

Article

Drug misuse in England and Wales: year ending March 2020

An overview of the extent and trends of illicit drug use for the year ending March 2020. Data are from the Crime Survey for England and Wales.

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1 . Main points

This publication reports on trends in drug use across England and Wales for the year ending March 2020. This publication is largely unaffected by the coronavirus (COVID-19) pandemic as it mainly relates to the period prior to the lockdown.

There was no change in overall drug use and Class A drug use in the last year:

- An estimated 1 in 11 adults aged 16 to 59 years had taken a drug in the last year (9.4%; approximately 3.2 million people); this is the same as the year ending March 2019 but an increase from 8.6% in the year ending March 2010.
- Around one in five adults aged 16 to 24 years had taken a drug in the last year (21%; approximately 1.3 million people); this was similar to the previous year (20.3%).
- An estimated 1% of 60- to 74-year-olds had taken a drug in the last year; therefore, the prevalence of last-year drug use in those aged 16 to 74 years (7.6%) was lower than for those aged 16 to 59 years (9.4%).
- 3.4% of adults aged 16 to 59 years had taken a Class A drug in the last year (approximately 1.1 million people); this was similar to the previous year (3.7%).
- 7.4% of adults aged 16 to 24 years had taken a Class A drug in the last year (approximately 467,000 people); this was not significantly different from the previous year (8.7%).
- 2.1% of adults aged 16 to 59 years and 4.3% of adults aged 16 to 24 years were classed as “frequent” drug users (had taken a drug more than once a month in the last year); these are similar to the previous year’s estimates.

There were no changes in last-year drug use for the majority of individual drug types including cannabis, ecstasy, powder cocaine, new psychoactive substances and nitrous oxide. However, there were falls in the use of two low-volume drug types and the proportion of frequent powder cocaine users:

- Cannabis continues to be the most common drug used in the last year among adults aged 16 to 59 years and 16 to 24 years, 7.8% and 18.7% respectively; this is much larger than the second most prevalent drugs used in the last year, powder cocaine use for 16- to 59-year-olds (2.6%) and nitrous oxide use among 16- to 24-year-olds (8.7%).
- Amphetamine use in the last year in adults aged 16 to 59 years fell by 42% compared with the previous year (to 109,000 people), continuing the long-term decline since the year ending December 1995.
- Anabolic steroid use among 16- to 59-year-olds in the last year also fell compared with the previous year from approximately 62,000 to 31,000 people, following a period over the last decade where reported use was relatively flat.
- Although there was no change in last-year powder cocaine use among adults aged 16 to 59 years compared with the year ending March 2019, the proportion of frequent users fell from 14.4% in year ending March 2019 to 8.7% in year ending March 2020.

Statistician’s comment

Commenting on today’s release, Billy Gazard from the Office for National Statistics Centre for Crime and Justice said:

“Overall drug use continued to remain stable, with around 1 in 11 adults aged 16 to 59 years having taken a drug in the past year. However, there were differences between age groups. Drug use was much more common among younger adults although, again, the proportion of 16- to 24-year-olds taking drugs was similar to the previous year.

“Cannabis continued to be the most commonly used drug, followed by powder cocaine. However, the proportion of users who took powder cocaine more than once a month fell in the year ending March 2020.”

2 . Overall trends in drug misuse

Any drug use in the last year

There was no change in the overall level of any drug use¹ in the last year across England and Wales for the year ending March 2020 compared with the previous year. Findings from the Crime Survey for England and Wales (CSEW) showed that around 1 in 11 adults aged 16 to 59 years had taken a drug in the last year (9.4%; 3.2 million individuals). The proportion of adults aged 16 to 24 years who reported any drug use in the last year, however, was higher (21%; 1.3 million individuals).

The proportion of adults who had taken any drug in the last year was lower than it was in the year ending December 1995 (the first year data on drug misuse were collected in the CSEW), decreasing from 11.2% among adults aged 16 to 59 years and 29.7% for young adults aged 16 to 24 years.

Following a period of falls between year ending December 1995 and year ending March 2013, there was a change in the trend. Between the year ending March 2013 and March 2020, the proportion of adults reporting any drug use in the last year has increased by 15% (16- to 59-year-olds) and 28% (16- to 24-year-olds) respectively (see Figure 1).

Questions on drug use were asked of survey participants aged 60 to 74 years for the first time in the year ending March 2018 when the upper age limit for the CSEW self-completion module was extended. Only an estimated 1% of 60- to 74-year-olds had taken a drug in the last year. Therefore, the prevalence of last-year drug use in those aged 16 to 74 years (7.6%) was lower than for those aged 16 to 59 years (9.4%).

The most recent (2018) survey on [Smoking, Drinking and Drug Use among Young People in England \(SDD\)](#)² showed that the proportion of 11- to 15-year-olds in England who had taken any drug (excluding new psychoactive substances) in the last year was 14.5%. This was similar to the previous estimate in 2016 (15.2%).

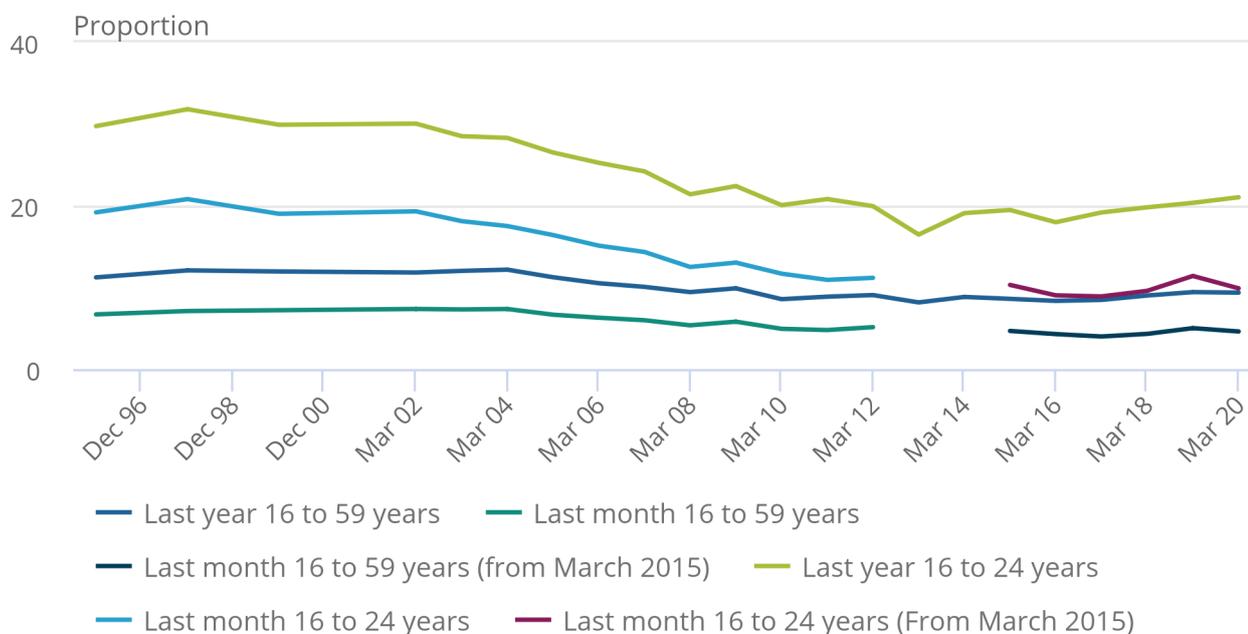
Further information on individual drug types is presented in [Section 3: Trends in use of individual drug types](#).

Figure 1: Use of any drug has not changed in the last year

Proportion of adults aged 16 to 59 years and 16 to 24 years reporting use of any drug in the last year and the last month, England and Wales, year ending December 1995 to year ending March 2020

Figure 1: Use of any drug has not changed in the last year

Proportion of adults aged 16 to 59 years and 16 to 24 years reporting use of any drug in the last year and the last month, England and Wales, year ending December 1995 to year ending March 2020



Source: Office for National Statistics - Crime Survey for England and Wales

Notes:

1. Any drug comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids and any other pills, powders or drugs plus ketamine since year ending March 2007, methamphetamine since year ending March 2009 and mephedrone since year ending March 2011 for use in the last year and year ending March 2015 for use in the last month. Glues are included until year ending March 2010, when this drug type was last measured by the Crime Survey for England and Wales.
2. Questions on drug use in the last month were not asked in the year ending March 2013 and 2014. These questions were reintroduced for the year ending March 2015.

Class A drug use in the last year

In the latest year, 3.4% of adults aged 16 to 59 years had reported taking any Class A³ drug in the last year – this equates to around 1.1 million individuals. For adults aged 16 to 24 years, the proportion who had reported Class A drug use was much higher at 7.4% (approximately 467,000 people).

Among adults aged 16 to 59 years, Class A drug use in the last year has increased compared with the year ending December 1995 (from 2.6%). There was a short period between the year ending March 2009 and year ending March 2013 where there was a decrease (Figure 2), however the trend has since continued upwards from 2.5% in the year ending March 2013 to 3.4% in year ending March 2020 (around an additional 316,000 users). This trend was mainly driven by the increase in 16- to 24-year-olds who accounted for around 53% of the increase (168,000 people).

