Key Facts

Drug misuse related hospital admissions (England)
• In 2014/15, there were 8,149 hospital admissions with a primary diagnosis of drug-related mental health and behavioural disorders. This is 14% more than 2013/14 but only 4% higher than 2004/05.
• There were 14,279 hospital admissions with a primary diagnosis of poisoning by illicit drugs. This is 2% more than 2013/14 and 57% more than 2004/05.

Deaths related to drug misuse (England and Wales)
• In 2014 there were 2,248 deaths which were related to drug misuse. This is an increase of 15% on 2013 and 44% higher than 2004.
• Deaths related to drug misuse are at their highest level since comparable records began in 1993.

Drug use among adults (England and Wales)
• In 2015/16, around 1 in 12 (8.4%) adults aged 16 to 59 had taken an illicit drug in the last year. This equates to around 2.7 million people.
• This level of drug use was similar to the 2014/15 survey (8.6%), but is significantly lower than a decade ago (10.5% in the 2005/06 survey).

Drug use among children (England)
• In 2014, 15% of pupils had ever taken drugs, 10% had taken drugs in the last year and 6% had taken drugs in the last month.
• The prevalence of drug use increased with age. For example, 6% of 11 year olds said they had tried drugs at least once, compared with 24% of 15 year olds.
National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the Authority’s regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is HSCIC’s responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

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Introduction

This statistical report\(^1\) presents a range of information on drug use by adults and children drawn together from a variety of sources. It focuses on England only where possible although some statistics are only readily available at GB or UK level or for England and Wales combined. Some of this is new information whilst some has been published previously.

More detail can be found in the source publications which contain a wider range of data and analysis.

Newly published data includes:
• Analyses from the Health and Social Care Information Centre (HSCIC) Hospital Episode Statistics (HES).

The latest information from already published sources includes data from:
• The Office for National Statistics (ONS) on deaths related to drug misuse.
• National drug treatment monitoring system (NDTMS).
• Crime survey for England and Wales (CSEW).
• Smoking, Drinking and Drug Use (SDD).
• What About Youth (WAY).

1. Most figures quoted in this report have been rounded to the nearest whole number. Unrounded data may be found in related data sources.
Part 1: Drug misuse related hospital admissions

This section presents information on the number of hospital admissions for diseases, injuries and conditions that can be attributed to drug misuse and are based on the tenth revision of the International Classification of Diseases (ICD-10) Codes.

Three measures for the number of drug-related hospital admissions have been calculated using Hospital Episode Statistics data:

- Measure 1 - where drug-related mental and behavioural disorders were the primary\(^1\) diagnosis for hospital admission;
- Measure 2 – where drug-related mental and behavioural disorders were the primary reason for hospital admission or a secondary\(^2\) diagnosis;
- Measure 3 – where poisoning by illicit drugs was the primary reason for hospital admission.

A summary of methods used to calculate these measures is provided in Appendix B.

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1. The primary diagnosis provides the main reason why the patient was admitted to hospital.
2. As well as the primary diagnosis, there are up to 19 (13 from 2002-03 to 2006-07 and 6 prior to 2002-03) secondary diagnosis fields in HES. These show other diagnoses relevant to the episode of care.
Hospital admissions with a primary diagnosis of drug-related mental and behavioural disorders

Hospital Episode Statistics (HES) 2014/15

There were 8,149 hospital admissions with a primary diagnosis of drug-related mental health and behavioural disorders.

This is 14% more than 2013/14 but only 4% higher than 2004/05.

32% of patients were aged between 25 and 34.

For more information: Tables 1 and 2 of Statistics on drug misuse, England, 2016
Regions
The North West had the highest rate of admissions per 100,000 population for both males and females at 38 and 15 respectively. The South West had the lowest rate for males at 14 while West Midlands was the lowest for females at 5.

Local Authorities
Liverpool City Council had the highest rate of admissions with 58 per 100,000 population¹.

1. City of London and Isles of Scilly had no admissions and 10 other LAs had their rates suppressed to mitigate against individuals being identified.

For more information: Table 2 of Statistics on drug misuse, England, 2016
There were 74,801 hospital admissions with a primary or secondary diagnosis of drug-related mental health and behavioural disorders.

This is 9% more than 2013/14 and over double the level in 2004/05. (The increase from 2004/05 will be partly due to improvements in recording of secondary diagnoses).

59% of patients were aged between 25 and 44.

