

# COLOMBIAN GDS SAMPLE : SAMPLE CHARACTERISTICS

N = > 1400

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GLOBAL  
DRUG  
SURVEY

2018

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PREPARED BY THE GDS CORE RESEARCH TEAM

Prof. Adam R. Winstock, Dr. Monica J. Barratt, Dr. Larissa J. Maier, & Ass. Prof. Jason A. Ferris

THIS REPORT IS EMBARGOED UNTIL:

MAY 9TH 2018 | 6AM AUSTRALIAN CENTRAL TIME

#### USING AND REPORTING THE DATA

In all copy related to the data provided the study should be referred to as Global Drug Survey 2018 conducted in partnership with global media partners including yours.

No part of this report is to be shared with any other organization, including other news agencies, health services, or government departments.

Please forward any request for further information including access to data reports to: [adam@globaldrugsurvey.com](mailto:adam@globaldrugsurvey.com)

# GLOBAL DRUG SURVEY 2018

Data from 130,00 people from over 40 countries was used in the preparation of this report.

GDS is an independent research organisation that conducts university ethics approved, anonymous web surveys in collaboration with global media partners who act as hubs to promote our survey and our findings.

GDS is comprised of experts from the fields of medicine, toxicology, public health, psychology, chemistry, 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 of the drugs by sharing information in a credible and meaningful way.

Our last 4 surveys, run at the end of 2014, 2015, 2016 and 2017 have each received **over 100,000 responses**.

To date over 550,000 people have taken part in our annual surveys.

Over the last 7 years 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 presentations at international conferences, expert advisory meetings and the online resources [www.drugsmeter.com](http://www.drugsmeter.com) and [www.drinksmeter.com](http://www.drinksmeter.com).

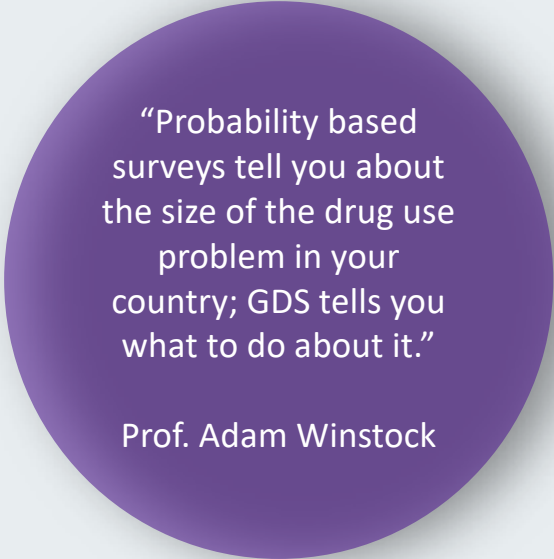
**Over 50 academic papers have been generated using the data from our survey.**



- Over the last 5 years **more than half a million people** have taken part in our surveys.
- GDS2018 was translated into 19 languages.
- **GDS2019** launches in November 2018 and we hope to expand our reach and be available in over 20 languages. If you would like your country or organisation to be part of GDS2019 please contact us at [info@globaldrugsurvey.com](mailto:info@globaldrugsurvey.com). We are especially keen to expand into Africa, SE Asia and the Middle East.

## GDS METHODS & ACADEMIC CREDITS

- GDS uses encrypted anonymous online surveys to get to the truth about the use of drugs around the world. We are self-funded and free to explore positive aspects of drug use in addition to drug related harms. Our work aims to support crafting effective public health policy that optimises the health and well-being of people who use drugs and the wider community.
- Participation is voluntary. Our survey is not a general population survey and should not be used to determine the prevalence of drug use within a population.
- 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. 2017
- Our work is increasingly recognised as a legitimate data source to better understand drug use and its impact on health around the world. GDS is comprised of the Core Research Team and an international partnership with researchers and harm reduction organisations in over 30 countries.



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

Prof. 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, 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 PROFESSOR 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. The findings can inform policy, health service development and most importantly provide people who drink, smoke and/or take other drugs with practical advice on how to keep healthy and minimize the harms associated with the use of psychoactive substances. Stories are based on preliminary findings and are subject to change on further analyses.

