Drug use, smoking and drinking among young people in England in 2005: headline figures

A survey carried out for the Health and Social Care Information Centre and the Home Office by the National Centre for Social Research and the National Foundation for Educational Research
Drug use, smoking and drinking among young people in England in 2005

Headline Figures

National Centre for Social Research/National Foundation for Educational Research

Summary

This document contains preliminary headline results from a major national survey of secondary school children aged 11 to 15, published today by the Health and Social Care Information Centre. Over 9,000 pupils in 305 schools in England completed questionnaires in the 2005 autumn term. The main report on the survey will be published in August 2006. This is the most recent in a series of surveys that began in 1982, and was carried out by the National Centre for Social Research (NatCen) and the National Foundation for Educational Research (NFER) on behalf of the Health and Social Care Information Centre and the Home Office.

These are the key findings for 2005.

• In 2005, 11% of pupils aged 11 to 15 had taken drugs in the last month. This was similar to the proportion in 2004 (10%), and a slight decline from 12% in 2003.

• Nineteen percent of pupils had taken drugs in the last year, again not significantly different from 18% in 2004, but slightly lower than 21% in 2003.

• The proportion of pupils who were regular smokers remained stable at 9%, as in 2004 and 2003. As in previous years, girls were more likely to be regular smokers than boys were (10% of girls, compared with 7% of boys).

• In 2005, 22% of pupils aged 11 to 15 had drunk alcohol in the last week. This is a similar proportion to that in 2004 (23%), and down from 25% in 2003.

Drug use

The government’s Updated Drug Strategy (December 2002) states that “the most effective way of reducing the harm drugs cause is to persuade all potential users, but particularly the young, not to use drugs” and that government will be “targeting action on the most dangerous drugs and patterns of drug use and the most vulnerable young people” (see note 4). The strategy includes the target “to have reduced the use of Class A drugs and the frequent use of all illicit drugs by all young people and, in particular, by the most vulnerable groups by 2008”.

This survey measures the proportions of pupils who have taken specific drugs in the last month and the last year, including particular Class A drugs. The questionnaire covers the following drugs or types of drug: amphetamines, anabolic steroids, cannabis, cocaine, crack, ecstasy, heroin, ketamine, LSD, magic mushrooms, methadone, poppers, tranquillisers, volatile substances such as gas, glue and other solvents, and ‘other’ drugs (not obtained from a doctor or chemist).

A revised method of measuring the prevalence of taking drugs was introduced in 2001, and the new questions introduced in 2001 provide estimates of drug use that are not strictly comparable with results from previous surveys. Prevalence of drug taking had increased slightly between 1998 and 2000, and it is likely that drug use either stayed the same or increased slightly between 2000 and 2001 (see note 6).
The survey provides estimates of the prevalence of drug use in 2005, including the following main findings.

- The prevalence of taking drugs did not change significantly between 2004 and 2005. In 2005, 11% of pupils had taken drugs in the last month, compared with 10% in 2004. Similarly, in 2005, 19% of pupils aged 11 to 15 had taken drugs in the last year, compared with 18% in 2004. The prevalence of drug use in earlier years was similar or slightly higher than in 2005. In each of the three years from 2001 to 2003, 12% of pupils had taken drugs in the last month, and between 20% and 21% had taken drugs in the last year.
- In 2005, there were no significant differences in the proportions of boys and girls aged 11 to 15 who took drugs in the last month (11% of boys, 10% of girls) or in the last year (19% of boys and girls). Boys were more likely than girls to take drugs in 2001, 2002 and 2004, while in 2003 there was no significant difference.
- The prevalence of drug taking increased with age: 6% of 11 year olds had taken drugs in the last year, compared with 34% of 15 year olds. This pattern is consistent with previous years.
- In total, 6% of pupils said that they usually took drugs at least once a month. The proportion of pupils who usually took drugs at least once a month was similar in 2004 (5%), and slightly higher in 2003 (7%). Overall, 1% of pupils aged 11 to 15 usually took drugs on most days, a further 2% took drugs at least once a week, and a further 3% took drugs once or twice a month.