1. Percentages do not sum to 100 as sex was unknown for a small number of admissions.

For more information: Tables 3 and 4 of Statistics on drug misuse, England, 2016
Hospital admissions with a primary or secondary diagnosis of drug-related mental and behavioural disorders

**Hospital Episode Statistics (HES) 2014/15**

**Regions**
The North West had the highest rate of admissions per 100,000 population for both males and females at 305 and 138 respectively. The South East had the lowest rates at 124 for males and 55 for females.

**Local Authorities**
Liverpool City Council had the highest rate of admissions, with 444 per 100,000 population. Wokingham had the lowest with 32 per 100,000 population.

For more information: [Table 4 of Statistics on drug misuse, England, 2016](#)
There were 14,279 hospital admissions with a primary diagnosis of poisoning by illicit drugs. This is 2% more than 2013/14 and 57% more than 2004/05. (Figures from 2012/13 onwards have excluded ICD 10 code ‘poisoning by synthetic narcotics not classified as other codes’ so comparisons over time should be made with caution. See Appendix B for more information)

45% of patients were aged between 16 and 34.

For more information: Tables 5 and 6 of Statistics on drug misuse, England, 2016
Hospital admissions with a primary diagnosis of poisoning by illicit drugs
Hospital Episode Statistics (HES) 2014/15

Regions
The North West had the highest rate of admissions per 100,000 population for both males and females at 43 and 39 respectively. London had the lowest rates at 14 for males and 11 for females.

Local Authorities
Blackpool Borough Council had the highest rate of admissions, with 103 per 100,000 population.

1. City of London had no admissions and 2 other LAs had their rates suppressed to mitigate against individuals being identified.

For more information: Table 6 of Statistics on drug misuse, England, 2016
Drug misuse and drug dependence are known causes of premature mortality. Drug-related deaths occur in a variety of circumstances, each with different social and policy implications. Consequently, there is considerable political, media and public interest in these figures.

This section presents information on the number of 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 was mentioned on the death certificate.

The data source is the Office for National Statistics (ONS) who provide details on the definition of a drug misuse death involving illegal drugs.

The figures presented here are for deaths registered each year, rather than deaths occurring each year. Almost all drug-related deaths are certified by a coroner. Due to the length of time it takes a coroner to complete an inquest, half of drug-related deaths registered in 2014 will have actually occurred prior to 2014.

Nevertheless, general trends in drug-related deaths are broadly equivalent, regardless of whether the data is analysed by year of occurrence or year of registration.

The data presented in this report covers England and Wales combined. The number of deaths for England only is available from the ONS source data. However as all breakdowns in the ONS data are for England and Wales combined this report uses the overall England and Wales figure for consistency.

1. Misuse of Drugs Act 1971
2. Deaths Related to Drug Poisoning in England and Wales Statistical bulletins
Deaths related to drug misuse
Office for National Statistics (ONS), England and Wales, 2004 to 2014

In 2014 there were 2,248 deaths which were related to drug misuse. This is 0.5% of all deaths.

This is an increase of 15% on 2013 and 44% higher than 2004.

Deaths related to drug misuse are at their highest level since comparable records began in 1993.

For more information: Tables 3 and 5 of Deaths Related to Drug Poisoning, England and Wales
In 2014, 77% of deaths (1,720) were due to Accidental poisoning by drugs, medicaments and biological substances. Three quarters (1,291) of these were for males.

7 deaths were for assault by drugs, medicaments and biological substances.

For more information: Table 3 of Deaths Related to Drug Poisoning, England and Wales
Part 3: Drug use among adults

This section presents a range of information on drug use among adults including the prevalence of drug use, the number of people receiving treatment for drugs, comparisons across European countries and information on legal highs.

The main source of data for drug use among adults is the *Drug misuse: findings from the 2014 to 2015 Crime Survey for England and Wales 2nd edition* carried out by the Home Office. This is an annual survey covering the prevalence and trends of illicit drug use among 16 to 59 year olds including separate analysis on young adults (16 to 24).

Information on treatment for drug use is taken from the *National Drug Treatment Monitoring System (NDTMS)*.

Information is also summarised from the *European Drug Report – Trends and Developments, 2016* which is published by the European Monitoring Centre for Drugs and Drug Addiction and the *EU Drug Markets Report - Strategic Overview, 2016*. 
Prevalence of drug use among adults
Crime Survey for England and Wales, 2015/16

16 to 59 year olds
Around 1 in 12 (8.4%) adults aged 16 to 59 in England and Wales had taken an illicit drug in the last year. This equates to around 2.7 million people.

