



Prepared by the GDS Core Research Team

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GLOBAL
DRUG
SURVEY

2017

Global overview and highlights

N > 115,000

Hi everyone

On behalf of the GDS Core Research Team and everyone of our amazing international network partners and supportive media organisations we'd like to share our headline report deck. I know it won't have everything that everyone wants but we are hopeful it will give people an idea of how the world of drugs is changing and highlight some of the key things that we think people can better engage with to keep themselves and those they care for safe.

Once we cleaned the data from 150,000 people we chose to use data from just under 120,000 people this year for these reports. We have data reports addressing 18 different areas for over 25 countries. We can only share a fraction of what we have here on the site. However, we are very open to sharing the other findings we have and would ask researchers and public health groups to contact us so we can discuss funding and collaboration.

We have almost completed designing GDS2018 so that we can start piloting early and give countries where we have not yet found friends to reach out to us. We particularly want to hear from people in Japan, Eastern Europe, Africa and the Middle East.

Dr Adam R Winstock Founder and CEO Global Drug Survey

Consultant Psychiatrist and Addiction Medicine Specialist

We think this will be interesting.

We hope you enjoy this report which we gladly share with you with for free. If you like what Global Drug Survey does then we'd like to ask you to make the smallest of donations – the price of joint, a pill, a line, a beer (£10).



Your donation will help us carry on being independent, run the survey and encourage governments, communities and people to have honest conversations about drugs.

Thank you

Adam on behalf of GDS

Global Drug Survey runs the world's largest drug survey

This report is embargoed until
Wednesday May 24th 2017

Using and reporting the data

In all copy related to the data provided the study should be referred to as

Global Drug Survey 2017

For further information and requests for local country and bespoke data reports please contact adam@globaldrugsurvey.com

Global Drug Survey 2017

A total of 119,846 people from over 50 countries participated in GDS2017. Of these **115,523** had their data used in the preparation of these reports .

GDS is an independent global drug use data exchange hub that conducts university ethics approved, anonymous on-line surveys. We collaborate with global media partners who act as hubs to promote our work.

GDS is comprised of experts from the fields of medicine, toxicology, public health, psychology, chemistry, public policy, criminology, sociology, harm reduction and addiction. We research key issues of relevance and importance to both people who use drugs and those who craft public health and drug policy

Mission

We aim to make drug use safer regardless of the legal status by sharing information in a credible and meaningful way.

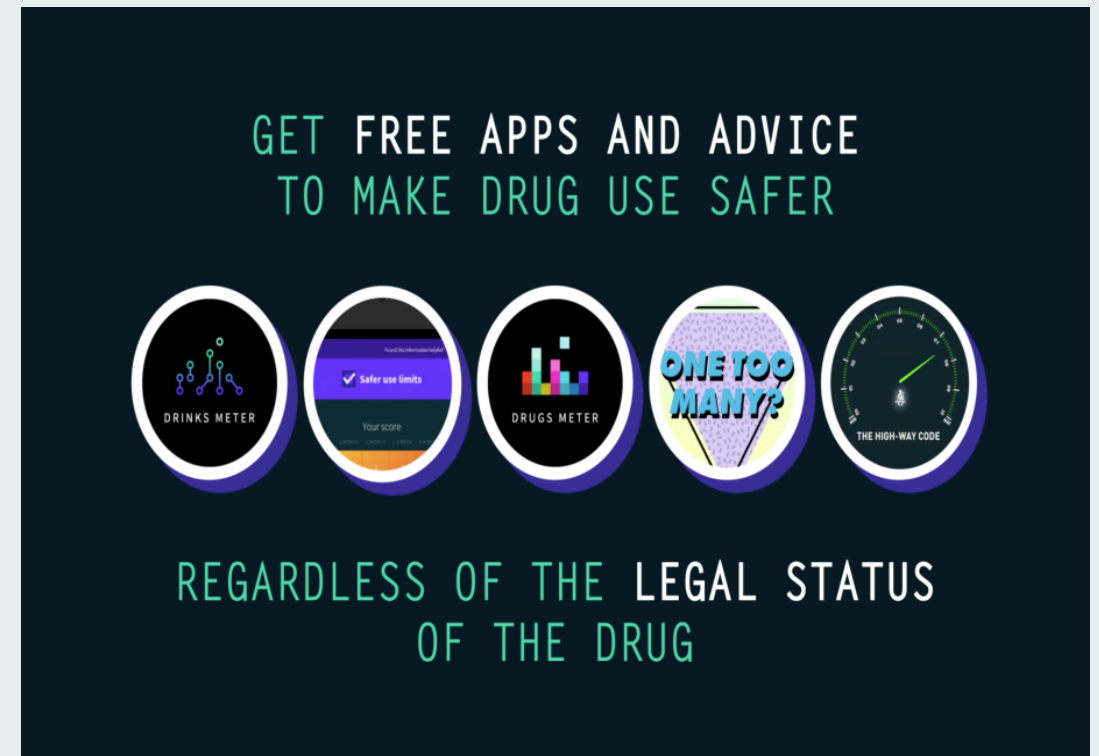
Our last 4 surveys, run at the end of 2013, 2014, 2015, and 2016 received over 400,000 responses.

Over the last decade GDS has successfully supported the widespread dissemination of essential information both to people who use drugs through our media partners and to the medical profession through academic papers, presentation at international conferences, expert advisory meetings and through www.drugsmeter.com and www.drinksmeter.com

Resources

To ensure our findings are accessible and useful to people who use drugs we offer a range of free harm reduction resources such as

- the GDS Highway Code www.globaldrugsurvey.com/brand/the-highway-code/
- the Safer Use Limits www.saferuselimits.co/
- digital health apps to deliver brief screening and intervention: www.drinksometer.com
- harm reduction and drug education videos available on our YouTube channel www.youtube.com/user/GlobalDrugSurvey



When reporting the results in print, online and on TV we ask all our media partners to place links to these free resources where suitable.

Country breakdown of respondents by country (to the nearest 50)

Country	n	Country	n
Germany	36000	Greece	1600
Denmark	13500	Mexico	1350
USA	10100	Colombia	1050
Switzerland	7850	Portugal	900
UK	5900	Belgium	800
Australia	5750	Norway	550
Canada	5400	France	500
Austria	4850	Spain	500
New Zealand	3800	Sweden	500
Italy	3500	Ireland	500
Netherlands	3250	Poland	450
Brazil	3000	Finland	400
Hungary	2850	Iceland/Croatia/Argentina	250

GDS methods & academic credentials

GDS is comprised of the Core Research Team and an international partnership with researchers and harm reduction organisations in over 20 countries. Since 2013 we have published over 25 papers with another 12 in press.

Recent work by GDS suggests that the age and sex distribution of those who volunteer to be surveyed is not vastly different between these non-probability and probability methods. We conclude that opt-in web surveys of hard-to-reach populations are an efficient way of gaining in-depth understandings of stigmatized behaviours among hidden populations, and are appropriate, as long as they are not used to estimate drug use prevalence of the general population (Barratt et al in press).

Recent publications

Labhart F, Ferris J, Winstock A, Kuntsche E. The country level effects of drinking, heavy drinking and drink prices on pre-drinking: An international comparison of 25 countries. *Drug Alcohol Rev.* 2017.

Barratt, M.J., Ferris, J.A., Winstock, A.R. Safer scoring? Cryptomarkets, social supply and drug market violence. *IJDP* 2016.

Freeman TP, Winstock AR. Examining the profile of high-potency cannabis and its association with severity of cannabis dependence. *Psychol Med.* 2015;45(15):3181–9.

Winstock A, Lynskey M, Borschmann R, Waldron J. Risk of emergency medical treatment following consumption of cannabis or synthetic cannabinoids in a large global sample. *J Psychopharmacol.* 2015;29(6):698–703.

Probability based surveys tell you about the size of the drug use problem in your country; GDS tells you what to do about it.

– Dr Adam Winstock

More information on our methods

Our recruitment strategy is an example of non-purposive sampling. We acknowledge that this has significant limitations, most notably with respect to response bias. It is more likely that individuals will respond to surveys if they see topics or items that are of interest to them, and thus by definition will differ from those who do not participate.

Don't look to GDS for national estimates. GDS is designed to answer comparison questions that are not dependent on probability samples. The GDS sample is thus most effectively used to compare population segments, young, old, males, females, gay, straight, clubbers, thin people, obese people, vegetarians, those with a current psychiatric diagnosis, students, northerners, southerners etc. Given that GDS recruits younger, more involved drug using populations we are able to spot emerging drug trends before they enter into the general population. GDS complements existing drug use information and provides essential, current data on the patterns of use, harms, health and well-being experienced by the drug users in your **country**.

The founder and CEO of GDS is Dr Adam R Winstock MD

Adam is a Consultant Addiction Psychiatrist and academic researcher based in London. The views presented here are entirely his own and have no relationship to those of his current employers or affiliate academic organizations. No government, regulatory authority, corporate organization or advocacy group has influenced the design of the survey or content of report.

Limitations

This is not a nationally representative sample, but it does represent one of the largest studies of drug use ever conducted in Switzerland. Although the findings cannot be said to be representative of the wider Swiss population, they do provide a useful snapshot of what drugs are being used and how they are impacting upon people's lives in Switzerland. The findings can inform policy, health service development and most importantly provide **people who drink and/or take drugs** with practical advice on how to keep healthy and minimize the harms associated with the use of substances.

In the time frame and resources provided only these preliminary analyses are provided and given enormous data we gathered, composite results on key issues are provided only. Stories are thus based on preliminary findings and are subject to change on further analyses. Results have usually provided to the nearest full or half percent.

Limitations with cross-country comparison

Throughout this report we provide some comparisons on some key areas that may be of interest to readers of your publications. Because the samples we have obtained from different countries vary considerably in the size, its representativeness, the precise demographics and other characteristics of respondents such as age, gender, involvement in clubbing and drug use, these comparisons have to be treated with some caution.

The results do not necessarily represent the wider drug using community. Saying that if you ask a 100 people in a country how much a drug costs or a group of 25,000 MDMA users how often they need to seek emergency medical help you can't dismiss the findings as irrelevant and inconsistent with more representative samples. For countries with small numbers the findings need to be treated with even more caution.

Over the last 4 years > 400,000 people have taken part in our surveys.

GDS2018 launches in October 2017.

What GDS won't do for you

- Don't look to GDS for national estimates. GDS is designed to answer comparison questions that are not dependent on probability samples.
- GDS database is huge but its non-probability sample means analyses are suited to highlight differences among user populations.
- GDS recruits younger, more involved drug using populations. We spot emerging drugs trends before they enter into the general population

What GDS will do for you

- GDS is an efficient approach to gain content rich data that explores diverse health outcomes associated with the use of drugs and alcohol across the population of your country.
- GDS helps you better understand the quantitative dynamics of personal decision-making about drug use, detects regional differences in patterns of drug use and related harm, and informs novel interventions.
- Provides current data on the patterns of use, harms, health and well-being experienced by the full spectrum of users

Key findings – Demographics

- ✓ Age: mean age and % in different age band categories
- ✓ Gender: male vs. female (1% who indicated they were transgender were removed for these analyses)
- ✓ Sexual orientation
- ✓ Ethnicity
- ✓ Educational attainment
- ✓ Employment/ studying
- ✓ Who they live with

Global sample

The GDS2017 reports are based on **115,523 participants**.

Of these, 78,592 were **male (68%)** and 36,931 were female (32%).

The mean age was **29.1 years**, with 46.7% under 25 years & 24.3% over 35 years.

Demographics – global participants



32.0%

Female: 36,931



68.0%

Male: 78,592

Ethnicity

White	90.5%
Mixed	3.2%
Asian (Pakistani, Indian, Bangladeshi)	0.4%
Black African/Black Caribbean	0.3%
Hispanic Latino	2.8%
SE Asian	0.4%
Other	1.8%
Aboriginal	0.2%
Native American	0.2%
Black American	0.2%

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Mean age	29.1
<25 years	46.7%
25-34 years	29.0%
35+ years	24.3%

Employment status

Paid Employment	64.8%
Unemployed (looking for work)	6.1%
Unemployed (not looking for work)	29.2%

Students

Yes full time	29.5%
Yes, part time	8.9%
No	61.6%

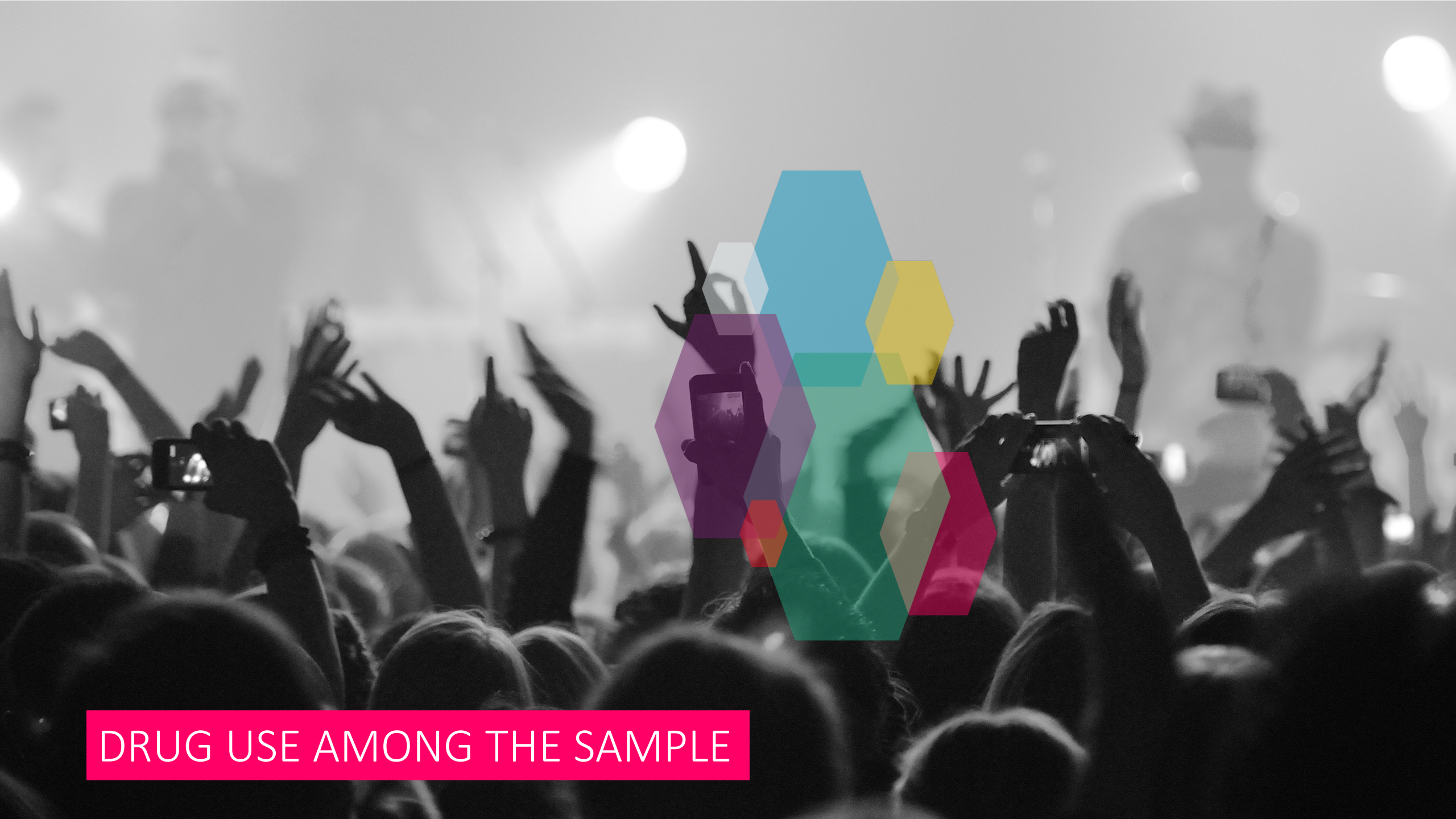
Education

41.8% have a university degree or higher

Clubbing

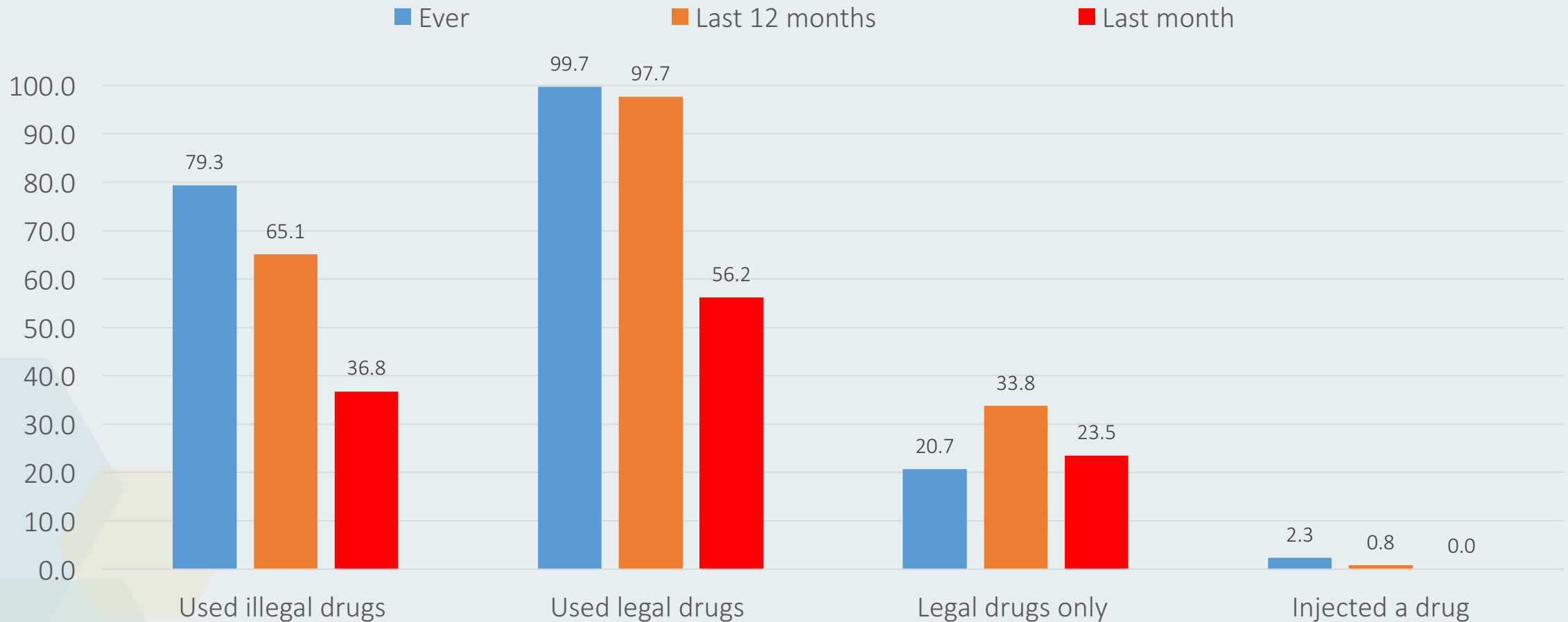
47.6%* of respondents go clubbing at least every 3 months

*question only answered by n=59,607

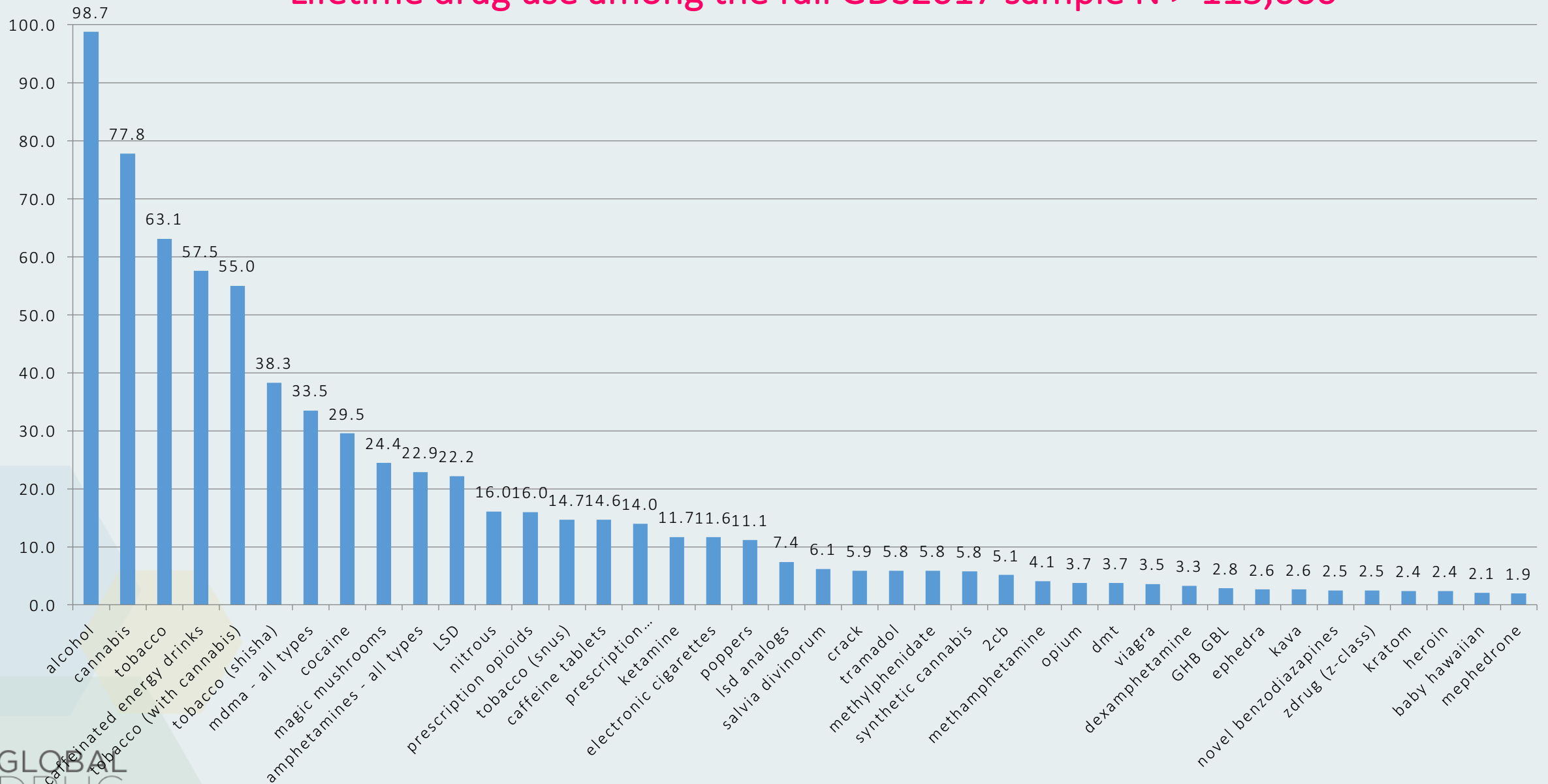


DRUG USE AMONG THE SAMPLE

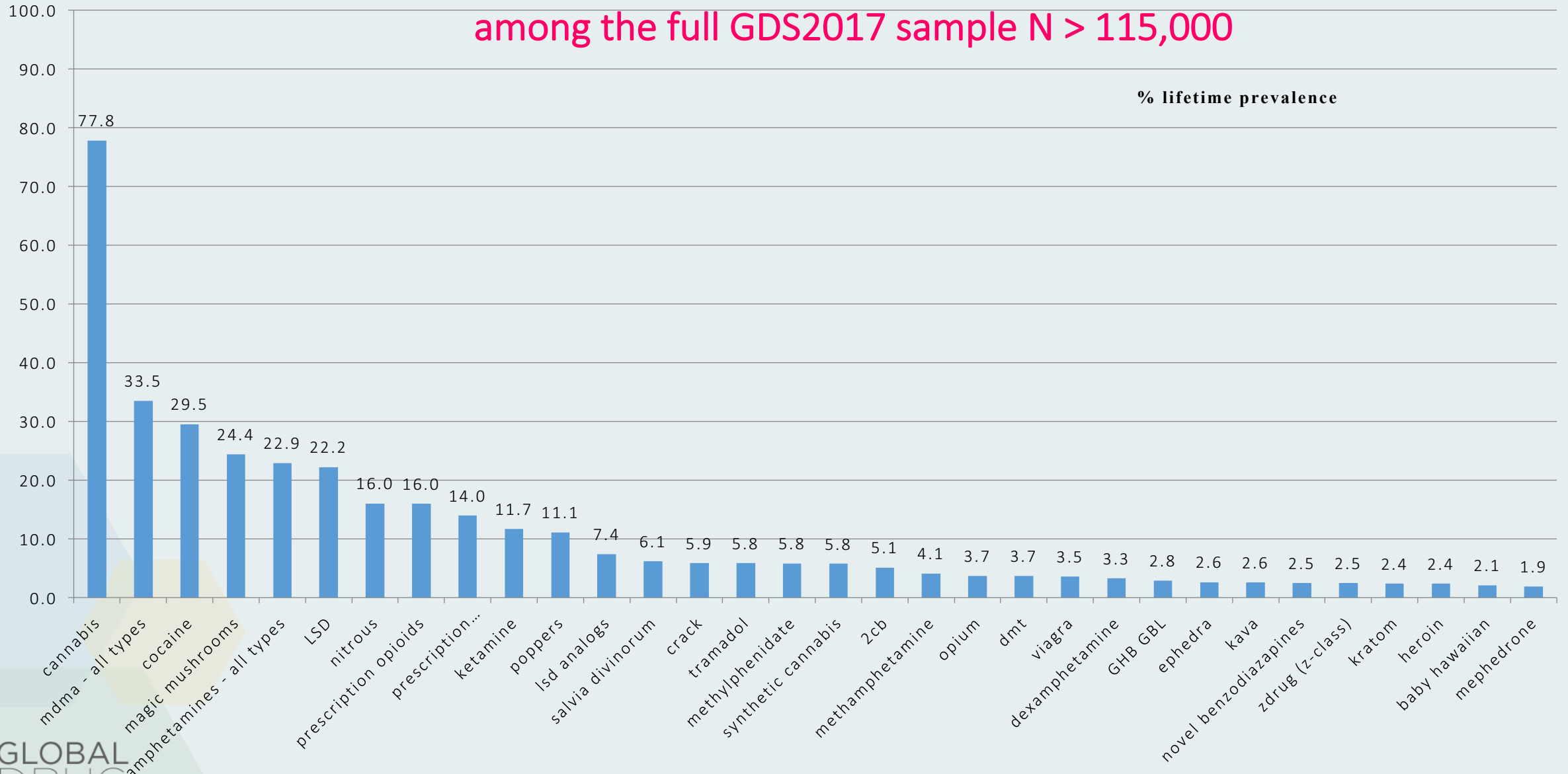
Drug use among the GDS2017 sample



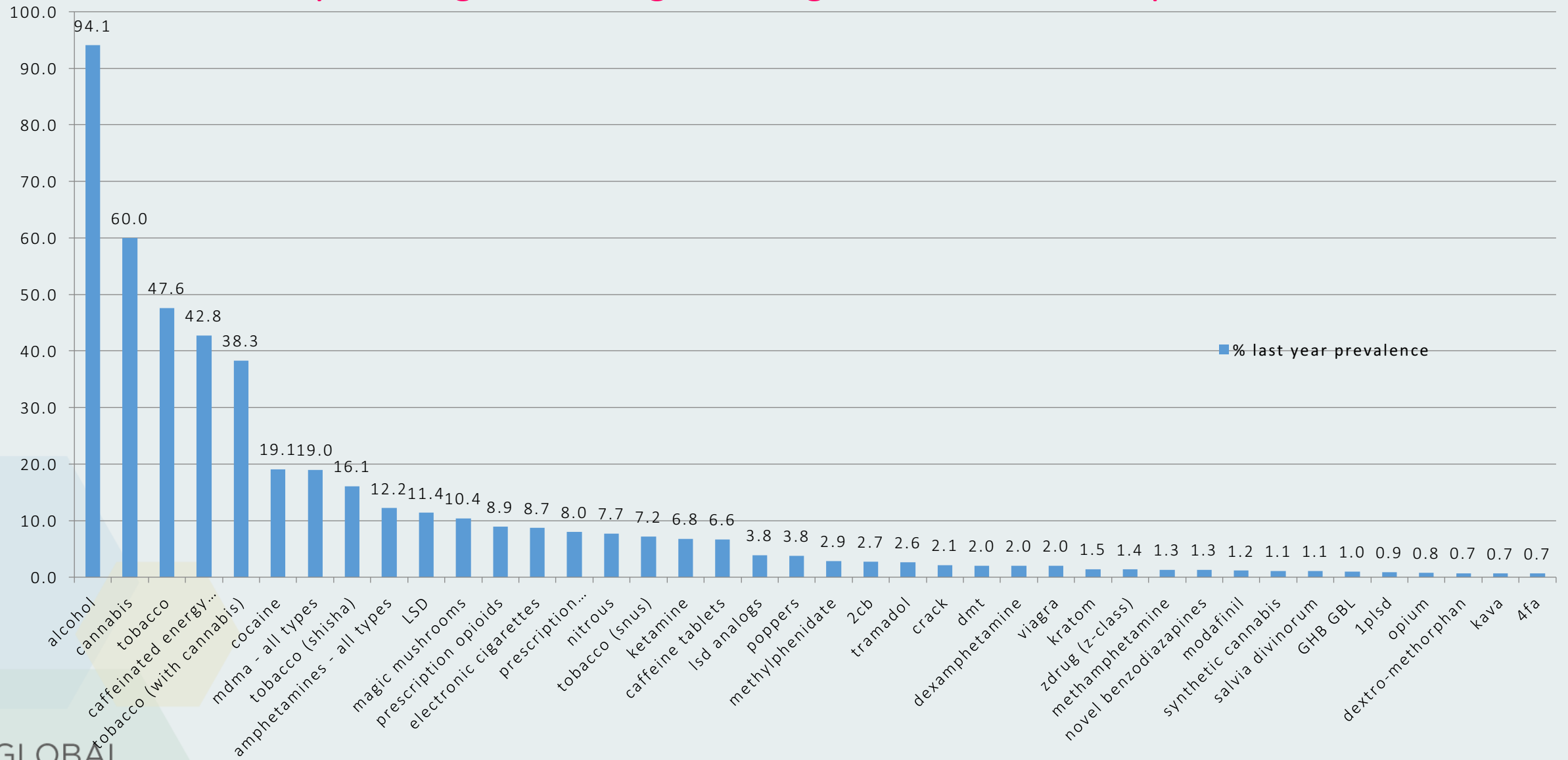
Lifetime drug use among the full GDS2017 sample N > 115,000



