# Contents

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A: Key sources</td>
<td>3</td>
</tr>
<tr>
<td>Sources used in this report</td>
<td>3</td>
</tr>
<tr>
<td>Other resources on drug use</td>
<td>6</td>
</tr>
<tr>
<td>Appendix B: Technical notes</td>
<td>8</td>
</tr>
<tr>
<td>Appendix C: Laws and policies</td>
<td>9</td>
</tr>
<tr>
<td>Appendix D: How are the statistics used?</td>
<td>11</td>
</tr>
</tbody>
</table>
Appendix A: Key sources

The statistical sources used in this publication fall into one of three categories: National Statistics (NS); Official Statistics (OS) or neither:

National Statistics are a subset of Official Statistics which are produced to high professional standards set out in the Code of Practice for Statistics. It is a statutory requirement that National Statistics should observe the Code of Practice for Statistics. The United Kingdom Statistics Authority (UKSA) assesses all National Statistics for compliance with the Code of Practice.

Official Statistics should still conform to the Code of Practice for Statistics, although this is not a statutory requirement.

Those that are neither National Statistics nor Official Statistics may not conform to the Code of Practice for Statistics. However, unless otherwise stated, all sources contained within this publication are considered robust.

Further information on the sources used in this publication is provided below.

Details of the time period covered by each source are provided in the report.

Sources used in this report

1.1 Adult Psychiatric Morbidity Survey [NS]

The Adult Psychiatric Morbidity Survey (APMS) series provides data on the prevalence of both treated and untreated psychiatric disorder in the English adult population (aged 16 and over). Topics covered include drug use and dependency.

Information on drug dependency has been used in this report. A positive response to any of the following was used as an indicator of possible drug dependency:

- Daily use for 2 weeks or more.
- Sense of need or dependence.
- Inability to abstain.
- Increased tolerance.
- Withdrawal symptoms.

Reports:

1.2 Deaths related to drug misuse in England and Wales [NS]

The Office for National Statistics (ONS) produces annual statistics on the number of registered deaths that can be attributed to drug misuse. Deaths were included where the underlying cause was due to drug
poisoning and where a drug controlled under the Misuse of Drugs Act 1971\(^1\) was mentioned on the death certificate.

Reports:
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/previousReleases

### 1.3 Drug misuse: findings from the Crime Survey for England and Wales [NS]

This is an annual statistical release that examines the extent of, and trends in, illicit drug use among a nationally representative sample of 16 to 59 year olds resident in households in England and Wales.

The release covers the following topics:

- Extent and trends in illicit drug use among adults, including separate analysis of young adults (16 to 24 year olds);
- Frequency of illicit drug use in the last year;
- Illicit drug use by personal, household and area characteristics and lifestyle factors;
- Use of new psychoactive substances (NPS);
- Perceived acceptability of use of and ease of obtaining illicit substances;
- Drug use within generations over time (a pseudo-cohort analysis);

Reports:
https://www.gov.uk/government/collections/drug-misuse-declared

### 1.4 European drug report – trends and developments

This publication from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) provides an overview and summary of the European drug situation including: drug use, drug problems; drug markets, and information on drug policies and practice.

Reports:
http://www.emcdda.europa.eu/publications

### 1.5 Hospital Episode Statistics (HES)

Hospital Episode Statistics (HES) is a data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England. HES processes over 125 million admitted patient, outpatient and accident and emergency records each year.


---

\(^1\) http://www.legislation.gov.uk/ukpga/1971/38/contents
The drug misuse related hospital admissions have been calculated using HES data. Information on the methodology used is provided in appendix B.

1.6 National Drug Treatment Monitoring System (NDTMS) [NS]

The National Drug Treatment Monitoring System (NDTMS) records information about people receiving Tier 3 or 4 treatment for drug misuse in England (i.e. structured community-based services, or residential inpatient services), in order to monitor and assist the management of progress towards the Government's targets for participation in drug treatment programmes.

The NDTMS also records information about Specialist substance misuse services for young people, which are distinct from adult treatment services.

Three annual publications have been referenced in this report: Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS), Young people’s statistics from the National Drug Treatment Monitoring System (NDTMS) and Secure settings statistics from the National Drug Treatment Monitoring System (NDTMS).

Reports: https://www.ndtms.net/Publications/AnnualReports.aspx

1.7 Smoking, drinking and drug use among young people in England [NS]

Smoking, Drinking and Drug Use among Young People in England surveys pupils in secondary schools across England to provide national estimates and information on the smoking, drinking and drug use behaviours of young people aged 11 - 15.

The survey provides estimates at national level with some regional analyses and has been running since 1982.

Information is collected through a questionnaire which is administered at school in exam conditions.


1.8 Seizures of drugs in England and Wales

This annual statistical release from the Home Office presents figures for drug seizures made in England and Wales by the police (including the British Transport Police) and Border Force. The data relate to all drugs controlled under the Misuse of Drugs Act 1971.