This level of drug use was similar to the 2014/15 survey (8.6%), but is significantly lower than a decade ago (10.5% in the 2005/06 survey).

16 to 24 year olds
Around 1 in 5 (18.0%) young adults aged 16 to 24 had taken an illicit drug in the last year. This equates to around 1.1 million people.

This level of drug use was similar to the 2014/15 survey (19.5%), but significantly lower compared with a decade ago (25.2% in the 2005/06 survey).

For more information: Tables 1.02 and 1.06 of Drugs Misuse: Findings from the 2015/16 Crime Survey for England and Wales
Prevalence of drug use among adults
Crime Survey for England and Wales, 2015/16

Selected drug use
Men aged 16-59 in England and Wales were more than twice as likely to report using cannabis in the last year than women (9.1% of men compared with 3.8% of women).

Men were almost three times more likely than women to take powder cocaine (3.3% compared with 1.2%) and ecstasy (2.2% compared with 0.8%) in the last year.

Cannabis
As in previous years, cannabis was the most commonly used drug, with 6.5% of adults aged 16 to 59 having used it in the last year (around 2.1 million people).

This was similar to the 2014/15 survey (6.7%), but showing significant falls compared with a decade ago (8.7%).

For more information: Table 3.05 of Drugs Misuse: Findings from the 2015/16 Crime Survey for England and Wales
Legal highs/New psychoactive substances
Crime Survey for England and Wales, 2015/16

16 to 59 year olds
Fewer than 1 in 100 (0.7%) of adults had used an NPS in the last year which is similar to the estimate from 2014/15.

Men were significantly more likely to have used an NPS than women (1.1% compared with 0.4% of women).

Overall, 2.7% of adults had used an NPS in their lifetime.

16 to 24 year olds
Around one in 40 (2.6%) young adults aged 16 to 24 took an NPS in the last year which is similar to the estimate from 2014/15.

Among men aged 16 to 24, 3.6% had used an NPS in the last year compared to 1.6% of young women.

For more information: Table 4.01 of Drugs Misuse: Findings from the 2015/16 Crime Survey for England and Wales
Adults receiving help for substance misuse
National Drug Treatment Monitoring System (NDTMS), 2014/15

Reasons for treatment
295,224 individuals were in contact with drug and alcohol services in 2014-15. More people were treated for opiates than the other three categories combined.

Individuals in treatment by age
The age profile of opiate users was older than those using only non-opiates.1

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1. Excludes those receiving treatment for non-opiates and alcohol.

For more information: Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS), 2014-2015
Levels of lifetime use of cannabis differ considerably between countries, from around four in 10 adults in France and one-third of adults in Denmark and Italy to less than one in 10 in Bulgaria, Hungary, Malta, Romania and Turkey.

Just under one-third of adults in England and Wales had used cannabis which was above the European Union average.

1. Lifetime usage for adults (15-64). Year of prevalence estimates varies by country with the majority being between 2012 and 2014.

Part 4: Drug use among children

This section presents a range of information on drug use among children including prevalence and frequency of drug use and attitudes towards drug use. This information has been taken from two HSCIC publications.

Information is provided from *Smoking, Drinking and Drug use among Young People in England (SDD)* which 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.

Information is also summarised from *What About YOUn? (WAY)* which surveys 15 year olds with questions about their health, diet, exercise, bullying, alcohol, drugs and smoking.

It should be noted that the SDD survey is completed at school in exam conditions without the involvement of parents or teachers but WAY is completed at home when other family members may be present. This will affect comparability between the two surveys as respondents may be tempted to give answers which are considered to be more socially acceptable when carrying out surveys in a home setting.

In addition this section summarises information from the *Young people’s statistics from the National Drug Treatment Monitoring System (NDTMS)*.
Prevalence of drug use among children
Smoking, drinking and drug use among young people, England, 2014

Overall prevalence
The prevalence of drug use among 11 to 15 year olds in England declined between 2001 and 2010. Since then, the decline has slowed.

In 2014, 15% of pupils had ever taken drugs, 10% had taken drugs in the last year and 6% had taken drugs in the last month.

Prevalence by age
The prevalence of drug use increased with age. For example, 6% of 11 year olds said they had tried drugs at least once, compared with 24% of 15 year olds.