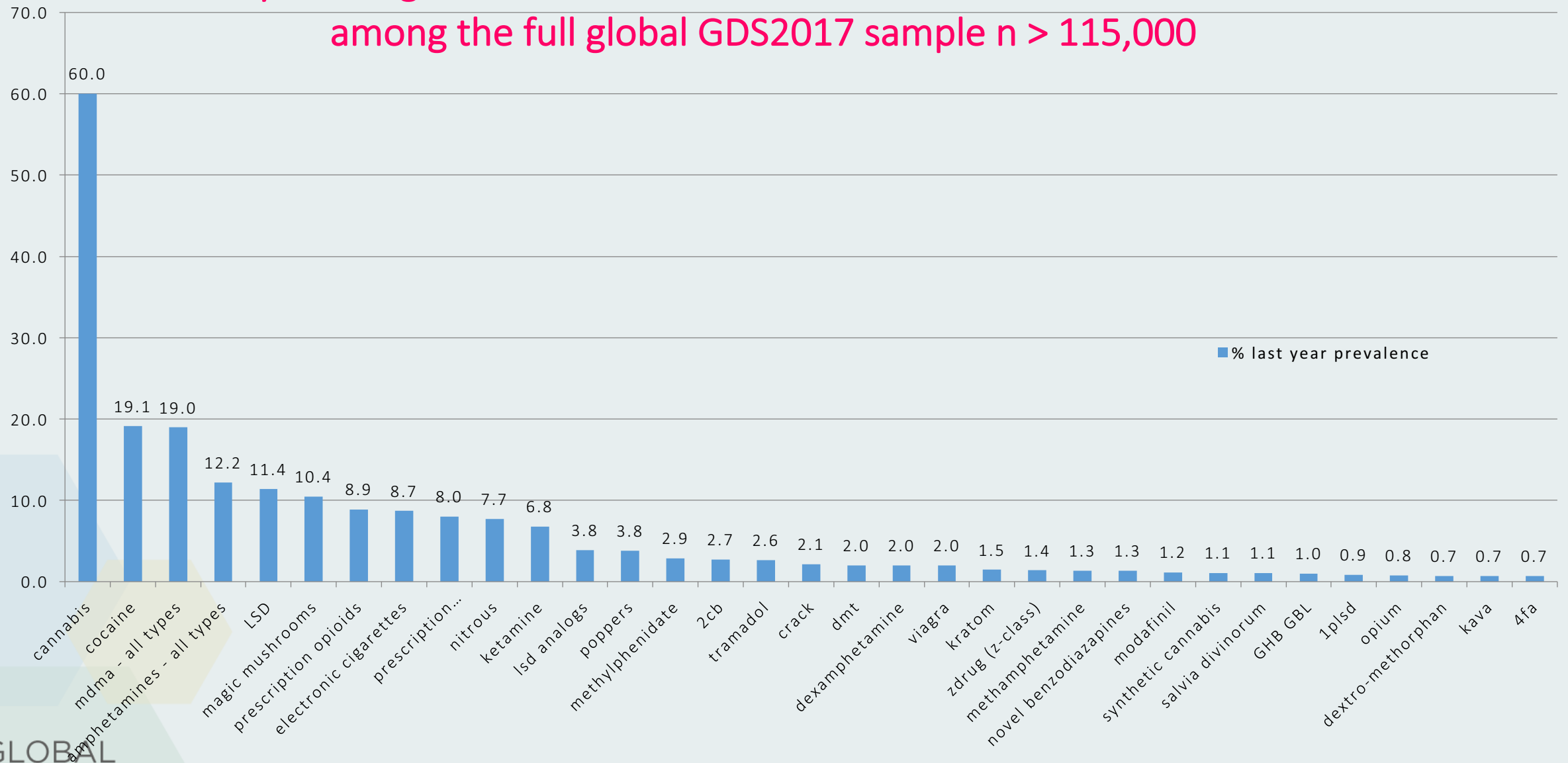
Lifetime drug use MINUS ALCOHOL/TOBACCO/CAFFEINE PRODUCTS among the full GDS2017 sample N > 115,000



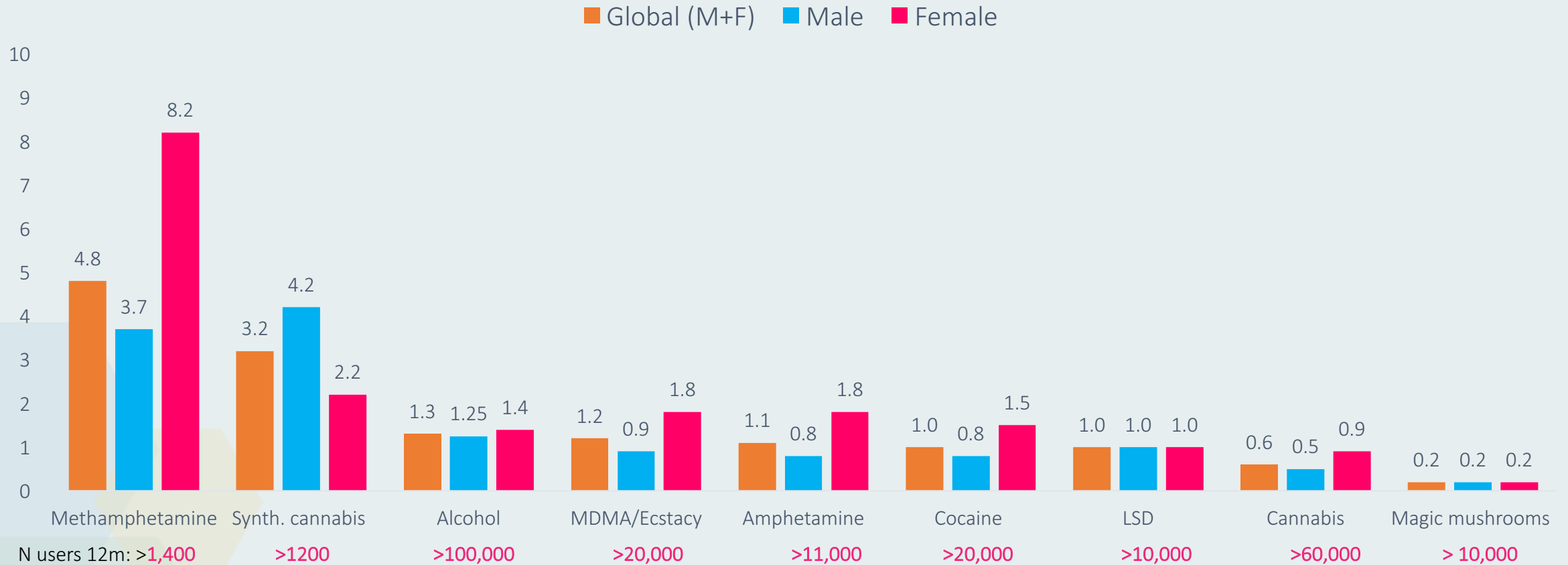
Last year drug use among the full global GDS2017 sample N > 115,000



Last year drug use MINUS ALCOHOL/TOBACCO/CAFFEINE PRODUCTS among the full global GDS2017 sample n > 115,000



Global comparison of emergency medical treatment seeking – GDS2017 all substances





For more data including country based reports please e-mail info@globaldrugsurvey.com to discuss costing and analyses required.

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Alcohol – Global

Background

GDS2017 has continued to map global drinking patterns using the Alcohol Use Disorders Identification Test (AUDIT) a World Health Organisation questionnaire to ascertain harmful drinking levels and dependence. This includes how often individuals drank alcohol and how many drinks they would have on a typical day of use. The WHO 2006 document by Babor et al. lists 4 sets of summary scores 0-7,8-15,16-19,20 and above.

Total scores of 8 or more are recommended as indicators of hazardous and harmful alcohol use and dependence. Higher scores simply indicate greater likelihood of hazardous and harmful drinking. However, such scores may also reflect greater severity of alcohol problems and dependence, as well as a greater need for more intensive treatment. AUDIT scores in the range of 8-15 represented a medium level of alcohol problems whereas scores of 16 and above represented a high level of alcohol problems. AUDIT scores of 20 or above warrant further diagnostic evaluation for alcohol dependence.

Following up on a consistent GDS finding that over 1 in 3 respondents to GDS express a desire to drink less in the following 12 months, this year we have focused on how these motivated people would like to obtain help to reduce their drinking. With the growth of digital health applications to raise awareness among the general population of the health harms associated with excessive drinking, including GDS's own highly successful free online app Drinks Meter we wanted to see how attractive different approaches were within different populations. We also report about last year drinkers who report seeking emergency medical treatment in the previous 12 months.

Selected data presented here comes from the section that includes

Drinking harms and adverse experiences

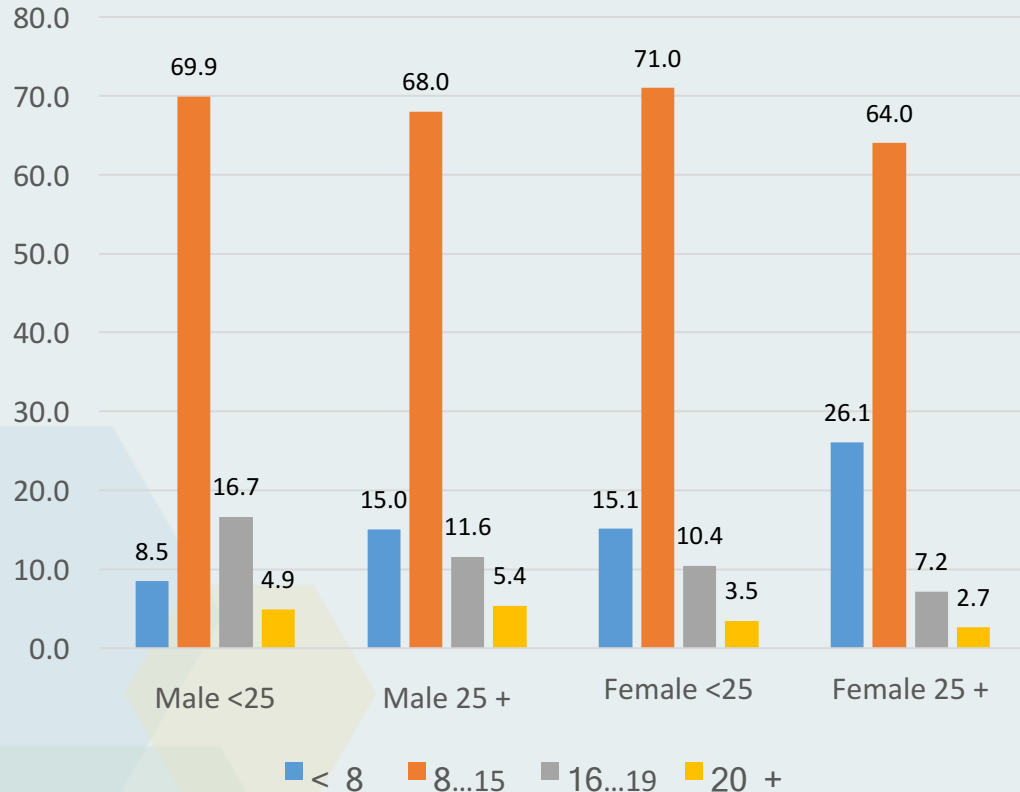
- ✓ The % in each AUDIT score category for each country as a whole and by gender and age (16-24 and 25+ years old)
- ✓ The % of all drinking respondents in each country and by gender and age (16-24 and 25+ years old)
- ✓ The % who reported feels of regret or guilt at least monthly because of their drinking
- ✓ The % who reported being unable to remember what happened the night before because of their drinking
- ✓ The % who reported having sought emergency medical treatment in the last 12 months as a result of drinking alcohol

Who wants to drink less, who wants help and what form would that help take?

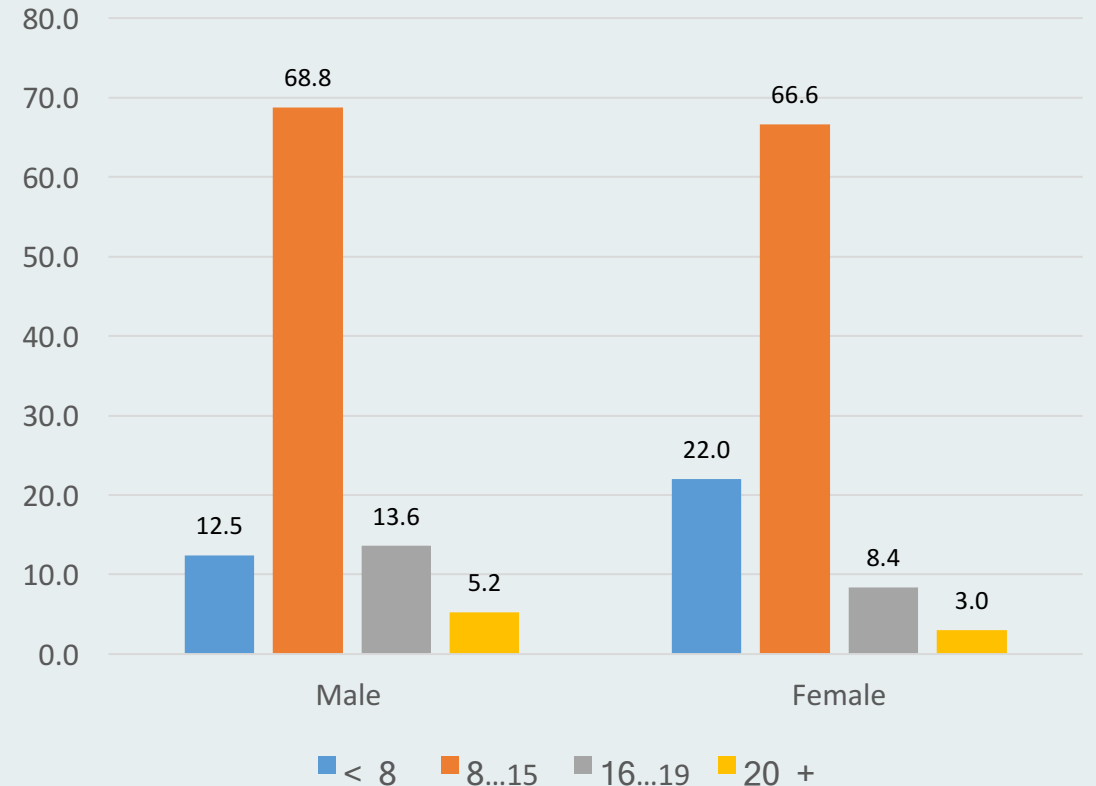
- ✓ The % of last year drinkers who would like to drink less in the next 12 months
- ✓ The % of last year drinkers who would like help to reduce drinking
- ✓ Which approach would be most likely used if help is sought by gender and age (16-24 and 25+ years old)
- ✓ The % of last year drinkers who report that they actually plan to seek support to cut down/ stop drinking in the next 12 months

AUDIT Scores

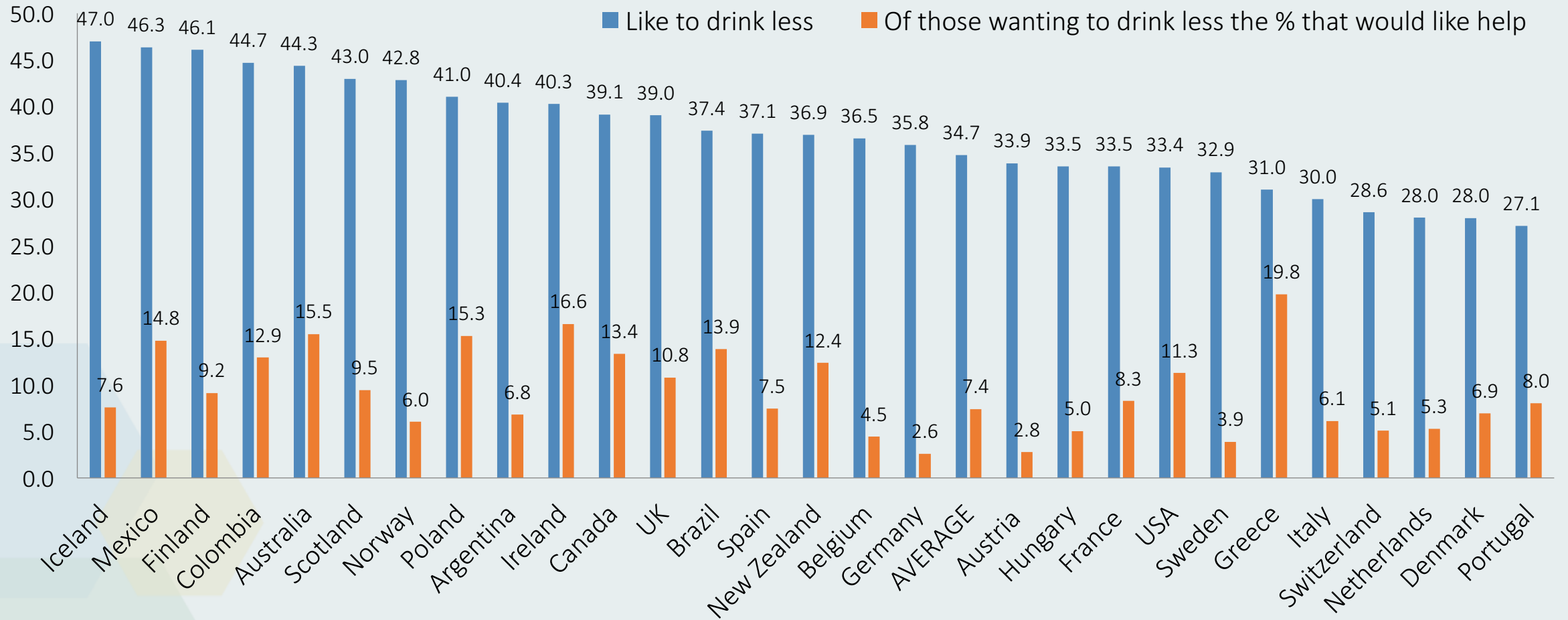
AUDIT Scores by age and gender (%)



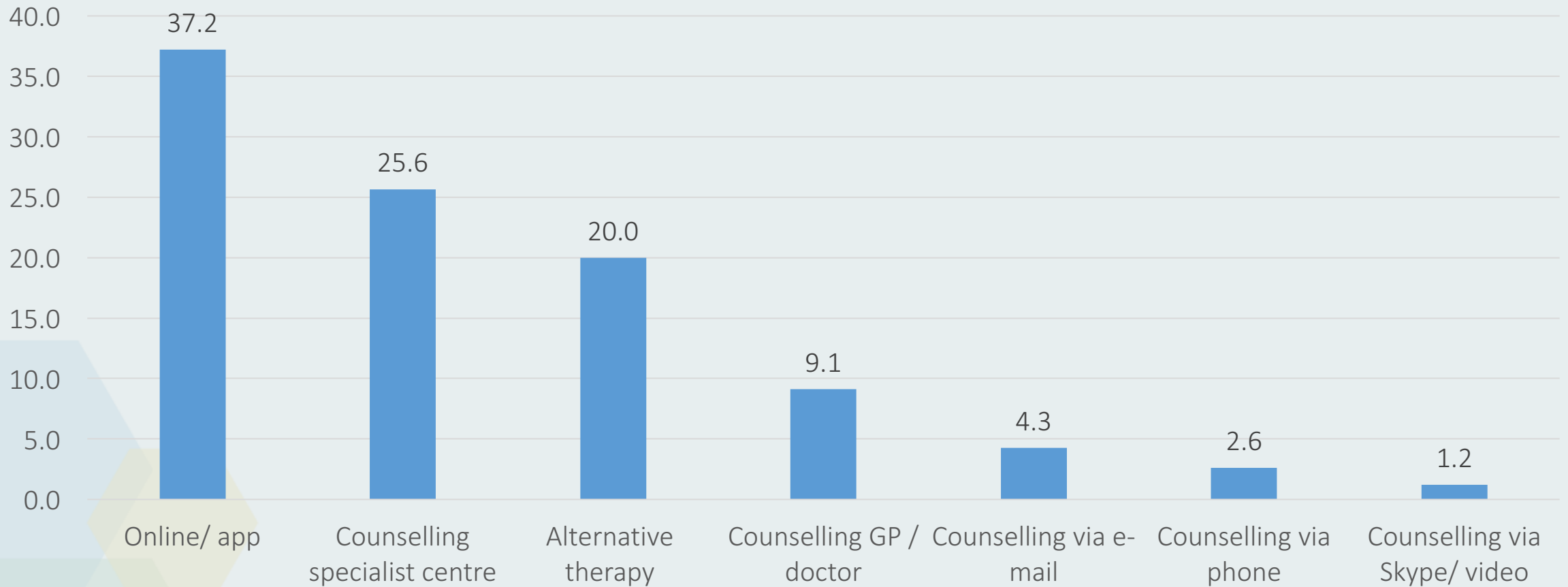
AUDIT Scores by gender (%)



Alcohol users that aim to drink less next year & help seeking behavior

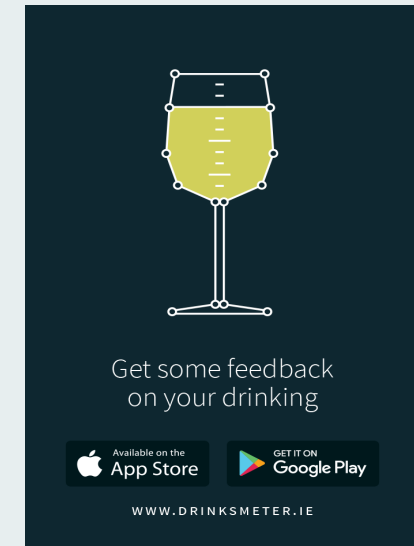
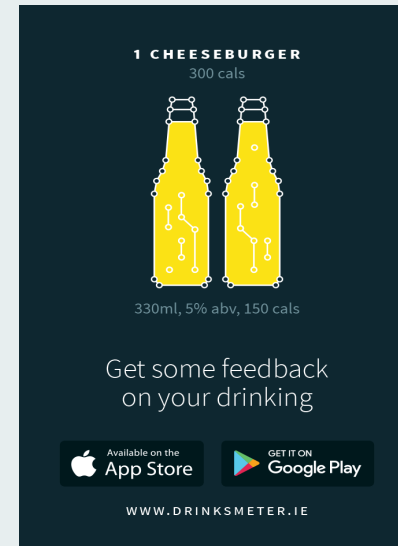
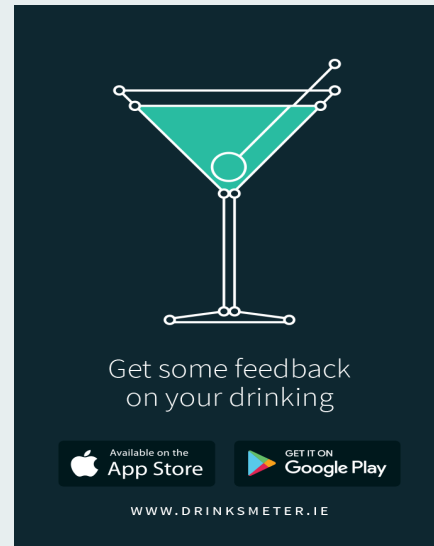
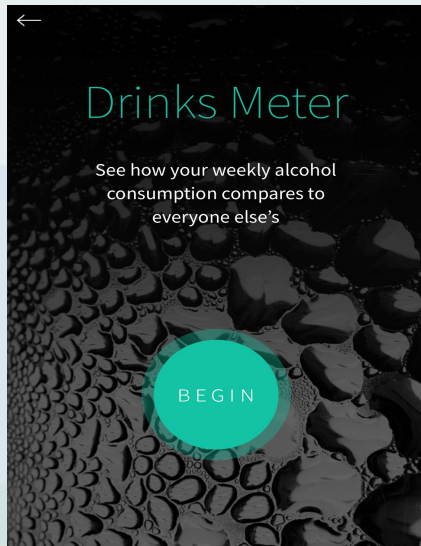


What sort of help would people choose to seek help to reduce/ stop use?



Drinks Meter

Please refer your readers to our **free, anonymous and confidential** on-line tool (www.drinksmeter.com) and app (the Drinks Meter), recently rated as the most highly praised digital app (Milward et al 2016) to help people with drinking with over 90% recommending it to their friends (Garnett et al 2017) and over 60% saying they plan to drink less after completing it. It takes 8-10 minutes to do and it can change a person's life.





For more data including country based reports please e-mail info@globaldrugsurvey.com to discuss costing and analyses required.

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Cannabis – Global based on $n > 69,000$ last year users

Background

Cannabis remains the world's most widely used 'illicit' drug. Regulatory change in many countries and the development of new technologies to deliver cannabis in less harmful ways are an important accompaniment to this change and pave the way for new public health approaches to reducing the public health harms associated with its use. This year in our main cannabis section we focus on national patterns of use and purchase and how price, dominant preparations and methods of use vary across cultures.

GDS2017 was interested in what sorts of people are most likely willing to use less cannabis and how they might seek help to reduce or stop their use. This is important since it is possible that changing the legal status of cannabis may make people feel more comfortable about seeking help.

In our specialist sections we look at the medical use of cannabis and offer a global perspective on how cannabis users would like to see cannabis legally regulated. [If you would like to help fund our medical cannabis data please contact us.](#)

Selected data presented here comes from the section that includes

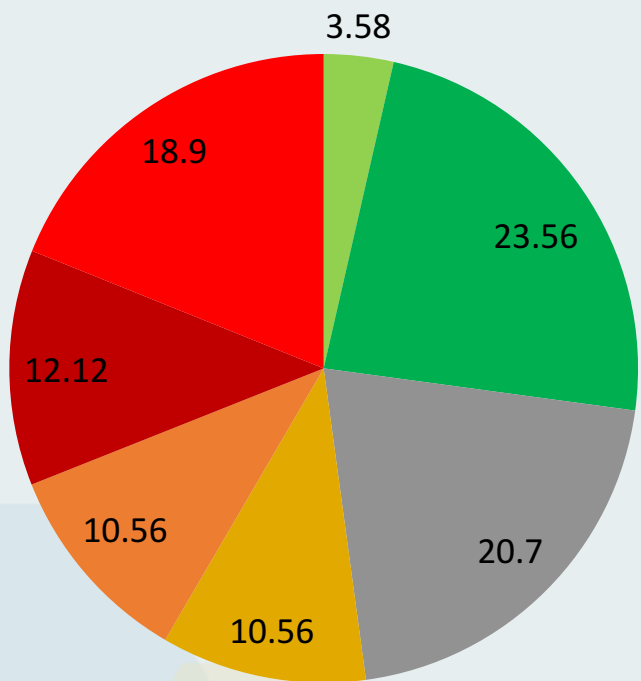
Cannabis use patterns and adverse experiences

- ☑ Mean number of cannabis use days in the last year by gender
- ☑ The % who had used 1, 2-10, 11-50, 51-100, 101-200, 201-300 and > 300 x in the last year
- ☑ What types of cannabis are used most commonly by country
- ☑ How much cannabis is used per day
- ☑ How many joints users get from one gram of cannabis
- ☑ The most common methods of use by country including what percentage of users mix cannabis with tobacco
- ☑ The occasion for the first and last joint of the day
- ☑ How many hours per day cannabis users are stoned for
- ☑ Information on where users get their cannabis from and if they pay how much they usually pay for one gram
- ☑ Motives for use – recreational vs. medical
- ☑ The % of users who would like to use less cannabis and preferred styles of help seeking
- ☑ The % who reported having sought emergency medical treatment in the last 12 months as a result of cannabis use

A total of **69,299** cannabis users participated in GDS2017 and were used in the preparation of the this report.

