy"*.

It should be noted that many NPS are controlled under the Misuse of Drugs Act 1971 rather than the Psychoactive Substances Act 2016, and there are several non-NPS substances which are controlled under the Psychoactive Substances Act 2016. This means that the estimate of NPS use does not provide a measure of all drugs controlled under the Psychoactive Substances Act 2016. The 2016/17,2017/18 and 2018/19 surveys include a question on the use of nitrous oxide, which is not considered an NPS but is controlled under the Psychoactive Substances Act 2016.

2.3 COMPOSITE DRUG USE MEASURES BASED ON THE CRIME SURVEY FOR ENGLAND AND WALES

Within Home Office drug misuse publications, composite variables that amalgamate the use of individual drugs are presented; the individual drug use variables that they include are outlined below.

Composite drug use variables, 2018/19 Crime Survey for England and Wales

Composite variable	*Individual drug use variables included*
Any cocaine	Powder cocaine, crack cocaine
Hallucinogens	LSD, magic mushrooms
Opiates	Heroin, methadone
Any amphetamine	Amphetamines, methamphetamine
Any Class A drug	Powder cocaine, crack cocaine, ecstasy, heroin, LSD, magic mushrooms, methadone, methamphetamine
Any drug	Amphetamines, anabolic steroids, cannabis, powder cocaine, crack cocaine, ecstasy, heroin, ketamine, LSD, magic mushrooms, mephedrone, methadone, methamphetamine, tranquillisers, unknown pills or powders, something unknown smoked, any other drug

Inclusion of specific variables in composite drug measures

Individual types of drugs that are specifically asked about in the CSEW are presented in all tables in the substantive part of the release. In addition to these named drugs, respondents are also asked whether they have taken something else in the same time period, that is: **pills or powders** (not prescribed by a doctor) when the respondent did not know what they were; **smoked something** (excluding tobacco) when the respondent did not know what it was; and, taken **anything else that the respondent knew or thought was a drug** (not prescribed by a doctor). These are included in the composite measure of 'any drug', but not presented individually in tables.

Amyl nitrite was included in the yearly any drug measure until 2016/17, but it was removed in 2017/18 as the question on last year use of amyl nitrite was removed from the survey.

Questions on **glue** use have not been included since the 2009/10 CSEW. Analysis of the impact on the CSEW 'any drug' measure and trend in this measure over time showed that removal of glue from the composite measure of any drug use had no overall important impact on this measure.

Mephedrone is included in the 'any drug' measures, unless stated otherwise. Prior to the 2014/15 Drug Misuse bulletin, two versions of these measures had been presented, with and without mephedrone; in past bulletins it had been excluded from these measures in the context of analysis by demographics. In 2014/15 the measures excluding mephedrone were removed and the demographics back-series were updated to include mephedrone for all past years in which questions on mephedrone had been asked (from 2010/11 onwards for last year use, from 2012/13 onwards for use ever in a lifetime, and from 2014/15 for last month use).

Because questions on the lifetime use of mephedrone were introduced two years after the questions on last year use, the estimates of last year mephedrone use from the 2010/11 and 2011/12 surveys are different from the other individual drugs included in the survey, as respondents were not previously

asked about their experience of ever using mephedrone. It is not possible to identify what, if any, effect the addition of the lifetime use question in 2012/13 may have had on the last year estimates of mephedrone use, and indeed on the overall measure of any last year drug use, but any effect would be considered to be very small.

Drugs included in the Crime Survey for England and Wales old 'Any drug' measure, by survey year

Individual drug	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Powder cocaine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Crack cocaine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ecstasy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
LSD/acid	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Magic mushrooms	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Heroin	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Methadone or physeptone	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Amphetamines	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cannabis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tranquillisers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Anabolic steroids	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Amyl nitrite (poppers)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	×
Unknown drugs[1]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ketamine	×	×	×	×	×	×	×	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Methamphetamine	×	×	×	×	×	×	×	×	×	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mephedrone[2]	×	×	×	×	×	×	×	×	×	×	×	×	× ✓	× ✓	✓	✓	✓	✓	✓	✓	✓
Glues	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	×	×	×	×	×	×	×	×
NPS[3]	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×
Nitrous oxide	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×

1. 'Unknown drugs' includes any unknown pills, powders or substances smoked.
2. Mephedrone was included from 2012/13 for 'ever' and from 2010/11 for 'last year' any drug use measures.
3. NPS refers to new psychoactive substances, sometimes called 'legal highs'.

Stimulant substances

In previous publications, a composite group called 'Any stimulant drug' was presented, which included drugs across the legal classification that are used for their stimulant properties, and are more likely to be used interchangeably by the same people at similar times and in similar settings. A subset of NPS drugs have stimulant properties, which are also likely to be interchangeable with other stimulant-type drugs. The survey does not identify whether respondents have used NPS which specifically have stimulant properties, so the use of stimulant-type NPS are not estimated. The 'Any stimulant drug' composite measure has therefore been removed since the 2016/17 publication.

Accounting for concurrent polydrug use when interpreting composite measures

Concurrent polydrug use (use of more than one drug in the last year) is different from simultaneous polydrug use (use of more than one drug on the same occasion, or at the same time). Analyses of simultaneous polydrug use were published in the 2011/12 and 2014/15 Drug Misuse bulletins.
Note that caution should be taken in the interpretation of trends in the composite category. Taking Class A drug use as an example, of the people who took Class A drugs in the last year there will be many

cases of concurrent polydrug use, i.e. cases where people used more than one drug type in the last year (though not necessarily at the same time). Some people may have taken all of the Class A drugs in the last year, others a combination and some just one. For example, if there is an increase in the use of cocaine powder, there may not necessarily be an increase in the use of Class A drugs overall; this could occur due to users switching from one Class A drug to another. It is only when there is a significant increase in 'new' Class A drug users that a change in use of Class A drugs overall will occur. It is also, of course, possible that users of drugs switch between drugs of different classes.

3 Conventions used in figures and tables

Table abbreviations

'0' indicates no response in that particular category or less than 0.5% (this does not apply when percentages are presented to one decimal point).

'n/a' indicates that the question was not applicable or not asked in that particular year. In columns relating to significance testing, this indicates that an estimate for one or both of the comparator years is not available. This is also the case if there were no responses in that particular category for one or both of the comparator years.

'-' indicates that data are not reported because the unweighted base is fewer than 50.

''** indicates that the change is statistically significant at the five per cent level. Where an apparent change over time is not statistically significant this is noted in the text.

Unweighted base

All percentages and rates presented in the tables are based on data weighted to compensate for differential non response. Tables show the unweighted base, which represents the number of people interviewed in the specified group.

Percentages

Row or column percentages may not add to 100% due to rounding.

Most tables present cell percentages where the figures refer to the percentage of people who have the attribute being discussed; the complementary percentage, to add to 100%, is not shown.

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

'No answers' (missing values)

All analysis excludes don't know/refusals unless otherwise specified.

Numbers of Crime Survey for England and Wales drug users

Estimates are rounded to the nearest 1,000.

Reporting of statistically significant changes

Only increases or decreases that are statistically significant at the 5% level (and are therefore likely to be real) are described as changes within the main bulletin, and in the tables are identified by asterisks.