## LIMITATIONS WITH CROSS-COUNTRY COMPARISONS

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 50,000 people who had used cannabis last year how often they sought 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 more caution. For a full review and critique of our methods please see [Barratt M, Ferris JA, Zadhov R, Palamar J, Maier LJ, & Winstock AR. Moving on from representativeness: testing the utility of the Global Drug Survey. Substance Abuse: Research and Treatment; 11: Epub.](#)

Further detailed reports for each country are available on request for a small fee.

## 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 alcohol and other drugs across the population of your country.
- GDS helps you understand 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.
- Provides data on new drug trends and crucial public health and policy issues

## 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
- Be aware that GDS recruits young, well-educated, and more involved drug using populations
- The GDS database is huge but its non-probability sample means analyses are suited to highlight differences among user populations.

'We conclude that opt-in web surveys of hard-to-reach populations are an efficient way of gaining in-depth understanding of stigmatised behaviours and are appropriate, as long as they are not used to estimate drug use prevalence of the general population'

*Barratt et al 2017*

## SHARING OUR FINDINGS WITH PEOPLE EVERYWHERE

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/](http://www.globaldrugsurvey.com/brand/the-highway-code/)
- the Safer Use Limits [www.saferuselimits.co/](http://www.saferuselimits.co/)
- digital health apps to deliver brief screening and intervention: [www.drinksmeter.com](http://www.drinksmeter.com) and [www.onetoomany.co](http://www.onetoomany.co)
- harm reduction and drug education videos available on our YouTube channel [www.youtube.com/user/GlobalDrugSurvey](http://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.