Compared to the entire GLOBAL GDS2017 cannabis using sample All vs. Males vs. Females

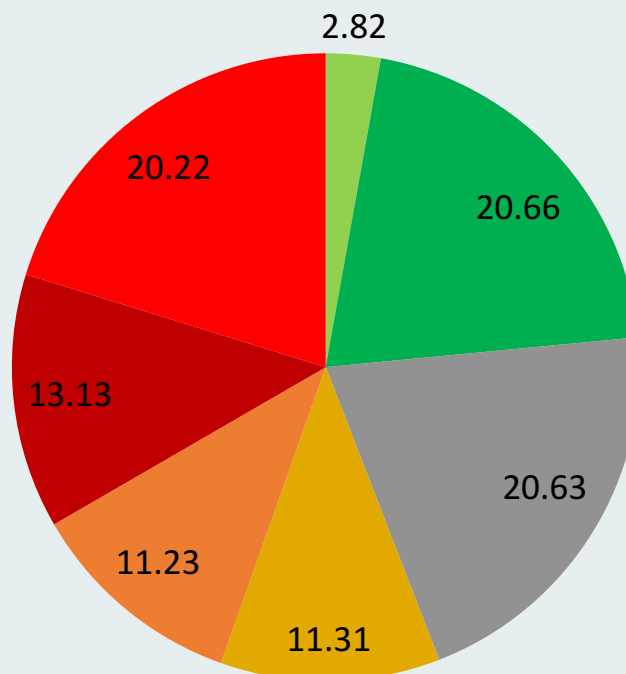
Days used in last 12 months - all (%)



■ 1 ■ 2-10 ■ 11-50 ■ 51-100
■ 101-200 ■ 201-300 ■ 300+

Mean number of days = 135.4

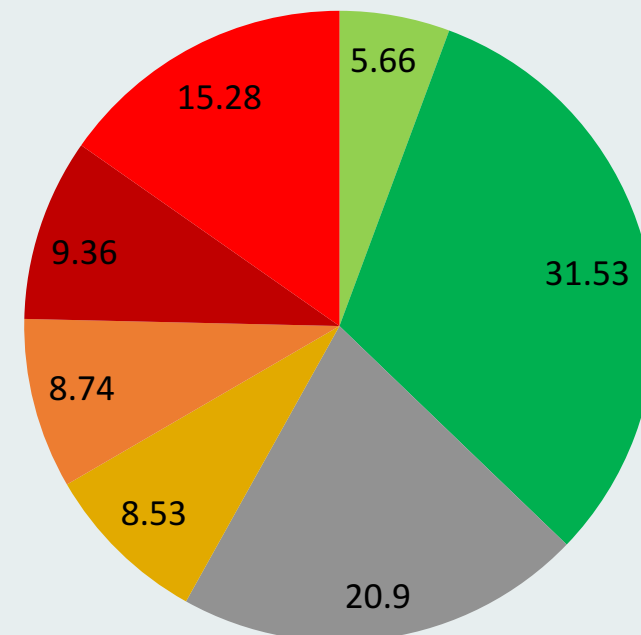
Days used in last 12 months – male (%)



■ 1 ■ 2-10 ■ 11-50 ■ 51-100
■ 101-200 ■ 201-300 ■ 300+

Mean number of days = 144.5

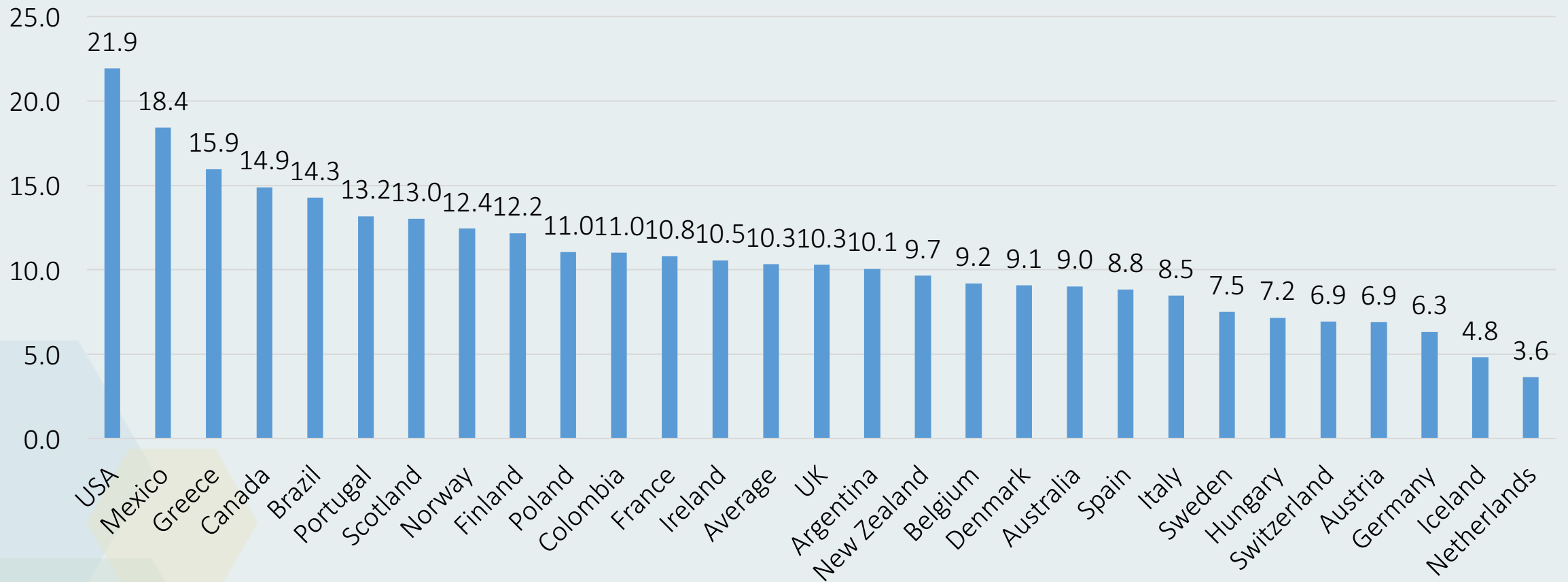
Days used in last 12 months – female (%)



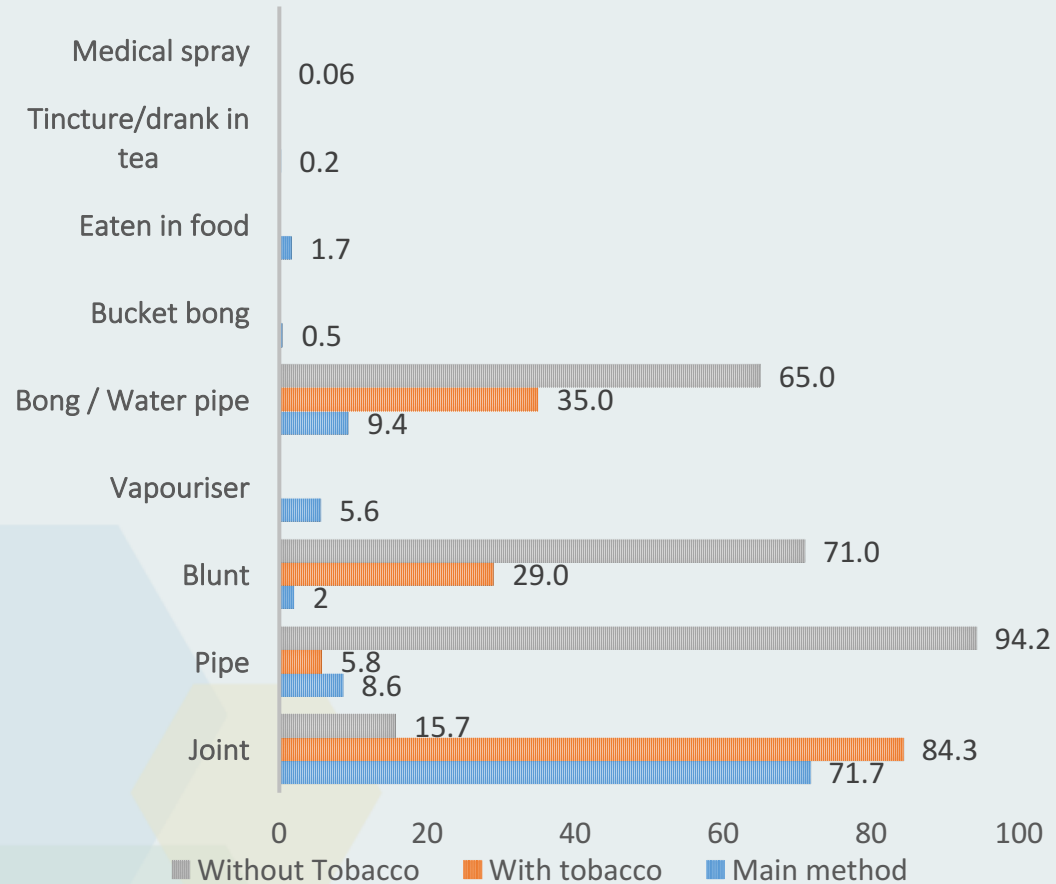
■ 1 ■ 2-10 ■ 11-50 ■ 51-100
■ 101-200 ■ 201-300 ■ 300+

Mean number of days = 110.2

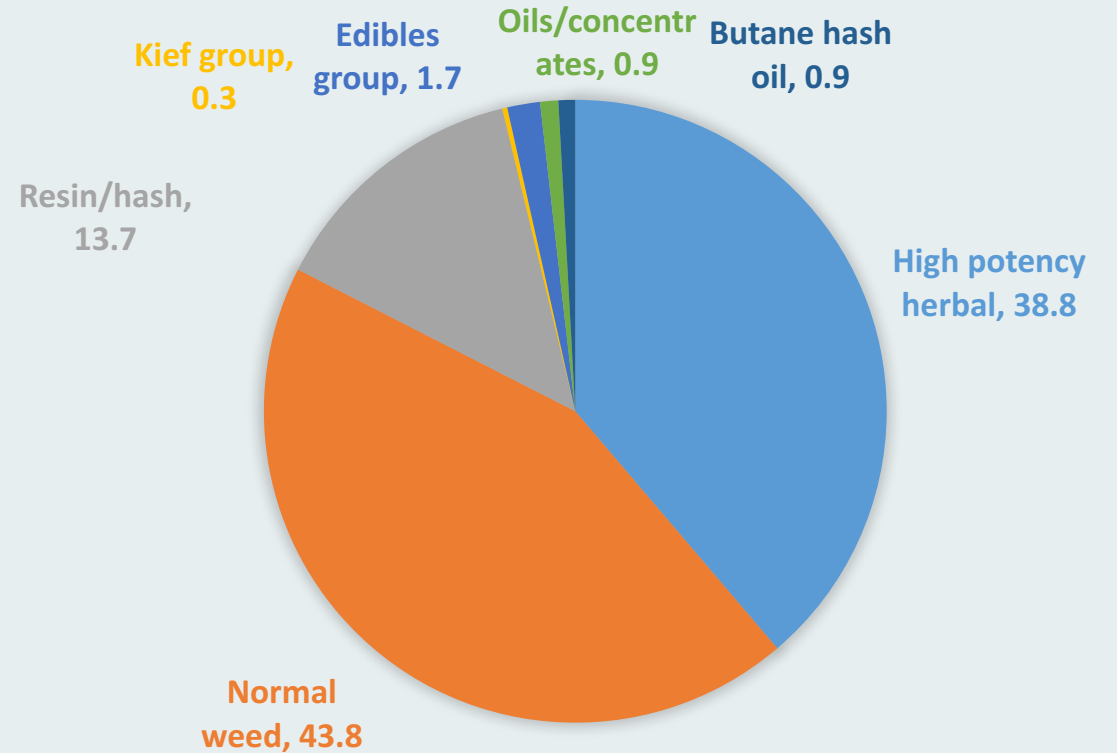
Global comparison – Who smokes a joint within 5 min/ 1 hour (combined) of waking?



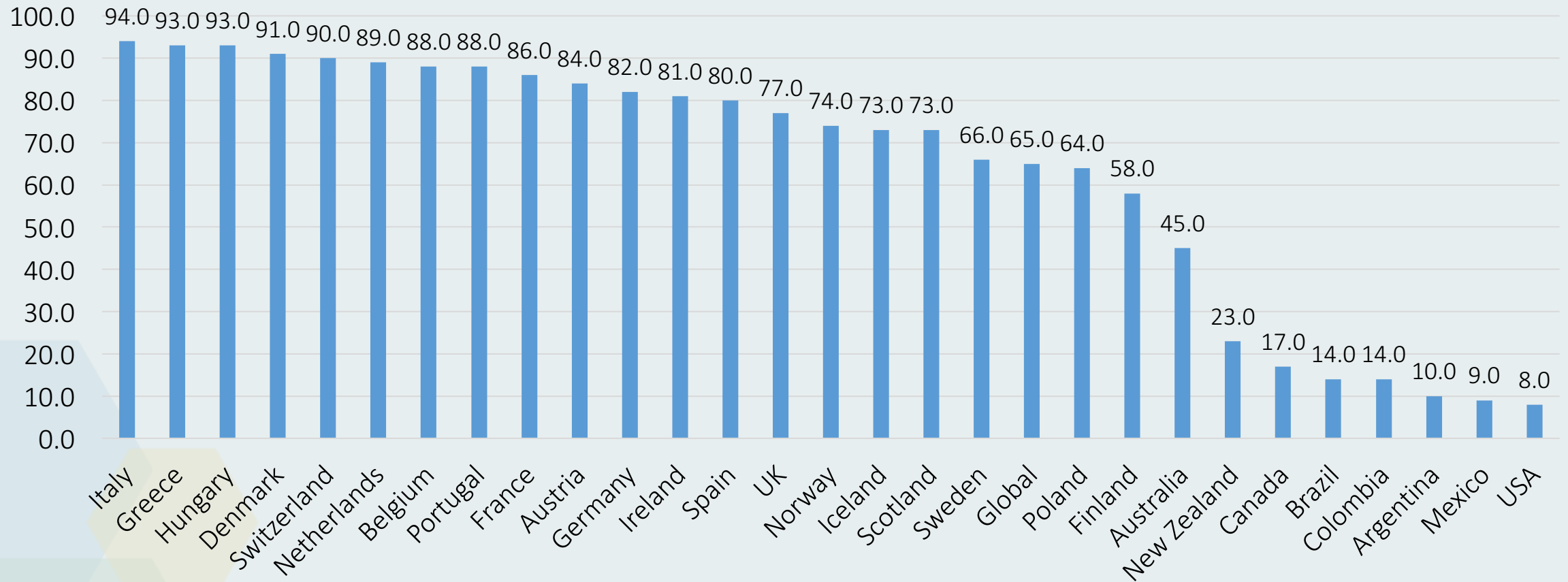
(Main) Method of cannabis use



Types of cannabis used

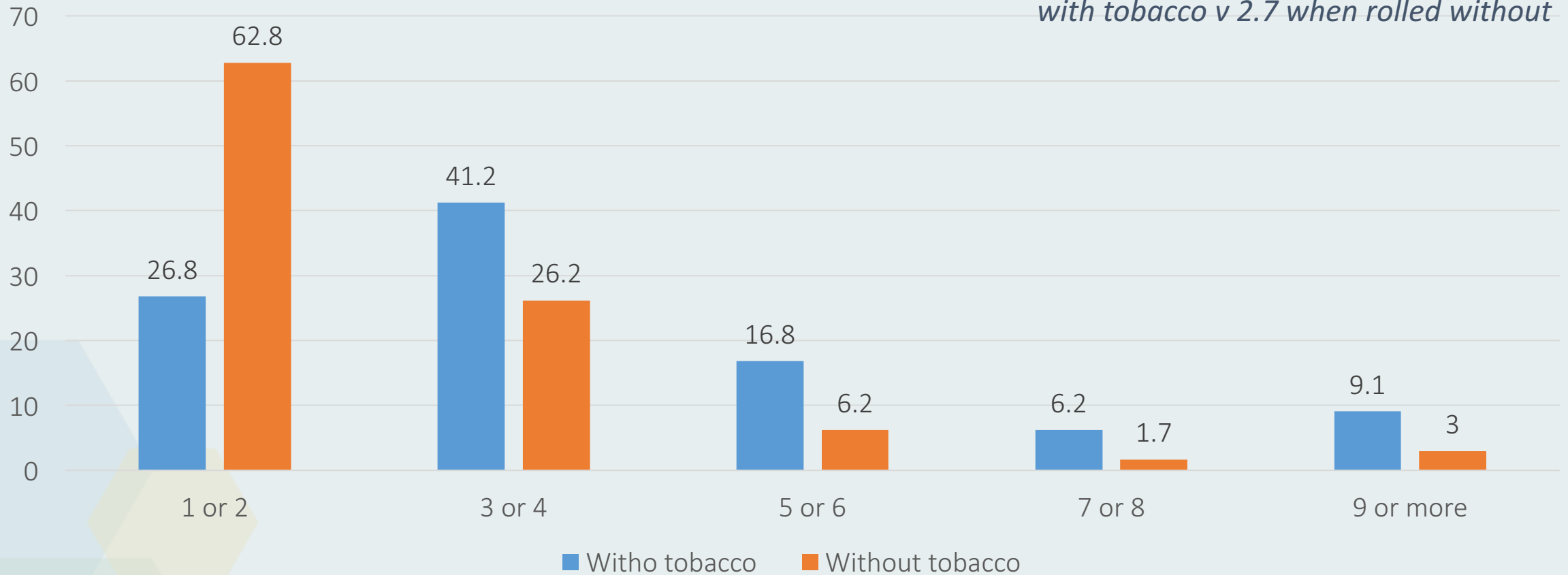


Global comparison – who uses tobacco with their cannabis

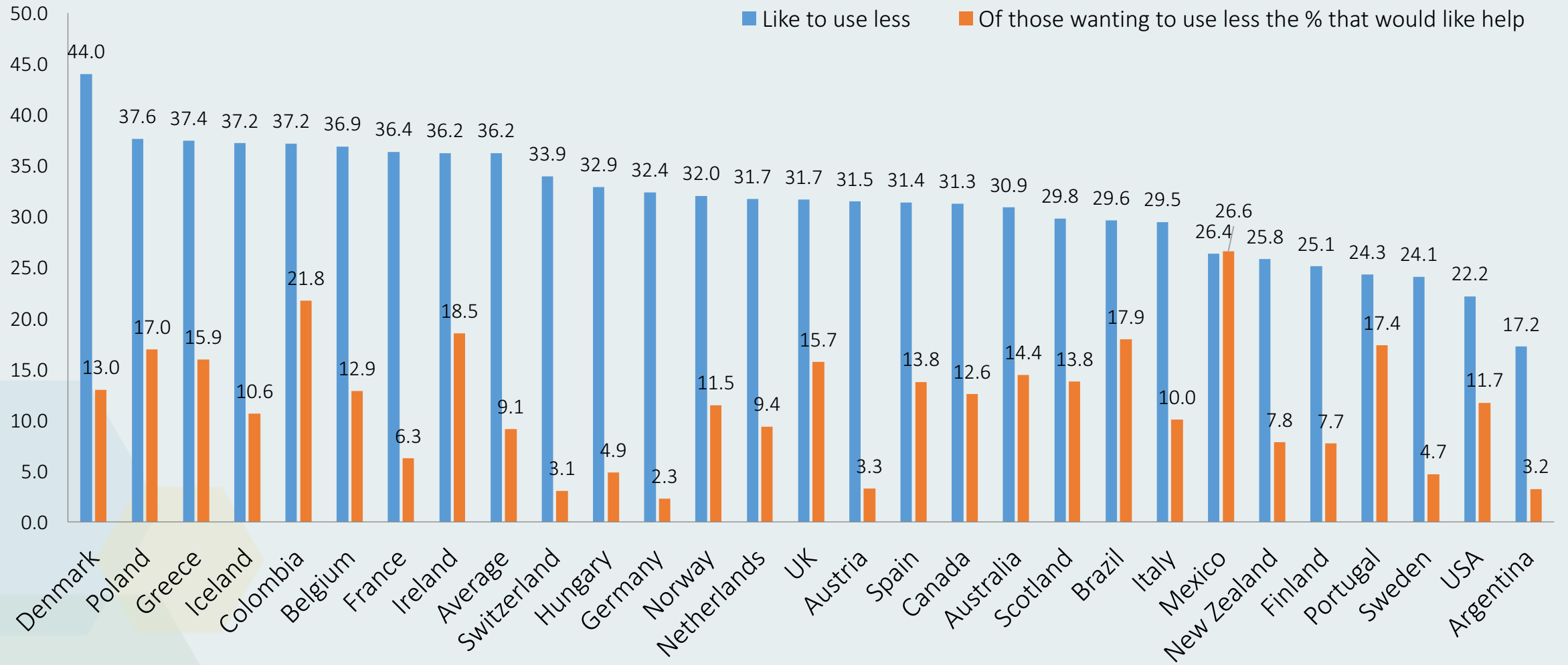


How many joints from a gram* (+/-tobacco)

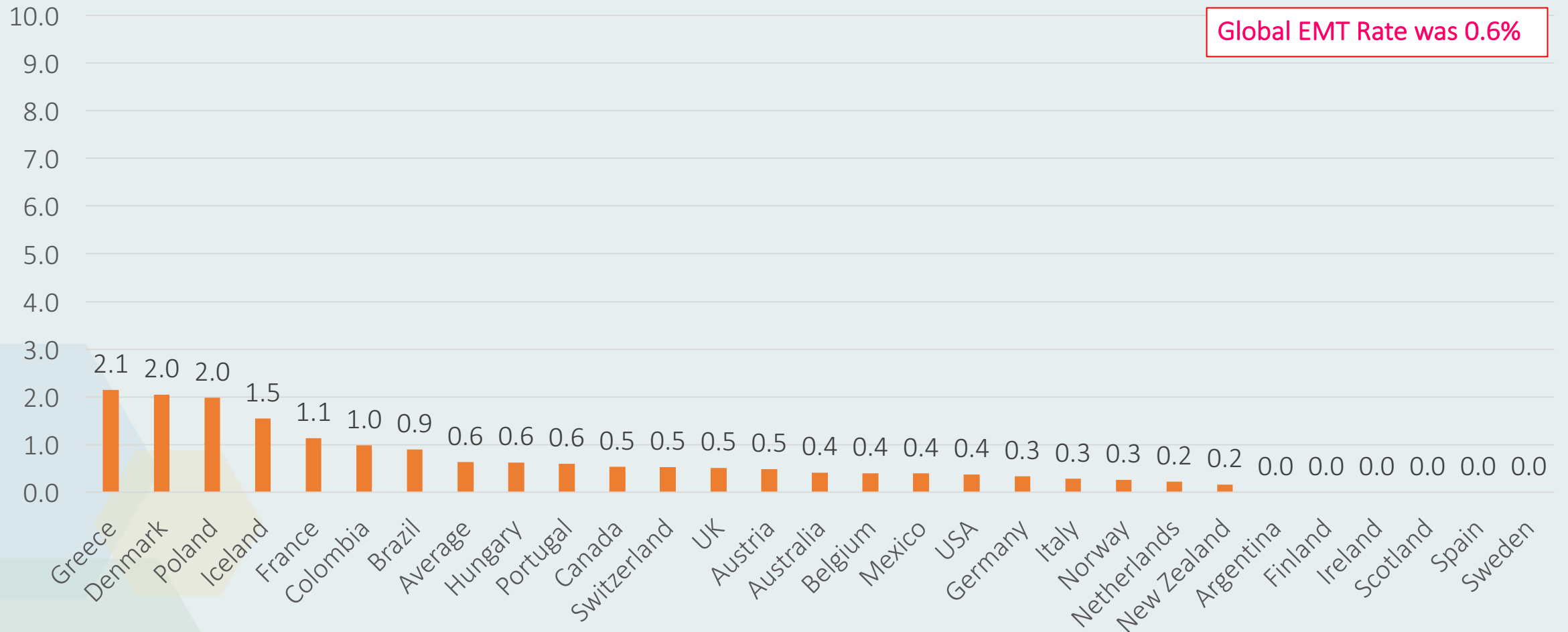
A mean of 4.3 joints /gram when rolled with tobacco v 2.7 when rolled without



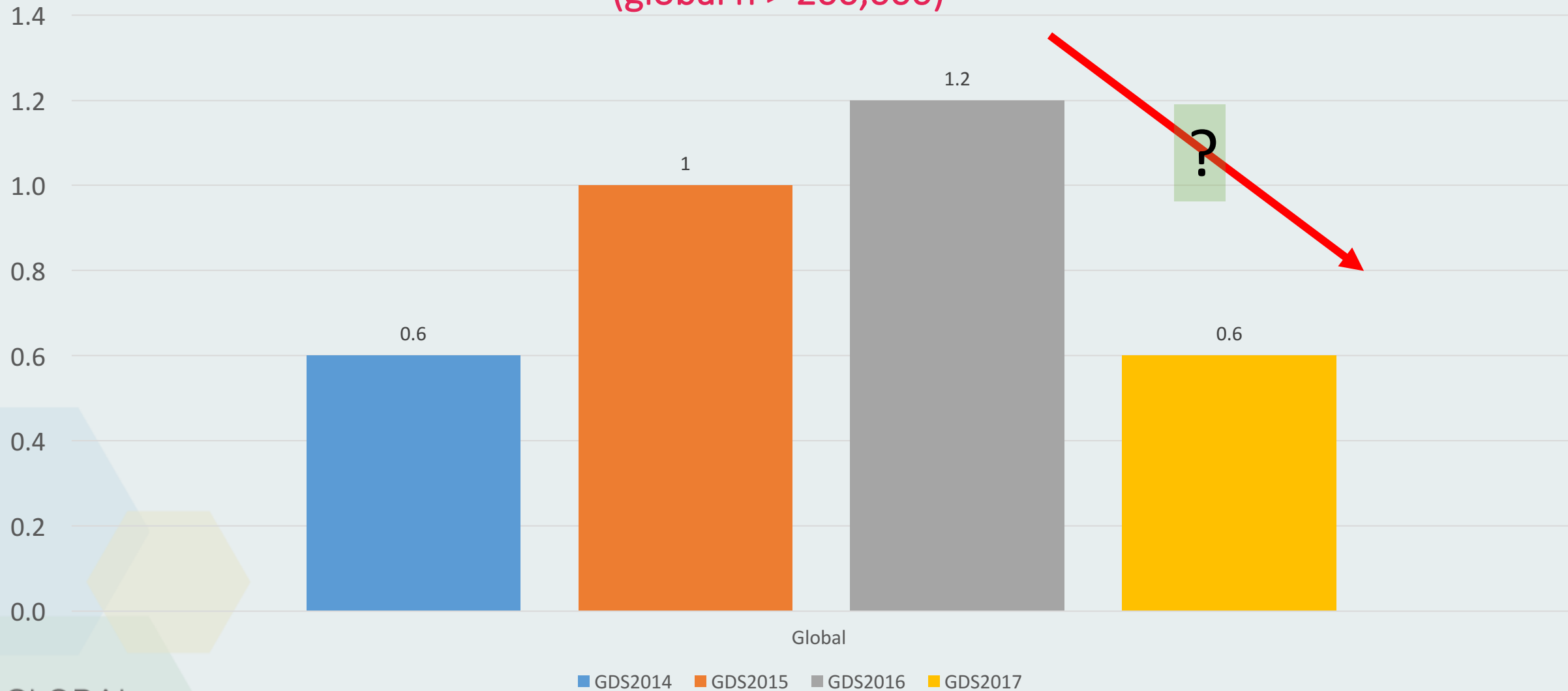
Cannabis users who aim to use less cannabis next year & help seeking behavior



Seeking emergency medical treatment following the use of cannabis last year (%)



Seeking emergency medical treatment following the use of cannabis 4 year global trends (global n > 200,000)



Finding this interesting?

We hope you are enjoying this report which we gladly share with you with for free. If you like what Global Drug Survey does then we'd like to ask you to make the smallest of donations – the price of joint, a pill, a line, a beer.

Your donation will help us carry on being independent, run the survey and encourage governments, communities and people to have honest conversations about drugs.



For more data including country based reports please e-mail info@globaldrugsurvey.com to discuss costing and analyses required.