(Tables 1-4, Figures 1-2)

The main findings for consumption of individual drugs are as follows.

- In 2005, as in previous years of the survey, pupils were more likely to take cannabis than any other drug. 12% of pupils aged 11 to 15 had taken cannabis in the last year, not significantly different from 11% in 2004, and lower than 13% each year from 2001 to 2003. Similar proportions of boys (12%) and girls (11%) had taken cannabis in the last year. The prevalence of cannabis use increased sharply with age: 1% of 11 year olds had taken the drug in the last year compared with 27% of 15 year olds.
- Seven percent of pupils reported taking volatile substances in the last year in 2005, an increase from 6% in 2004.
- Younger pupils were more likely to have misused volatile substances than to have taken cannabis. 4% of 11 year olds and 6% of 12 year olds had sniffed volatile substances compared with 1% of 11 year olds and 3% of 12 year olds who had used cannabis.
- Four percent of pupils reported sniffing poppers in the last year. This figure has stayed at the same level since 2001, between 3% and 4%.
- In total, 4% of pupils had taken Class A drugs in the last year, a figure which has not changed since 2001. Among Class A drugs, pupils were most likely to have taken cocaine or magic mushrooms (each 2% in the last year). 1% of pupils aged 11 to 15 had taken heroin in the last year.

(Tables 5-8)

Pupils were also asked about which drugs they had ever been offered.

- In 2005, 39% of pupils had ever been offered drugs, an increase from 36% in 2004.
- Boys were more likely to have been offered drugs than were girls, 41% compared with 38%.
- Pupils were most likely to have been offered cannabis; 25% said they had ever been offered cannabis. 18% of pupils had been offered volatile substances, 12% had been offered poppers and 11% had been offered magic mushrooms.
- As with use of drugs, likelihood of having ever been offered drugs increased sharply with age, from 18% among 11 year olds to 63% among 15 year olds.

(Tables 9-11)
**Smoking**

The government set a target in the *Smoking Kills* White Paper to reduce the prevalence of smoking among young people aged 11-15 from a baseline of 13% in 1996 to 11% by 2005 and 9% or less by 2010 (note 8).

Findings about smoking in 2005 included the following.

- The prevalence of regular smoking (at least one cigarette a week) in 2005 was 9%, unchanged from 2004, and down from 10% in 2001 and 2002.
- There is a steep increase in prevalence of smoking with age. 1% of 11 year olds smoke regularly compared with 20% of 15 year olds.
- As in previous years, girls are more likely to be regular smokers than boys (10% of girls compared with 7% of boys, the same proportions as in 2004).

(Table 12, Figure 3)

**Drinking**

The government's strategy on alcohol (*Alcohol Harm Reduction Strategy for England*) was published in 2004 (see note 10). The survey monitors the prevalence of drinking in the last week and the amount of alcohol drunk.

Key findings from 2005 include the following.

- In 2005, 22% of pupils aged 11 to 15 drank alcohol in the last week. This was a similar proportion to 23% in 2004, and down from 25% in 2003.
- As in 2004, similar proportions of boys and girls had drunk alcohol in the last week (22% of boys, 23% of girls).
- In common with smoking and drug use, the prevalence of drinking increased with age; in 2005, 3% of all pupils aged 11 had had a drink in the last week, while 46% of 15 year olds had done so.
- The proportion of pupils who had never had a drink was the highest ever measured by this survey. In 2005, 42% of pupils had never had a drink (this was not significantly higher than 41% in 2004). This is due to the rise in the proportion of boys who have never drunk alcohol, from 35% in 1988 and 1990 to 43% in 2005. The proportion of girls who have not had a drink varied between 38% and 44% in the same period and was 40% in 2005.
- The average consumption among pupils aged 11 to 15 who drank in the last seven days increased from 5.3 units of alcohol in 1990 to 10.4 units in 2000, and has fluctuated around this level since then. In 2005, the average weekly consumption was 10.5 units (see note 11).
- Boys who had drunk alcohol in the last seven days consumed an average of 11.5 units compared with an average of 9.5 units drunk by girls in the same period. The mean weekly alcohol consumption of those who drank was higher among older pupils; 15 year olds drank an average of 11.8 units in the previous seven days compared with 8.2 units drunk by pupils aged 11 to 13. These effects of sex and age have been evident throughout the survey series.