The trend for Class A drug use among young adults aged 16 to 24 years is similar to the trend in any drug use. There was a large decrease in the proportion who reported use between year ending December 1995 and the year ending March 2013. However, this trend has reversed with recent rises from 4.8% in the year ending March 2013 to 7.4% in the year ending March 2020. This was mainly driven by changes in powder cocaine use among this age group.

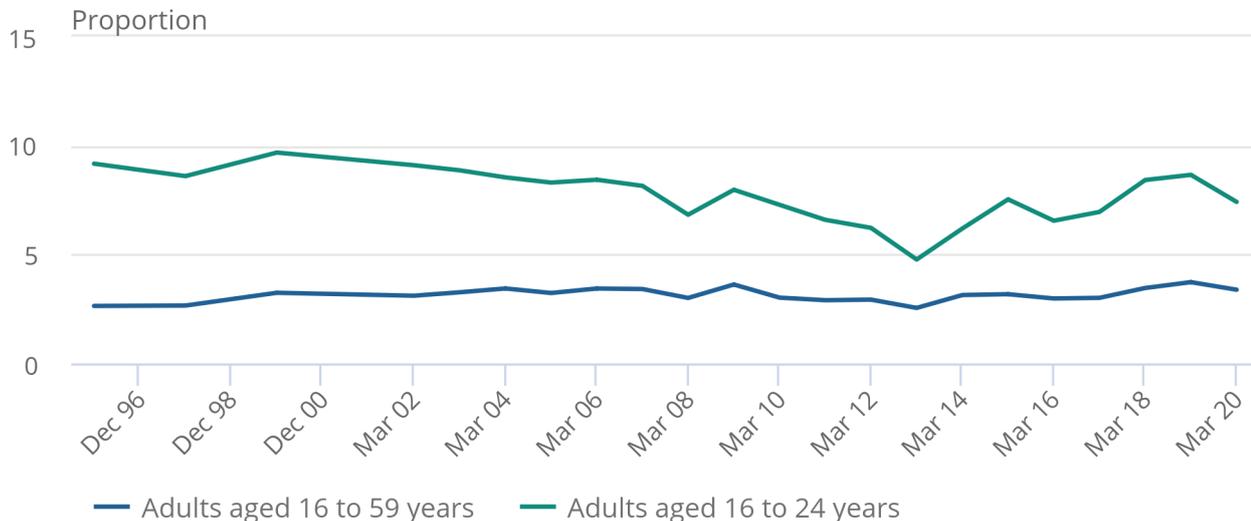
Data from the [Smoking, Drinking and Drug Use among Young People in England 2018 \(SDD\)](#)² survey showed that 3.0% of 11- to 15-year-olds in England reported Class A drug use in 2018. This was similar to the previous estimate in 2016 (3.2%).

Figure 2: Use of any Class A drug has not changed in the last year

Proportion of adults aged 16 to 59 years and 16 to 24 years reporting use of any Class A drug in the last year, England and Wales, year ending December 1995 to year ending March 2020

Figure 2: Use of any Class A drug has not changed in the last year

Proportion of adults aged 16 to 59 years and 16 to 24 years reporting use of any Class A drug in the last year, England and Wales, year ending December 1995 to year ending March 2020



Source: Office for National Statistics - Crime Survey for England and Wales

Notes:

1. Any Class A drug comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone plus methamphetamine since year ending March 2009.

Use of any drug in the last month and in the respondent's lifetime

Drug use in the last month is an indicator of very recent drug use and can provide additional insight to supplement drug use in the last year. It is, however, subject to more variation as fewer respondents will have used a drug in the last month.

For the year ending March 2020, 4.6% of adults aged 16 to 59 years (around 1.6 million) had used any drug in the last month. For adults aged 16 to 24 years, the proportion was more than double, 9.9% (around 622,000).

There was no change in any drug use in the last month compared with year ending March 2019 or for the 10-year comparison, year ending March 2010. However, over the longer term there have been reductions in the proportion of adults reporting use, and compared with the year ending December 1995, there has been a significant decrease of 31% for adults aged 16 to 59 years.

Use in the respondent's lifetime is also collected but will vary depending on the age of the respondent and will be influenced by cohort effects, therefore use in the last year remains the best measure to track genuine changes.

CSEW estimates for the year ending March 2020 showed that around one-third of adults aged 16 to 59 years and 16 to 24 years had taken any drug in their lifetime (35% and 36% respectively). The proportion who had used drugs in the last year was lower (9.4% for adults aged 16 to 59 years and 21% for adults 16 to 24 years).

Drug use during the coronavirus pandemic

This publication reports on trends in drug use across England and Wales for the year ending March 2020 and is largely unaffected by the coronavirus (COVID-19) pandemic. However, there is some evidence to suggest that the coronavirus pandemic and related restrictions have affected trends in drug use globally.

The [Global Drugs Survey](#) showed that respondents who used drugs in the past year reported changes in the frequency of their drug use compared with before the pandemic. For example, globally, 21% of cocaine users reported more frequent use while 38% reported less frequent use.

Data recorded by the police showed that drug offences were 30% higher in April to June 2020 compared with April to June 2019. This was largely driven by rises in offences involving the possession of drugs, and reflected proactive police activity in pursuing crime during lockdown restrictions, rather than genuine changes in drug use.

On 20 May 2020, we launched the Telephone-operated Crime Survey for England and Wales (TCSEW) in order to capture trends in crime while normal face-to-face interviewing is suspended⁴. The TCSEW operation closely replicates that of the face-to-face CSEW, however, because of restrictions on interview length and sensitivities around the topic, the TCSEW contains a reduced number of questions.

Drug use questions were not initially asked in the TCSEW but were introduced on 1 September 2020. We hope to publish initial findings on drug use from the TCSEW in 2021. Although, because of the change in survey mode these figures will not be comparable with findings from the CSEW.

Notes for: Overall trends in drug misuse

1. Any drug comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, methamphetamine, cannabis, ketamine, mephedrone, tranquillisers, anabolic steroids and any other pills, powders or drugs. For more information on CSEW composite drug measure see [Annex: Classification of drugs](#).
2. NHS Digital published the [SDD](#) as a National Statistic annually until 2014. Currently the survey is only funded every two years, and the latest survey (covering 2018) was published in August 2019. The next edition of the series was due to be collected in autumn 2020, however the fieldwork has been delayed until autumn 2021 because of the coronavirus (COVID-19) pandemic.
3. Any Class A drug comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone plus methamphetamine since year ending March 2009.
4. For more information on the TCSEW see [Coronavirus and crime in England and Wales: August 2020](#) and the most recent [Crime in England and Wales Quality and Methodology Information report](#).

3 . Trends in use of individual drug types

This section examines the recent and historical trends in the misuse of specific drug types. Although the majority of individual drug types showed no change in use in the last year for year ending March 2020 compared with March 2019, the longer-term trends in these drug types reveal different patterns in their reported use.

Detailed figures relating to the extent and trends in misuse of individual drug types in the last year can be found in the [Appendix Table – Section 1](#) (Adults aged 16 to 59 years: Table 1.02; Adults aged 16 to 24 years: Table 1.08).

Cannabis

Since the year ending December 1995, cannabis has consistently been the most-used drug in England and Wales. In the latest year, 7.8% of adults aged 16 to 59 years (around 2.6 million) reported using cannabis in the last year. This is a substantially greater proportion of individuals than the next most prevalent drug, powder cocaine at 2.6% (around 873,000). Cannabis was also the most common drug used by young adults, 18.7% of those aged 16 to 24 years old (around 1.2 million) had reported using the drug in the last year.

There was no change in the prevalence of cannabis use in the last year compared with the previous year. However, there has been a long-term decline compared with year ending December 1995 from 9.5% for adults aged 16 to 59 years and 26% for adults aged 16 to 24 years (see Figure 3).

More recently, cannabis use in the last year has seen small annual increases. Compared with the year ending March 2013, there has been a 1.5 percentage point increase among 16- to 59-year-olds and a five percentage point increase for 16- to 24-year-olds.

Figure 3: Cannabis use in the last year has increased compared to year ending March 2013

Proportion of adults aged 16 to 59 years and 16 to 24 years reporting use of any drug, any Class A drug and cannabis in the last year, England and Wales, year ending December 1995 to year ending March 2020

Notes:

1. Any drug comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids and any other pills/powders/drugs plus ketamine since year ending March 2007, methamphetamine since year ending March 2009 and mephedrone since year ending March 2011 for use in the last year and year ending March 2015 for use in the last month. Glues are included until year ending March 2010, when this drug type was last measured by the Crime Survey for England and Wales.
2. Any Class A drug comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin and methadone plus methamphetamine since year ending March 2009.
3. Data for 1995, 1997 and 1999 are for the year ending December, all other years included are year ending March.

Powder cocaine

The second most commonly used drug in the last year among adults aged 16 to 59 years was powder cocaine. Around 873,000 people in this age group reported using this drug in the last year (2.6% of the population; Figure 4). Among young adults aged 16 to 24 years, powder cocaine was the third most commonly used drug, with 5.3% reporting use, around 331,000 users, behind cannabis (18.7%) and nitrous oxide (8.7%).

Use of powder cocaine in the last year did not change from the year ending March 2019. However, the prevalence of powder cocaine use was around four times greater than it was in the year ending December 1995 (16 to 59: 0.6%; 16 to 24: 1.4%). During this period there were rises to reach a peak in the year ending March 2009 followed by falls to the year ending March 2013.