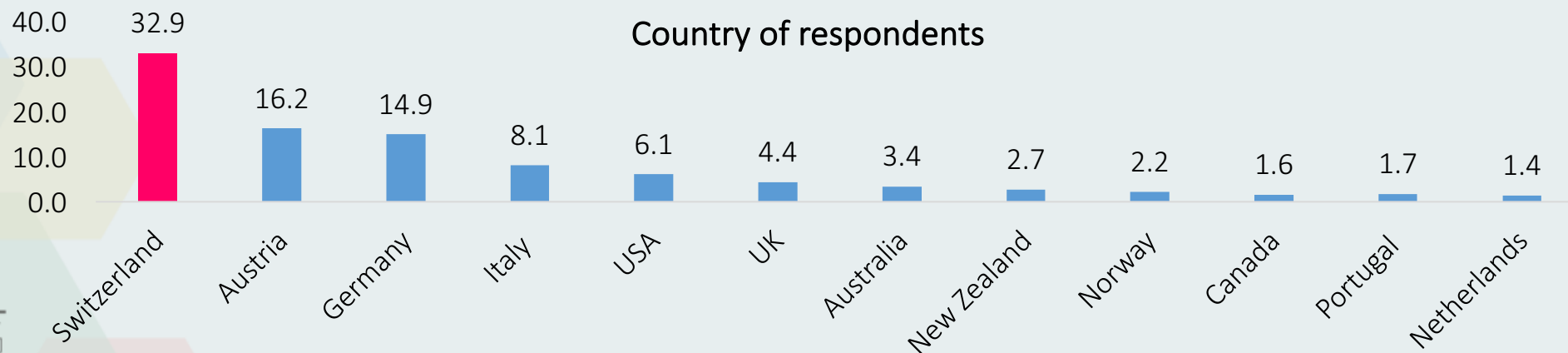
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Cannabis regulation – global

Background

- This year, our main cannabis section has focused on patterns of use and purchase and how price, dominant preparations and methods of use vary across countries.
- In our specialist section on cannabis regulation, we offer a global perspective on how cannabis users would like to see cannabis legally regulated.
- This analysis is based on **> 8500 respondents** to GDS2017 – all of whom reported that they had ever used cannabis and completed the specialist section on cannabis regulation.
- Respondents were **73.2% male** and 26.8% female and on average **29.2 years old**
→ 42.7% < 25, 32.5% 25-34, and 25.2% 35+ years



Selected data presented here comes from the section that includes

- ✓ How cannabis users perceive current regulations in their region
- ✓ How cannabis users would like to see the use of non-medical cannabis regulated
- ✓ How views on preferred approaches vary across countries

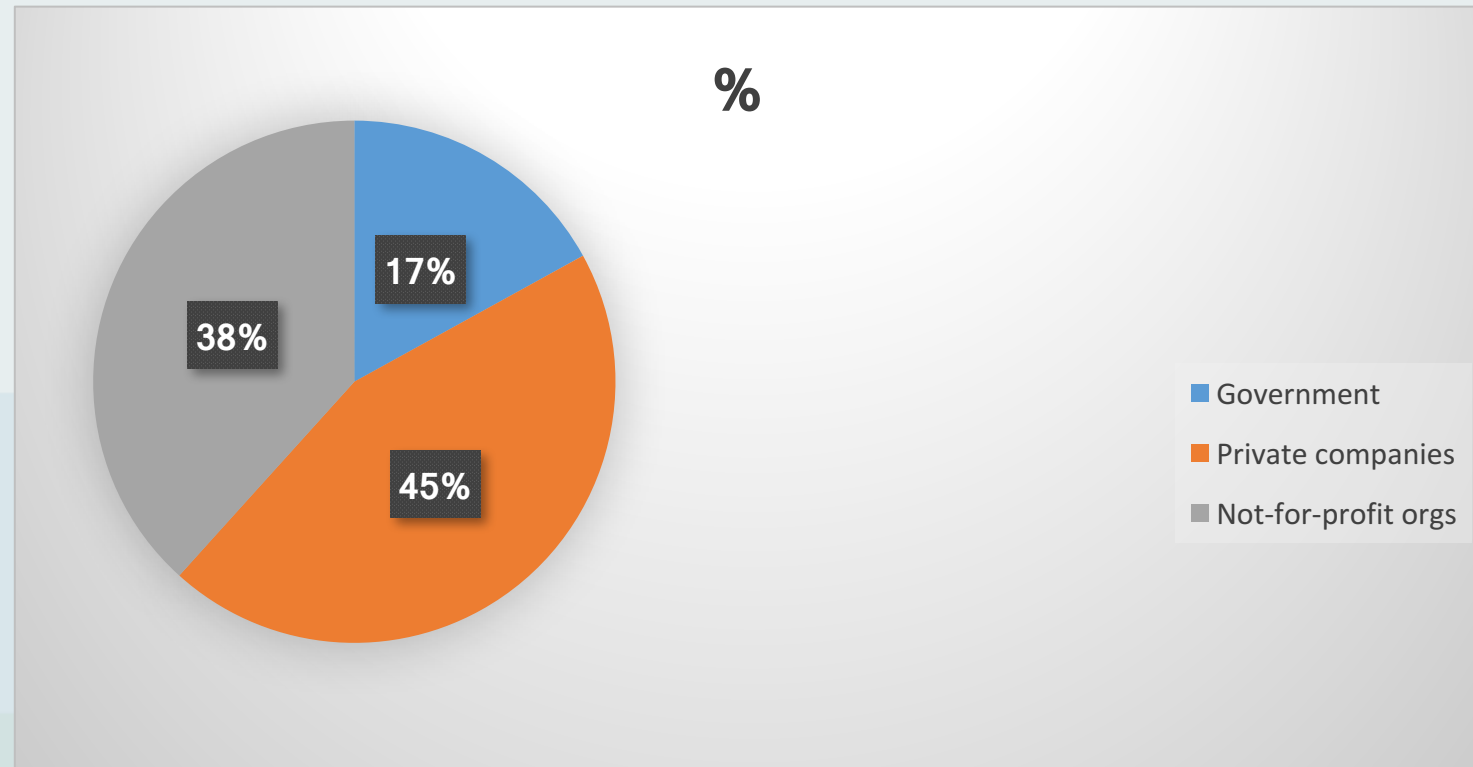
Cannabis users' views on

- ✓ How much legal available cannabis should cost when compared to the current price
- ✓ Percentage of cannabis tax revenue that should go to treatment and harm reduction
- ✓ Level of support for a minimum pricing or lower prices for low THC products
- ✓ Types of cannabis products that should be available on a regulated market
- ✓ Preferred market restrictions e.g. on sales to minors, to mentally ill, need for labelling
- ✓ Who should grow and sell cannabis in a legal market e.g. government or private companies
- ✓ What they see as potential causes of concern from cannabis legalization

A total of **8,500 recent cannabis users** were included in the preparation of this section of the report.

Who should be in control of cannabis sales and do we need guidelines?

If there was to be a regulated cannabis market in your country who would you want to sell the cannabis?



Do you think the governments should produce cannabis regulation guidelines like they do for alcohol?

Yes 75.6%

No 10.2%

Unsure 14.2%

LETTER

Cannabis regulation

Cannabis regulation: the need to develop guidelines on use

Winstock A 2014

Safer use limits


How safe is your drug use?

The world's first safer drug use limit guide*

[GET STARTED](#)

[TELL ME MORE FIRST](#)

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2. Guidelines don't make drugs safe

By developing safer drug using limit guidelines for illicit drugs GDS is not suggesting that drugs are safe. Quite the contrary in fact. Drugs can be very dangerous. And GDS is not suggesting guidelines will be a panacea to society's drug problems. But as governments are starting to embrace population based strategies to improve health and think more rationally about drug policy, having some common sense guidelines that allow people to reflect upon their drug use is a sensible thing.

On a typical day of use, how much cannabis do you use?

- Very low (0.25gm or less)
- Low (0.25-0.5gm)
- Moderate (0.8-1.0gm per day)
- High (2gm or more per day)

Please note for daily use amount above 2gm per day just increase your risk... a lot!

[GET MY SCORE](#)

Your score

	INFREQUENT			FREQUENT		
LESS	1	1	1	2	3	4
	1	1	1	2	3	4
	1	1	2	3	4	5
MORE	2	2	3	4	5	7

4-6 High risk
Average use daily

Associated risks: Risks associated with lower scores + risks of dependence, broader health effects especially if you smoke with tobacco (including cancer)

Safer use limits

A Doctor's Guide to Cutting Down

Why cut down?

GDS2014 suggested about 1 in 3 cannabis smokers wanted to use less in the coming year. Most are motivated to reduce their by health concerns (over their mood, memory, motivation, respiratory health), while others report issues to do with work, their ability to study, the impact upon relationships or money worries. Cutting down is also a good thing to do if you are planning on stopping altogether since any withdrawal will less severe if you cut down first.



For more data including country based reports please e-mail info@globaldrugsurvey.com to discuss costing and analyses required.

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2017

Synthetic cannabinoids (SCRAs) – Global

Background

Over the last 5 years, GDS has conducted the largest on the use of synthetic cannabis products and published highly cited papers.

- 1) Winstock et al. (2015). Risk of seeking emergency medical treatment following consumption of cannabis or synthetic cannabinoid products in a large global sample. *J Psychopharmacology* This highlighted that the risk of seeking emergency medical treatment was 30 times higher in users of SCs than high potency cannabis.
- 2) Winstock et al. (2013). A comparison of patterns of use and effect profile with natural cannabis in a large global sample. *Drug and Alcohol Dependence*. This highlighted that 93% of users preferred natural cannabis and that SCs had a much less pleasant effect profile than natural cannabis.
- 3) Winstock et al. (2013). The 12-month prevalence and nature of adverse experiences resulting in emergency medical presentations associated with the use of synthetic cannabinoid products. *Human Psychopharmacology: Clinical and Experimental*. This highlighted that almost 1 in 40 last years users had sought emergency medical treatment in the previous 12 months.

Last year for the fourth year running we identified that the risk of seeking Emergency Medical Treatment was higher following the use of synthetic cannabinoid products than any drug we looked at with over 1 in 30 users seeking EMT in the last year with that figure rising to 1 in 8 of those using more than 50 times. Men were more at risk than women with 4.2% of last year users reporting seeking EMT. Figures from GDS2017 are almost identical, with men over the age of 25 y old being most at risk. Once again our data shows that these are a diverse group of drugs with the risks of seeking EMT varying widely between countries – with the UK having the highest rates with over one in 10 users seeking EMT in the last year.

This year again we have shown that over 65% of those who have used SCAs on at least 50 days in the last year have experienced 3 or more withdrawal symptoms. Stopping is not easy and is not without problems for users.

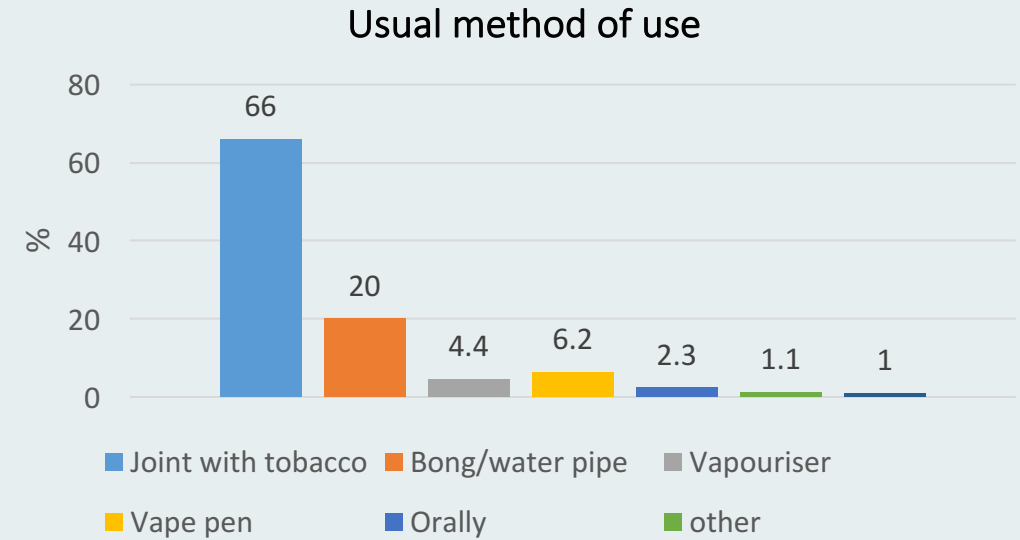
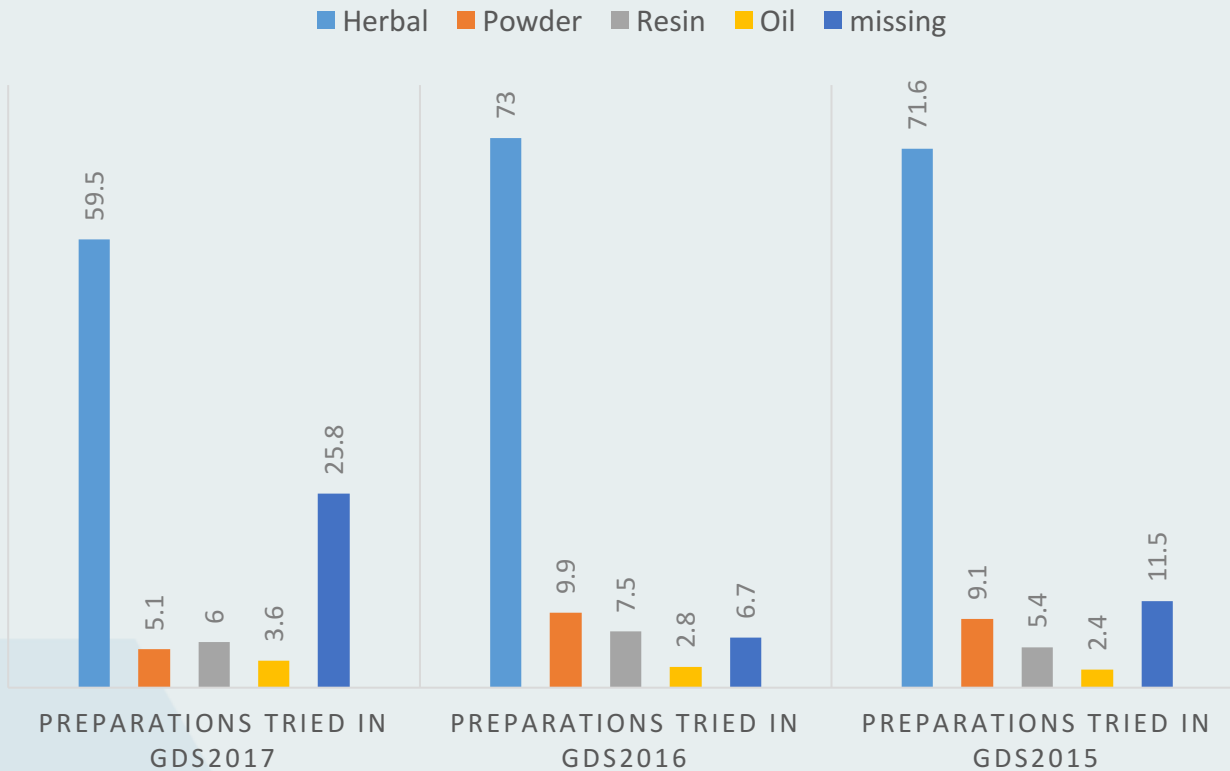
Despite international regulation that has tried to ban many of these compounds – the profit (10,000 % +) that can be made from their retail and distribution rivals that of cocaine but with a fraction of the risk of interference from law enforcement agencies. This year, we continue to track the evolution of these diverse drugs, that although uncommon in the GDS population continue to be popular among those already most disadvantaged in society – the homeless, the imprisoned and the uncared for.

Selected data presented here comes from the section that includes

- ✓ The % of SCRA use by country
- ✓ The different preparations of SCRAs
- ✓ The common methods of use of SCRAs
- ✓ For those rolling joints – mean number of joints/ gram (and % getting 10 or more from one gram)
- ✓ The % obtaining SCRAs from different sources
- ✓ The % of last year SCRA users who had used 50 or more times in the past year and the % of these who had tried to stop use
- ✓ The % of those who had tried to stop who reported different withdrawal symptoms
- ✓ The % of last year users of SCRAs who sought EMT by gender and age (16-24 and 25+ years old)

A total of **1,240** last year SCRA users participated in GDS2017 and were used in the preparation of the this section of the GDS2017 report

Preparations tried, common methods of use and joints/gram in the last 12m



Average number of joints/ gram was 7 (about twice as many as the average person gets from a gram of natural cannabis)

30 % of people get 10 or more joints/ gram

Source of synthetic cannabis

The majority of respondents sourced synthetic cannabis from friends, though in a shift from previous years the next most common source are dealers (this shows country variation)

In person at a shop over the counter	14.4%
In person at a shop under the counter	3.8%
Online open web	15.6%
Online darknet	1.9%
Dealer	17.3%
Friends	47.1%



For more data including country based reports please e-mail info@globaldrugsurvey.com to discuss costing and analyses required.

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Vaping – Global

Background

The rise in vape technology is not the first time that scientific innovation has changed the way we use drugs. The invention of the hypodermic needle allowed purified morphine and cocaine extracted from their natural origins (the opium poppy and coca leaf respectively) to be delivered with previously unimaginable efficiency and dosing accuracy.

While the drive behind vaping has been in part public health (the driver behind e-cigarettes) and medicinal (offering medical cannabis users a way of using cannabis concentrates such as Butane Hash Oil without having to smoke weed is great), there's no doubt that vaping cannabis concentrates offer cannabis users another way of getting high. It also offers huge business opportunities for new vape tech companies.

This year we moved away from what we know to explore the relatively new phenomena of vaping drugs other than cannabis or nicotine. Yep you can vape other drugs and you don't need fancy tech either. Many heroin users already vape - (though we incorrectly term it smoking) when they heat heroin on a foil and inhale the vapourised fumes. This year we find out what other drugs people are vaping and what devices are being used.

Selected data presented here comes from the section that includes

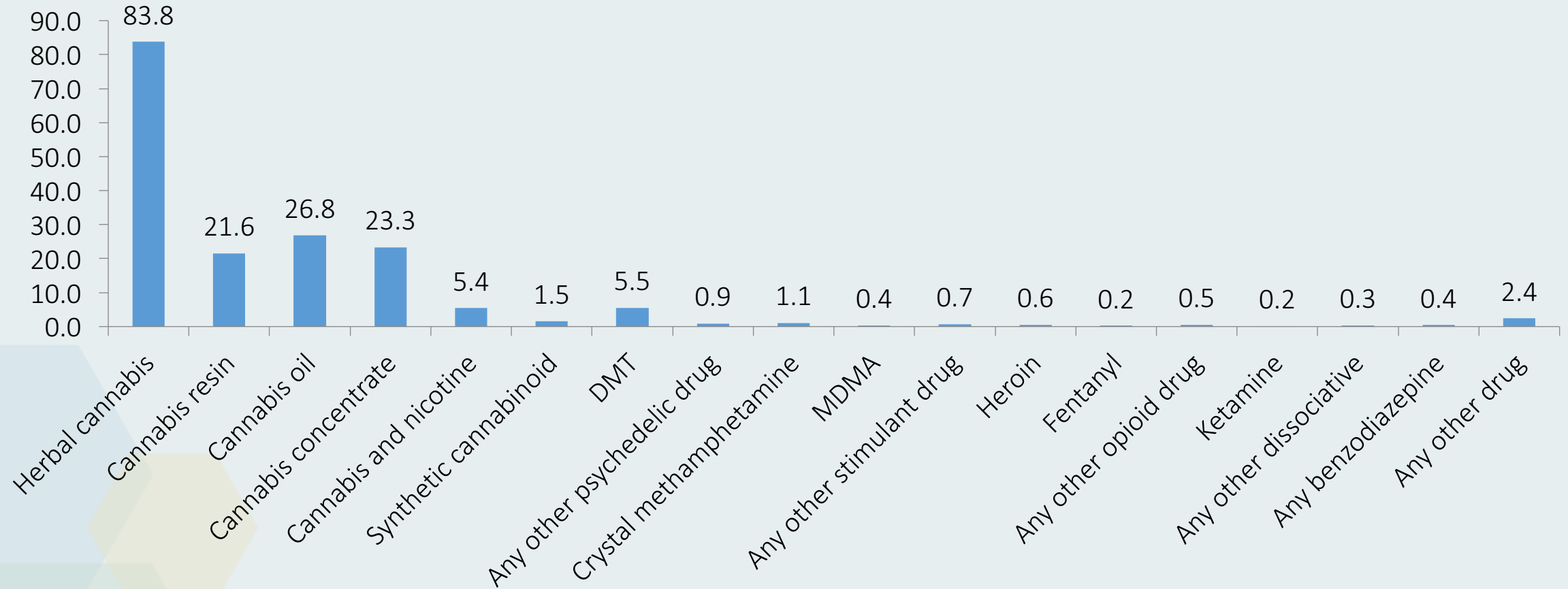
GDS2017 collected a huge amount of data on vaping this year. We looked at what drugs were vaped, the type of device being used, why they were vaped, how vaping changed the subjective experience and pleasure of the drug and whether or not vaping became the dominant route of use. We just haven't had the chance to analyse the data yet and to be honest a bit like the medical cannabis section we need funding to resource the additional work (any one interested in helping us just e mail please).

GDS has highlighted the range of drugs currently being vaped using new technology and while cannabis preparations still dominate the scene – the range of drugs being used is growing.

Vaping is old tech, just repackaged and remarketed using new shiny tech. Many heroin users already vape - (though we incorrectly term it smoking) when they heat heroin on a foil and inhale the vapourised fumes. Crack users vape crack in a Martel bottle.

It's such an appealing route of use. But any route that supports a rapid onset of action through rapid rises in blood plasma levels carries with it the possibility of increased rates of reinforcement and dependence.

Which of the following drugs have you ever tried to vape?





For more data including country based reports please e-mail info@globaldrugsurvey.com to discuss costing and analyses required.

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Cocaine – Global

Background

Cocaine remains popular as the stimulant drug of choice for those with money. Gram for gram it is the most expensive commonly used drug in the world. However it varies widely in price across the world from less than €10/gram in South America, €50/gram in parts of Europe to over €250/gram in Australia. In many countries there is also a well established two tier market where dealers offer a better quality product for a premium price. Whether you get what you pay for is another question.

This year GDS is focusing on how the growth of darknet markets impact on how people use cocaine. While most people use cocaine on an infrequent basis (80% use < 10 times per year) there is a small proportion of people whose use escalates with consumption reaching very high levels.

Some of the issues limiting use among the masses aside from price will be access and the variable quality of product. The darknet markets offer users the opportunity to obtain good quality cocaine with reduced levels of perceived risk. As such, it might be the case that darknet markets lead to more harmful use by some people.

Selected data presented here comes from the section that includes

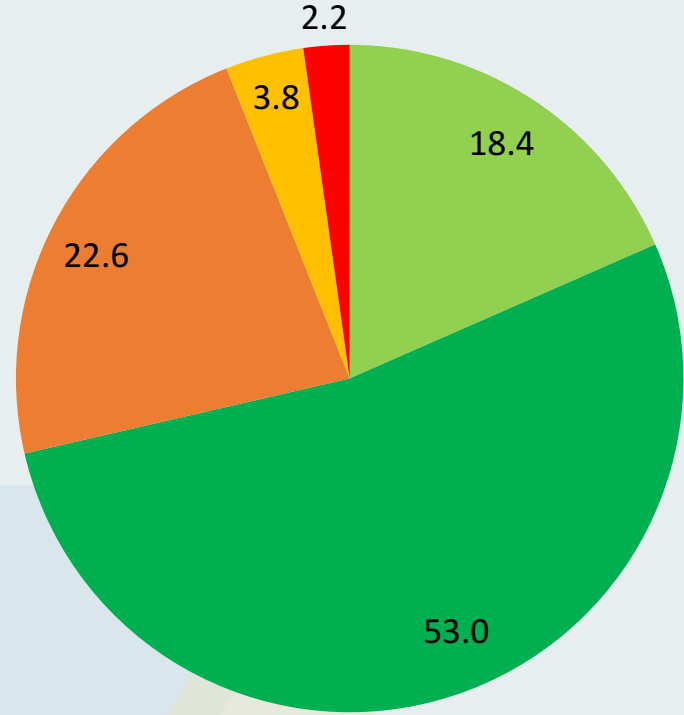
Cocaine use patterns and adverse experiences

- ✓ Mean number of cocaine use days in the last year by gender
- ✓ The % who had used 1, 2-10, 11-50, 51-100, 101-200, 201-300 and > 300 x in the last year
- ✓ How much cocaine is used per day
- ✓ How many lines users get from one gram of cocaine
- ✓ How the most common line of cocaine in your country looks like
- ✓ How the prices for cocaine looks like and where users buy from
- ✓ The % of users who would like to use less cocaine and preferred styles of help seeking
- ✓ The % who reported having sought emergency medical treatment in the last 12 months as a result of cocaine use

How many days in the last year did you use cocaine All vs. Males vs. Females

Global cocaine data

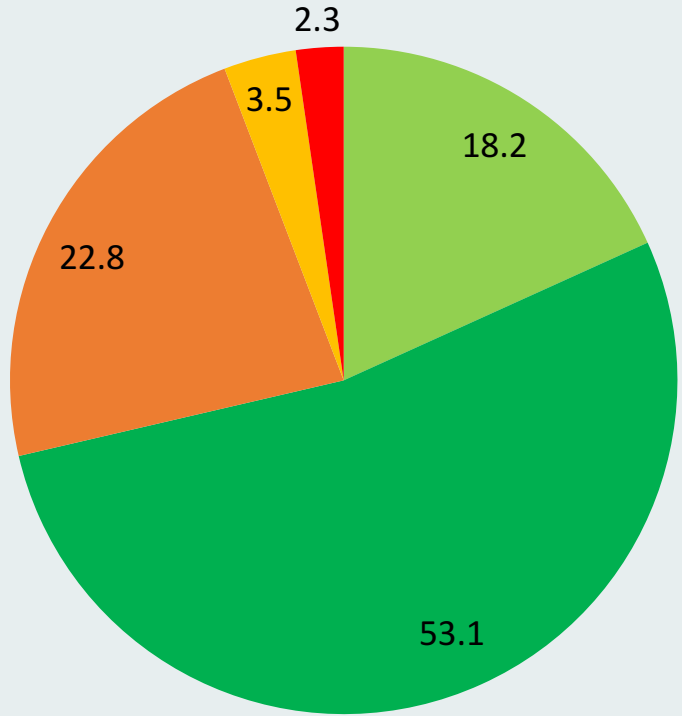
Days used in last 12 months - all (%)



1 2-10 11-50 51-100 100+

Mean number of days = 16

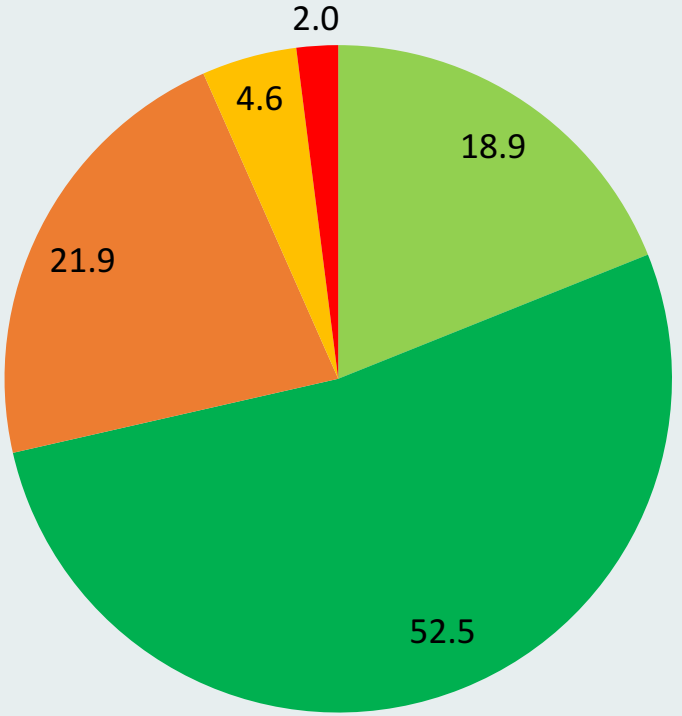
Days used in last 12 months – male (%)



1 2-10 11-50 51-100 100+

Mean number of days = 16

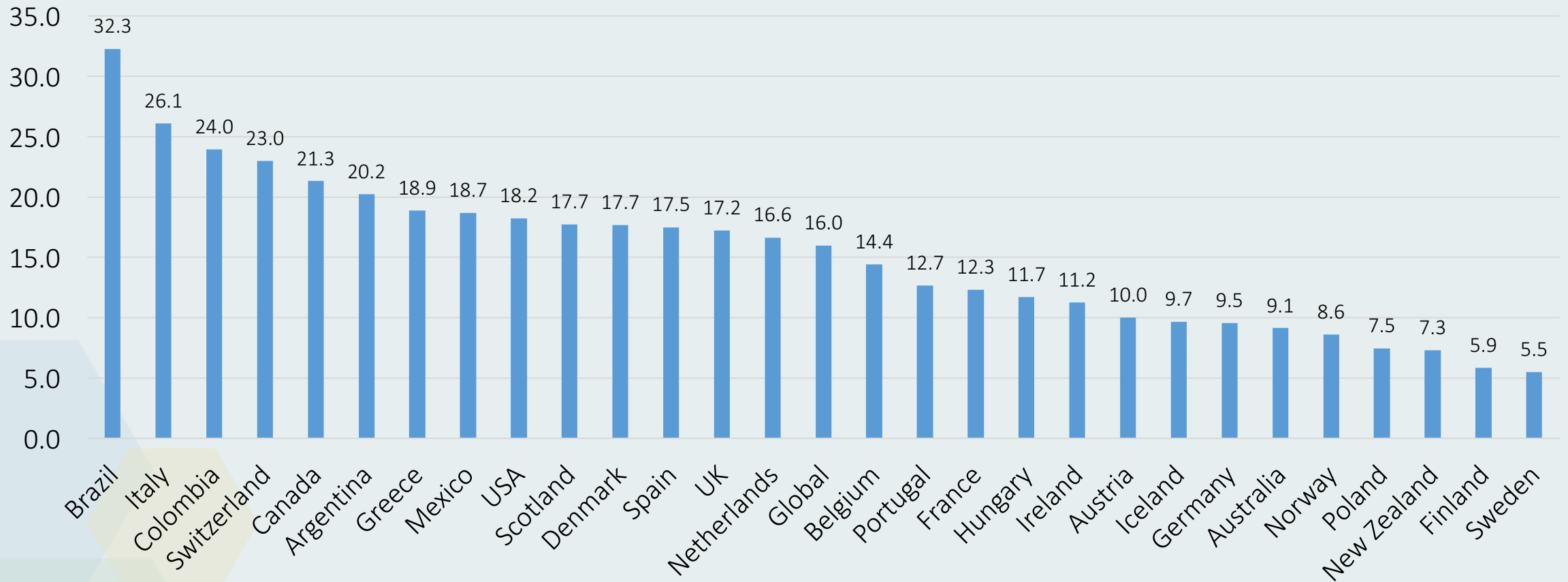
Days used in last 12 months – female (%)