(Tables 13-15, Figures 4-5)
DRUG USE, SMOKING AND DRINKING AMONG YOUNG PEOPLE IN ENGLAND IN 2005:

Notes

1. This is the latest in a series of national surveys of secondary school children aged 11-15 in England. The first survey in the series was carried out in 1982 to provide estimates of the proportion of pupils who smoked and to describe the smoking behaviour of those who did smoke. Similar surveys were carried out every two years until 1998. Questions on alcohol consumption were included for the first time in the 1988 survey, and the 1998 survey was the first to include questions on the prevalence of drug use. Surveys are now carried out every year, with emphasis alternating between drugs, and smoking and drinking – the 2001 and 2003 surveys focused mainly on drugs, the surveys in 2000, 2002 and 2004 on smoking and drinking. Between 1982 and 1999 surveys were carried out by the Office for National Statistics; since 2000 surveys have been carried out by the National Centre for Social Research and the National Foundation for Educational Research.


3. Differences or changes over time are generally described as such in this note only if they are statistically significant at the 95% level. Where small changes are reported which are not statistically significant this is clearly stated.


5. The following table lists the specific drugs that pupils were asked about in this survey, and indicates their classification under the Misuse of Drugs Act, at the time of the study. This divides controlled drugs into three categories according to their harmfulness: Class A drugs are considered to cause the most harm. This Statistical Press Notice includes prevalence of use of Class A drugs, although the following points need to be borne in mind about the definition of use of Class A drugs:

• The classification of certain drugs depends on the method of delivery used. For example, amphetamines are a Class B drug if taken orally and a Class A drug if injected. Additional questions were included in the 2001 survey to allow this distinction to be made, but in previous surveys amphetamines were not defined as a Class A drug.

• The Class A drugs mentioned in the survey (Amphetamines when injected, Ecstasy, Cocaine, Crack, Heroin, LSD, Magic Mushrooms, Methadone) are not an exhaustive list of Class A drugs.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Mode of use</th>
<th>Classification</th>
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</thead>
<tbody>
<tr>
<td>Amphetamines</td>
<td>inject</td>
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</tr>
<tr>
<td>Ecstasy</td>
<td>oral</td>
<td>A</td>
</tr>
<tr>
<td>Cocaine</td>
<td>sniff or inject</td>
<td>A</td>
</tr>
<tr>
<td>Crack</td>
<td>inject or smoke</td>
<td>A</td>
</tr>
<tr>
<td>Heroin</td>
<td>smoke, sniff or inject</td>
<td>A</td>
</tr>
<tr>
<td>LSD</td>
<td>oral</td>
<td>A</td>
</tr>
<tr>
<td>Magic Mushrooms</td>
<td>oral</td>
<td>A</td>
</tr>
<tr>
<td>Methadone</td>
<td>oral</td>
<td>A</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>sniff or oral</td>
<td>B</td>
</tr>
<tr>
<td>Tranquillisers</td>
<td>oral or inject</td>
<td>B/C (depends on drug)</td>
</tr>
<tr>
<td>Anabolic steroids</td>
<td>oral or inject</td>
<td>C</td>
</tr>
<tr>
<td>Cannabis</td>
<td>smoke or oral</td>
<td>C</td>
</tr>
<tr>
<td>Ketamine</td>
<td>oral, sniff or inject</td>
<td>C</td>
</tr>
<tr>
<td>Poppers</td>
<td>sniff</td>
<td>It is an offence to supply these</td>
</tr>
<tr>
<td>Glue</td>
<td>sniff</td>
<td>substances if it is likely that the</td>
</tr>
<tr>
<td>Gas</td>
<td>sniff</td>
<td>product is intended for abuse</td>
</tr>
</tbody>
</table>

6. Reported levels of drug use in the last month and last year increased slightly between 1998 and 2000. In 2000, 9% of pupils had used drugs in the last month and 14% had used drugs in the last year, compared with 7% and 11% respectively in 1998. The estimates for 2001 were 12% and 20% respectively. In 2001, the format and wording of questions about use of drugs were changed to improve comprehension and completion, while retaining the same content. There are a number of possible explanations for the difference between 2000 and 2001 prevalence figures:

• Use of drugs in 2001 is at the same level as in 2000, and the difference in reported levels of use is due to changes in question format and wording;

• Use of drugs has decreased from 2000 to 2001, but the change in question format and wording has led to a greater increase in reported use and the net result appears to be an increase in prevalence; or

• Use of drugs in the population aged 11-15 increased between 2000 and 2001, but the change in question format and wording may have led to the reported increase being exaggerated or diminished.

It is not possible to tell which of these is correct, although figures for the use of individual drugs in 2000 and 2001 may point to one of these explanations as most plausible. Cognitive work during the questionnaire development indicated that pupils, when answering grid-format questions, tend to pay more attention to drugs at the top of the list, and, as they progress through the grid, may fall into a pattern of ticking the same answers without reading the names of the drugs properly. Therefore figures for reported cannabis use in 2001 would arguably be most comparable with reported levels from 2000 as cannabis was the first drug asked about in the grid. As use of cannabis in the last year was marginally higher in 2001 than 2000, this suggests that it is most likely that drug use either stayed at the same level or increased slightly between 2000 and 2001.
DRUG USE, SMOKING AND DRINKING AMONG YOUNG PEOPLE IN ENGLAND IN 2005:

7. The question wording was updated in 2004 to ask about ‘Speed and other Amphetamines’ following a decrease in the awareness of Amphetamines. This may have affected the measures related to amphetamines.


9. In this survey regular smokers are defined as those who usually smoke at least one cigarette a week.

10. The government’s alcohol strategy is set out in Alcohol Harm Reduction Strategy for England which was published on 15th March 2004 and can be found at http://www.strategy.gov.uk/downloads/su/alcohol/pdf/CabOffice%20AlcoholHar.pdf.

11. A unit of alcohol is 8 grams by weight or 1cl (10ml) by volume of pure alcohol. This is the approximate amount contained in half a pint of ordinary strength beer or lager (4% alcohol by volume), a single pub measure of spirits (25ml), a small glass of ordinary strength wine (9% alcohol by volume), or a single pub measure of sherry or fortified wine. In defining the number of units drunk, the alcoholic strength and volume measures of drinks are assumed to be the same – such that for example a pint of beer is defined as 2 units of alcohol regardless of the brand of beer, and a glass of wine is defined as 1 unit regardless of the size of the glass. It would be impractical to collect very accurate information on strength and volume in this type of survey. Hence, total alcohol consumption is estimated using a set of consistent assumptions, which nevertheless clearly imply a degree of approximation in these measurements.

12. The following convention has been used in tables:
    0 = less than 0.5%, but not zero
    - = zero.
    Percentages may not total 100 due to rounding.

13. The National Centre for Social Research (NatCen) is an independent, social research institute, registered as a charitable trust. A high proportion of the institute’s work is carried out on behalf of central government departments, with other work undertaken on behalf of health authorities, NHS trusts, local authorities, voluntary organisations, and other public sector bodies. NatCen conducts small and large scale surveys, ad hoc projects, continuous and annual surveys.

14. The National Foundation for Educational Research (NFER) has been engaged in educational research since 1946 and is an independent foundation with charitable status. NFER undertakes research and evaluation for local and national agencies, in the government, commercial and charitable sectors. The research programme is concerned with all aspects of education and training, a major part being concerned with the public education system.
Charts

Figure 1
Whether taken drugs in last month, by sex: 1998-2005
All pupils

Figure 2
Whether taken drugs in last year, by sex: 1998-2005
All pupils
Figure 3
Prevalence of regular cigarette smoking, by sex: 1982-2005
All pupils

Figure 4
Prevalence of drinking in last week, by sex: 1988-2005
All pupils
Figure 5
Mean alcohol consumption (units) in last week, by sex: 1990-2005
All pupils who drank last week