Since this period there have been further rises, and compared with the year ending March 2013, the proportion of adults who had used powder cocaine in the last year has increased by 37% for adults aged 16 to 59 years and 73% for 16 to 24 years. Despite this, the level of use remained at a similar level to the year ending March 2010.

Despite these rises, use in the last month fell for both age groups compared with year ending March 2019 and year ending March 2010. Among adults aged 16 to 59 years, there was a 28% decrease from 1.1% to 0.8% (around 361,000 to 261,000 users). This was mainly driven by a fall in use among young adults aged 16 to 24 years, who accounted for 74% of the decrease (around 74,000 people).

Ecstasy

Ecstasy use in the last year among adults aged 16 to 59 years has been relatively stable since the data were first collected in year ending December 1995 with some small fluctuations (Figure 4). There was no change in the prevalence for year ending March 2020 (1.4%; 471,000 individuals) compared with the previous year.

Among young adults aged 16 to 24 years, 4% had used ecstasy in the last year (around 254,000 individuals). There was no change compared with the previous year, although the level of reported use is lower than it was in year ending December 1995 (6.5%).

New psychoactive substances and nitrous oxide

New psychoactive substances (NPS) refers to newly available drugs that mimic the effect of existing drugs such as cannabis, ecstasy and powder cocaine. Some NPS were previously legal to supply if they were not already controlled under the Misuse of Drugs Act 1971¹. However, under the Psychoactive Substances Act 2016², which came into effect on 26 May 2016, all of these are now illegal to supply, produce and import.

In the year ending March 2020, the level of NPS use in the last year among adults aged 16 to 59 years and 16 to 24 years showed no change compared with the previous year (Figure 4). There were around 115,000 (0.3%) adults aged 16 to 59 years and around 82,000 (1.3%) aged 16 to 24 years who had used NPS in the last year. Young adults therefore account for a disproportionately large proportion of NPS users, around 71%. This is greater than the other main drug types (cannabis: 45%; powder cocaine: 38%; ecstasy: 54%).

In comparison with when the data were first collected in the year ending March 2015, the proportion of adults who reported NPS use in the last year has more than halved from 0.9% for adults aged 16 to 59 years and 2.8% for adults aged 16 to 24 years.

The survey also asked respondents whether they had used nitrous oxide³ (also known as laughing gas) in the last year. While the Psychoactive Substances Act made the sale of nitrous oxide for use as an intoxicant illegal, it is currently still legal to sell for certain purposes⁴.

In the last year, 2.4% of adults aged 16 to 59 years and 8.7% of 16- to 24-year-olds had used nitrous oxide, this is equivalent to around 796,000 and 549,000 individuals respectively. This made it the second most prevalent drug among young adults aged 16 to 24 years (after cannabis) and the third most prevalent for adults aged 16 to 59 years (after cannabis and powder cocaine).

Similar to NPS, the use of nitrous oxide was particularly high for young adults and the prevalence rate was more than three times higher than the wider 16 to 59 years age group. While the level of nitrous oxide increased compared with year ending March 2013 for both age groups, use has remained at the same level for the previous four years.

Other drugs

The information below presents findings on some of the less commonly used drugs (Figure 4). These can be found in the [Appendix table – Table 1.02 and Table 1.08](#).

The use of amphetamines in the last year among adults aged 16 to 59 years decreased by almost half compared with the previous year, from 0.6% (around 188,000 people) to 0.3% (approximately 109,000 people). This continued the sustained long-term decline since the year ending December 1995 in amphetamine use, from 3.3% (around 460,000 people). The use of amphetamines among young adults aged 16 to 24 years followed a similar downward trend, however use was at a similar level to year ending March 2019.

Anabolic steroid use among 16- to 59-year-olds also fell in comparison with the year ending March 2019 from 0.2% to 0.1% (around 62,000 to 31,000 people). This followed a period over the last decade where reported use was relatively flat. There was no equivalent change for young adults aged 16 to 24 years. However, figures related to anabolic steroid use should be interpreted with caution because of the small number of respondents reporting use.

While in recent years the use of ketamine in the last year has fluctuated, use has increased compared with a decade ago. For adults aged 16 to 59 years, prevalence increased from 0.5% in the year ending March 2010 to 0.8% for the year ending March 2020. Use among adults aged 16 to 24 years has also increased over in the same period from 1.7% to 3.2%. This was the highest estimate of reported ketamine use in the last year recorded by the Crime Survey for England and Wales (CSEW).

Figure 4: For the majority of drug types use is at a similar level to the year ending March 2019

Proportion of adults aged 16 to 59 years and 16 to 24 years reporting use of drugs in the last year, England and Wales, year ending December 1995 to year ending March 2020

Notes:

1. Data for 1995, 1997 and 1999 are for the year ending December, all other years included are year ending March.

Notes for: Trends in use of individual drug types

1. Which can be found here: [Misuse of Drugs Act 1971](#).
2. Which can be found here: [Psychoactive Substances Act 2016](#).
3. Questions on nitrous oxide use were not included in the year ending March 2015 and year ending March 2016 surveys.
4. For example, for medical use by doctors and dentists or as a propellant to whip cream for catering purposes. It is, therefore, possible that users of nitrous oxide who purchased it from a shop did so while claiming this as the intended use. This is discussed in further detail in the [Review of the Psychoactive Substances Act](#), which was published in November 2018.

4 . Frequency of drug use in the last year

In the latest year, while 9.4% of adults aged 16 to 59 years had used any drug in the last 12 months, only 2.1% of adults in this age group were frequent users (approximately 712,000¹). A frequent user is defined as having taken any drug more than once a month in the last year. This was similar to the previous year but a significant decrease from the year ending March 2015² (3.1%; around 1 million adults¹). For young adults aged 16 to 24 years the latest estimate of frequent drug use was twice as high as for adults aged 16 to 59 years at 4.3% (around 271,000 adults¹).

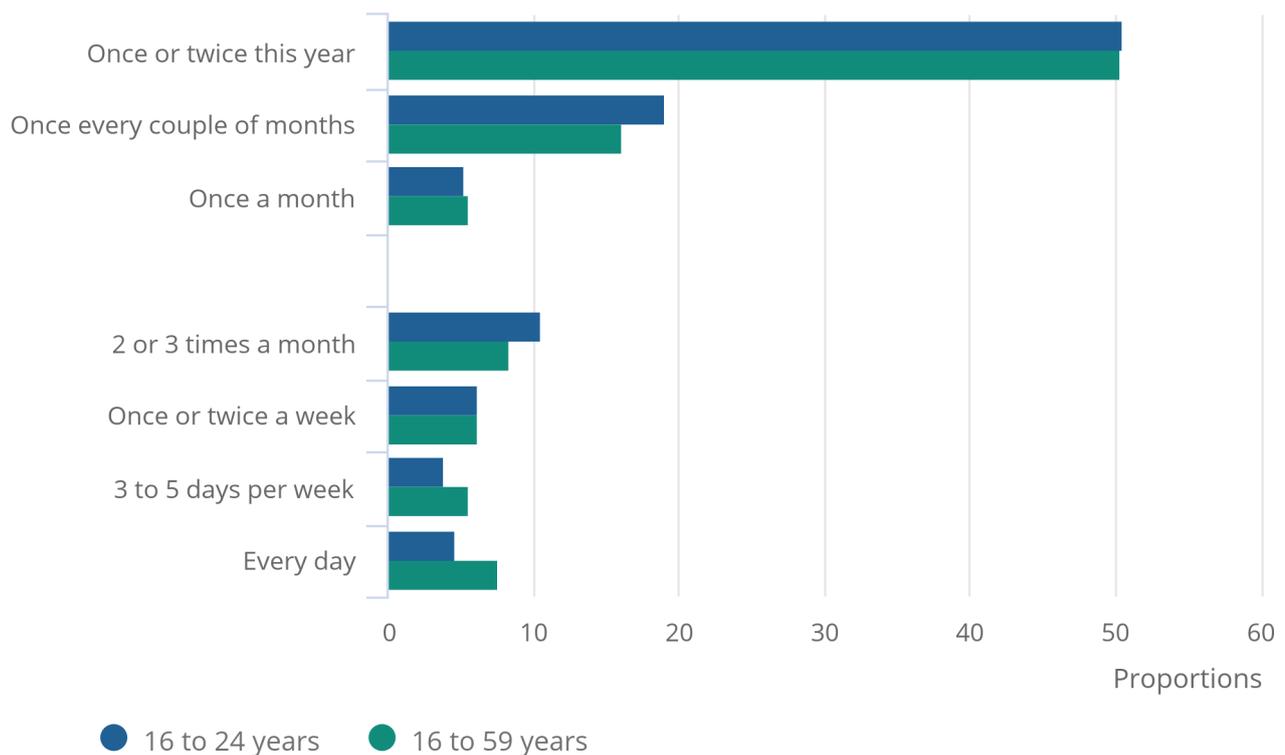
However, of the adults aged 16 to 59 years who reported having used any drug in the last year, the majority reported that they had only taken them “once or twice” (50.4%; Figure 5). This was similar for adults aged 16 to 24 years.

Figure 5: The majority of adults aged 16 to 59 years who had taken drugs only used them infrequently

Proportion of adults aged 16 to 59 years who had taken any drug in the last year by frequency of use, England and Wales, year ending March 2020

Figure 5: The majority of adults aged 16 to 59 years who had taken drugs only used them infrequently

Proportion of adults aged 16 to 59 years who had taken any drug in the last year by frequency of use, England and Wales, year ending March 2020



Source: Office for National Statistics - Crime Survey for England and Wales

Notes:

1. Any drug comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, methamphetamine, cannabis, ketamine, mephedrone, tranquillisers, anabolic steroids and any other pills, powders or drugs.