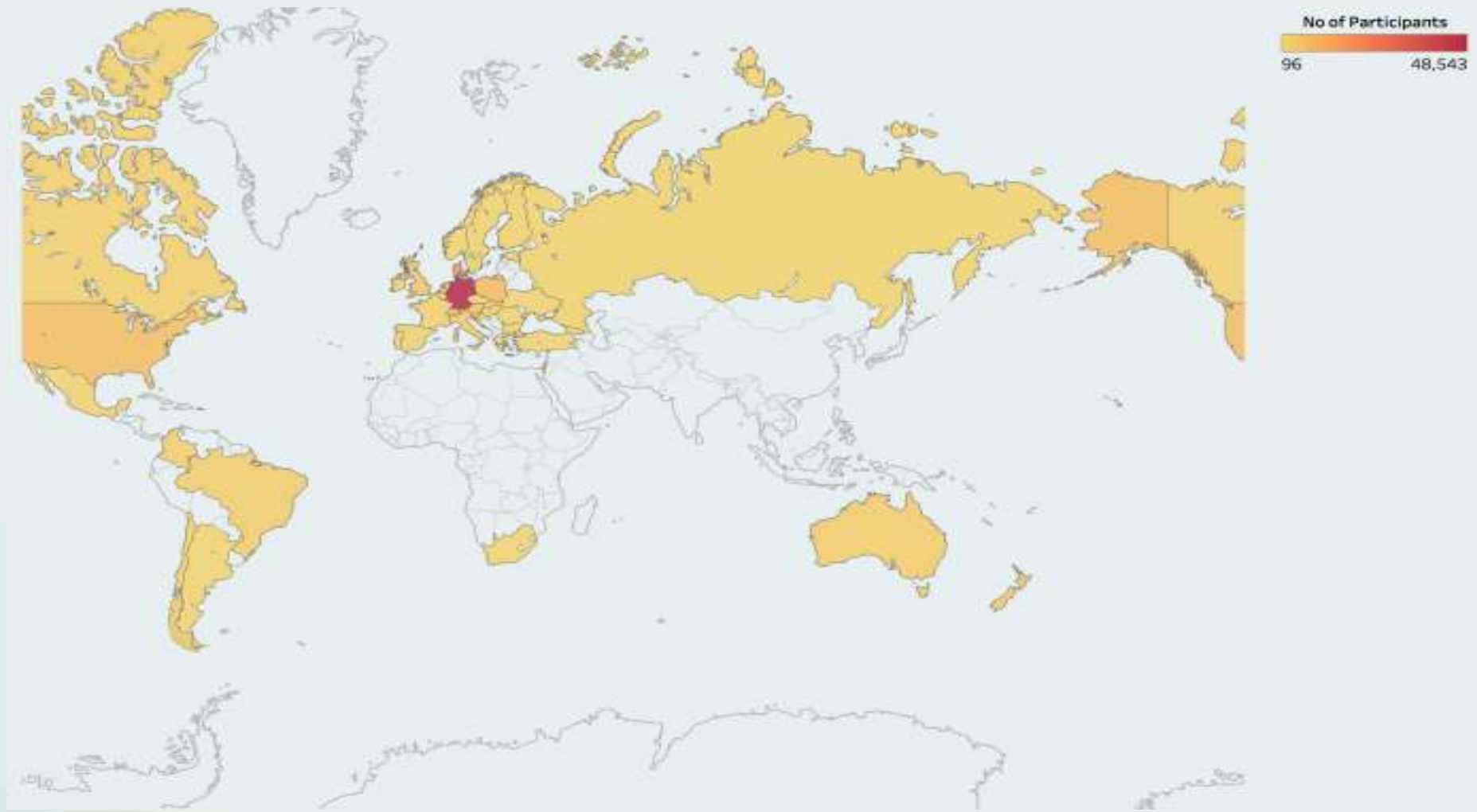


## KEY FINDINGS

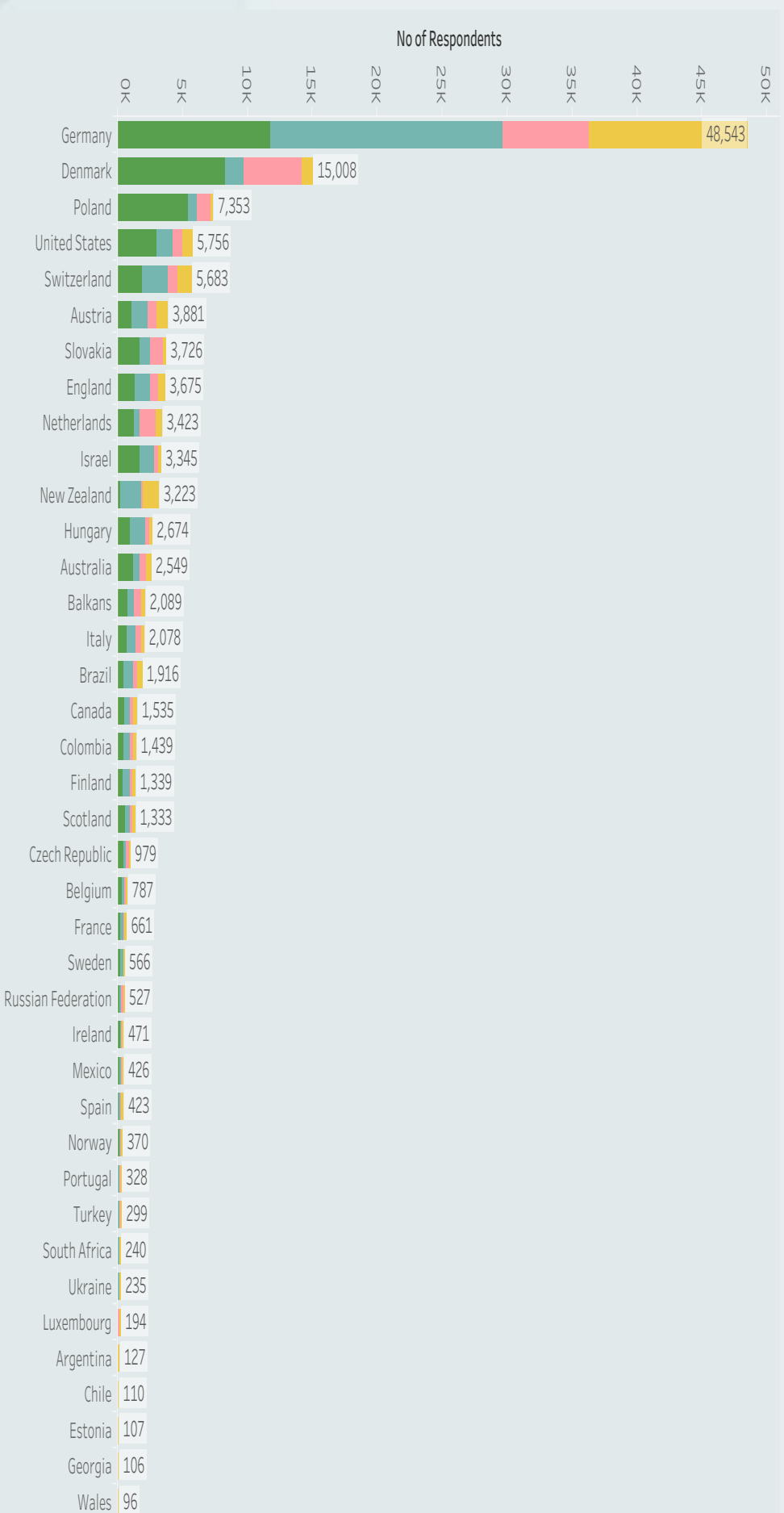
### DEMOGRAPHICS & RECENT DRUG USE EXPERIENCES OF GDS2018