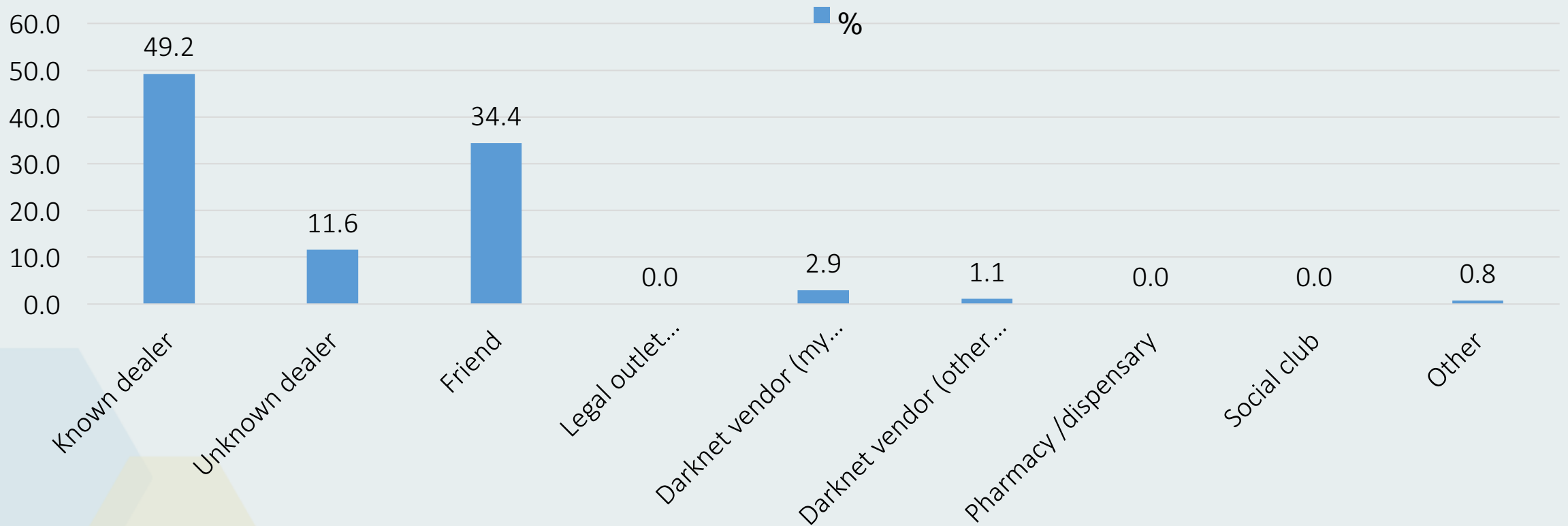
1 2-10 11-50 51-100 100+

Mean number of days = 16

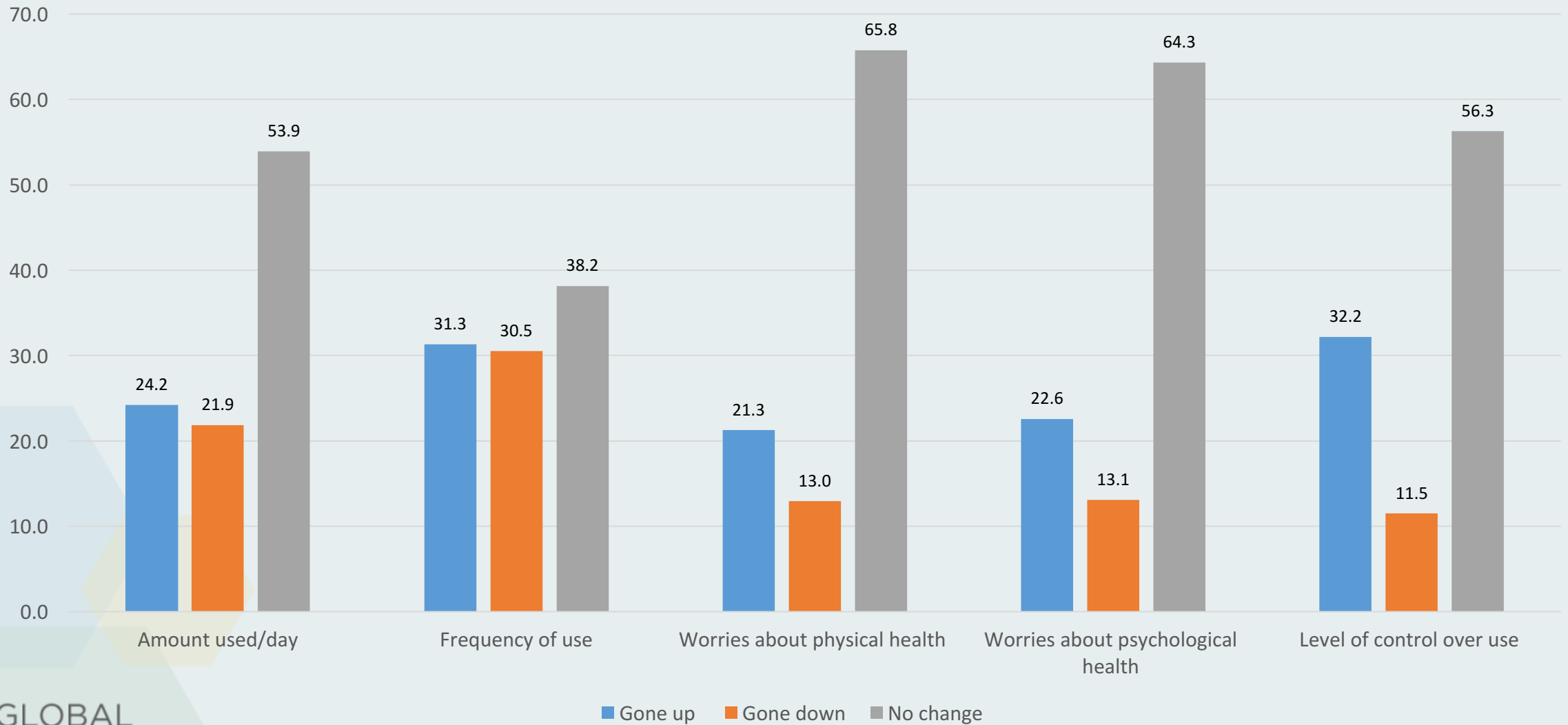
Cocaine mean number of days used in the last year by country



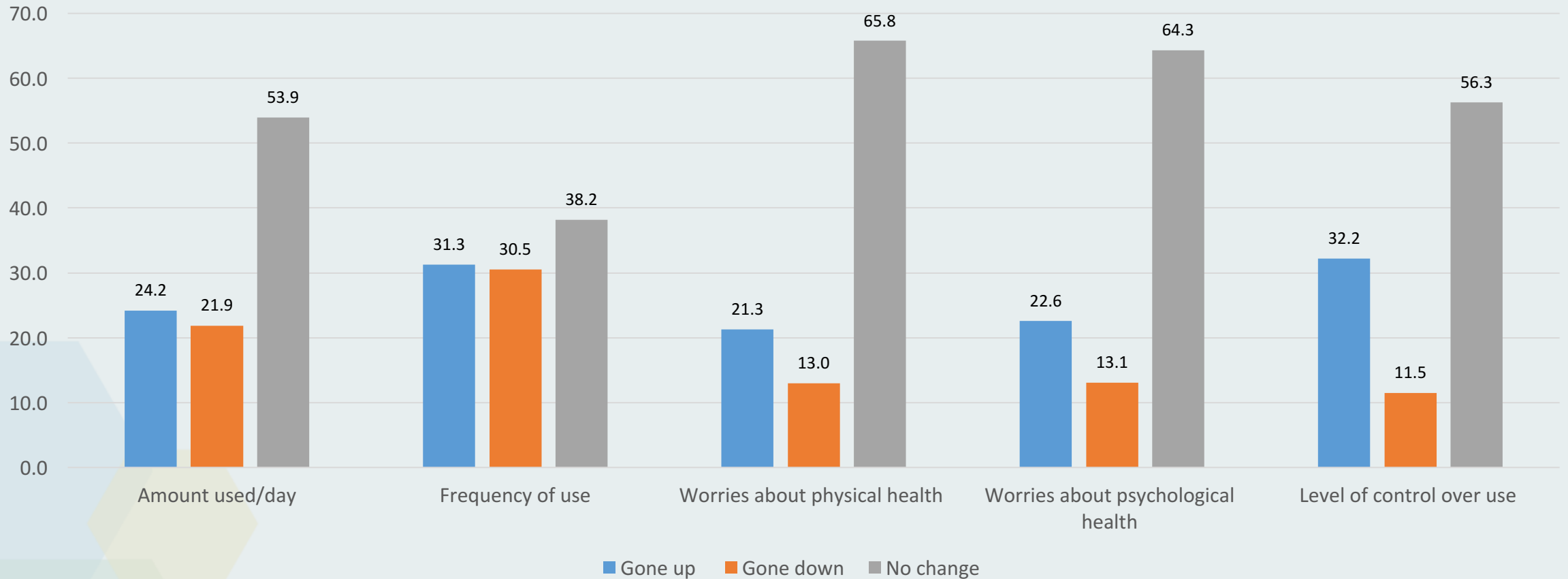
Where did you buy cocaine on the last occasion you purchased it?



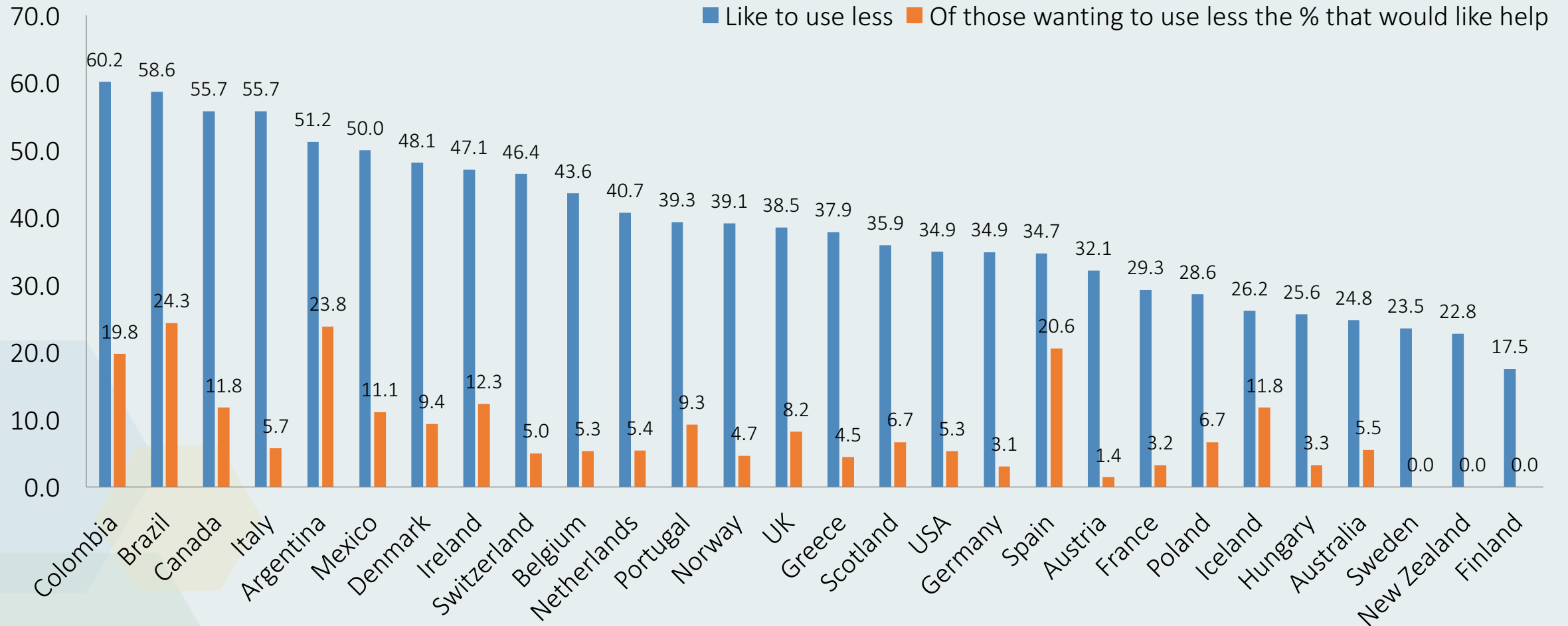
Use over the previous 12 months



Changes in own cocaine use over the last 12 months



Cocaine users who aim to use less cocaine next year & help seeking behavior





For more data including country based reports please e-mail info@globaldrugsurvey.com to discuss costing and analyses required.

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MDMA & Drug Checking - global

Background

MDMA remains one of the most popular illicit drugs in the world and is mainly used recreationally by people attending electronic dance music events. However, the methods of use differ cross-nationally and regionally. The use of MDMA crystals and powder has become more popular in recent years and the latest rise in the content of MDMA in ecstasy pills in Europe, with up to 300mg MDMA per pill, has influenced the consumption habits of users around the world. Most importantly, the two different forms are often combined and mixed with alcohol and/or other drugs. Thus, people who use MDMA usually show overall risky drug use patterns. On the other side, new study findings consider the use of a single dose of MDMA (75mg-125mg) relatively safe and MDMA as a therapeutic agent is gaining significant traction and research interest worldwide.

According to GDS2015 and GDS2016, less than 1% of recent MDMA users (0.9% and 0.8%) have reported seeking emergency medical treatment (EMT) in the previous year and female users were more likely to report adverse health effects following the use of MDMA. In GDS2017, we aimed to follow up on MDMA use patterns, EMT reports and, for the first time, also about whether users do test their MDMA before using.

10 good reasons to use less MDMA less often

- 1) More enjoyable experience
- 2) Better value for money
- 3) Less risk of unwanted effects
- 4) Less severe comedown
- 5) Less risk of seeking emergency medical treatment
- 6) Less development of tolerance so less need to mix drugs
- 7) Less vulnerable to environmental risks
- 8) Quicker recovery
- 9) Less impaired judgment
- 10) Less likely to be a burden on your mates and ruin their night

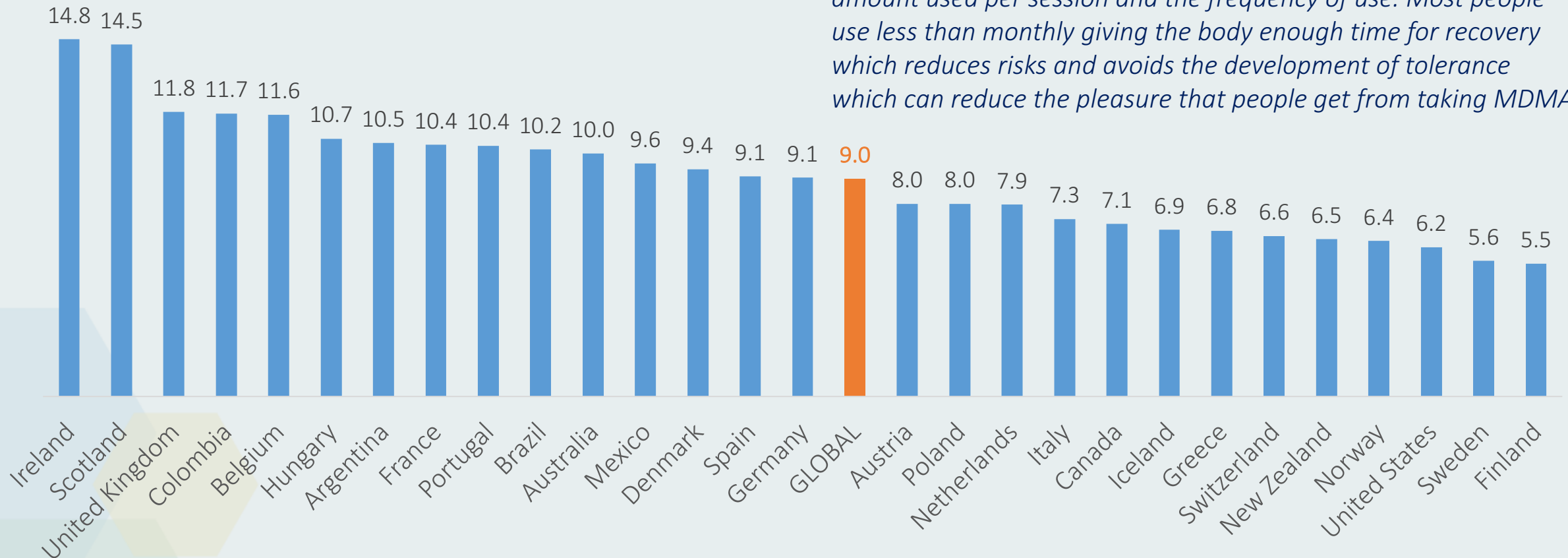
Selected data presented here comes from the section that includes

- ✓ The average number of days of MDMA use per year
- ✓ The % of last year users indicating their first use in that year
- ✓ The % of last year users who had resumed MDMA after a break in the year before
- ✓ The % of last year users who use from more than one batch during one session
- ✓ The most common forms of MDMA used among the last year users
- ✓ The methods to define the MDMA quality and quantity before/after consumption: drug checking
- ✓ The most common setting, in which MDMA is consumed
- ✓ The usual amount of use for both MDMA pills/ tablets and MDMA crystal/ powder
- ✓ The % of last year users who would like to reduce their MDMA use and plans to seek help

A total of **26,555 last year MDMA users** participated in GDS2017 (=23.0%) and were used in the preparation of the this section of the GDS2017 report

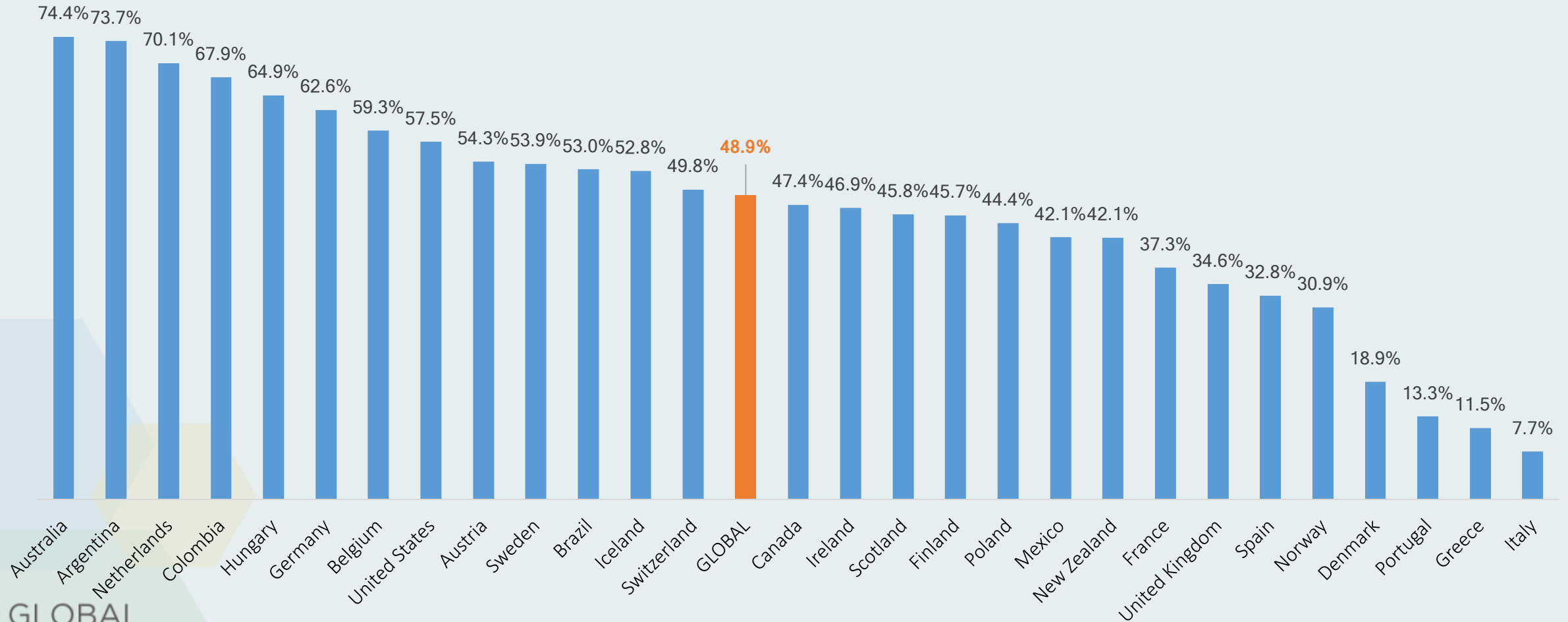
Average number of days of ecstasy (MDMA) use in the last 12 months by country

The risk of both short and longer term harms are related to the amount used per session and the frequency of use. Most people use less than monthly giving the body enough time for recovery which reduces risks and avoids the development of tolerance which can reduce the pleasure that people get from taking MDMA.

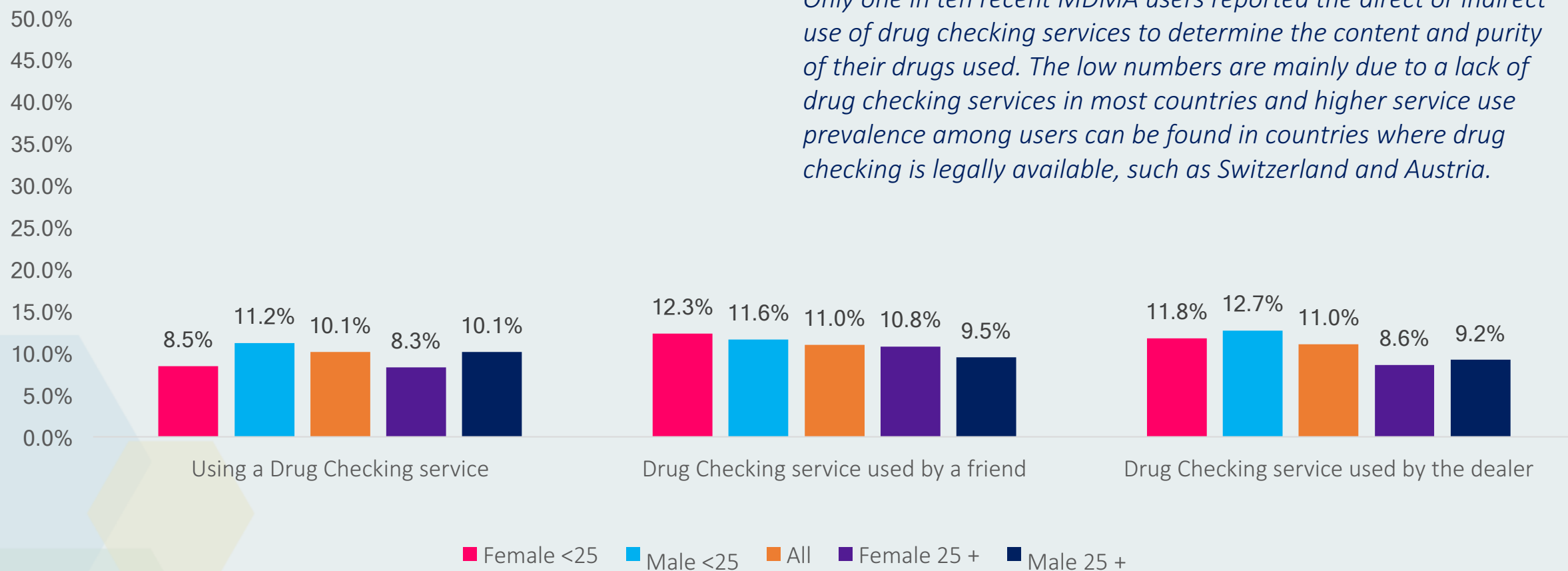


Main method of MDMA use = swallow a pill/ capsule containing MDMA (see our blog post – routes of use may matter more than you think)

This is the most common method of use globally.



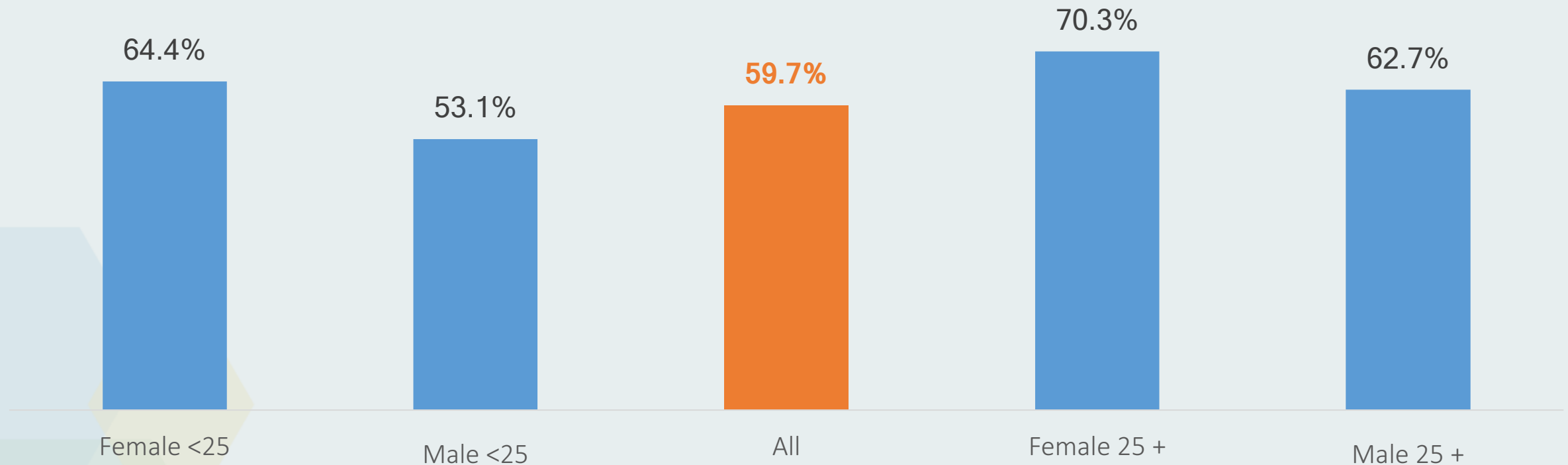
Did you seek any information (content/purity) on the pill/powder you were using before using MDMA in the last 12 months?



What proportion of ecstasy pill users start by taking just ½ or ¼ of a pill?

'Test dosing and reducing your risk of exposure to high dose all at once reduce your risk of becoming unwell. Everyone should start with a half or a quarter – simple, fun and fun'

Both age and sex seem to influence risk behavior related to the use of ecstasy pills.

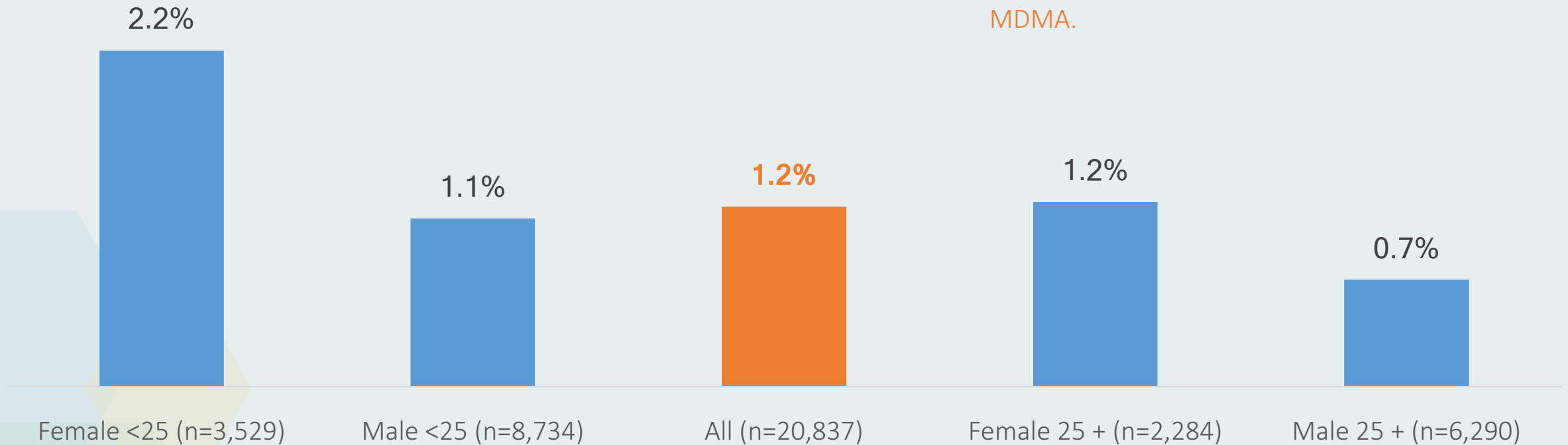


On most occasions drug related harms can be more closely linked to individual behaviour than the drug its self

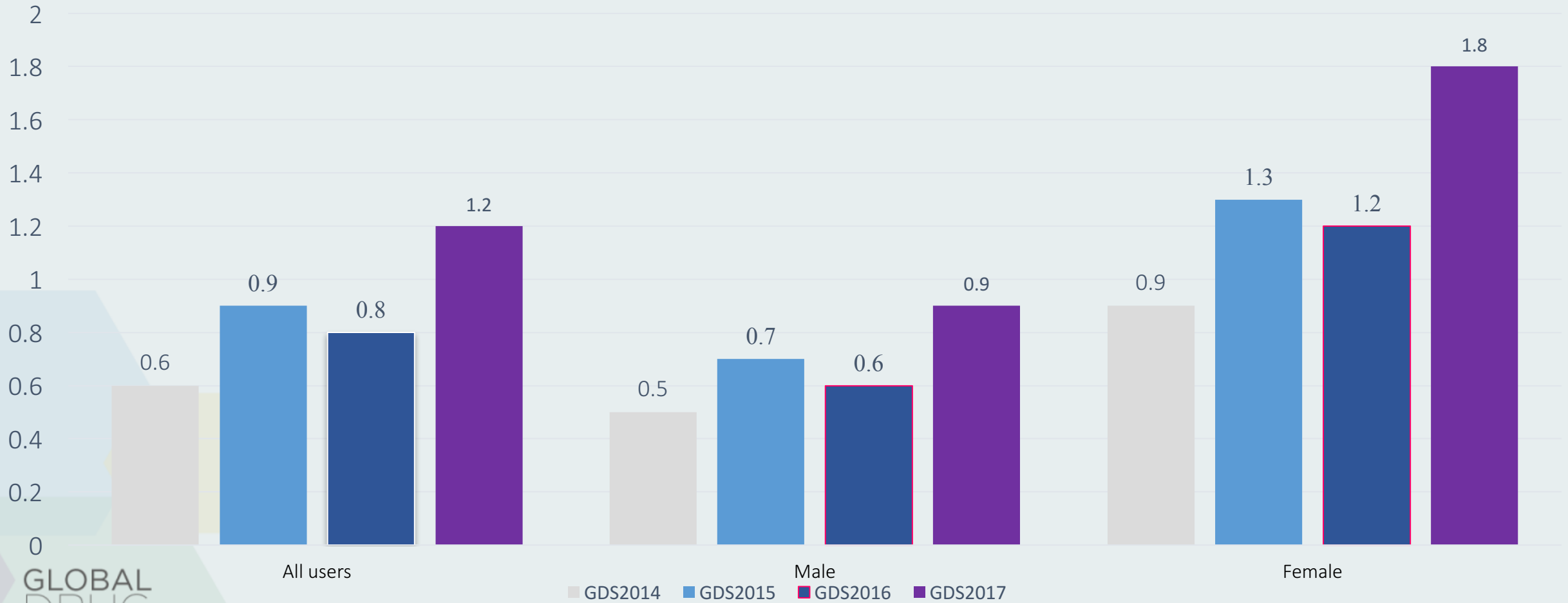
Better quality drugs are only safer if people use them more sensibly

The % of MDMA users who have sought EMT in the last 12 months

In total, 250 participants reported seeking EMT following the use of MDMA. Young women were significantly more likely to report having sought emergency medical treatment following the use of MDMA.