Boys
All pupils
Girls

Mean units of alcohol

90 91 92 93 94 95 96 97 98 99 00 01 02 03 04 05

All pupils who drank last week
## Tables

### Table 1

Proportion of pupils who had taken drugs in the last month, by sex and age: 1998-2005<sup>a</sup>

<table>
<thead>
<tr>
<th>Age</th>
<th>Year</th>
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</table>

**Bases**

**Boys**

|      |      |      |      |      |      |      |      |      |      |
| 11 years | 249 | 873 | 597 | 778 | 795 | 810 | 792 | 672 | 672 |
| 12 years | 295 | 1009 | 730 | 861 | 941 | 973 | 954 | 851 | 851 |
| 13 years | 249 | 943 | 715 | 887 | 950 | 1005 | 952 | 891 | 891 |
| 14 years | 658 | 910 | 731 | 852 | 910 | 951 | 932 | 853 | 853 |
| 15 years | 822 | 1034 | 772 | 982 | 1077 | 1101 | 1034 | 941 | 941 |
| **Total** | 2273 | 4769 | 3545 | 4360 | 4673 | 4840 | 4664 | 4208 | 4208 |

**Girls**

|      |      |      |      |      |      |      |      |      |      |
| 11 years | 252 | 878 | 556 | 759 | 751 | 806 | 774 | 667 | 667 |
| 12 years | 306 | 894 | 656 | 937 | 924 | 1017 | 883 | 825 | 825 |
| 13 years | 289 | 919 | 678 | 913 | 897 | 997 | 897 | 865 | 865 |
| 14 years | 707 | 927 | 676 | 911 | 914 | 929 | 878 | 921 | 921 |
| 15 years | 739 | 921 | 748 | 919 | 987 | 1069 | 990 | 922 | 922 |
| **Total** | 2293 | 4539 | 3314 | 4439 | 4473 | 4818 | 4422 | 4200 | 4200 |

**All pupils**

|      |      |      |      |      |      |      |      |      |      |
| 11 years | 501 | 1751 | 1153 | 1537 | 1546 | 1616 | 1566 | 1339 | 1339 |
| 12 years | 601 | 1903 | 1386 | 1798 | 1865 | 1990 | 1837 | 1676 | 1676 |
| 13 years | 538 | 1862 | 1393 | 1800 | 1847 | 2002 | 1849 | 1756 | 1756 |
| 14 years | 1365 | 1837 | 1407 | 1763 | 1824 | 1880 | 1810 | 1774 | 1774 |
| 15 years | 1561 | 1955 | 1520 | 1901 | 2064 | 2170 | 2024 | 1863 | 1863 |
| **Total** | 4566 | 9308 | 6859 | 8799 | 9146 | 9658 | 9086 | 8408 | 8408 |

<sup>a</sup> Estimates from 2001 onwards are not comparable with estimates from previous years because of the change in the way that drug use was measured. See note 6.
## Table 2

Proportion of pupils who had taken drugs in the last year, by sex and age: 1998-2005

<table>
<thead>
<tr>
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<th>1999</th>
<th>2000</th>
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<td>%</td>
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a Estimates from 2001 onwards are not comparable with estimates from previous years because of the change in the way that drug taking was measured. See note 6.
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The response categories for the question about usual frequency of drug use were slightly different in these years. From 2003 to 2005, the response categories 'I take drugs most days' and 'I take drugs at least once a week' were included. In 2003 and 2005, one other category measured drug use of once a month or more: 'I take drugs once or twice a month'. In 2004 this was replaced by two categories: 'I take drugs two or three times a month' and 'I take drugs once a month'.
Table 4