- ☑ Participation by country, age and gender
- ☑ Last 12 month experience legal & illegal drugs of entire global GDS2018 sample
- ☑ Age: mean age and % in different age categories of global GDS2018 sample
- ☑ 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

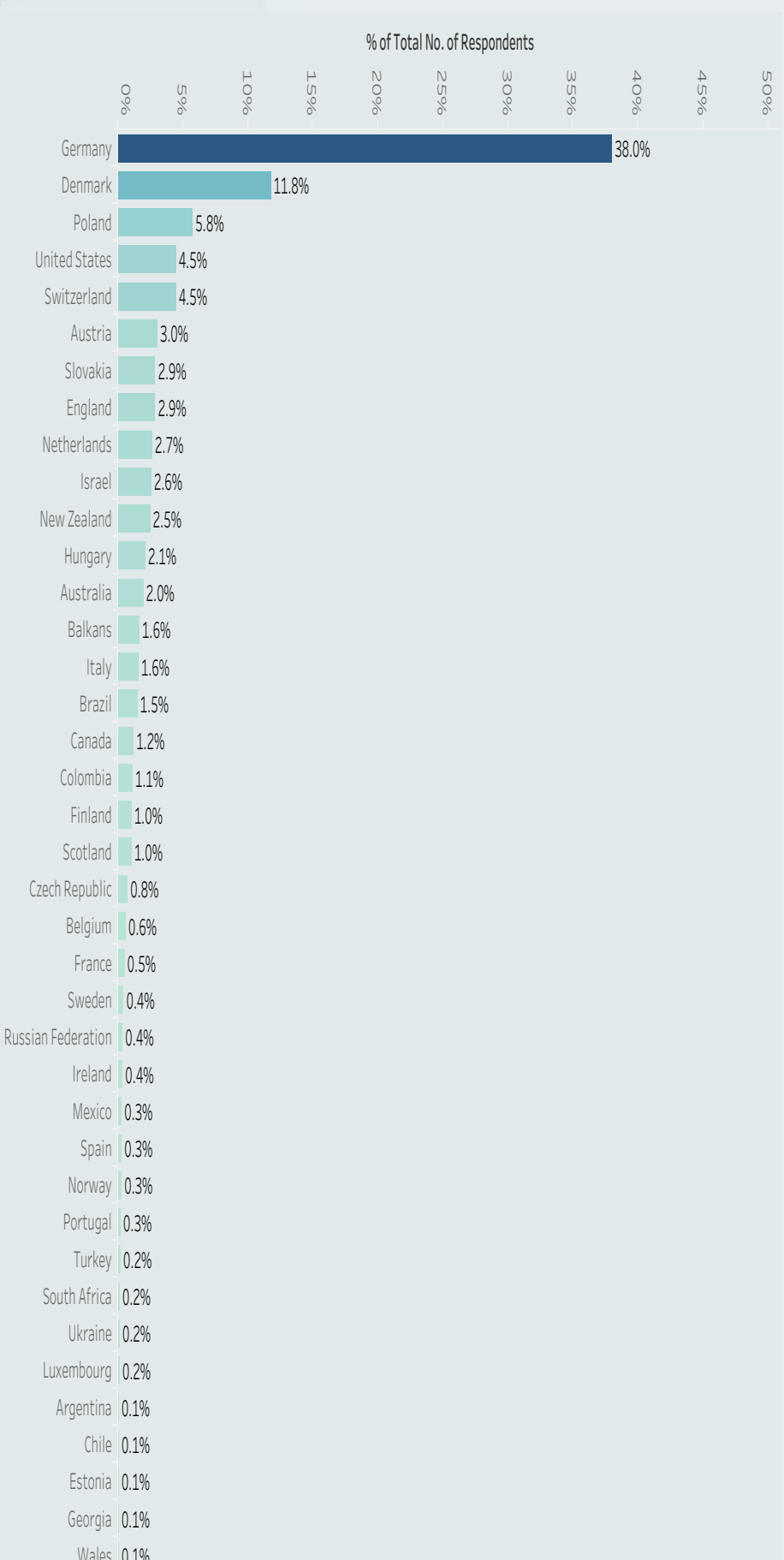
TOTAL NUMBER WITH 100+ RESPONDENTS | NO OF COUNTRIES: 44