Other resources on drug use

Readers may also find the following organisations and publications useful resources for further information on drug use:

2.1 Drug drive

Drug Drive has been set up as part of THINK! road safety, from the Department of Transport, to give 17 to 35 year olds information on how different drugs can impair their driving.

http://think.direct.gov.uk/drug-driving.html

2.2 European School Survey Project on Alcohol and Other Drugs (ESPAD)

ESPAD provides an overview of trends in substance use among 15–16-year-old European students and covers most of the European continent. Data are collected every four years.


2.3 United Kingdom focal point on drugs

The United Kingdom (UK) Focal Point on Drugs is based at Public Health England. It is the national partner of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and provides comprehensive information to the Centre on the drug situation in England, Northern Ireland, Scotland and Wales. It also produces an annual report: United Kingdom Drug Situation.

Further information about the UK Focal Point, including previous annual reports can be found on the Focal Point website at http://www.nta.nhs.uk/focalpoint.aspx

2.4 FRANK

FRANK is a national drug education service jointly established by the Department of Health and Home Office in 2003. It is intended to reduce the use of both legal and illegal drugs by educating teenagers and adolescents about the potential effects of drugs and alcohol. It also includes a glossary of names given to different drugs including slang terms.

www.talktofrank.com

2.5 A summary of the health harms of drugs

This Department of Health and Social Care report offers brief coverage of the health-related harms and effects of drugs most popularly used in the UK. Based upon scientific research and focused largely on the cost to the individual, this article considers a wide range of licit and illicit drugs.
2.6 National Institute for Health and Clinical Excellence (NICE)

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care including information on drug misuse.

https://www.nice.org.uk/guidance/health-protection/drug-misuse

2.7 National Programme on Substance Abuse Deaths (NPSAD)

The NPSAD produce an annual report which analyses drug-related deaths that have occurred in a calendar year and covers trends and data on illicit and licit drug-related deaths including those from New Psychoactive Substances/’legal highs’; demographic data of decedents; and geographical differences in drug-related deaths across the UK.

http://www.sgul.ac.uk/research/population-health/our-projects/national-programme-on-substance-abuse-deaths

2.8 Public Health Outcomes Framework (PHOF)

PHOF sets out the range of opportunities to improve and protect health across the life course and to reduce inequalities in health. It provides the context for the system, from local to national level.

Appendix B: Technical notes

These notes help to explain some of the measurements used and presented in this report or provide links where appropriate.

Hospital admissions related to drug misuse

The report presents three measures for the number of drug misuse related hospital admissions:

1. **Admissions for drug-related mental and behavioural disorders**: This represents NHS hospital finished admission episodes with a primary diagnosis of drug related mental and behavioural disorders (ICD10 codes F11-F16, F18, F19).

2. **Admissions for poisoning by drug misuse**: This represents NHS hospital finished admission episodes with a primary diagnosis of poisoning by drugs that are listed as controlled under the Misuse of Drugs Act 1971 (ICD10 codes T40.0 to T40.9, T43.6). This includes both intentional and unintentional poisoning.

3. **Admissions where drug-related mental and behavioural disorders were a factor**: This represents NHS hospital finished admission episodes with a primary or secondary diagnosis of drug related mental and behavioural disorders (ICD10 codes F11-F16, F18, F19).

The number of admissions is a count of the records meeting the required criteria for the measure.

A finished admission episode is the first period of in-patient care under one consultant within one healthcare provider. Please note that admissions do not represent the number of in-patients, as a person may have more than one admission within the year.

The primary diagnosis is the first of up to 20 diagnosis fields in the Hospital Episode Statistics (HES) dataset and provides the main reason why the patient was in hospital. The secondary diagnosis is one of up to 19 secondary diagnosis fields that show other diagnoses relevant to the episode of care.

HES data are classified using the International Classification of Diseases (ICD). The tenth revision of this classification is currently in use (ICD-10)².

These measures do not include outpatient data. Outpatient data is not used as the quality of diagnosis codes are not sufficient to be sure the activity carried out was related to drug misuse.

Data has been suppressed in line with the latest HES suppression methodology in order that individuals can’t be identified in the data. This means that in LA tables, the number of admissions have been rounded to the nearest 5, with small numbers between 1 and 7 suppressed. Age standardised rates have been rounded to the nearest whole number.

² [http://apps.who.int/classifications/icd10/browse/2016/en](http://apps.who.int/classifications/icd10/browse/2016/en)
**Age-standardised rates**

Rates per population for hospital admissions have been directly age-standardised using the European standard population. This involves adjusting the number of admissions to account for variations in age profiles between areas. Changes in the values of an age-standardised rate should not be affected by any changes in the distribution of an area’s population by age.

The European Age Standardised Rate

\[ \text{European Age Standardised Rate} = \frac{\text{Sum of } (a_i \times e_i) \text{ for all age groups } (i)}{100,000} \]

Where:

- \( a_i \) = age specific rate per 100,000
- \( e_i \) = age specific European standard population

For more information on the European Standard Population see below:

[Eurostat European Standard Population 2013](https://ec.europa.eu/eurostat/)

**Hospital admission rates by level of deprivation**

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation for Lower Super Output Areas (LSOAs) in England.