4 year trend data – global EM& seeking by last year MDMA users (combined n = >90,000)



Key results presented in this section – MDMA pills/ tablets vs. powder/ crystal

- ✓ The % of last year ecstasy users who start with $\frac{1}{4}$ or $\frac{1}{2}$ a pill when using from a new batch
- ✓ The average time until redose after test dose of a pill
- ✓ How many doses you get from 1 gram of MDMA powder
- ✓ How you usually measure your dose when using MDMA powder
- ✓ The % of last year MDMA users who start with $\frac{1}{4}$ or $\frac{1}{2}$ when using from a new batch
- ✓ The average time until redose after test dose of MDMA powder

Key results presented in this section – emergency medical treatment following use of MDMA

- ✓ The % of MDMA users who have sought EMT in the last 12 months
- ✓ The form and the amount of MDMA pills/ powder used before EMT
- ✓ The use of other psychoactive substances and the duration of the session
- ✓ The quality of the MDMA consumed (retrospectively) & testing efforts
- ✓ Whether people test dosed their drug that day
- ✓ Whether they had used any drug checking service that day
- ✓ Were they drunk when they started using MDMA
- ✓ Mental and physical well-being before EMT
- ✓ Adverse symptoms before EMT and hospital admission
- ✓ Impact of the EMT on MDMA and other drug use

A total of 26,555 last year MDMA users participated in GDS2017 and were used in the preparation of this section of the GDS2017 report

MDMA – what you do when you take MDMA matters (see our blog page)

Of the roughly 25,000 MDMA users from around the world who took part in GDS2017, 1.2% sought emergency medical treatment (EMT) in the previous 12 months. Now you could argue that out of 25,000 people who use on averaged 9 times in the last year that is not a huge figure, working out at 1 episode of emergency treatment seeking for every 1000 episodes of use. And I do agree that for most people on most occasions, MDMA is not a hugely risky drug accepting of course that over 50 people per year have died from MDMA in the UK for last 3 years). While the determinants of MDMA risk are many it pretty much come down to the interaction between the person, the amount and types of drugs they take and what they do when they use. Among the most important things are dose, overheating and under and over watering.

The finding from GDS2017 highlight that risks vary widely across cultures, reflected by the marked variation of in the rates of MDMA users in our study seeking EMT in the last year. The highest rates were seen in Denmark (2.5%) and lowest rates in Italy (0.3%). Of interest was the relatively high rate in The Netherlands (1.7%) and the falling rate in the UK (0.8% down from 1.2% last year). The downward trend in the UK is good news and though it might reflect changes in sampling or how people decide if they need to seek EMT, I like to think it might be down to people in the UK starting to use more safely and sensibly. For the last 2 years GDS, Mixmag, The Loop and lots of other groups have been pushing safer use of MDMA with a focus on how to manage higher dose pills and high purity MDMA. While lots of the advice is old school common sense, people sometimes doubt its validity. Some of the findings from GDS2017 give support to some of these key messages and that what you do or don't do on the night makes a difference.

This year 60% of MDMA users in our study from around the world reported taking a test dose from new batches of pills or powders in line with our campaign 'don't be daft start with a half'. Lots of others stayed well hydrated and avoided too much booze. The time between first and second doses was on average 75 minutes – not long enough for most people to peak and avoid peak level problems. GDS suggest you wait 2-3 hours to avoid getting too intoxicated, especially after your first dose. But overall, most people, most of the time seem to have had a good time without major issues. But not everyone.

So who were the 1.2% who ended up seeking EMT and what had they done that day? Over half had used pills (55%), 30% had used powder and 15% both. Women tended to seek treatment 2-3 times more frequently than men. Only one in 5 took a test dose that day, over half were already drunk before they took their first dose of MDMA, 40% took more than usual and over 40% reported feeling unwell either physically or psychological unwell before they started using that night. Only 7% reported not using any other drug or alcohol.

fact while the rest of the world has seen an increase in the

All of this gives really gives support to 3 main things that we can make a real difference – these things are free, easy and entirely under your control.

Test dose from new batch (start of using a small amount of a new powder or a ¼ or a half of new pill) and wait at least 2 hours before redosing – 3 is even better.

Don't get drunk before you start dosing (or afterward for that matter)

If you don't feel well – don't take anything, save it for another day

10 ways to go about using less MDMA this year if you want to use a bit less

- 1) Choose your mates – spend more time with mates who don't use pills/ go clubbing, change your benchmark
- 2) Start your night later and end it earlier/ don't go to the after party (Ok sounds a bit dull but makes for a cheaper night)
- 3) Don't mix MDMA with other drugs – people who mix with other drugs end up using more
- 4) Plan your use – save it for a special occasion – MDMA is not ketchup!
- 5) Don't take out more than you need or plan to use (some people find it hard to go home with drugs in their pocket)
- 6) Tell your mates to help you/ support you – they might even join you!
- 7) Dose differently – spread your doses out – the effects last longer and you are less likely to take too much
- 8) Plan a break of a few months and remember people can have wicked nights out without a pill
- 9) Think about why you are using – if pills are being used to solve problems – find another way
- 10) Think about what else you might be doing better if you cut back – maybe better relationships/ work/ health?

Finding this interesting?

We hope you are enjoying this report which we gladly share with you with for free. If you like what Global Drug Survey does then we'd like to ask you to make the smallest of donations – the price of joint, a pill, a line, a beer.

Your donation will help us carry on being independent, run the survey and encourage governments, communities and people to have honest conversations about drugs.



For more data including country based reports please e-mail info@globaldrugsurvey.com to discuss costing and analyses required.

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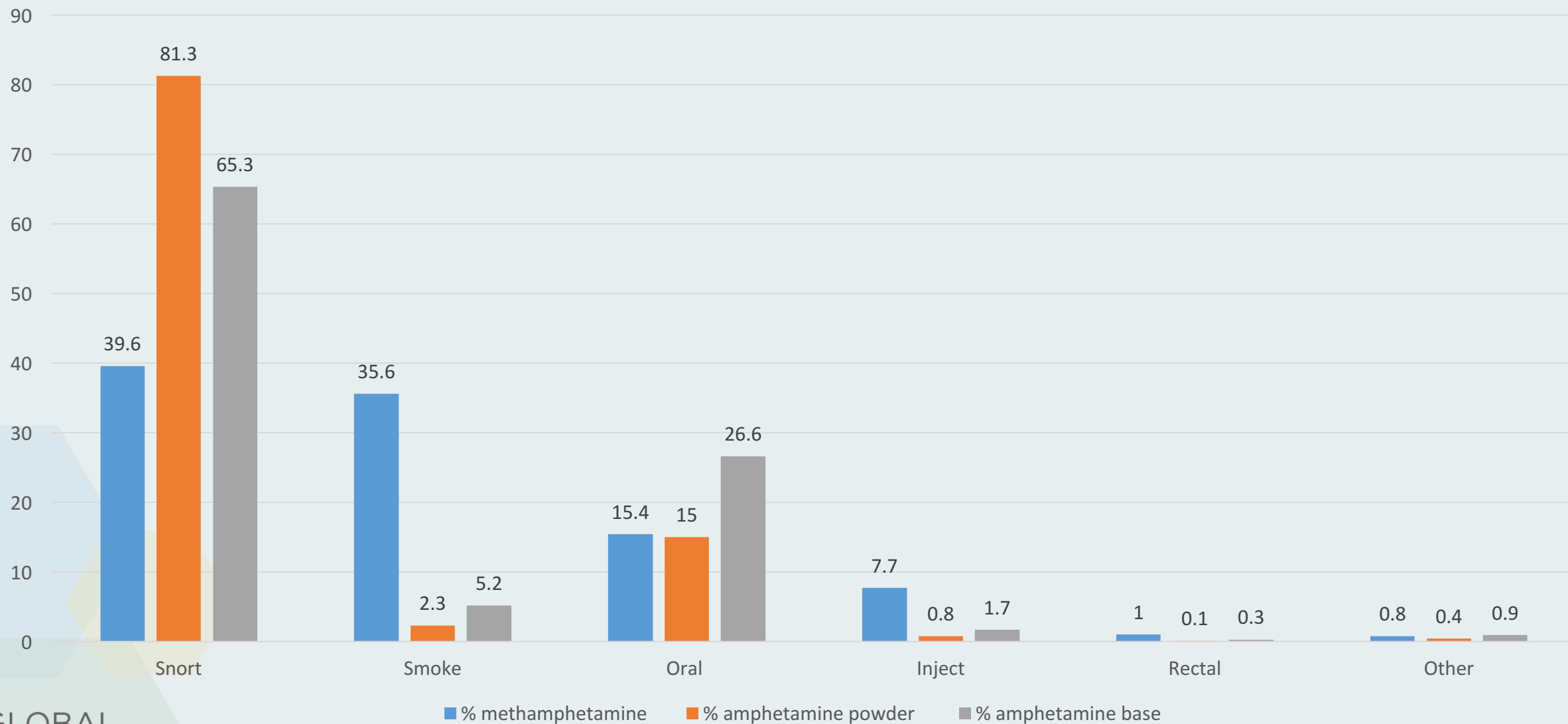
Methamphetamine/amphetamine

Selected data presented here comes from the section that includes

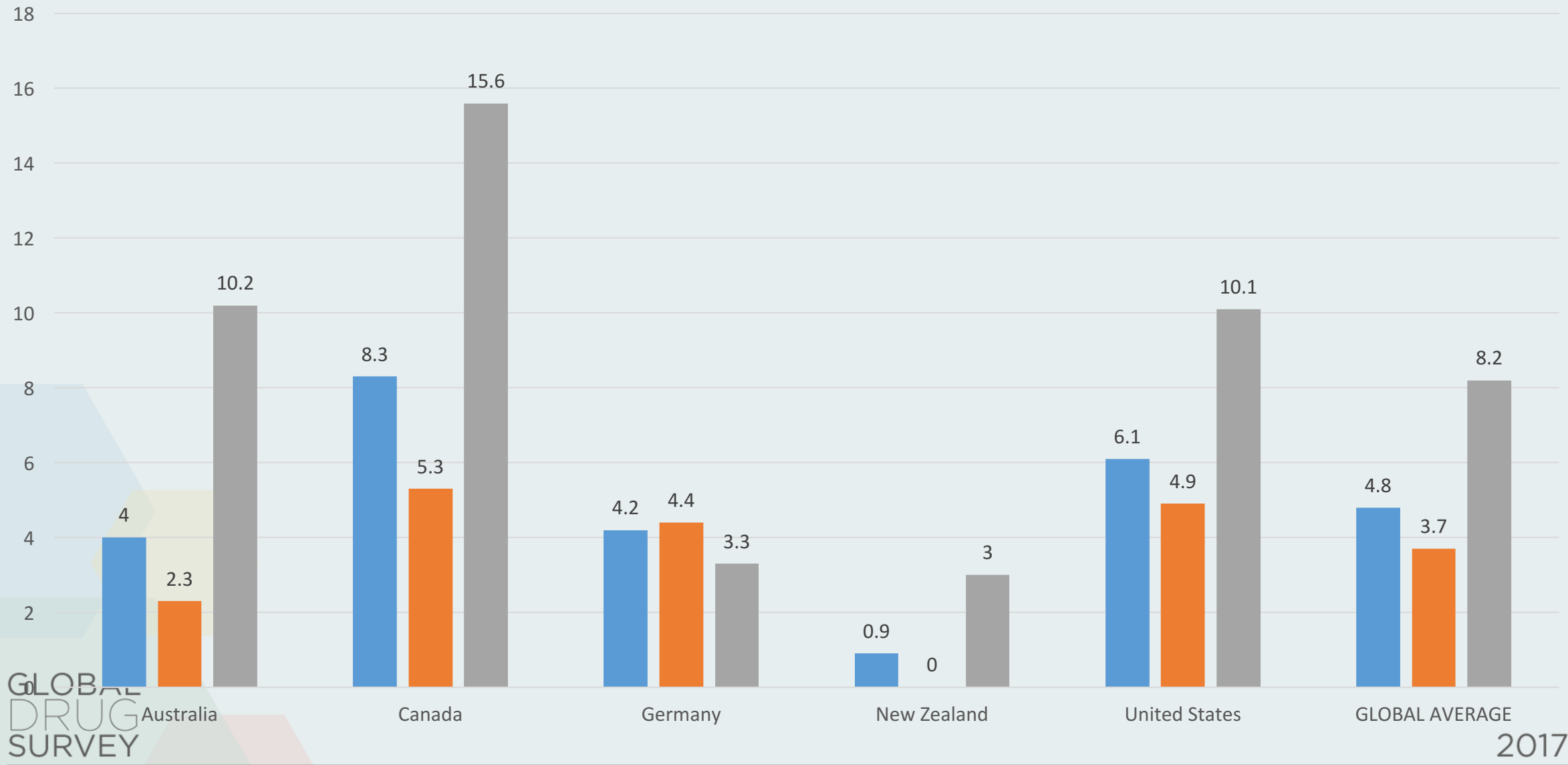
- Mean number of days people who used methamphetamine reported using in the last year (broken down by gender) and the % using more than 10 times, 50 times and 100 times in the last 12 months
- How much methamphetamine do you usually use on a day of use
- Global comparison of mean amount used / day
- How do you most commonly take methamphetamine
- How much does it cost to purchase a single gram of methamphetamine
- Approximately how many times did you buy methamphetamine in last 12 months
- Who did you buy it from the last time you bought it?
- The % who would like to use less methamphetamine (powder/base combined) over the next 12 months
- Of those who want to use less, the % that would like help to use less
- The % seeking EMT in the last 12 months (split by age and gender)

A total of 6000 last year amphetamine / methamphetamine users participated in GDS2017 and were used in the preparation of this section of the report

How do you most commonly use amphetamine v base v methamphetamine



Seeking emergency medical treatment following the use of methamphetamine powder/base in the last 12 months (M v F) only for countries with n > 100 last year users





For more data including country based reports please e-mail info@globaldrugsurvey.com to discuss costing and analyses required.

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2017

LSD and Magic Mushrooms Part 1

Background

MMs and magic mushrooms remain the world's most commonly used psychedelic drugs. With both drugs enjoying a renaissance with their long held therapeutic potential question and use by individuals to enhance self awareness and well-being.

This year GDS is focusing on people's psychedelic careers exploring how old they were when they first used and where they were and how their patterns of use may have changed over the years. We will report on the the different functions that these drugs may have been used for before focusing on current patterns and preparations of use and whether or not people reported needing to seek emergency medical treatment each year.

We also report on the use of psychedelics for performance enhancement (so called micro-dosing) and spiritual enlightenment (in partnership with shamans or therapists) as well as defining what makes a bad trip and how people manage these challenging experiences.



For more data including country based reports please e-mail info@globaldrugsurvey.com to discuss costing and analyses required.

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LSD

Selected data presented here comes from the section that includes:

COUNTRY SPECIFIC DATA ON RECENT USE

- How old were you when you first used LSD
- Mean number of days people had used LSD in their lifetime and % in the last 12 months
- Where were they when they first used LSD and in what environment?
- What is the most common preparation pf LSD people had used?
- How many doses would you take on a day – modal value and % reporting used 3 or more doses in a day

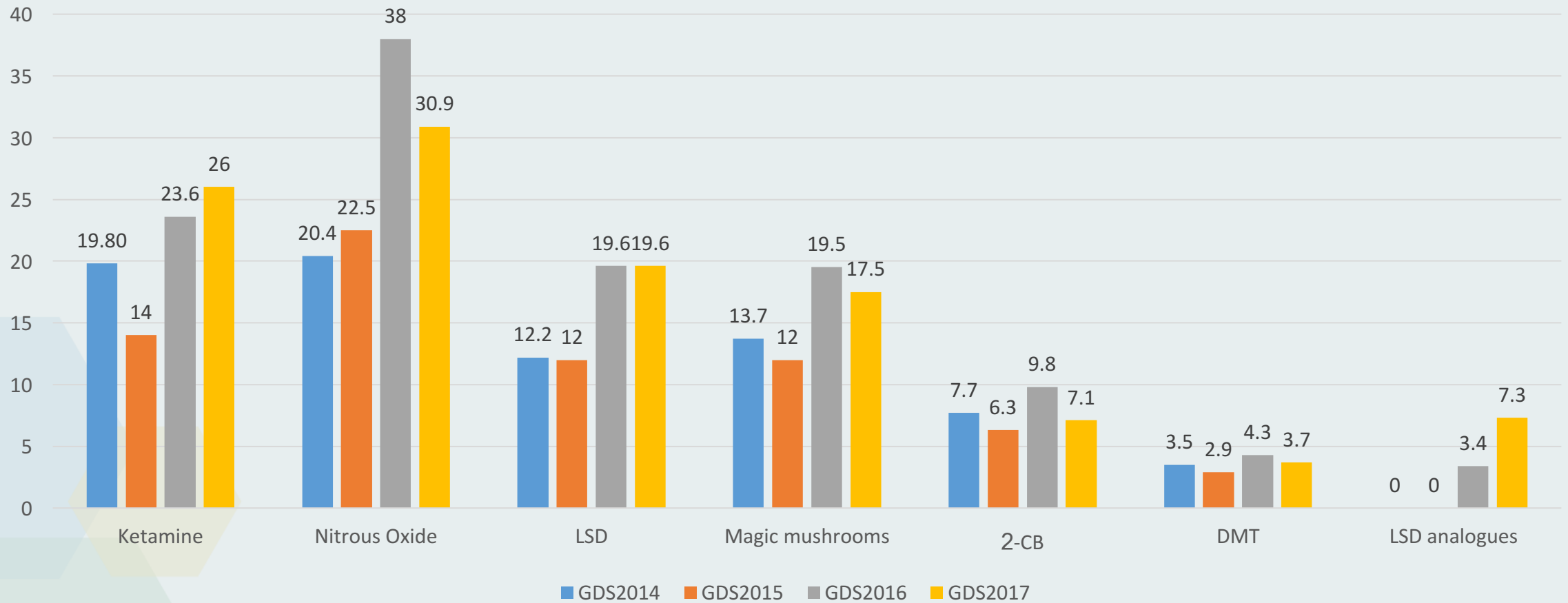
GLOBAL FINDINGS ON

- Price per tab (in EUROS)
- % needing to go hospital for emergency medical treatment M v F
- Reasons why they thought they ended up needing help

Over 25, 000 last year users of LSD and magic mushrooms were used in the production of the global findings for this section of the report

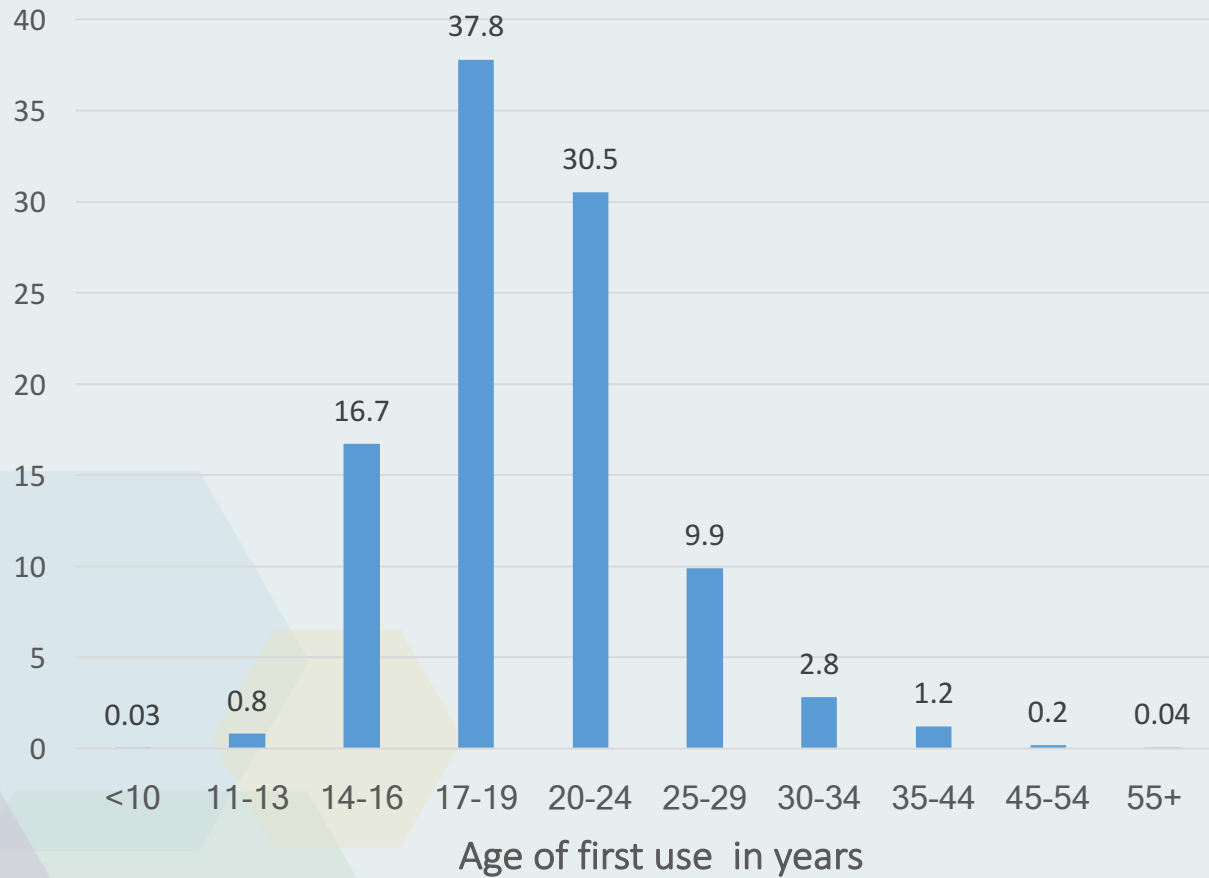
GDS2 4 Year UK trends in psychedelic use (n = 25,000 across the 4 years)

Chart Title

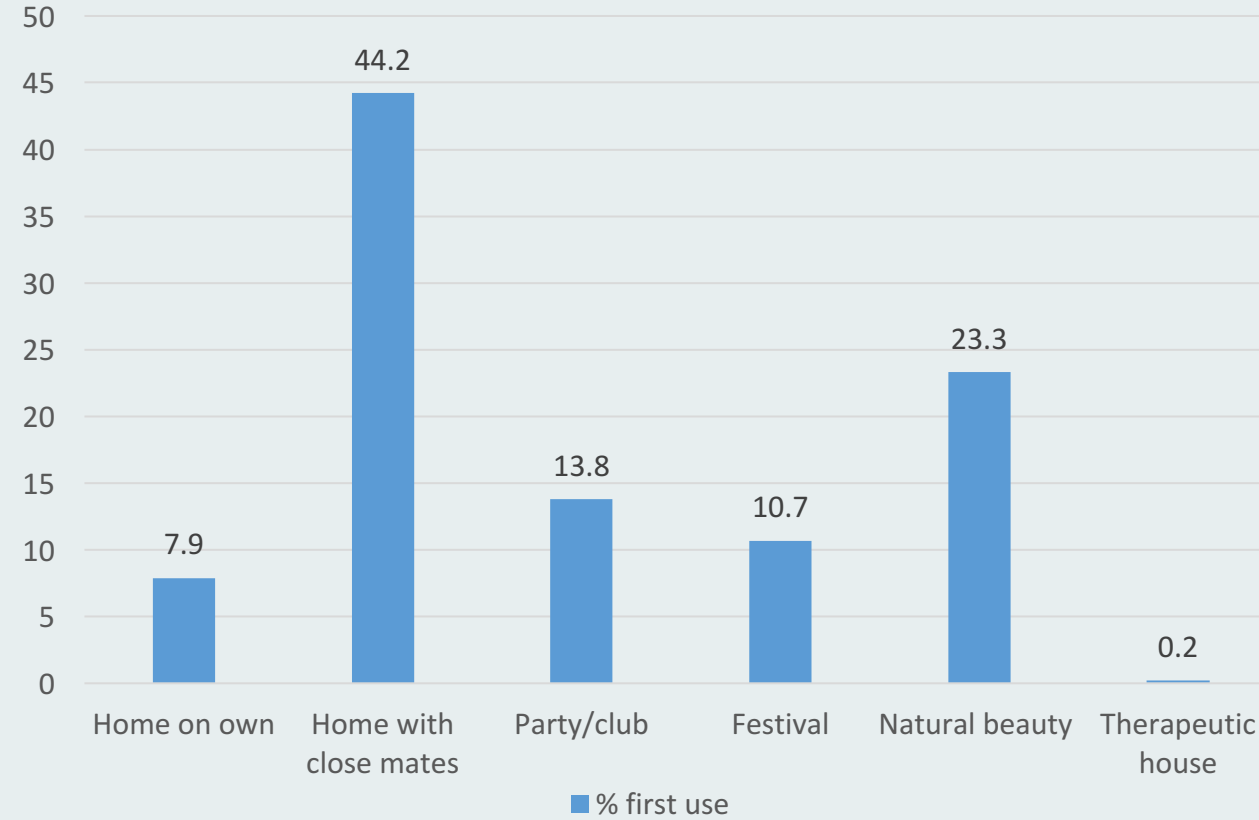


Where, and age of first use of LSD (global sample)

Mean age of first use = 20.1



Environment of first use episode (%)



Seeking emergency medical treatment following the use of LSD in the last 12 months (GLOBAL)

Out of almost 10,000 last year LSD consumers who took part in GDS2017 1% (n = 95, 78 men and 17 women) reported seeking emergency medical treatment.

There was no significant difference in rates between male and females.

The rate is considerably higher (5 times greater) than with magic mushrooms presumably because of the greater difficulties in dosing accurately with LSD tabs whose content may vary from 25 micrograms to over 300 micrograms and because of the longer action of LSD v psilocybin (the active ingredient in magic mushrooms). People who use psychedelics are generally very sensible and show some of the best preparation and adoption of harm reduction practices of any drug (see the Global Drug Survey highway

https://www.globaldrugsurvey.com/wp-content/uploads/2014/04/The-High-Way-Code_LSD.pdf



For more data including country based reports please e-mail info@globaldrugsurvey.com to discuss costing and analyses required.