There were also variations in the proportion of frequent users for the individual drug types.

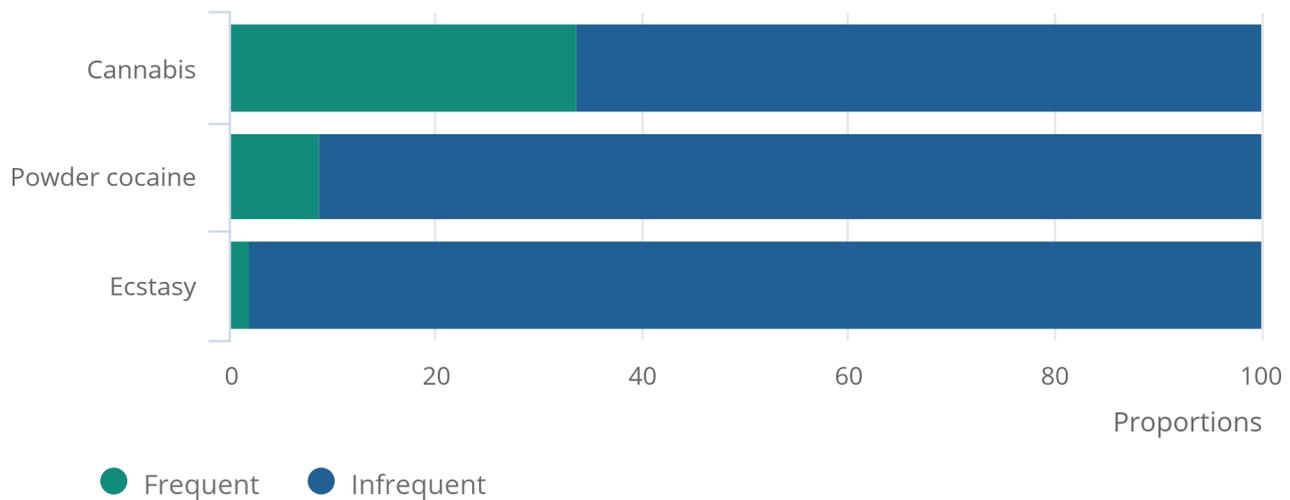
As reported in [Section 2: Overall trends in drug misuse](#), cannabis was the most common drug used but it also had a significantly greater proportion of frequent users than powder cocaine or ecstasy. Among adults aged 16 to 59 years, around one-third of individuals who used cannabis were frequent users and had used the drug more than once a month in the last year compared with 8.7% of powder cocaine users and 1.9% of ecstasy users. The estimates for 16- to 24-year-olds were similar and can be found in Table 2.02 of the [Appendix table](#).

Figure 6: A third of those who used cannabis in the last year were frequent users

Proportion of adults aged 16 to 59 years who had taken cannabis, powder cocaine or ecstasy in the last year by frequency of use, England and Wales, year ending March 2020

Figure 6: A third of those who used cannabis in the last year were frequent users

Proportion of adults aged 16 to 59 years who had taken cannabis, powder cocaine or ecstasy in the last year by frequency of use, England and Wales, year ending March 2020



Source: Office for National Statistics - Crime Survey for England and Wales

Notes:

1. A frequent user is defined as having taken any drug more than once a month in the last year.

Although there was no change in the use of powder cocaine in the last year among adults aged 16 to 59 years, the proportion of frequent powder cocaine users fell by 39% compared with the previous year (from 14.4% to 8.7%). There were no significant changes in frequent use for the other drug types. However, the latest estimates were the lowest recorded for all three drug types since the time series first began. This follows a general downward trend in the proportion of frequent users, from 45.5% for cannabis, 18.9% for powder cocaine and 20.4% for ecstasy in the year ending March 2004.

Frequency of drug use in the last year is not a measure of drug dependence. The latest information on drug dependence in England is reported in the [Adult Psychiatric Morbidity Survey 2014](#). 3.1% of adults showed signs of dependence on drugs, including 2.3% who showed signs of dependence on cannabis only and 0.8% with signs of dependence on other drugs.

Further data related to the number of adults receiving treatment for substance misuse and hospital admissions related to drug misuse are available through [NHS Digital](#). The Office for National Statistics (ONS) also published data on [Deaths related to poisoning by drug misuse](#).

For more detailed figures on frequency of drug use see [Appendix table – Section 2](#).

Notes for: Frequency of drug use in the last year

1. Data on number of “frequent” drug users not shown in [Appendix table](#).
2. Frequency of drug use was first measured in the CSEW in year ending March 2015.

5 . Personal characteristics

As with findings in previous survey years, for the year ending March 2020, the prevalence of any drug use in the last year was highest amongst 16- to 19-year-olds and 20- to 24-year-olds (21.1% and 21% respectively). The use of any drug in the last year also generally declined by age, for example, use in the oldest age category (55 to 59 years) was much lower than the youngest (16 to 19 years) at 2.8% compared with 21.1% (Figure 7; [Appendix table – Table 3.03](#)).

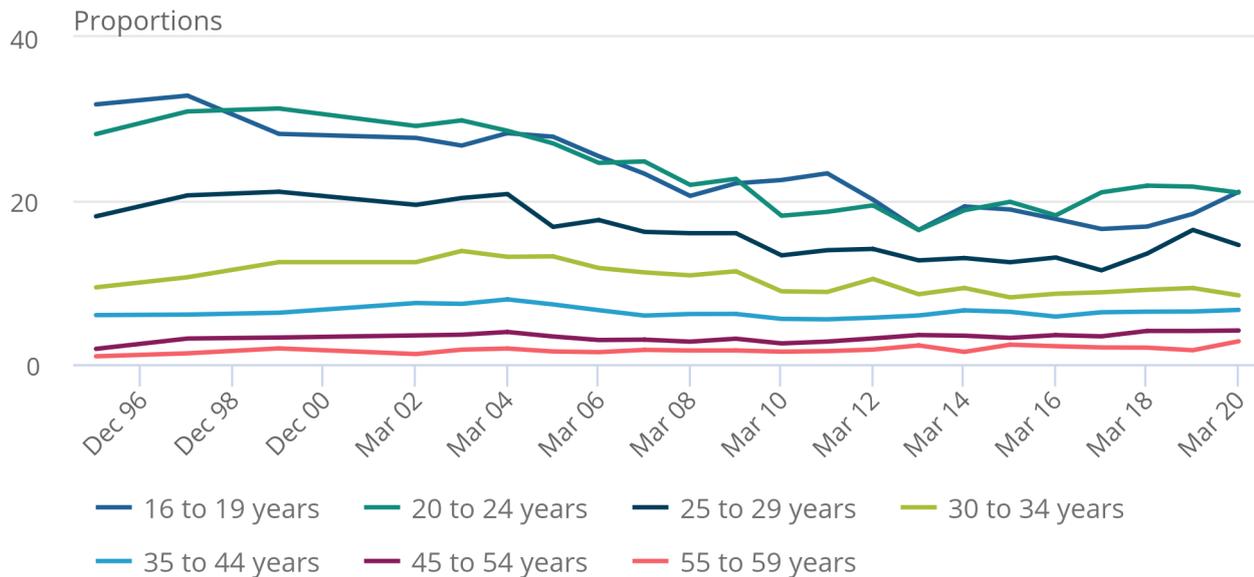
However, for the youngest age groups these latest estimates remained lower than they were in the year ending December 1995, falling from 31.8% for 16- to 19-year-olds and 28.1% for 20- to 24-year-olds.

Figure 7: Younger people were more likely to have taken a drug in the last year than older people

Proportion of adults who reported using a drug in the last year by age, England and Wales, year ending December 1995 to year ending March 2020

Figure 7: Younger people were more likely to have taken a drug in the last year than older people

Proportion of adults who reported using a drug in the last year by age, England and Wales, year ending December 1995 to year ending March 2020



Source: Office for National Statistics - Crime Survey for England and Wales

Notes:

1. Any drug comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids and any other pills, powders or drugs plus ketamine since year ending March 2007, methamphetamine since year ending March 2009 and mephedrone since year ending March 2011. Glues are included until year ending March 2010, when this drug type was last measured by the Crime Survey for England and Wales.
2. 16- to 19-year-olds and 20- to 24-year-olds figures include the young adult boost sample between year ending March 2002 to year ending March 2009.

Any drug use in the last year was also higher among men than women aged 16 to 59 years. One in eight men (11.9%) reported taking any drug in the last year compared with 6.9% of women.