Usual frequency of drug taking, by sex and age

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<td>0</td>
<td>1</td>
<td>3</td>
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<tr>
<td>Once or twice a month</td>
<td>0</td>
<td>1</td>
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<td>4</td>
<td>7</td>
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</tr>
<tr>
<td>At least once a month</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>9</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>A few times a year</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Once a year or less often</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Taken drugs in last year, but only ever taken drugs once</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>4</td>
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<tr>
<td>Not taken drugs in last year</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>8</td>
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</tr>
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<td>Never taken drugs</td>
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<td>86</td>
<td>79</td>
<td>69</td>
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<td>76</td>
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<td>-</td>
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<td>2</td>
<td>4</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>At least once a month</td>
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<td>2</td>
<td>3</td>
<td>8</td>
<td>13</td>
<td>6</td>
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<td>4</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Once a year or less often</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Taken drugs in last year, but only ever taken drugs once</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Not taken drugs in last year</td>
<td>7</td>
<td>7</td>
<td>7</td>
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<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Never taken drugs</td>
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<td>87</td>
<td>81</td>
<td>70</td>
<td>60</td>
<td>77</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>947</td>
<td>897</td>
<td>953</td>
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<td>Girls</td>
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<td>894</td>
<td>934</td>
<td>934</td>
<td>4336</td>
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<td>1785</td>
<td>1841</td>
<td>1831</td>
<td>1887</td>
<td>8784</td>
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Table 5

Whether pupils had taken individual drugs in the last year: 1998-2005

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<th>Type of drug</th>
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<th>2002</th>
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<th>2004</th>
<th>2005</th>
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<td>11</td>
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</tr>
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<td>Any stimulants</td>
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<td>3</td>
<td>4</td>
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<td>6</td>
<td>5</td>
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</tr>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Crack</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Ecstasy</td>
<td></td>
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<td>1</td>
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<td>1</td>
<td>1</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td></td>
</tr>
<tr>
<td>Poppers</td>
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<td>3</td>
<td>4</td>
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<td>4</td>
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<td>2</td>
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</tr>
<tr>
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<td>1</td>
<td>1</td>
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</tr>
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<td>Magic mushrooms</td>
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<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
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</tr>
<tr>
<td>Ketamine(^d)</td>
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<td>d</td>
<td>d</td>
<td>d</td>
<td>d</td>
<td>d</td>
<td>d</td>
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</tr>
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<td>Any opiates</td>
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<td>0</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
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<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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</tr>
<tr>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
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<td>Glue, gas, aerosols or solvents(^e)</td>
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<td>3</td>
<td>3</td>
<td>3</td>
<td>7</td>
<td>6</td>
<td>8</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Anabolic steroids</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Other drugs</td>
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<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Any Class A drug(^f)</td>
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<td>3</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
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<td>12</td>
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<td>20</td>
<td>20</td>
<td>21</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td>Any drug (excluding volatile</td>
<td></td>
<td>11</td>
<td>11</td>
<td>13</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
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</tr>
</tbody>
</table>

Bases: 4647 9053 6862 9357 9830 10371 9666 9179

\(^a\) Estimates from 2001 onwards are not comparable with estimates from previous years because of the change in the way that drug taking was measured. See note 6.

\(^b\) The 2004 survey onward asked about ‘speed and other amphetamines’. See note 7.

\(^c\) The 2005 figure for psychedelics includes ketamine.

\(^d\) Ketamine was measured for the first time in 2005.

\(^e\) The 1998 survey asked about Glue or Solvents only, Gas was added as a separate category in 1999, and from 2000 questions were asked about Glue, Gas, Aerosols and other solvents as one category.

\(^f\) See note 5 for a definition of Class A drugs.
Table 6

Whether boys had taken individual drugs in the last year: 1998-2005

<table>
<thead>
<tr>
<th>Type of drug</th>
<th>2001a</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All boys</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td><strong>Year</strong></td>
<td>1998</td>
<td>1999</td>
<td>2000</td>
<td>2001a</td>
<td>2002</td>
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<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>11</td>
<td>11</td>
<td>13</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Any stimulants</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Crack</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Amphetaminesb</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Poppers</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Any psychedelicsc</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>LSD</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Magic mushrooms</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Ketaminebd</td>
<td>d</td>
<td>d</td>
<td>d</td>
<td>d</td>
<td>d</td>
</tr>
<tr>
<td>Any opiates</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Heroin</td>
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<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Methadone</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Glue, gas, aerosols or solventsd</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>6</td>
</tr>
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<td>Tranquillisers</td>
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<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Anabolic steroids</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other drugs</td>
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<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Any Class A drugf</td>
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<td>4</td>
<td>4</td>
<td>4</td>
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<td>21</td>
<td>21</td>
</tr>
<tr>
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<td>12</td>
<td>12</td>
<td>14</td>
<td>17</td>
<td>17</td>
</tr>
</tbody>
</table>

| Bases                      | 2287  | 4625 | 3549 | 4687 | 5081 | 5250 | 5000 | 4667 |