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2017

Magic mushrooms

Selected data presented here comes from the section that includes:

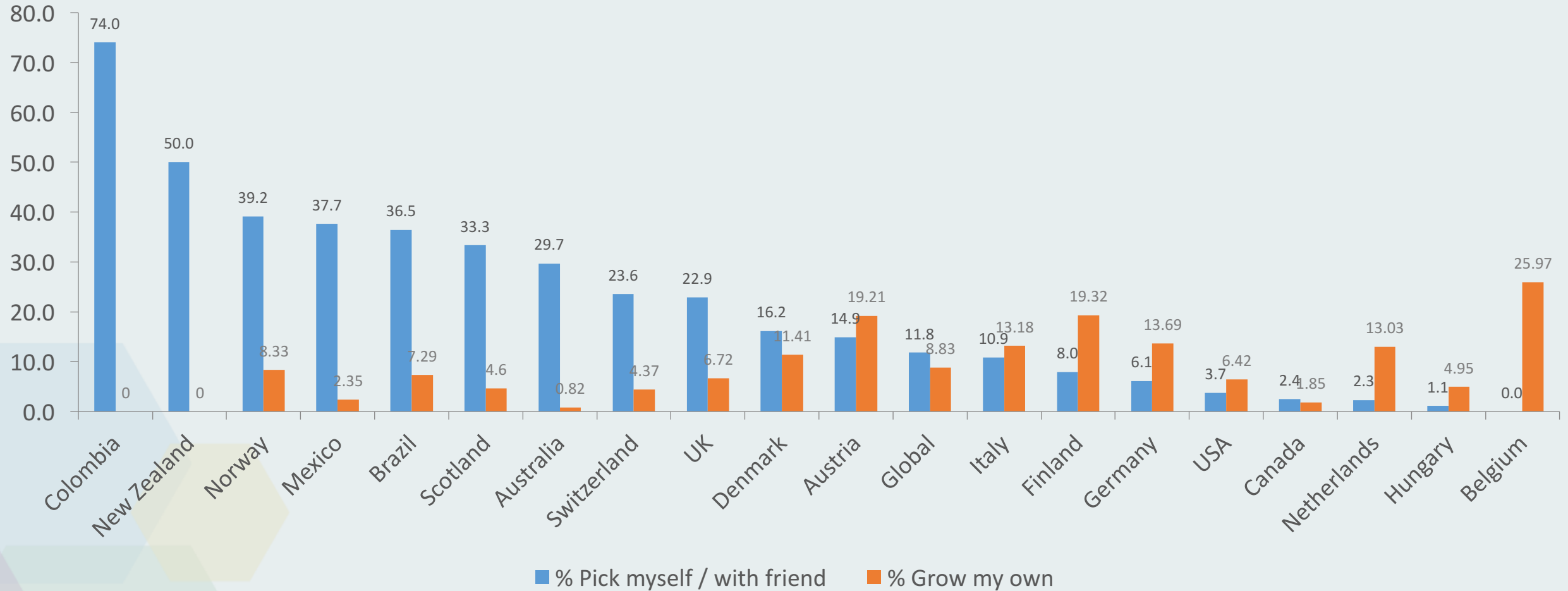
COUNTRY SPECIFIC DATA ON RECENT USE

- How old were you when you first used Magic Mushrooms (MMs)
- Mean number of days people had used MMs in their lifetime and % in the last 12 months
- Where were they when they first used MMs and in what environment?
- What is the most common form of MMs you have used MMs ?
- How many doses would you take on a day – modal value and % reporting used 3 or more doses in a day

GLOBAL FINDINGS ON

- Number of mushrooms taken in session
- % needing to go hospital for emergency medical treatment M v F

Which countries are most likely to pick their own / grow their own magic mushrooms (only countries with n > 100 last year users)



Seeking emergency medical treatment following the use of MMs in the last 12 months

Out of almost 10,000 last year magic mushroom consumers only 0.2% (n = 17, 13 men and 4 women) reported seeking emergency medical treatment. Magic mushrooms were the safest drugs to take in terms of needing to see emergency medical treatment according to GDS2017. There was no significant difference in rates between male and females.

The rate is considerably lower than with LSD presumably because of intrinsic safety of magic mushrooms (the greatest risk is picking the wrong type), the smaller dosing using units (a single mushroom v an LSD tab) and greater understanding of how many mushrooms may constitute a typical dose for a desired effect in your region. People who use psychedelics are generally very sensible and show some of the best preparation and adoption of harm reduction practices of any drug (see the Global Drug Survey highway

<https://www.globaldrugsurvey.com/wp-content/uploads/2014/04/The-High-Way-Code-LSD.pdf>



For more data including country based reports please e-mail info@globaldrugsurvey.com to discuss costing and analyses required.

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Psychedelics Specialist Section

Selected data presented here comes from the section that includes:

Difficult / negative experiences

- ✓ The % of ever-users reporting having had a difficult/negative experience while under the influence of psychedelics
- ✓ The % of recent users (12m) reporting having had a difficult/negative experience in the last 12 months
- ✓ The experiences that were most commonly considered as difficult or challenging (by gender)
- ✓ The % who describe their most recent difficult/negative experience as a bad trip (yes, no, unsure)
- ✓ The most common approaches adopted by people to manage this most recent difficult/negative experience

Micro-dosing and performance enhancement

- ✓ The % reporting micro-dosing with LSD/ other psychedelics in the last 12 months
- ✓ The common patterns of micro-dosing and perceived benefits
- ✓ The impact of micro-dosing on other medications/ therapies used by the individual

Ceremonial use of psychedelics with shamans/ healers

- ✓ The % of ever-users reporting having taken psychedelics at least once under the supervision of a shaman/ healer
- ✓ The % of users who have already travelled to another country for such a „retreat“.
- ✓ Rating of the ritual use and shamans' check for current mental/ physical health issues before ritual.

Who do people tell about their use of psychedelics and why do people use them?

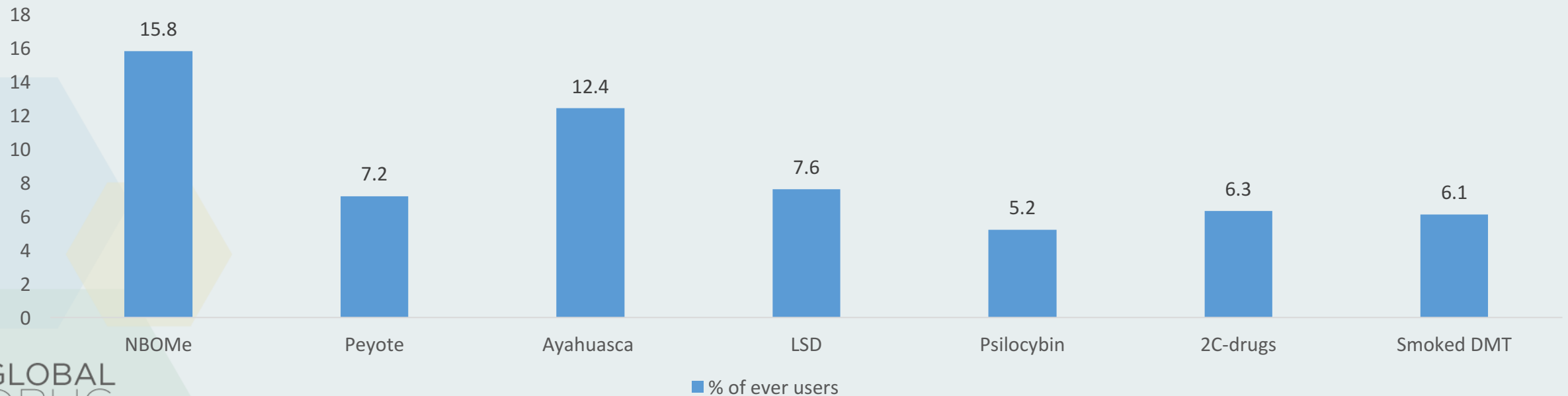
- ✓ The main motivations for psychedelic use over a lifetime
- ✓ Fears and responses over disclosing use to close family

A total of **5,600 ever-users** participated in GDS2017 specialist section on psychedelics and were used in the preparation of this reports section.

Difficult/ negative experiences while under the influence of psychedelics (global)

Have you ever had a difficult/negative experience while under the influence of LSD or any other psychedelic?

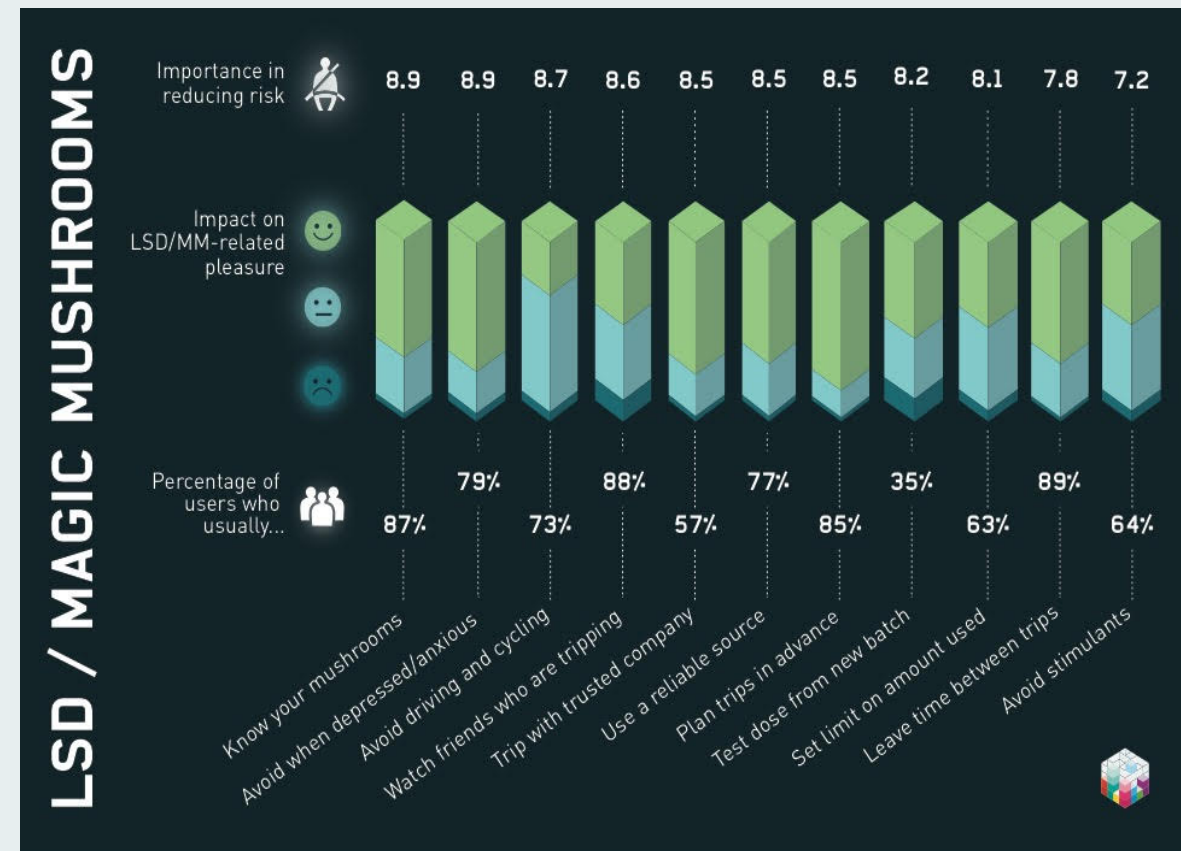
- The % of ever users of LSD, psilocybin, 2C-drugs, NBOMe, smoked DMT, Ayahuasca and/or Peyote who reported having ever had a difficult/negative experience
- The % of last 12 month users of LSD, psilocybin, 2C-drugs, NBOMe, smoked DMT, Ayahuasca and/or Peyote who reported having had a difficult/negative experience in the last 12 months



Keeping you and your mates safe when you use psychedelics – advice from GDS

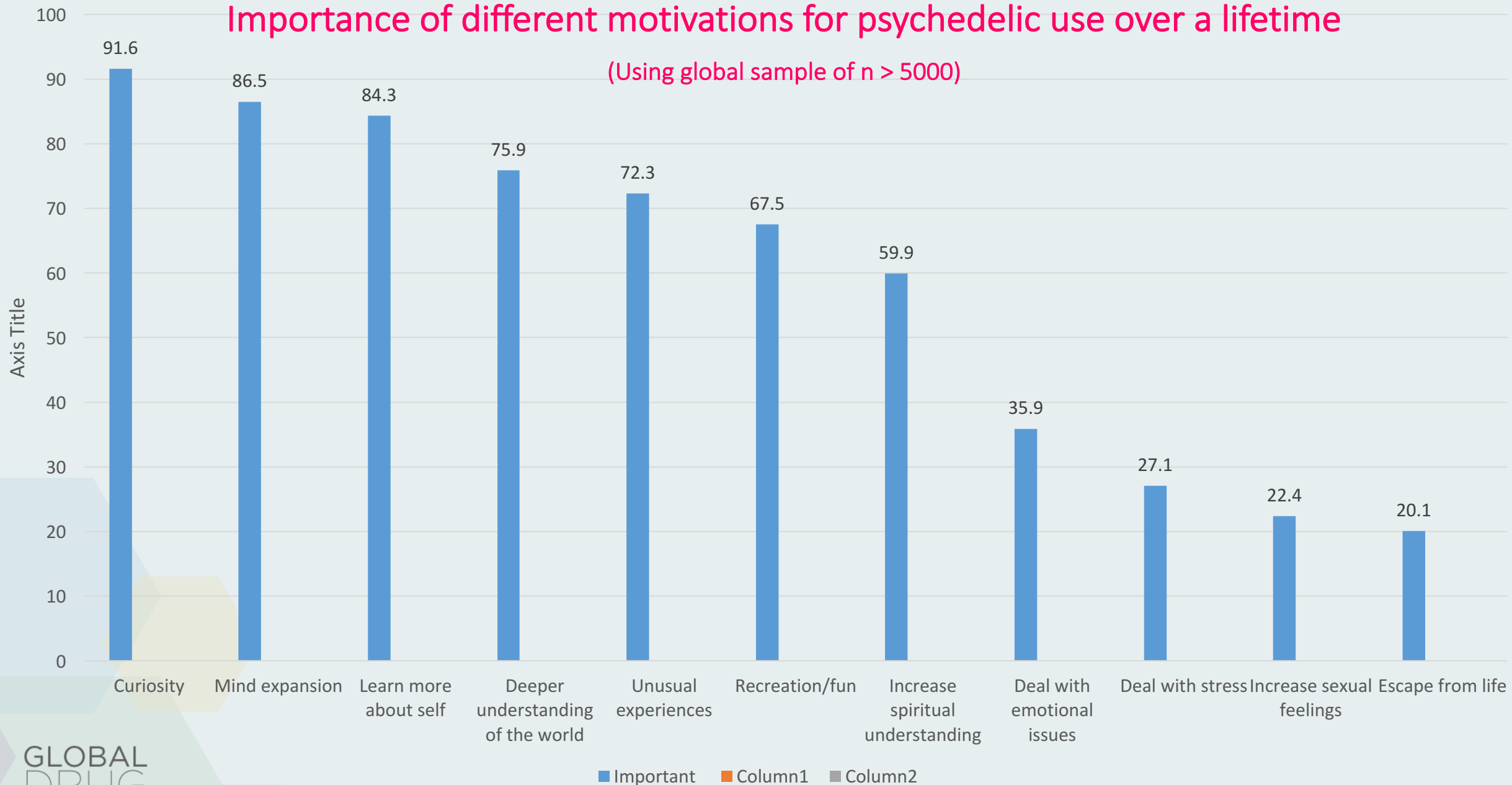
- [Check out our excellent blog Understanding and Working with Difficult Psychedelic Experiences](https://www.globaldrugsurvey.com/gds2017-launch/understanding-and-working-with-difficult-psychedelic-experiences/) by [D Sara Gael from MAPS](https://www.globaldrugsurvey.com/gds2017-launch/understanding-and-working-with-difficult-psychedelic-experiences/)
- And see our video on safer dosing and using with mushrooms on our YouTube Chanel <https://youtu.be/6fxdhU9HCFc>

Check out the GDS Highway Code <https://www.globaldrugsurvey.com/brand/the-highway-code/>



Importance of different motivations for psychedelic use over a lifetime

(Using global sample of n > 5000)



Micro-dosing

Psychedelics truly are experiencing somewhat of a renaissance after being flatly ignored and outright banned from human scientific research for many decades. One area that is still in its infancy is the practice of using very small doses of psychedelics to improve mood and cognitive performance. At first, it may not be immediately obvious how a drug that can make you see fractal spirals in your lunch box could possibly improve your work performance. But it might be that by opening connections between parts of your brain that don't usually communicate (not since childhood at least) these sparking drugs can help our brains perform outside of the box. In this section, we report on just how common this practice is, how useful it is perceived to be and for those who look to treat medical conditions what the impact on pre-existing therapies has been.

As a starter, we'll share a finding from the GDS mini survey in 2016, which was answered by 12,300 people. **In that sample, 6.2% (n=755) reported having micro-dosed with LSD (10-30mcg) at least once.** Two thirds (64.3%) mentioned that their dosing was guess work – that is trial and error using fractions of LSD tabs bought from a dealer or on darknet markets. Please note that the psychedelics part of the GDS mini survey was announced in the newspaper and that this is not a prevalence estimates, but rather a description of the sample reached.



2017



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Darknet markets or cryptomarkets

Background

Darknet markets or cryptomarkets have now been operating for 6 years (since the launch of Silk Road in February 2011). In the dark or hidden web, site owners, vendors and buyers are able to remain relatively anonymous as their IP addresses are masked. Purchases are made using the decentralised virtual currency Bitcoin, which can also be used relatively anonymously.

Three years after the demise of Silk Road, there is still volatility in the cryptomarket ecosystem: exit scams, where market owners close the market unexpectedly and steal the funds, have become commonplace. Despite disruptions from law enforcement efforts and scams, the size and scale of darknet markets for drugs continues to grow. At the time of survey there were over 20 functioning markets according to dnstats.net.

GDS conducted the first survey about users of cryptomarkets in 2012 and has remained at the forefront of survey work in this area, sampling cryptomarket users on an annual basis.

The sample used in this report includes 63,212 respondents who completed the darknet market section this year, all of whom reported last-year use of drugs (including pharmaceutical and novel substances).

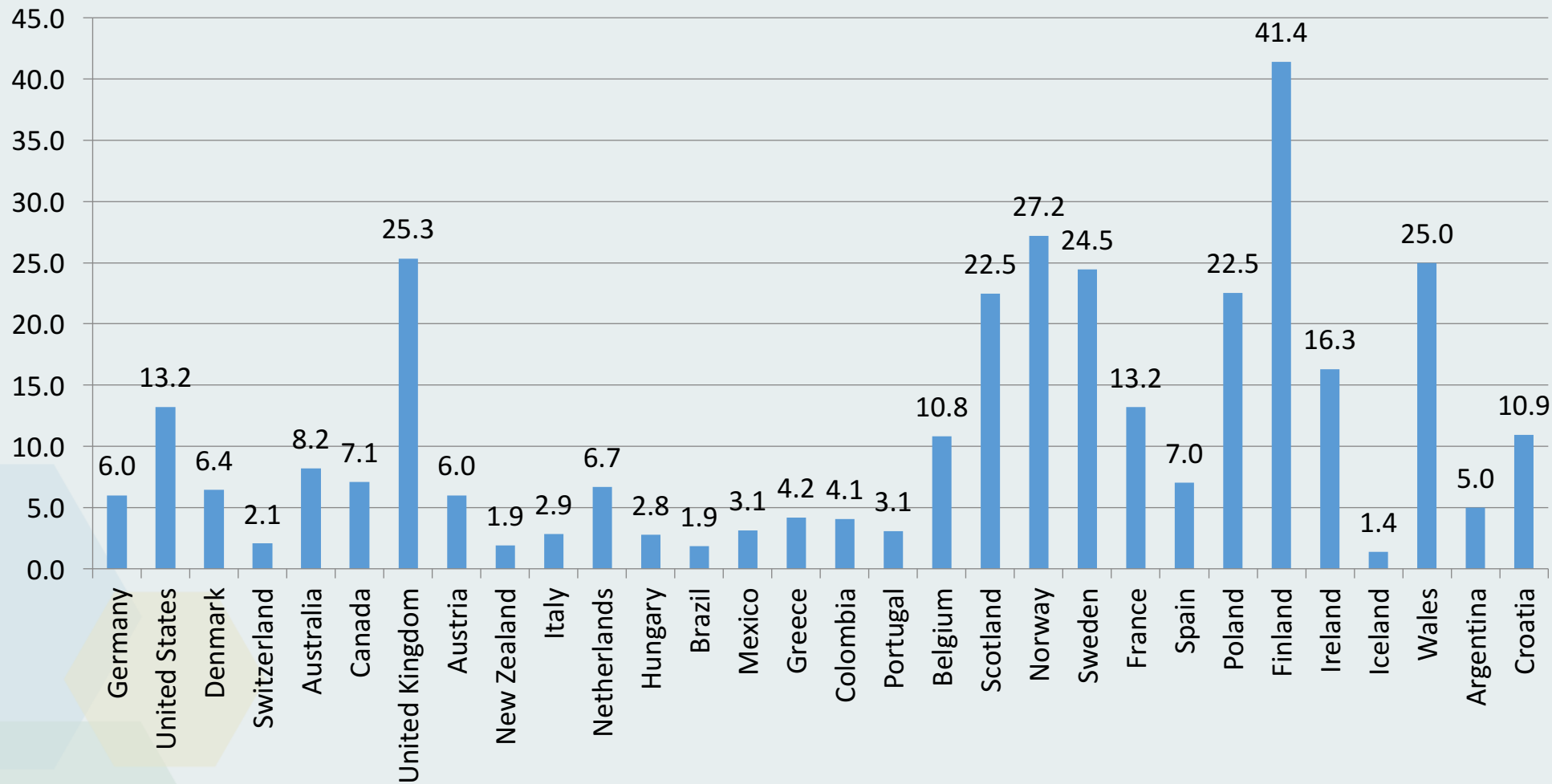
Selected data presented here comes from the section that includes

From the darknet market section in the GDS

- ☑ Have you obtained drugs from darknet markets in the last 12 months? (includes personal purchase, arranged by others, and purchased on behalf of others or with intent to supply to others) - by country; 4-yr trends
- ☑ How many times and through how many different markets have you obtained drugs? – global 3-yr trends
- ☑ Which drug types and how many different types have you obtained from darknet markets? – global 3-yr trends
- ☑ What proportion of these drugs purchased through darknet vendors in your own country or from abroad? – global 2017 and by country
- ☑ How has accessing drugs through darknet markets affected the range of (any) drugs you have consumed? – global 3-yr trends
- ☑ Regarding the most recent darknet market purchase, why did you choose this vendor? Did you use encryption? Did you finalise early (pay before receiving)? – global 2017
- ☑ Demographics of last-year darknet market users vs. other last-year drug users who did not use darknet – by country 2017

GDS2017: The total N is 63,212 used for the analysis of this version of the report. The total N ever obtained drugs from darknet markets is 6,935.

2017: Have you obtained drugs from darknet markets in the last 12 months? (%)

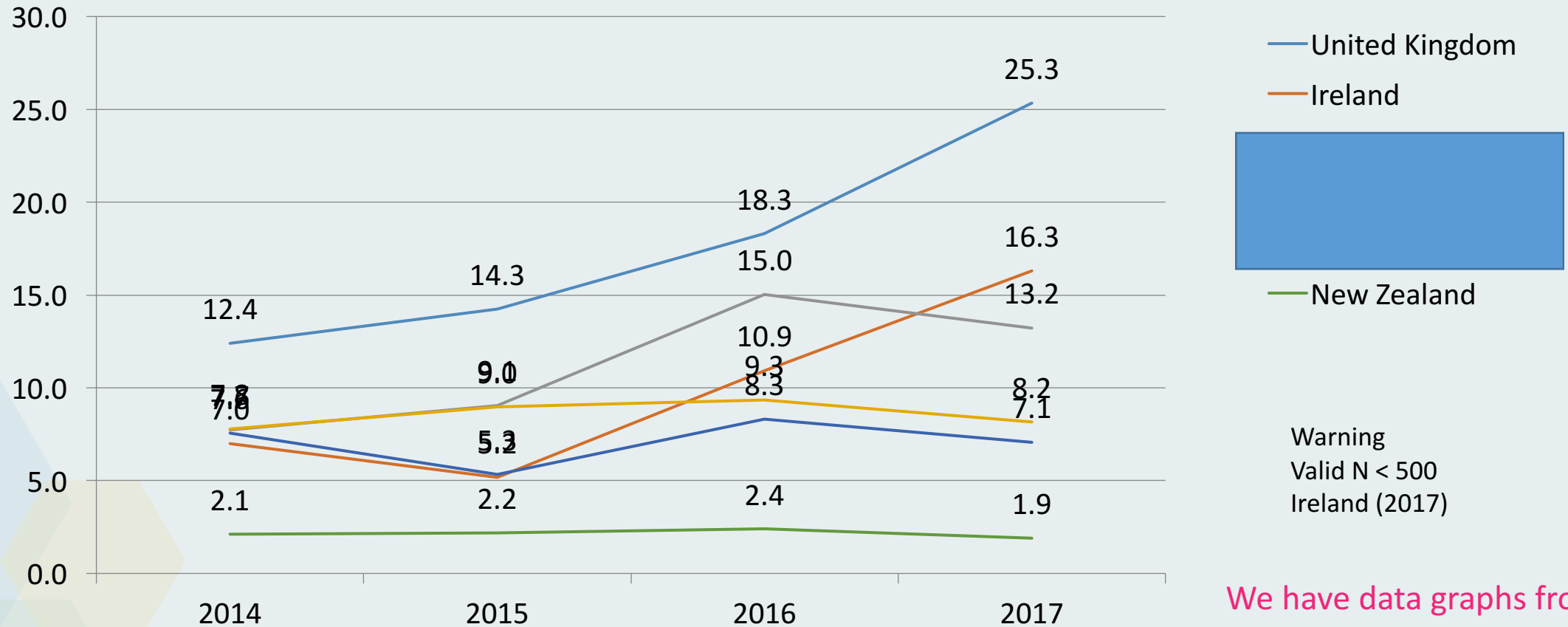


Country	Total N
Germany	20,298
United States	5,655
Denmark	5,444
Switzerland	3,720
Australia	3,414
Canada	3,155
United Kingdom	3,118
Austria	2,913
New Zealand	2,316
Italy	1,963
Netherlands	1,433
Hungary	1,369
Brazil	1,340
Mexico	638
Greece	622
Colombia	539
Portugal	488
Belgium	444
Scotland	414
Norway	342
Sweden	282
France	273
Spain	257
Poland	253
Finland	244
Ireland	227
Iceland	143
Wales	132
Argentina	120
Croatia	119

Base sample: Last year use of illicit drugs, new psychoactive substances and/or prescription drugs
 * Includes those who report personally purchasing drugs, arranging for others to purchase drugs or purchasing on behalf of others from darknet markets.

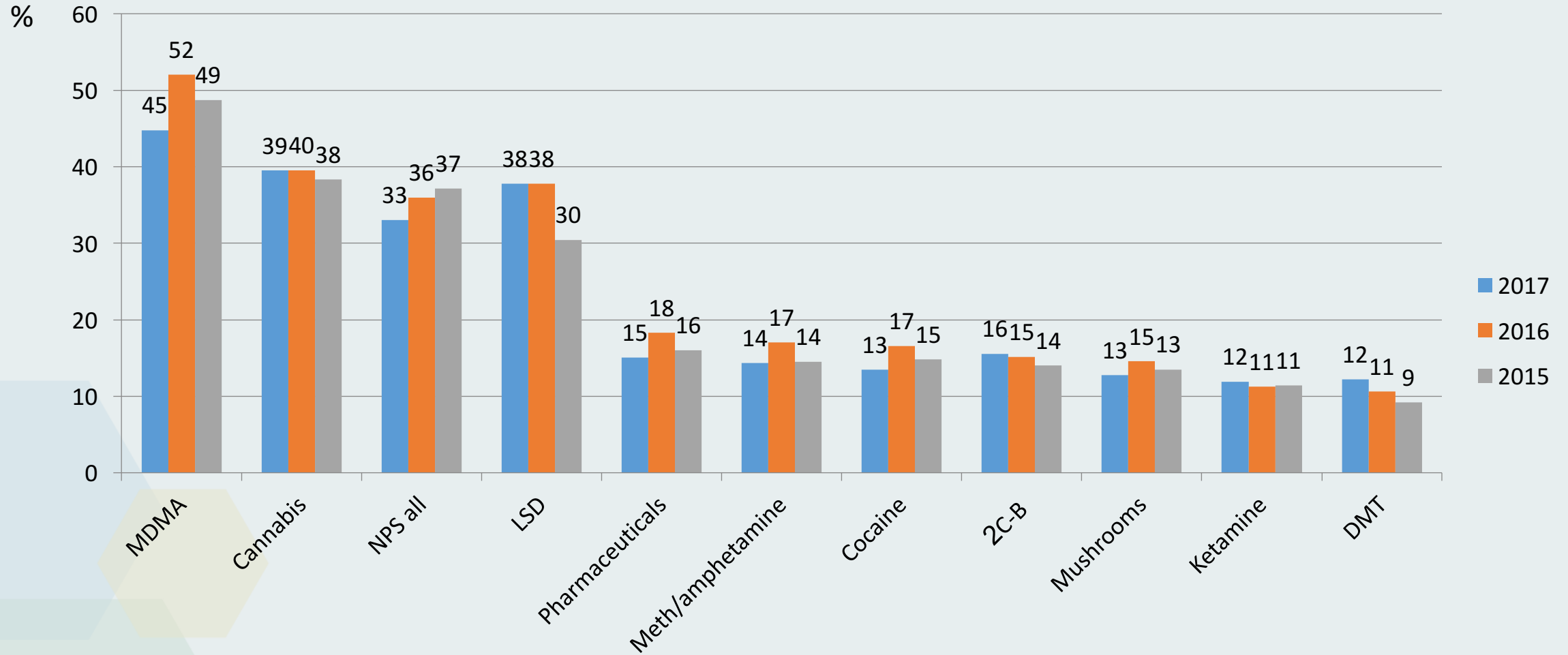
4-yr trends: obtained drugs from darknet markets in the last 12 months (%)

English-speaking countries



We have data graphs from 15 other countries like this!

3-yr trends: which drug types have you (ever) obtained through darknet markets? (%)



Base sample: Ever personally purchased drugs, arranged for others to purchase drugs or purchased on behalf of others from darknet markets.