There was a similar pattern by individual drug types (Figure 8), for the year ending March 2020:

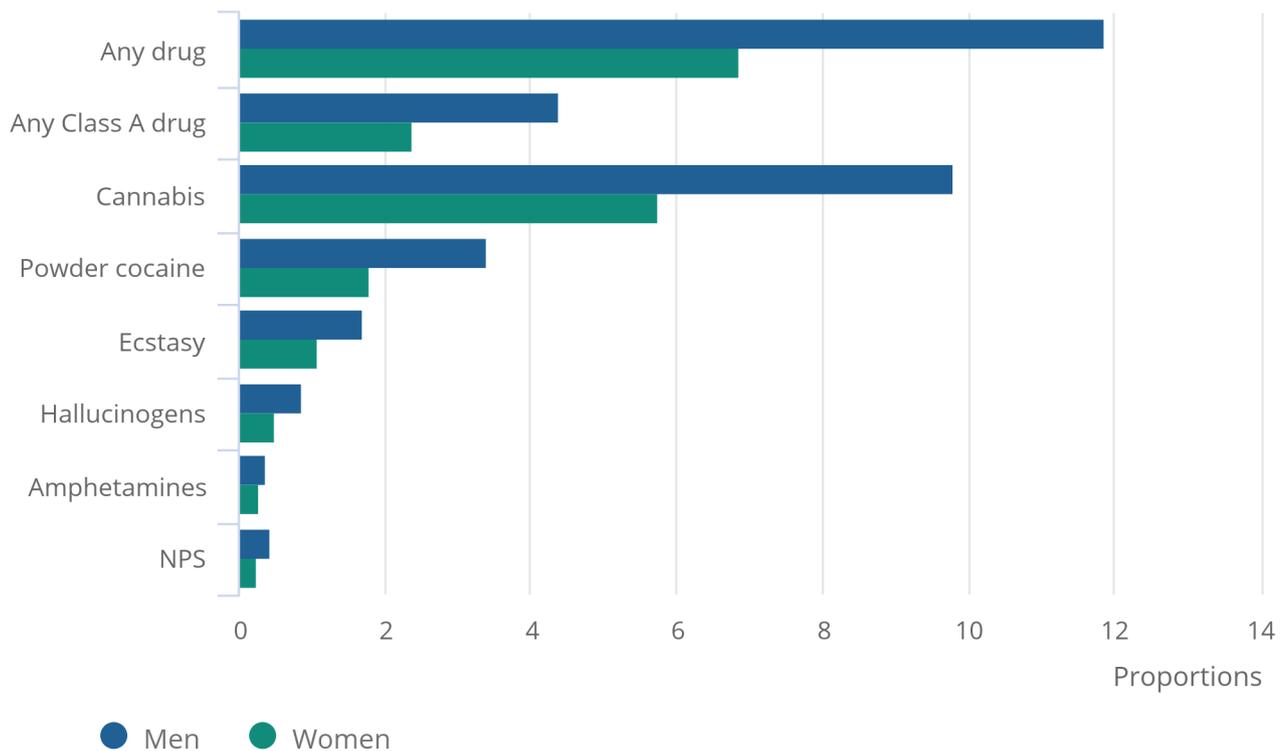
- 9.8% of men reported using cannabis in the last year compared with 5.7% of women
- men were nearly twice as likely than women to have taken powder cocaine in the last year (3.4% compared with 1.8%)
- 1.7% of men reported having taken ecstasy in the last year compared with 1.1% of women

Figure 8: Men were nearly twice as likely as women to have taken any drug

Proportion of adults aged 16 to 59 years who reported using a drug in the last year by sex, England and Wales, year ending March 2020

Figure 8: Men were nearly twice as likely as women to have taken any drug

Proportion of adults aged 16 to 59 years who reported using a drug in the last year by sex, England and Wales, year ending March 2020



Source: Office for National Statistics - Crime Survey for England and Wales

Notes:

1. Any drug comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, methamphetamine, cannabis, ketamine, mephedrone, tranquillisers, anabolic steroids and any other pills, powders or drugs.
2. Any Class A drug comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone and methamphetamine.

The year ending March 2020 Crime Survey for England and Wales (CSEW) also found that the prevalence of any drug use in the last year also varied by a range of other personal characteristics including:

- full-time students (19.7%) were more likely than any other occupation group to have used any drug in the last year
- those who were single (17.7%) were more likely to have used a drug in the last year compared with those who were married or in a civil partnership (3.2%)
- victims of any crime, including fraud (13.2%,) in the last year were more likely to have used any drug compared with people that were not a victim of crime (8.3%)

It is important to note that these demographic factors are not necessarily independently related to drug use and the findings only report on differences between estimates. For example, the relationship between higher drug use and being a student may be driven by age.

6 . Lifestyle factors

As reported in previous years, levels of drug use in the last year increased in line with the frequency of visits to nightclubs. In the year ending March 2020, 42.5% of people who had visited a nightclub at least four times in the last month reported using any drug in the last year, compared with 7.2% of users who had not visited a nightclub in the last month ([Appendix table – 3.05](#)).

The Crime Survey for England and Wales (CSEW) also showed that the use of powder cocaine was around 12 times higher among those who had visited a nightclub at least four times in the past month (19.1%) compared with those who had not visited a nightclub in the past month (1.6%).

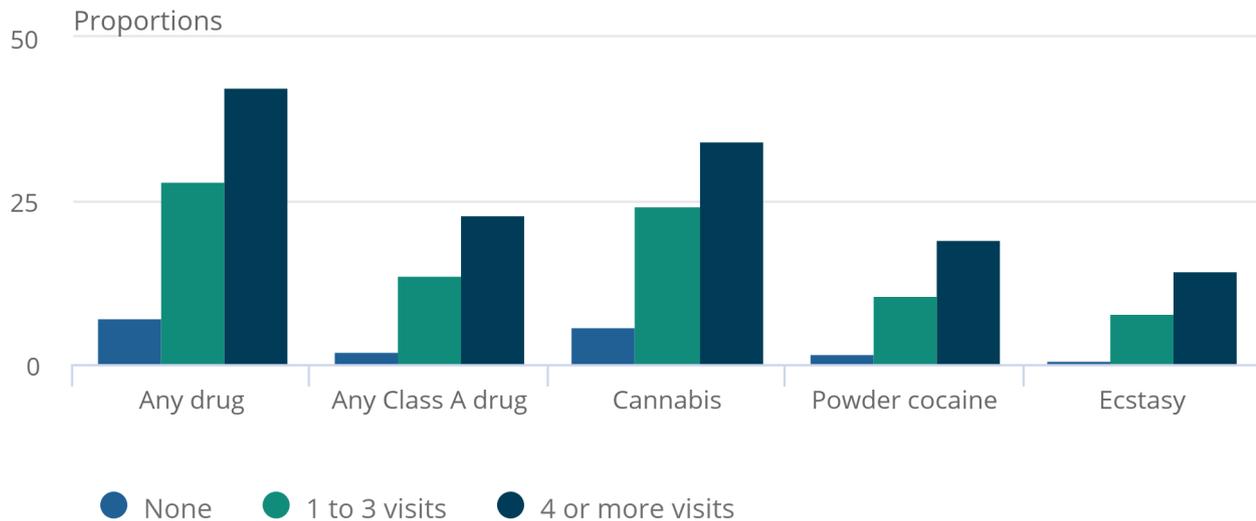
Use of ecstasy (14.4%) and cannabis (34.3%) were also higher for those who visited a nightclub at least four times in the last month, compared with those who had not been to a nightclub in the last month (0.6% and 5.9% respectively).

Figure 9: Levels of drug use were higher in those who more frequently visited nightclubs

Proportion of adults aged 16 to 59 years who reported using a drug in the last year by frequency of nightclub visits, England and Wales, year ending March 2020

Figure 9: Levels of drug use were higher in those who more frequently visited nightclubs

Proportion of adults aged 16 to 59 years who reported using a drug in the last year by frequency of nightclub visits, England and Wales, year ending March 2020



Source: Office for National Statistics - Crime Survey for England and Wales

Notes:

1. Any drug comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, methamphetamine, cannabis, ketamine, mephedrone, tranquillisers, anabolic steroids and any other pills, powders or drugs.
2. Any Class A drug comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone and methamphetamine.

There was also a similar picture for adults visiting the pub, where the use of drugs increased in line with the frequency of visits. In the year ending March 2020, 26.3% of adults who had visited a pub or bar at least nine times in the last month had used any drug in the last year. This has decreased compared with the year ending March 2019 (falling from 32%) but remains higher than those who had not visited a pub or bar (5.5%).