- Estimates from 2001 onwards are not comparable with estimates from previous years because of the change in the way that drug taking was measured. See note 6.
- The 2004 survey onward asked about 'speed and other amphetamines'. See note 7.
- The 2005 figure for psychedelics includes ketamine.
- Ketamine was measured for the first time in 2005.
- The 1998 survey asked about Glue or Solvents only, Gas was added as a separate category in 1999, and from 2000 questions were asked about Glue, Gas, Aerosols and other solvents as one category.
- See note 5 for a definition of Class A drugs.
### Table 7

### Whether girls had taken individual drugs in the last year: 1998-2005

<table>
<thead>
<tr>
<th>Type of drug</th>
<th>Year 1998</th>
<th>1999</th>
<th>2000</th>
<th>2001a</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>12</td>
<td>12</td>
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<td>11</td>
</tr>
<tr>
<td>Any stimulants</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Crack</td>
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<td>1</td>
<td>1</td>
<td>1</td>
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<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Amphetaminesb</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Poppers</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>4</td>
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<td>2</td>
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</tr>
<tr>
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<td>1</td>
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</tr>
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<td>2</td>
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<td>2</td>
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<td>d</td>
<td>d</td>
<td>d</td>
<td>d</td>
<td>d</td>
</tr>
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<td>Any opiates</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Heroin</td>
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<td>1</td>
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<td>1</td>
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<td>0</td>
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<td>0</td>
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</tr>
<tr>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
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<td>Other drugs</td>
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<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
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</tr>
<tr>
<td>Any Class A drug⁵</td>
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<td>4</td>
<td>4</td>
<td>4</td>
</tr>
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<td>19</td>
<td>18</td>
<td>20</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td>Any drug (excluding volatile substances)</td>
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<td>15</td>
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<td>15</td>
<td>13</td>
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---

a  Estimates from 2001 onwards are not comparable with estimates from previous years because of the change in the way that drug taking was measured. See note 6.

b  The 2004 survey onward asked about ‘speed and other amphetamines’. See note 7.

c  The 2005 figure for psychedelics includes ketamine.

d  Ketamine was measured for the first time in 2005.

e  The 1998 survey asked about Glue or Solvents only, Gas was added as a separate category in 1999, and from 2000 questions were asked about Glue, Gas, Aerosols and other solvents as one category.

f  See note 5 for a definition of Class A drugs.
## Table 8

### Whether had taken individual drugs in the last year, by age

<table>
<thead>
<tr>
<th>Type of drug</th>
<th>Age</th>
<th></th>
<th></th>
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<th></th>
<th>2005</th>
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<tr>
<td></td>
<td>11 years</td>
<td>12 years</td>
<td>13 years</td>
<td>14 years</td>
<td>15 years</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Cannabis</td>
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<td>3</td>
<td>8</td>
<td>17</td>
<td>27</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Any stimulants</td>
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<td>1</td>
<td>4</td>
<td>9</td>
<td>14</td>
<td>6</td>
<td></td>
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<td>3</td>
<td>4</td>
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</tr>
<tr>
<td>Crack</td>
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<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Ecstasy</td>
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<td>4</td>
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<td>Amphetamines</td>
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<td>Poppers</td>
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<td>Magic mushrooms</td>
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<td>1</td>
<td>1</td>
<td>0</td>
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<td>Any opiates</td>
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<td>1</td>
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<td>0</td>
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<td>15</td>
<td>26</td>
<td>34</td>
<td>19</td>
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<td>4</td>
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<td>22</td>
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Bases 1493 1869 1919 1905 1988 9174

*See note 5 for a definition of Class A drugs.*
Table 9

Whether had ever been offered individual drugs: 1999-2005

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<th>Type of drug</th>
<th>Year</th>
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<th>2002</th>
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<th>2004</th>
<th>2005</th>
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</tr>
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<td></td>
</tr>
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<td>Magic mushrooms</td>
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<td></td>
<td></td>
</tr>
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</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glue, gas, aerosols or solvents</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Tranquillisers</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
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<td>Anabolic steroids</td>
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<td></td>
<td></td>
</tr>
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<td>Other drugs</td>
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</table>

Bases

|      | 8795 | 7089 | 9357 | 9859 | 10390 | 9715 | 9175 |

\( ^a \) Estimates from 2001 onwards are not comparable with estimates from previous years because of the change in the way that drug taking was measured. See note 6.