A similar pattern was seen for drug use in the last year and the last month.

For more information: Tables 8.1, 8.2, 8.3 and 8.5 of Smoking, drinking and drug use among young people in England in 2014.
Prevalence of and attitudes to drug use among children

Smoking, drinking and drug use among young people, England, 2014

Prevalence by type of drug used in the last year

As in previous years, pupils were more likely to have taken cannabis than any other drug. 6.7% of pupils reported taking cannabis in the last year compared to 2.9% of pupils who had used volatile substances.

Atitudes to drug use

9% thought it was okay for someone of their age to try cannabis and 5% thought it okay to take once a week.

Levels of approval for sniffing glue and taking cocaine were lower.

1. Bars coloured in dark blue in the chart represent usage of one or more of the drugs in the relevant section.
2. Volatile substances includes gas, glue, aerosols and other solvents.

For more information: Tables 8.7c, 9.6 and 9.7 of Smoking, drinking and drug use among young people in England in 2014
Prevalence of drug use among 15 year olds
What About YOUth? Survey 2014

Prevalence by drug type
26% of 15 year-olds had been offered cannabis and 11% had tried it.
13% had been offered other drugs and 2% had tried another drug.

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Offered</th>
<th>Tried</th>
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<tbody>
<tr>
<td>Cannabis</td>
<td>26%</td>
<td>11%</td>
</tr>
<tr>
<td>Other drugs</td>
<td>13%</td>
<td>2%</td>
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</table>

Frequency of cannabis use
Of those who had ever tried cannabis, 83% had used it in the last year which included 43% who had used it in the last month.

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Percentage</th>
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<tr>
<td>In the last month</td>
<td>43%</td>
</tr>
<tr>
<td>In the last year (inc the last mth)</td>
<td>83%</td>
</tr>
<tr>
<td>More than a year ago</td>
<td>0%</td>
</tr>
</tbody>
</table>

For more information: Tables 8.1, 8.6, 8.16, 8.31 and 8.32, Chapter 8 of WAY Survey 2014
Prevalence of cannabis use by ethnicity

The highest proportion of young people who had tried cannabis came from the Mixed ethnic group while the lowest came from the Asian ethnic group.

Prevalence of cannabis use by LA

24.2% of young people in Brighton and Hove had ever tried cannabis, followed by 18.6% in Richmond upon Thames. In comparison, 4.9% in Slough had ever tried cannabis.

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1. BME in the chart is an average for the Mixed, Asian, Black and Other ethnic groups.

For more information: Tables 8.9 and 8.14, Chapter 8 of WAY Survey 2014
Legal Highs
Smoking, drinking and drug use among young people, England, 2014

**Awareness of legal highs**
Half of pupils (51%) had heard of legal highs.
Awareness increased with age, from 21% of 11 year olds to 74% of 15 year olds.

**Prevalence of legal high usage**
2.5% of pupils reported having ever taken legal highs, including 2.0% who had taken them in the last year and 0.9% who had taken them in the last month.
The prevalence of taking legal highs increased with age.

For more information: Tables 8.21 and 8.23 of Smoking, drinking and drug use among young people in England in 2014
Young people receiving help for substance misuse
Substance Misuse among Young People report 2014/15

Trends in primary substance
The number of young people attending specialist substance misuse services was 18,349\(^1\), down 4% from the previous year.

The number of young people in treatment for cannabis has been increasing. There was a slight fall in numbers in 2014-15 although the proportion with cannabis as their primary substance increased slightly.

Primary or adjunctive substance use\(^2\)
86% of young people reported either primary or adjunctive cannabis use. Alcohol was the second most cited (51%), and just under 5% cited the use of a new psychoactive substance (NPS).

For more information: Tables 2.3.1 and 5.2.1 of Young people’s statistics from the NDTMS, 2014/15

1. Includes those receiving treatment for alcohol only.
2. Primary substance use - the substance that brought the young person into treatment at the point of triage/initial assessment. Adjunctive substance use - other substances cited by the young person.
Provide feedback

This publication has been reformatted following feedback collected from the user consultation\(^1\). We would welcome further feedback from users on the new format.

We would also welcome feedback on the content, but please consider that one of the drivers for the consultation was to produce these reports in the most cost-effective way so any suggestions for including a new data source would have to be considered against this criteria.

Please send your feedback to enquiries@hscic.gov.uk and quote “Feedback on Statistics on Drug Misuse Report” in the subject heading.