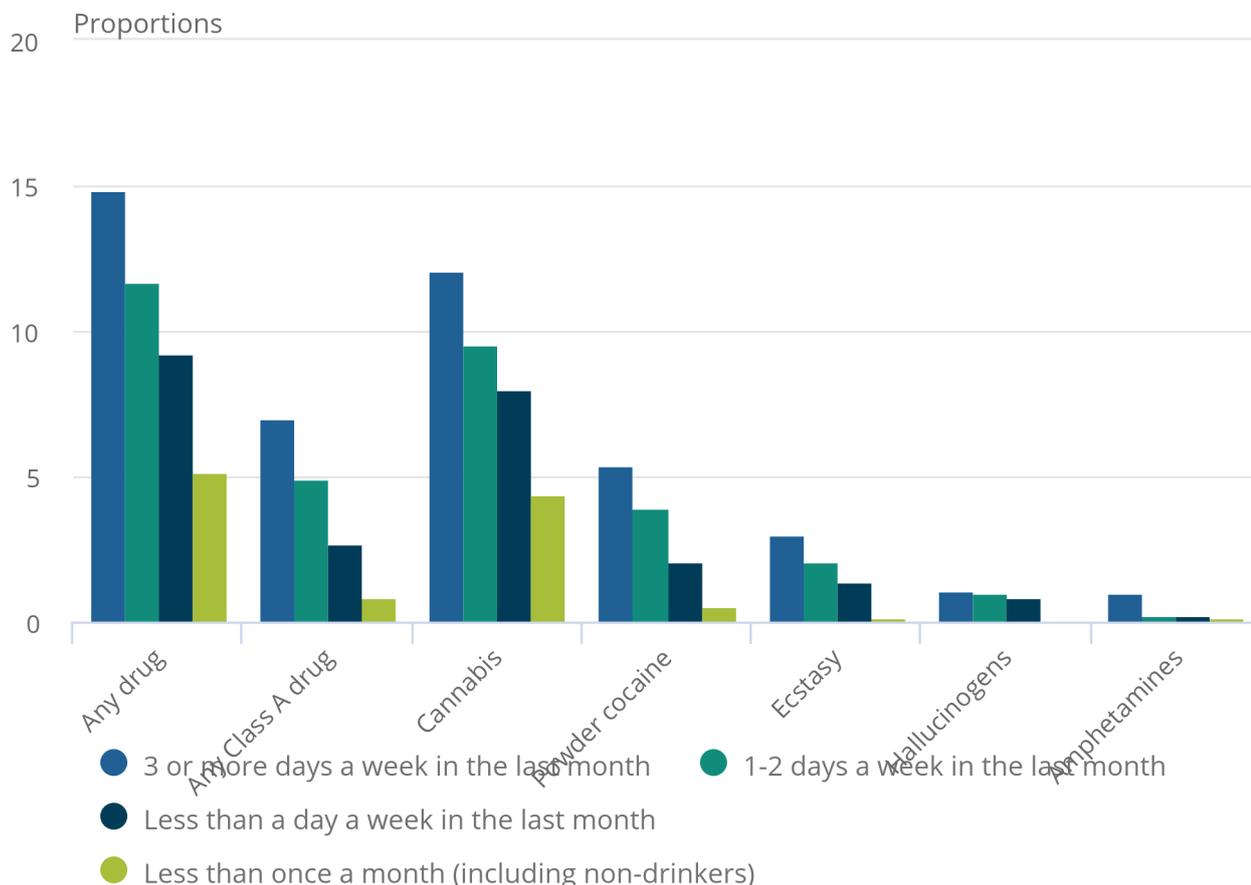
The CSEW also provides information on last-year drug use by frequency of alcohol consumption. Figure 10 shows that there were higher proportions of any drug use in the last year among those with more frequent alcohol consumption. Adults aged 16 to 59 years who reported drinking alcohol three or more days per week in the last month were more than twice as likely to have used any drug (14.9%) than those drinking less than once a month (including non-drinkers) (5.1%).

Figure 10: Drug use was higher in those who consumed alcohol more frequently

Proportion of adults aged 16 to 59 years who reported using a drug in the last year by frequency of alcohol consumption, England and Wales, year ending March 2020

Figure 10: Drug use was higher in those who consumed alcohol more frequently

Proportion of adults aged 16 to 59 years who reported using a drug in the last year by frequency of alcohol consumption, England and Wales, year ending March 2020



Source: Office for National Statistics - Crime Survey for England and Wales

Notes:

1. Any drug comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, methamphetamine, cannabis, ketamine, mephedrone, tranquillisers, anabolic steroids and any other pills, powders or drugs.
2. Any Class A drug comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone and methamphetamine.

There were similar patterns for the use of individual drug types (see [Appendix table – Section 3](#)).

It is important to note that lifestyle factors are not necessarily independently related to higher drug use. For example, the relationship between higher drug use and visiting nightclubs and bars may be driven by age, as younger people are more likely to visit nightclubs or bars.

7 . Household and area characteristics

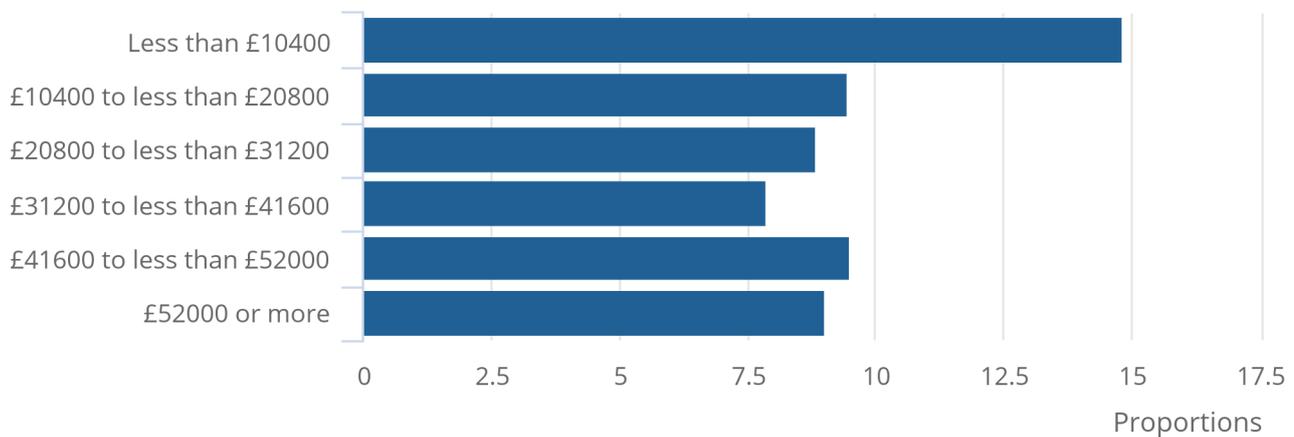
Drug use also varied by household and area characteristics, such as household income. In the year ending March 2020 the CSEW showed that those with a total household income of less than £10,400 (14.8%) were more likely to have taken any drug in the last year than those living in higher income households (Figure 11). This likely reflects differences in the use of drugs by age with larger prevalence rates among young adults.

Figure 11: Adults living in the lowest income households were more likely to have taken any drug

Proportion of adults aged 16 to 59 years who reported using a drug in the last year by total household income, England and Wales, year ending March 2020

Figure 11: Adults living in the lowest income households were more likely to have taken any drug

Proportion of adults aged 16 to 59 years who reported using a drug in the last year by total household income, England and Wales, year ending March 2020



Source: Office for National Statistics - Crime Survey for England and Wales

Notes:

1. Any drug comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, methamphetamine, cannabis, ketamine, mephedrone, tranquillisers, anabolic steroids and any other pills, powders or drugs.

There was a similar pattern for cannabis use. Those with a total household income less than £10,400 (13.2%) were more likely to have taken cannabis than people in higher income households. However, there were higher proportions of powder cocaine use in the last year for adults living in households with incomes over £52,000 (3.4%) compared with adults in lower income households (£10,400 to £20,800 (1.9%), £20,800 to £31,200 (2.2%) and £31,200 to 41,600 (1.9%).

The year ending March 2020 CSEW also showed that:

- private renters (14.9%) were more likely to use any drug than social renters (10.3%) and homeowners (6.3%)
- use of any drug was higher among those living in urban areas (9.6%) compared with those living in rural areas (8%)
- those living in areas classified as “Cosmopolitans” were more likely to have used any drug in the last year (20.7%) compared with other area types, such as “Multicultural metropolitans” (7.3%) or “Suburbanites” (7.6%)

These findings only report on the differences between the estimates and are not necessarily independently related to higher drug use. For example, the relationship may be driven by age as younger people are more likely to live in urban areas and be private renters.

8 . Extent of drug use and personal well-being

As in previous years, the Crime Survey for England and Wales (CSEW) also showed that drug use varied by personal well-being. Four measures of personal well-being are used as part of the CSEW and follow the Office for National Statistics (ONS) standardised approach to this aspect of measurement. Further information about well-being measures can be found in the ONS publication [Personal well-being in the UK: April 2019 to March 2020](#)