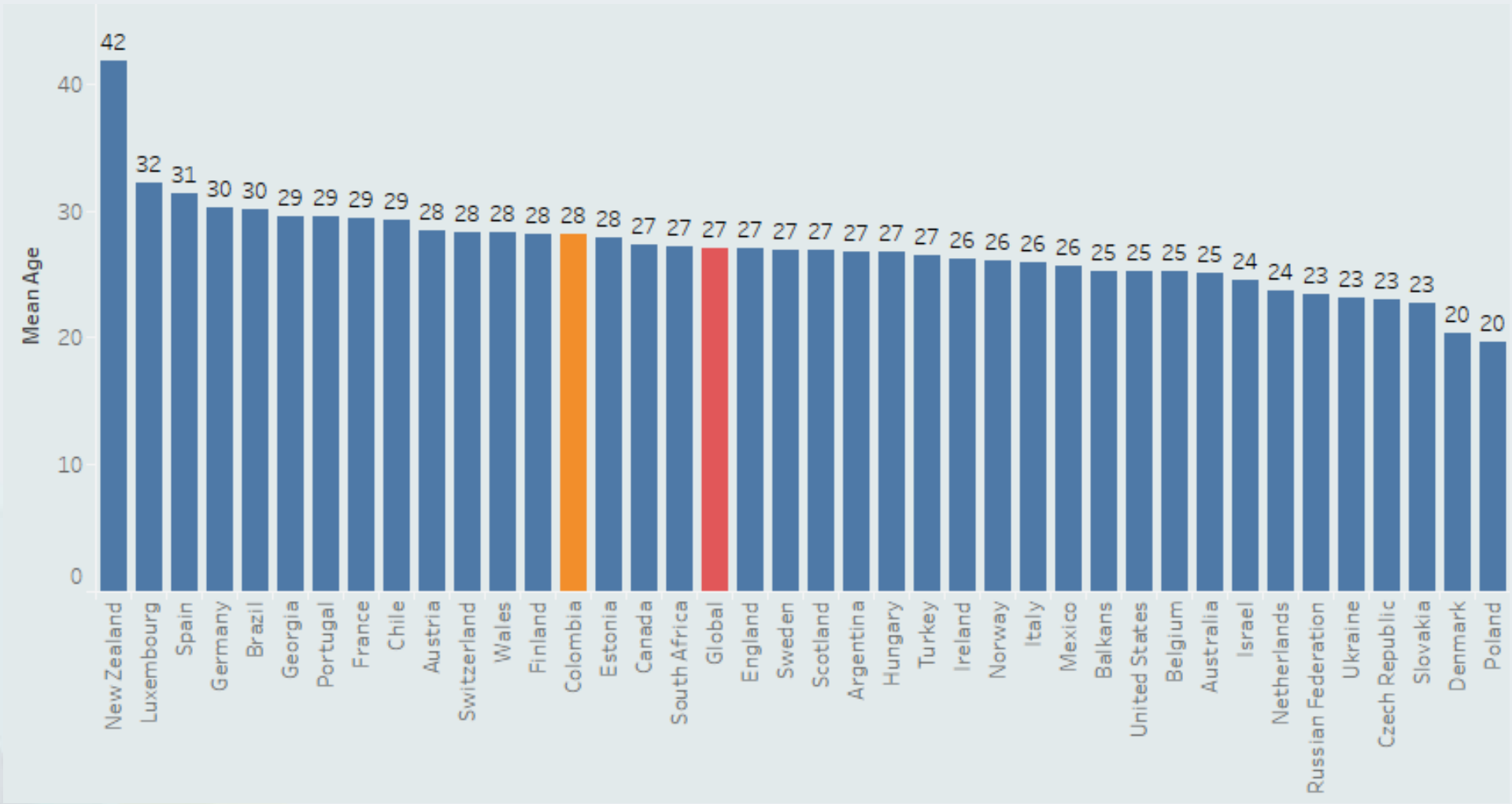
# GDS2018: WHO TOOK PART AND WHERE WERE THEY FROM? (N)