\( ^b \) The 2004 survey onward asked about ‘speed and other amphetamines. See note 7.

\( ^c \) The 2005 figure for psychedelics includes ketamine.

\( ^d \) Ketamine was measured for the first time in 2005.

\( ^e \) The 1998 survey asked about Glue or Solvents only, Gas was added as a separate category in 1999, and from 2000 questions were asked about Glue, Gas, Aerosols and other solvents as one category.
### Table 10

**Whether had ever been offered individual drugs, by sex**

<table>
<thead>
<tr>
<th>Type of drug</th>
<th>Sex</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
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<td>Cannabis</td>
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<td>25</td>
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<tr>
<td>Any stimulants</td>
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<td>22</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td>9</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Crack</td>
<td></td>
<td>8</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Ecstasy</td>
<td></td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Amphetamines</td>
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<td>7</td>
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<tr>
<td>Poppers</td>
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<td>Any psychedelics</td>
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<td>14</td>
<td>13</td>
<td>13</td>
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<tr>
<td>LSD</td>
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<td>5</td>
</tr>
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<td>Magic mushrooms</td>
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<td>11</td>
</tr>
<tr>
<td>Ketamine</td>
<td></td>
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<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Any opiates</td>
<td></td>
<td>6</td>
<td>7</td>
<td>6</td>
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<tr>
<td>Heroin</td>
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</tr>
<tr>
<td>Anabolic steroids</td>
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<td>2</td>
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<tr>
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<td>1</td>
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</table>
Table 11

Whether had ever been offered individual drugs, by age

<table>
<thead>
<tr>
<th>Type of drug</th>
<th>11 years</th>
<th>12 years</th>
<th>13 years</th>
<th>14 years</th>
<th>15 years</th>
<th>Total</th>
</tr>
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<tr>
<td>Cannabis</td>
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<td>18%</td>
<td>36%</td>
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<tr>
<td>Any stimulants</td>
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<td>10%</td>
<td>18%</td>
<td>30%</td>
<td>41%</td>
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</tr>
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<td>7%</td>
<td>12%</td>
<td>18%</td>
<td>9%</td>
</tr>
<tr>
<td>Crack</td>
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<td>4%</td>
<td>8%</td>
<td>11%</td>
<td>18%</td>
<td>8%</td>
</tr>
<tr>
<td>Ecstasy</td>
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<td>2%</td>
<td>6%</td>
<td>11%</td>
<td>18%</td>
<td>8%</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>1%</td>
<td>2%</td>
<td>5%</td>
<td>10%</td>
<td>16%</td>
<td>7%</td>
</tr>
<tr>
<td>Poppers</td>
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</tr>
<tr>
<td>Any psychedelics</td>
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<td>11%</td>
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<td>2%</td>
</tr>
<tr>
<td>Any opiates</td>
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<td>5%</td>
<td>6%</td>
<td>8%</td>
<td>9%</td>
<td>6%</td>
</tr>
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<td>2%</td>
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</tr>
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<td>22%</td>
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<td>18%</td>
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<tr>
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<td>Other drugs</td>
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## Table 12

Proportion of pupils who were regular smokers, by sex and age: 1982-2005

<table>
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<th></th>
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<th></th>
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# Table 13

## When last had a drink, by sex: 1988–2005

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### Table 14

Proportion of pupils who drank last week, by sex and age: 1988-2005

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### Table 15

Mean alcohol consumption of those who had drunk in the last seven days, by sex and age: 1990-2005

All pupils who drank last week

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*a Figures are not available by age group for 1990 data.*