It is made up of seven LSOA level domain indices. These relate to income deprivation, employment deprivation, health deprivation and disability, education skills and training deprivation, barriers to housing and services, living environment deprivation, and crime which reflect the broad range of deprivation that people can experience. IMD is a measure of the overall deprivation experienced by people living in a neighbourhood, although not everyone who lives in a deprived neighbourhood will be deprived themselves.

IMD data presented in this publication is based on the 2015 index. Further details can be found at the following link:


Using this information, LSOA level admissions (based on patient residence) and population data have been be allocated to an IMD decile, and admission rates calculated. These have been age standardised using the European standard populations.
Appendix C: Laws and policies

UK drug laws

The Misuse of Drugs Act 1971

Offences under the Act include:

- Possession of a controlled drug unlawfully.
- Possession of a controlled drug with intent to supply it.
- Supplying or offering to supply a controlled drug (even where no charge is made for the drug).
- Allowing premises you occupy or manage to be used unlawfully for the purpose of producing or supplying controlled drugs.


The Drugs Act 2005

This Act came into force on 1st January 2006 and includes the following clauses:

- A reversal of the burden of proof in cases where suspects are found in possession of a quantity of drugs greater than that which would be required for personal use.
- Compulsory drug-testing of arrestees where police have “reasonable grounds” for believing that Class A drugs were involved in the commission of an offence.
- The inclusion of fresh Liberty Cap or “magic” mushrooms in Class A of the Misuse of Drugs Act. Before this Bill, only dried or prepared mushrooms were considered illegal.

The Act has also linked drug legislation with measures to deal with Anti-Social Behaviour so that anyone given an Anti-Social Behaviour Order must undergo compulsory testing and drug treatment.


The Psychoactive Substances Act 2016

This Act came into force on 26 May 2016 and is intended to restrict the production, sale and supply of new psychoactive substances, previously referred to as "legal highs", and nitrous oxide (laughing gas).

http://www.legislation.gov.uk/ukpga/2016/2/contents

Policy

Drug strategy 2017

The drug strategy 2017 sets out how the government and its partners, at local, national and international levels, will take new action to tackle drug misuse and the harms it causes.

Appendix D: How are the statistics used?

Users and uses of the report

From our engagement with customers, we have many known users of Statistics on Drug Misuse. However, since this publication is free to access through the NHS Digital website, there are also many unknown users of these statistics. We are continually aiming to improve our understanding of who our users are in order to enhance our knowledge on how they use our data. This is carried out via consultations and feedback forms available online.

In 2015 a consultation was carried out to gain feedback on how to make the report more user-friendly and accessible while also producing it in the most cost-effective way. The results of this consultation can be found at the link below and the format was changed for the 2016 report in direct response to the feedback received.

http://content.digital.nhs.uk/article/6770/Consultation-on-Lifestyles-Compendia-Reports

Below is listed our current understanding of the known users and uses of these statistics. Also included are the methods we use to attempt to engage with the unknown users.

Department of Health and Social Care (DHSC) - frequently use these statistics to inform policy and planning as shown in Appendix C.

Public Health England frequently uses these data for secondary analyses.

Media - these data are used to underpin articles in newspapers, journals, etc.

Public - all information is accessible for general public use for any particular purpose.

Academia and Researchers - a number of academics cite the data from this report in their research papers.

NHS - frequently use the reports and tables for analyses, benchmarking and to inform decision making.

Public Health Campaign Groups - data are used to inform policy and decision making and to examine trends and behaviours.

Ad-hoc requests – the statistics are used by NHS Digital to answer Parliamentary Questions (PQs), Freedom of Information (FOI) requests and ad-hoc queries. Ad-hoc requests are received from health professionals; research companies; public sector organisations, and members of the public, showing the statistics are widely used and not solely within the profession.

Unknown Users

This publication is free to access via the NHS Digital website https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/lifestyles, and consequently the majority of users will access the
report without being known to us. Therefore, it is important to put mechanisms in place to try to understand how these additional users are using the statistics and also to gain feedback on how we can make these data more useful to them. On the webpage where the publication appears there is a “Contact us” link at the bottom of the page. Any responses are passed to the team responsible for the report to consider.

We also capture information on the web activity the reports generate, although we are unable to capture who the users are from this.

Statistics on Drugs Misuse 2018 (November update) report has generated over 1,200 unique downloads since publication on 29th November 2018.
Information and technology for better health and care

www.digital.nhs.uk
0300 303 5678
enquiries@nhsdigital.nhs.uk
@nhsdigital

This publication may be requested in large print or other formats.

Published by NHS Digital, part of the Government Statistical Service

Copyright © 2019 Health and Social Care Information Centre.

The Health and Social Care Information Centre is a non-departmental body created by statute, also known as NHS Digital.

You may re-use this document/publication (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0.

To view this licence visit www.nationalarchives.gov.uk/doc/open-government-licence or write to the Information Policy Team, The National Archives, Kew, Richmond, Surrey, TW9 4DU; or email: psi@nationalarchives.gsi.gov.uk

Copyright © 2019, Health and Social Care Information Centre.