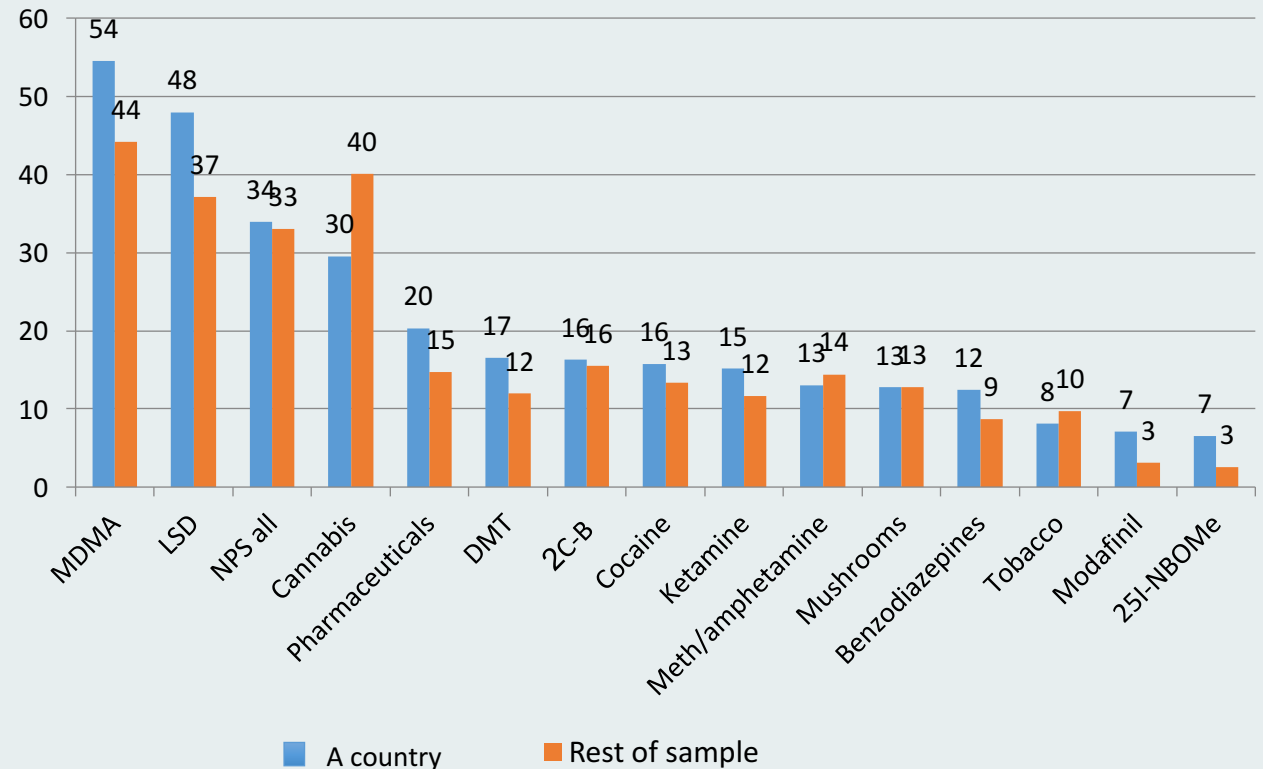
Example data for 'a country' . Demographics of last-year darknet users (n=XXX) & drug types obtained

Demographics of last-year darknet users were*:

- Younger: median age 24 vs 40 yrs
- More likely to be male: 87% vs 67%
- Less likely to report completion of a university degree: 41% vs 51%
- Similar likelihood of paid employment: 77% vs 74%
- More likely to report living in a city/urban area: 87% vs 76%
- More likely to report going clubbing monthly+: 29% vs 11%

In a logistic regression, younger age, being male, and clubbing monthly or more often were associated with last-year darknet use.

Drug types ever obtained through darknet markets %
40% report only ever obtaining 1 drug type (rest of sample 46%)





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Novel Psychoactive Substances
Global overview

Background

GDS has been tracking the use of 'Novel Psychoactive Substances', 'legal highs' and 'research chemicals' for the last 6 years. The use of different NPS show marked regional variation and often reflect the availability, regulation and price of traditional drugs within a region. For example the Netherlands show one of the lowest rates of synthetic cannabinoid receptor agonist (SCRA) use in the world reflecting easy and regulated access to natural cannabis. Conversely despite ready availability of other traditional drugs they report one of highest rates of NPS use among the GDS sample.

NPS vary widely in their risk profile, with inconsistent composition and potency often being significant factors in the risks they pose. Highly potent hallucinogen compounds like NBOMe, and potent amphetamine analogues like 4-Flour-Amphetamine are causing real concern across Europe and Australia where their use has been associated with deaths in recent months. GDS2017 suggests drugs with a psychedelic effect profile (including LSD analogues) are on the increase with these drugs representing over 50% of the NPS drugs being used by the sample. Potent novel opioid drugs like acetyl fentanyl and carfentanyl have been responsible for scores of deaths in Canada and these are ones to watch in future years.

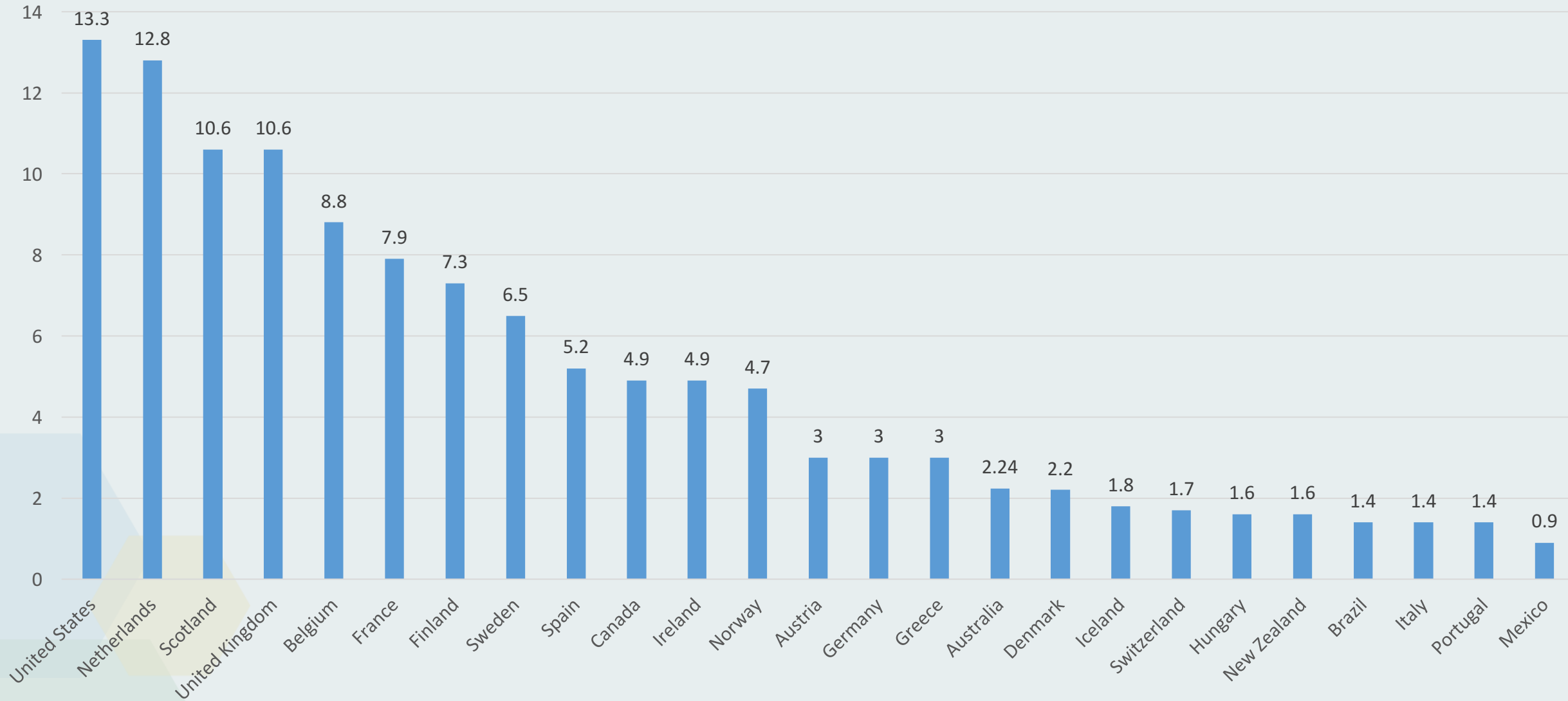
Overall there seems to have been a shift away from herbal smoking mixtures with an increase in powders and liquids. The impact of regional variations in drug laws and tolerance for drug use can also be seen in the findings this year.

Selected data presented here comes from the section that includes:

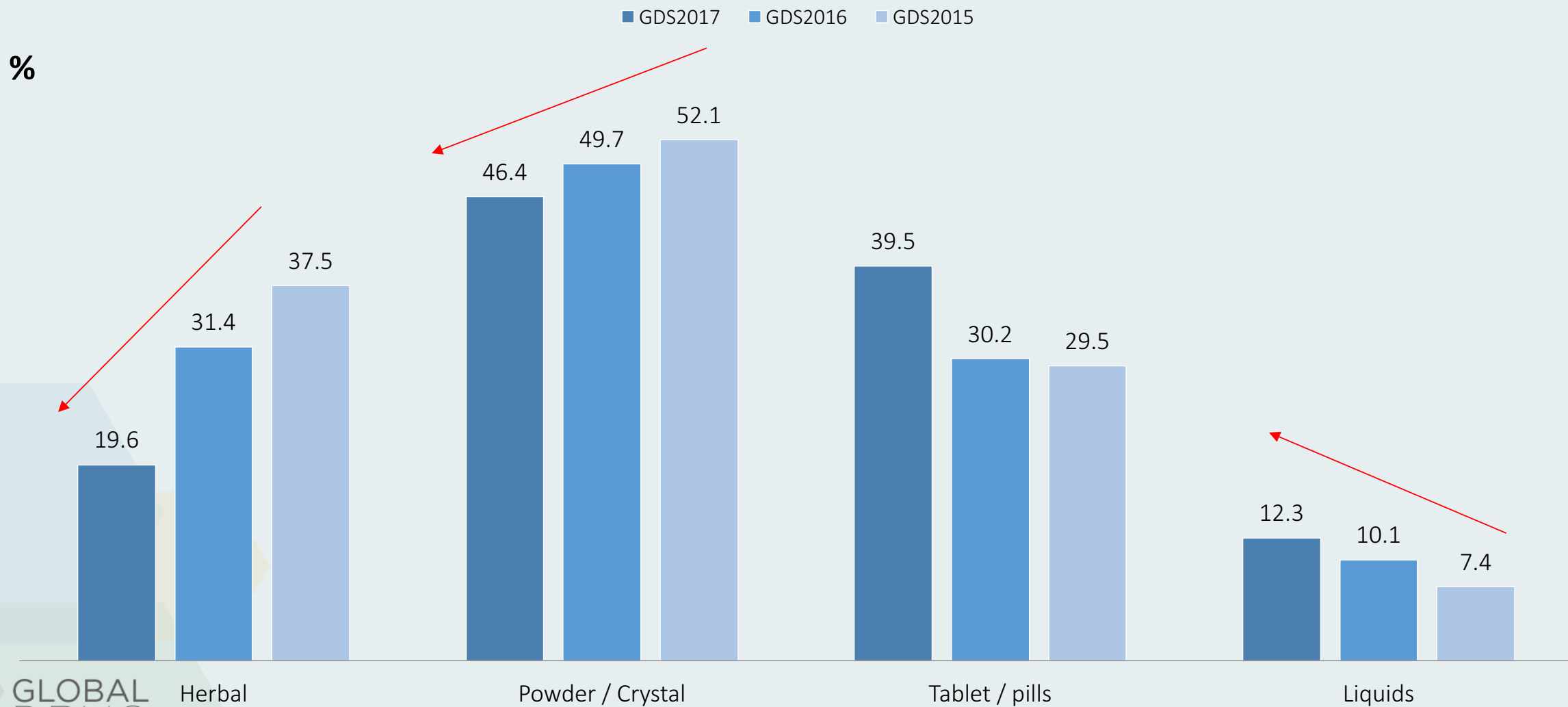
- ✓ Global comparison of GDS countries – NPS use in the past 12 months
- ✓ Global comparison of GDS countries – NPS purchase in the past 12 months
- ✓ Who in your country had bought NPS in the past 12 months (gender, age and clubbing)
- ✓ Comparison of NPS types (preparations) used over the last 3 years using the global GDS2017 sample of last year NPS users
- ✓ What preparations of NPS were most commonly used in your country in the last 12 months?
- ✓ Global overview of types of drug effect NPS preparations used in the past 12 months are trying to mimic v those in your country
- ✓ Source of purchase of NPS in the past 12 months global GDS2017 v your country.
- ✓ The % of all participants who recently used NPS and sought EMT in past 12 months

A total of 9000 last year users of NPS from the full GDS2017 sample were used in the preparation of the global findings section of the report.

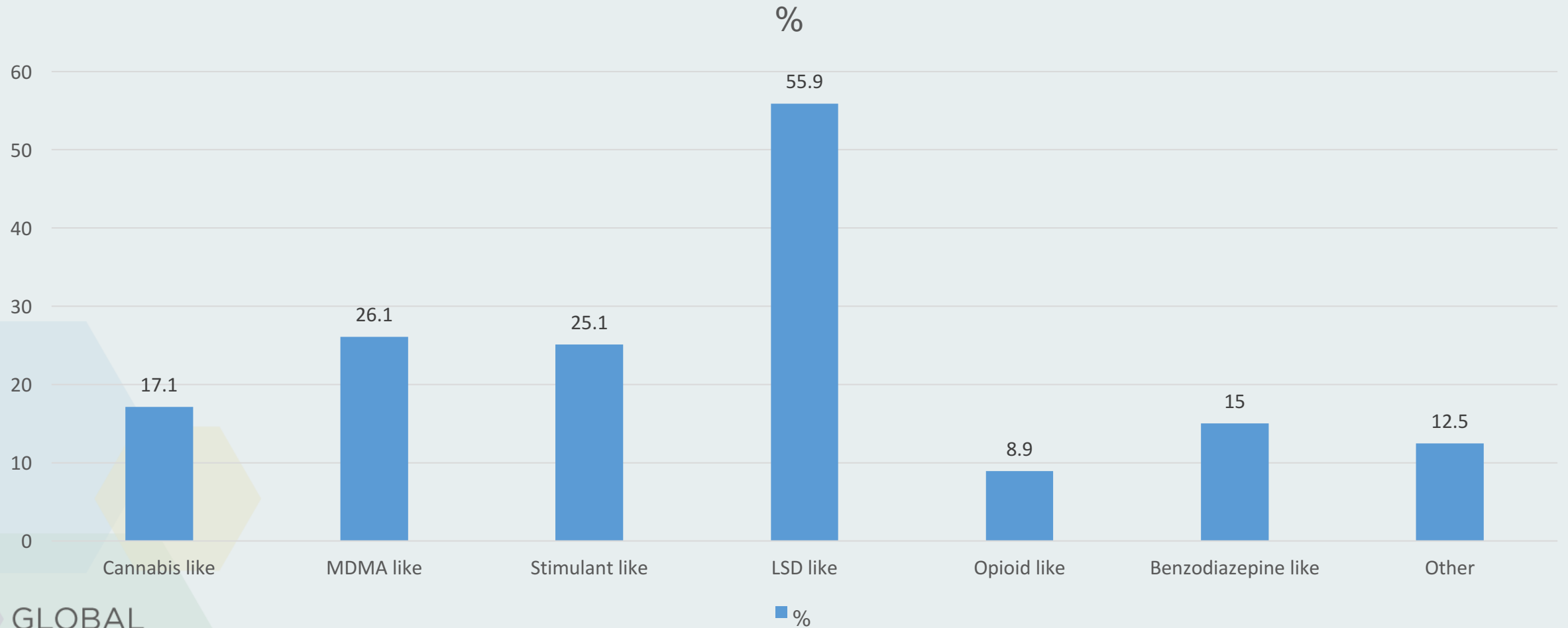
NPS purchase in the past 12 months by country



What was the appearance / form of the NPS used (using global GDS samples over last 3 years) ?



What drug effects are NPS trying to mimic most often (GDS2017 GLOBAL)?



Finding this interesting?

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Your donation will help us carry on being independent, run the survey and encourage governments, communities and people to have honest conversations about drugs.



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Seeking Emergency Medical
Treatment after drug use

Why look at rates of seeking emergency medical treatment ?

- Seeking emergency medical treatment can be taken as a proxy measure for the acute harms experienced following the use of alcohol and other drugs
- Emergency medical attendance and admission also represent significant economic burden upon acute medical services
- While the press often highlights attendance at A+E departments as a frequent occurrence among those who drink and take drugs there is little data on the actual prevalence of such treatment seeking among people in the general population
- This year we asked last year users of the most commonly taken substances whether they had sought emergency medical treatment

What this section covers

- Whether participants had needed to seek emergency medical treatment in the last 12 months as a result of using a number of drugs
- This section compares the percentages of those last year users of different drugs using the entire GDS2017 sample.
- This is the first time we have include rates for methamphetamine – which carries the greatest risk for seeking EMT, even more than the synthetic cannabinoid drugs which have been this category's winner for the last 4 years.

GDS advice on taking a new drug for the first time

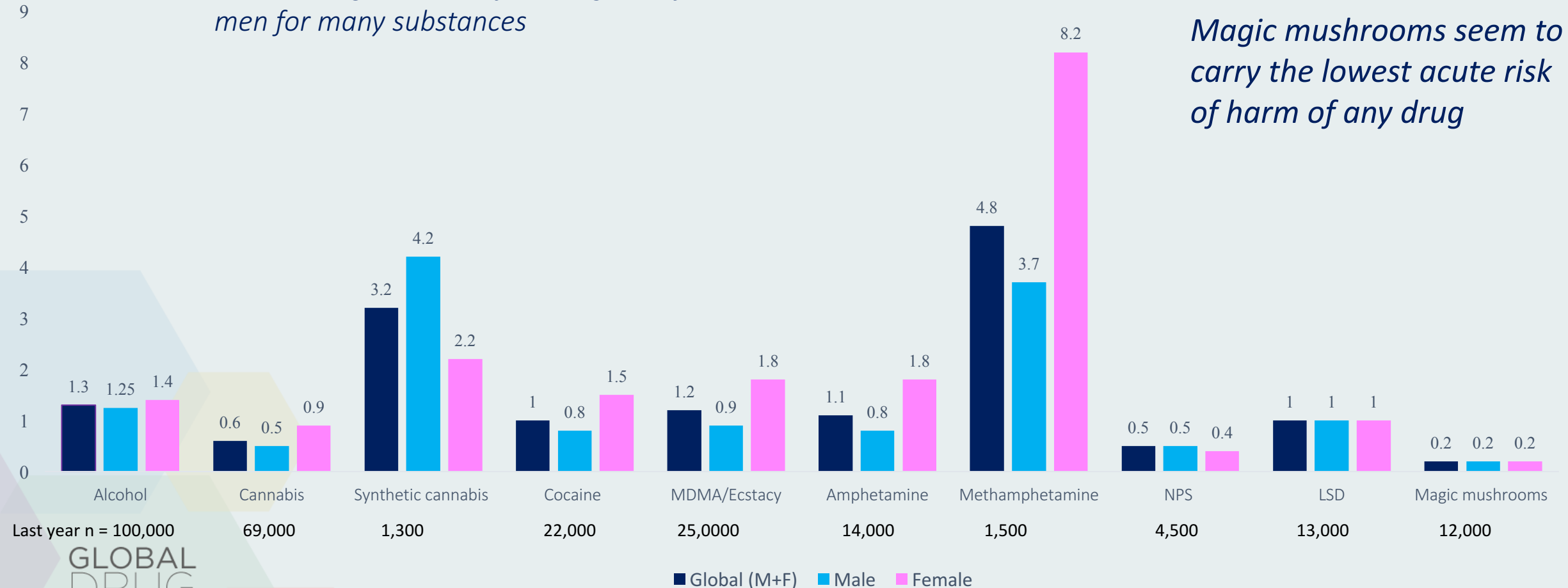
The biggest risk is starting off taking lots of an unknown drug before you know how long it takes to come on, peak and starting coming down – so easy does it. Test drive it before putting your foot down.

- Wait for at least 90-120 minutes before re-dosing
- Choose your time – don't be coming down or experiment on the back of a bender
- Don't have anything else on board/including prescribed medications
- Don't be on your own
- Plan ahead before you're too off your head
- Make sure others know what you have taken and that at least one of them is not intoxicated
- If you feel unwell let someone you know and seek help
- Be in a safe place – familiar
- First dose should be at least a quarter of what you think a tiny dose is (or a maximum quarter of a pill)
- Avoid taking other drugs/alcohol after dosing
- Don't drive/bath/play with knives
- Accept many drugs wont be very good/effective

Comparison by drug : Seeking Emergency Medical Treatment (EMT) by last year users (global sample)

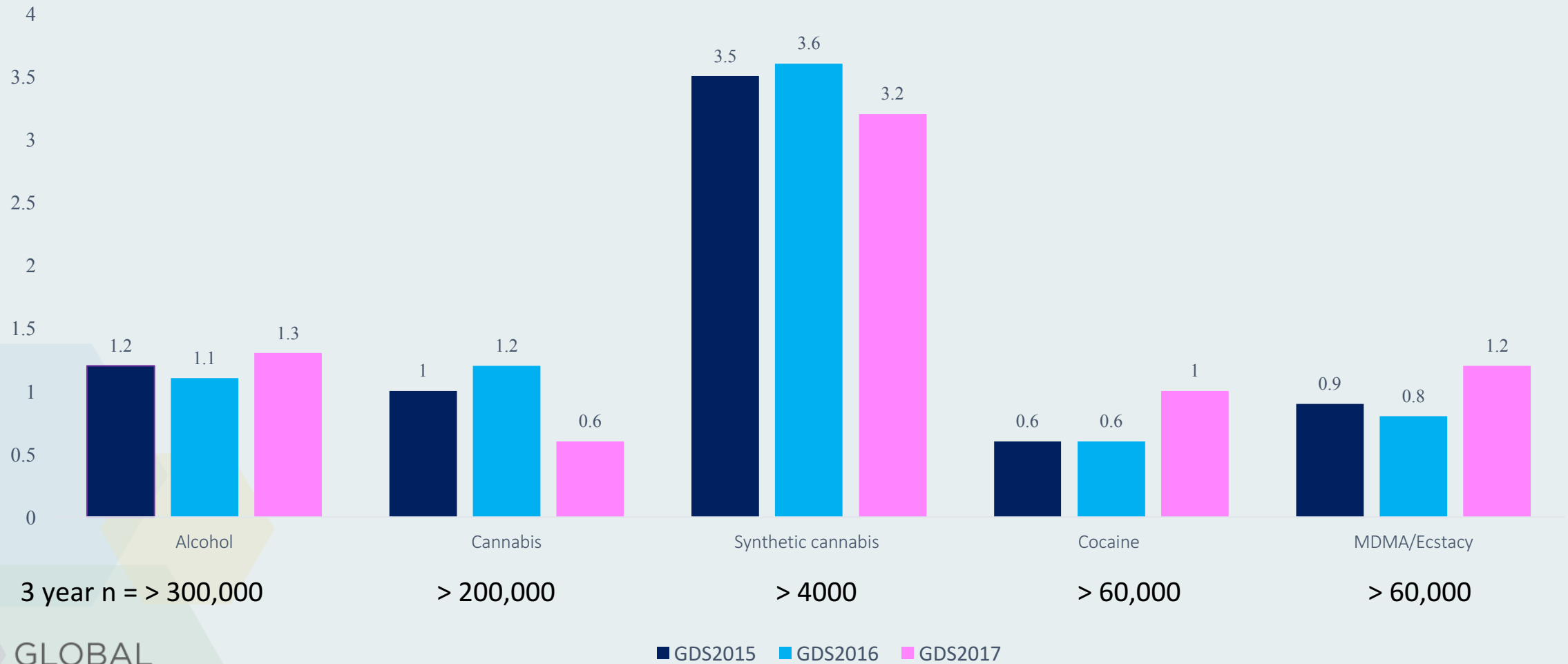
Note the higher rates of seeking EMT for women than men for many substances

Magic mushrooms seem to carry the lowest acute risk of harm of any drug



GDS 3 year trends in people seeking EMT after commonly used substances (> 300,000)

Note the increases for MDMA and cocaine and the fall for cannabis.





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Policing

Background

Getting caught with drugs can be a very stressful event in people's lives. Criminal records for personal possession of drugs can ruin careers and opportunities and costs the police and legal system considerable time and money for uncertain gain. Encounters with newer policing methods of drug detection dogs ("sniffer dogs") can encourage high risk behaviours e.g. people consuming all their drugs, to avoid being caught in their possession. While we know a lot about how different drug laws operate across the globe – we know very little about how often people who use drugs are stopped by police and the similarities and differences in policing experiences across the globe.

So this year the GDS2017 included a specific policing module, that will provide the first insights into drug-related policing encounters across the globe.

A total of 50,000 respondents to GDS2017 completed the policing section, all of whom reported using drugs in the last 12 months. All were used in the preparation of this report.

This section should be read in conjunction with the accompanying [blog](#) written by Adam Winstock and Caitlin Hughes '[How do police deal with drug possession around the world? New insights from the GDS2017](#)'.

Key results presented in this section

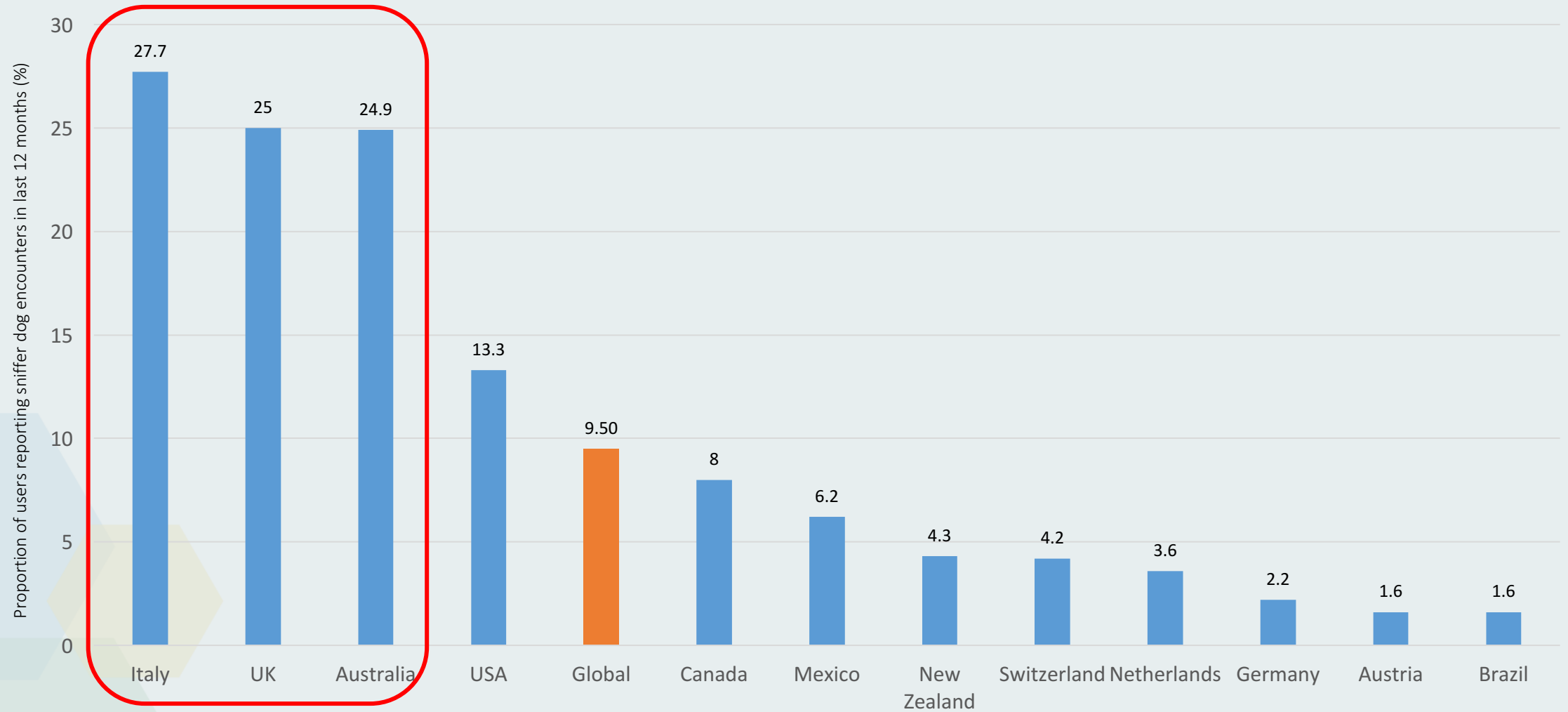
From the drugs policing section in the GDS2017

- ✓ How many recent drug users have been stopped by police in relation to their drug use or other drug-related behaviour in the last 12 months?
- ✓ Who is most and least likely to be picked up? e.g. males versus females?
- ✓ How much do experiences of drugs policing vary across globe?

- ✓ Of note we show here:
 - ✓ Which countries have the highest level of drug-related police encounters?
 - ✓ Which countries most use drug detection dogs or “sniffer dogs”?
 - ✓ Which countries have the highest rate of police bribes for drugs?

A total of 49,869 respondents to GDS2017 completed the policing section and were used in the preparation of this report

Some types of policing appear more common in some parts of the globe. Of note, encounters with police drug detection dogs (“sniffer dogs”) were higher in three nations



Was this interesting?

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