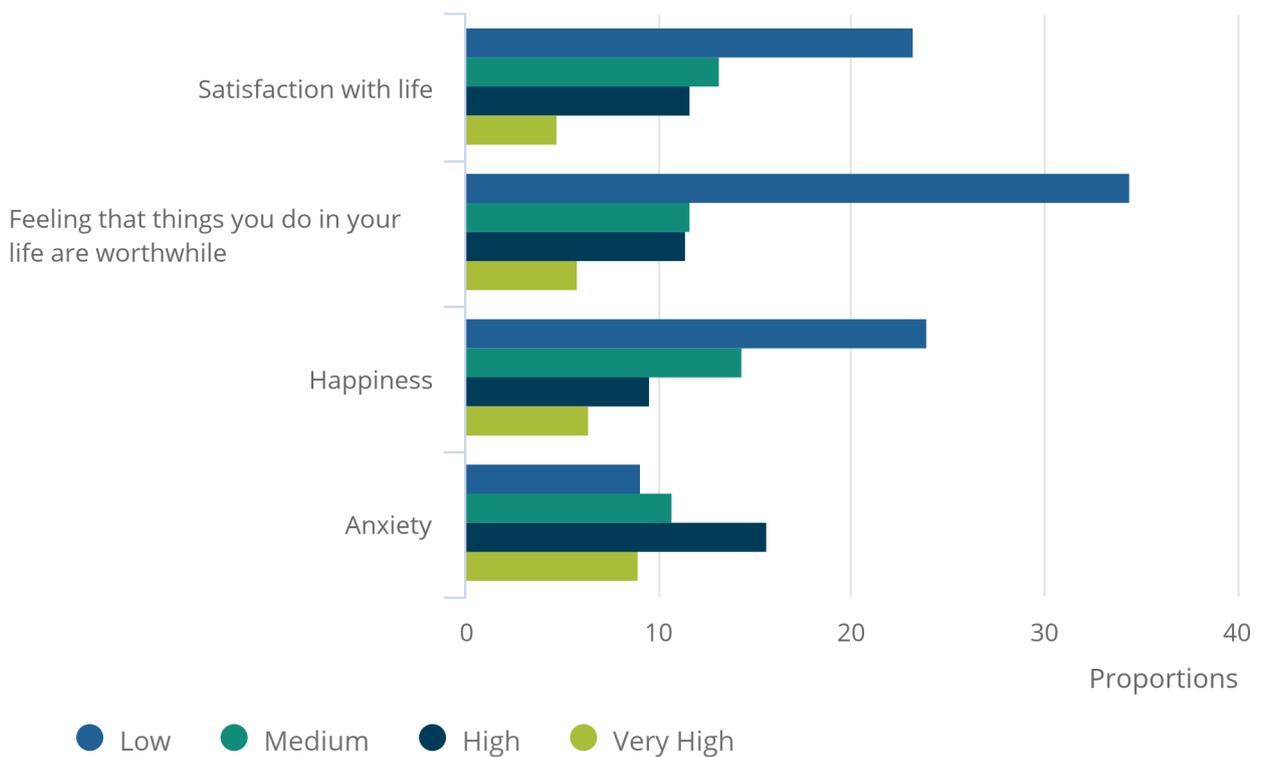
For the year ending March 2020, the CSEW showed that the prevalence of drug use varied by levels of life satisfaction. Of those who reported low levels of satisfaction with life, 23.3% also reported last-year use of any drug. This was significantly higher than those who reported medium life satisfaction (13.2%), high life satisfaction (11.7%) or very high life satisfaction (4.8%) ([Appendix table – Table 3.01](#), Figure 12).

Figure 12: Those with lower personal well-being reported higher drug use

Proportion of adults aged 16 to 59 years who reported using a drug in the last year by personal well-being, England and Wales, year ending March 2020

Figure 12: Those with lower personal well-being reported higher drug use

Proportion of adults aged 16 to 59 years who reported using a drug in the last year by personal well-being, England and Wales, year ending March 2020



Source: Office for National Statistics - Crime Survey for England and Wales

Notes:

1. Any drug comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, methamphetamine, cannabis, ketamine, mephedrone, tranquillisers, anabolic steroids and any other pills, powders or drugs.

A similar relationship was observed between drug use and feeling that “things done in your life are worthwhile”. Just over one-third of people (34.5%) who had low levels of this feeling reported using any drug in the last year, compared with 5.8% of those with very high levels.

Of those who were classified as having low levels of happiness, 24.0% reported using any drug in the last year. This was higher than those who reported medium levels of happiness (14.4%), high levels of happiness (9.6%) or very high happiness levels (6.4%). This pattern was similar for individual drugs such as cannabis, powder cocaine and ecstasy.

Any drug use was also higher among those who experienced high levels of anxiety (15.7%) compared with those who had low levels (9.1%).

It is important to note that these findings only report on differences between estimates. We have not reported on the direction of any relationship between variables because of the cross-sectional nature of the data. Therefore, it is equally possible that low life satisfaction could lead to drug use, or that drug use could lead to low life satisfaction or an unknown third variable could cause both low life satisfaction and drug use.

9 . Obtaining drugs

Origin of illegal drugs and new psychoactive substances (NPS) or nitrous oxide

Among adults aged 16 to 59 years, almost half of all illegal drugs were obtained through a friend, neighbour or colleague (45.4%). The next most common source was a known dealer (12.5%), followed by a dealer not known personally (6%) and an acquaintance (5.8%). However, there was also a large proportion, 20.5%, who reported that they didn't know or didn't want to answer (Figure 13).

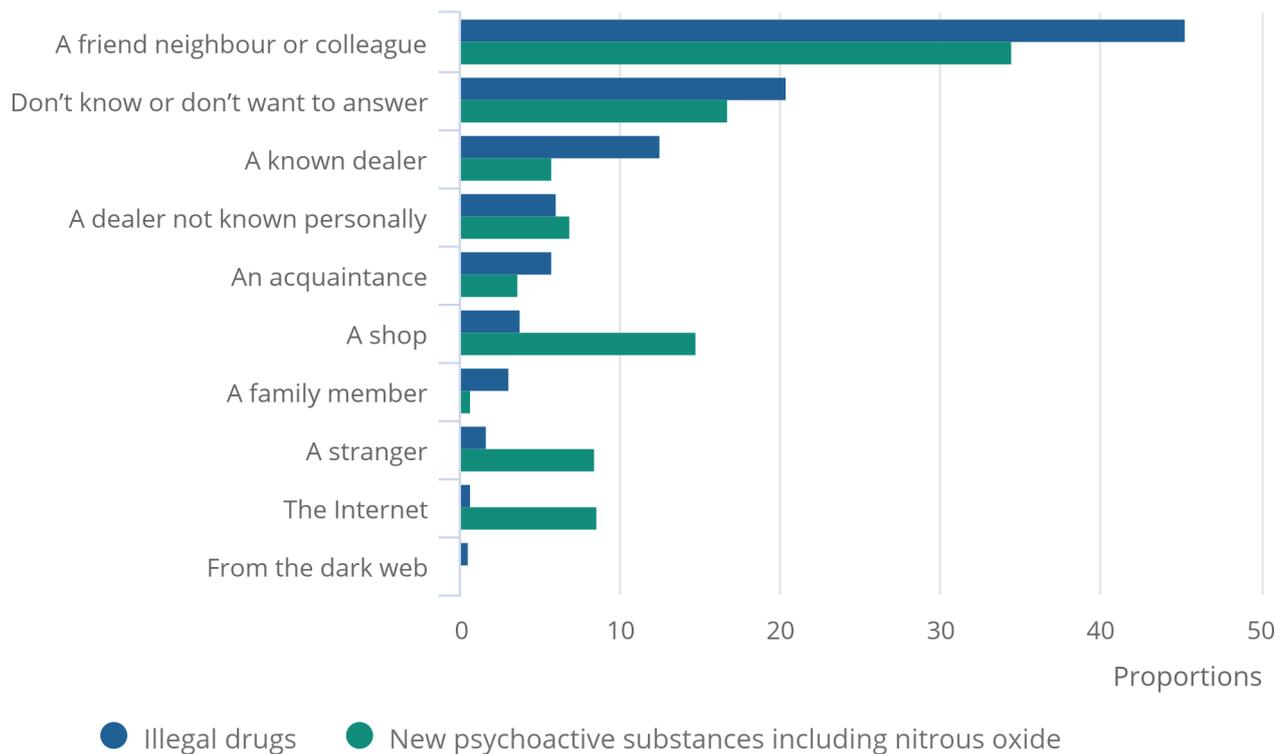
While new psychoactive substances (NPS) or nitrous oxide were also most commonly obtained through a friend, neighbour or colleague (34.5%), a considerable proportion of NPS or nitrous oxide users aged 16 to 59 years (14.8%) reported that they had sourced their NPS or nitrous oxide from shops. This is despite the Psychoactive Substances Act making the sale of NPS (and nitrous oxide for use as an intoxicant) illegal. This is most likely because nitrous oxide is currently still legal to sell for certain purposes¹.

Figure 13: The most common source of drugs among 16- to 59-year-olds were from a friend, neighbour or colleague

Proportion of adults aged 16 to 59 years reporting use of an illegal drug or new psychoactive substances (including nitrous oxide) by immediate source, England and Wales, year ending March 2020

Figure 13: The most common source of drugs among 16- to 59-year-olds were from a friend, neighbour or colleague

Proportion of adults aged 16 to 59 years reporting use of an illegal drug or new psychoactive substances (including nitrous oxide) by immediate source, England and Wales, year ending March 2020



Source: Office for National Statistics - Crime Survey for England and Wales

Notes:

1. These figures are based on survey questions asking about the last occasion of use, if they had been used in the last year.
2. "From the dark web" was not included as a response category for the question on the immediate source of new psychoactive substances (including nitrous oxide).

Perceived ease of obtaining illegal drugs and new psychoactive substances (NPS) or nitrous oxide

In the year ending March 2020 around two-fifths (43%) of adults aged 16 to 59² years claimed that it would be very easy or fairly easy for them personally to obtain illegal drugs within 24 hours. Compared with the year ending March 2019, there was an increase in those reporting that they thought it would be fairly easy (22% to 25%).

Similarly, there was also a small increase in those reporting that they thought it was very easy to obtain NPS or nitrous oxide within 24 hours (9% to 10%).

The perceived ease of obtaining illegal drugs also varied by age. Over half of adults (59%) aged 16 to 19 years thought that it would be very or fairly easy for them to personally obtain illegal drugs within 24 hours compared with 35% of those aged 55 to 59 years. This likely reflects variation in the prevalence of drug use among different age groups (see [Appendix table – Table 3.01 and Table 5.02](#)).

Notes for: Obtaining drugs

1. For example, for medical use by doctors and dentists or as a propellant to whip cream for catering purposes. It is, therefore, possible that users of nitrous oxide who purchased it from a shop did so while claiming this as the intended use. This is discussed in further detail in the [Review of the Psychoactive Substances Act](#), which was published in November 2018.
2. Questions on perceived ease of obtaining drugs and new psychoactive substances and nitrous oxide are asked to all respondents who completed the self-completion module on drug use, whether they had used a drug or not.

10 . Drug misuse in England and Wales data

[Drug misuse in England and Wales - Appendix table](#)

Dataset| Released 9 December 2020

Data from the Crime Survey for England and Wales (CSEW) on the extent and trends of illicit drug use.

11 . Glossary

Any Class A drug

Consists of powder cocaine, crack cocaine, ecstasy, heroin, LSD, magic mushrooms, methadone and methamphetamine.

Any drug

Consists of 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 and any other drug.

New psychoactive substances (NPS)

Since year ending March 2015, the questionnaire has asked about the use of generic, rather than specific, new psychoactive substances (NPS), sometimes 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.

Frequent drug user

A drug user is defined as frequent if they have taken the drug more than once a month in the last year.

12 . Measuring the data

Crime Survey for England and Wales (CSEW)

Drug misuse data included in this release are sourced from the Crime Survey for England and Wales (CSEW). The [User guide to crime statistics for England and Wales](#) provides detailed information about the crime survey.

The CSEW covers the population living in households in England and Wales; it does not cover the population living in group residences (for example, care homes or student halls of residence) or other institutions.

Estimates used within this publication are based on the CSEW self-completion module on drug misuse. The upper age limit for respondents eligible for the self-completion module was increased from 59 years to 74 years in April 2017. This publication reports primarily on those aged 16 to 59 years, for which we have a long-term data series. Only estimates for overall drug use for 60- to 74-year-olds have been included in this publication because of the low prevalence of drug use in this population. Data for both age groups are provided separately within the [Appendix table - Table 1.13](#).

As a result of the coronavirus (COVID-19) pandemic, fieldwork for the CSEW year to March 2020 was suspended two weeks early on Tuesday 17 March 2020 just prior to the lockdown restrictions being announced by the government on 23 March 2020. Estimates for the year to March presented in this publication are therefore largely unaffected by the lockdown restrictions.

The responsibility of this publication has been transferred from the Home Office to the Office for National Statistics (ONS) for the year ending March 2020. Previous publications can be found on the Home Office [Drug misuse statistics](#) website.

Interpreting estimates and trends

While CSEW estimates are based on a large sample of the population, it should be recognised that levels of drug use are relatively low. While figures and comparisons published in the release are considered to be robust, changes need to be interpreted with care and consideration.

The use of some drugs are particularly rare and only have a low number of users, for example, heroin use. The range of variability for these drugs will be quite large because of sampling variability; figures will be liable to fluctuation from year to year. Changes from one year to the next should be interpreted with caution and greater attention paid to the medium and longer-term trends.

Statistical conventions

Only increases or decreases that are statistically significant at the 5% level are described as changes within the main bulletin, and in the tables, these are identified by asterisks.

Revisions to CSEW time series

Following the 2011 Census, the Office for National Statistics (ONS) re-weighted the CSEW data from the year ending March 2002 to the year ending March 2013 surveys using the most recent population estimates. The new population weights were applied to estimates of drug use among 16- to 59-year-olds, and these revised estimates were published in the year ending March 2014 release. For more detail on the re-weighting of CSEW data, please see the ONS methodological note [Presentational and methodological improvements to National Statistics on the Crime Survey for England and Wales \(PDF, 176KB\)](#).

Between the year ending March 2002 and year ending March 2009, 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. For the year ending March 2002 to year ending March 2006, the youth boost weights could not be reproduced in line with the 2011 Census population estimate. Therefore, the estimates of drug use among 16- to 24-year-olds for these years are not based on the re-weighted data. The youth boost sample does not affect estimates of drug use among adults aged 16 to 59 years, as these are based on the core sample only.

The methodology for estimating numbers of drug users was subsequently improved, to account for the fact that respondents to the CSEW self-completion module on drug use are a sub-sample of the whole target population. Only those aged 16 to 59 years were asked to complete this module, and some may refuse to do so, with 60- to 74-year-olds asked to complete the module since the year ending March 2018 survey. This further detail was taken into account when dealing with non-response to produce more accurate estimates and led to a further revision of the estimated numbers of drug users in the [Drug misuse year ending 2015](#) release.

In 2016, the ONS announced a methodological change to the handling of repeat victimisation in the CSEW. This resulted in a small change to the weighting procedure for all historical datasets¹. Estimates have only been re-calculated using the new weights in this publication and the [Drug misuse: findings from the 2018 to 2019 CSEW](#) where comparisons between survey years have been made. From the 2018 to 2019 release onwards, data for the years where the estimates have been re-calculated differ to data contained in previous publications.

There are two exceptions to this:

- For year ending March 2009, data relating to 16-to 24-year-olds; the datasets containing the revised weights for the youth boost are not currently available and therefore the original estimates have been used in this publication.
- For new psychoactive substances and nitrous oxide, estimates have been re-calculated for all years with the new weights and updated population estimates; therefore, these estimates are not comparable with other drug types within those years.

Further information on the crime survey can be found in the [CSEW user guide](#).

13 . Strengths and limitations

The Crime Survey for England and Wales (CSEW) is recognised as a good measure of recreational drug use for the drug types and population it covers. However, it does not provide as good coverage of problematic drug use, as many such users may not be a part of the household resident population covered by the survey.

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.

Despite the self-completion methodology of the survey, which is intended to encourage honest answers, disclosure issues still exist around willingness to report drug use. An unknown proportion of respondents may not report their behaviour honestly. However, the CSEW provides consistent measures of drug use and comparisons over time remain valid.

As a result of these possible limitations, the CSEW is likely to underestimate the level of drug misuse in England and Wales.

14 . Related links

[Guide to finding crime statistics](#)

Methodology | Released 17 July 2020

A guide that directs you on where best to find different crime statistics.

[User guide to crime statistics for England and Wales](#)

Methodology | Released 28 October 2020

Quarterly statistics on crime levels and trends in England and Wales. This user guide contains detailed information on the datasets used to compile crime statistics published by the Office for National Statistics (ONS).

[Drug misuse statistics](#)

Home Office Bulletin | Released 19 September 2019

Previous CSEW drug use publications can be found on the Home Office GOV. page

[Deaths related to drug poisoning in England and Wales: 2019 registrations](#)

Bulletin | Released 14 October 2020

Deaths related to drug poisoning in England and Wales from 1993 to 2019, by cause of death, sex, age and substances involved in the death.

[Substance misuse treatment for adults: statistics 2018 to 2019](#)

Public Health England bulletin | Released 7 November 2019

Alcohol and drug misuse and treatment in adults from PHE's national drug treatment monitoring system (NDTMS).

[Substance misuse treatment for young people: statistics 2018 to 2019](#)

Public Health England bulletin | Released 28 November 2019

Alcohol and drug misuse and treatment in young people (aged under 18) from PHE's national drug treatment monitoring system (NDTMS).

[United Kingdom drug situation 2019: Focal Point annual report](#)

Public Health England bulletin | Updated 2 December 2020

Annual report and data tables from the UK Focal Point on Drugs on the national prevalence, impact, prevention and treatment of drug use.

15 . Annex : Classification of drugs

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 year ending March 2020 Crime Survey for England and Wales (CSEW) and their current classification under the Misuse of Drugs Act 1971.

Table 1: Drugs included in the Crime Survey for England and Wales trend measures, and their classification under the Misuse of Drugs Act 1971 (as at November 2020)

Classification Drug

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

Notes

1. Note that not all tranquilisers are classed as Class B/C
2. 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 year ending March 2009.

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 year ending March 2009 publication onwards.

Questions on ketamine were first introduced in the year ending March 2006 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 year ending March 2014, and as a Class B drug from the year ending March 2015 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 year ending March 2011 mephedrone was included in the main trend measures for last year use and in the main trend measures for lifetime use since year ending March 2013 (when this question was introduced into the survey).

Legislation was passed in December 2009 to control the substances Spice, BZP and GBL or 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 year ending March 2011 and 2012 surveys, removed for year ending March 2013 and 2014, re-introduced for the year ending March 2015 and 2016 surveys, and removed for the year ending March 2017, 2018, 2019 and 2020 surveys.

Classification of drugs under the Psychoactive Substances Act 2016

Substances such as mephedrone, Spice, GBL or 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.

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 year ending March 2015, 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.”

As the Psychoactive Substances Act 2016 was enacted in April 2016, the explanatory wording for NPS in the year ending March 2017 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 year ending March 2017, 2018, 2019 and 2020 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.

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.

Table 2: Composite drug use variables, year ending March 2020 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 of Section 1 in the [Appendix table](#). 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 year ending March 2017. It was removed in year ending March 2018 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 year ending March 2010 CSEW. Analysis of the impact on the “any drug” measure and its trend over time showed that the removal of glue had no overall important impact.

Mephedrone is included in the “any drug” measures, unless stated otherwise. Prior to the year ending March 2015 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 year ending March 2015 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 year ending March 2011 onwards for last year use, from year ending March 2013 onwards for use ever in a lifetime, and from year ending March 2015 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 year ending March 2011 and 2012 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 year ending March 2013 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.

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 year ending March 2017 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 [Drug misuse declared: findings from the 2011 to 2012 Crime Survey for England and Wales \(CSEW\)](#) and [Drug misuse: findings from the 2014 to 2015 CSEW](#) 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, that is, 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 powder cocaine, there may not necessarily be an increase in the use of Class A drugs overall; this could occur because of 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.