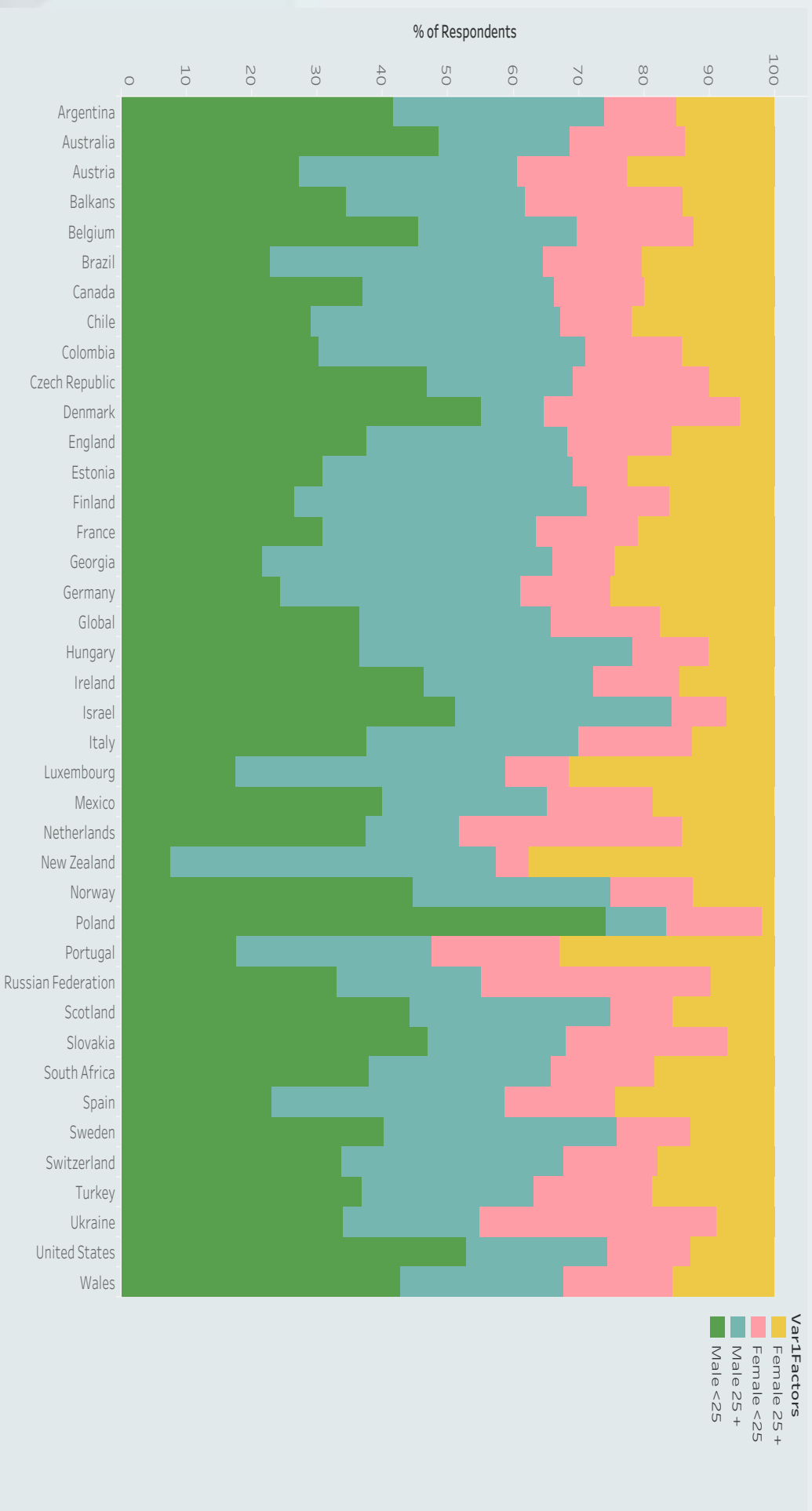
# GDS2018: WHO TOOK PART AND WHERE WERE THEY FROM? (%)



# MEAN AGE OF SAMPLES BY COUNTRY



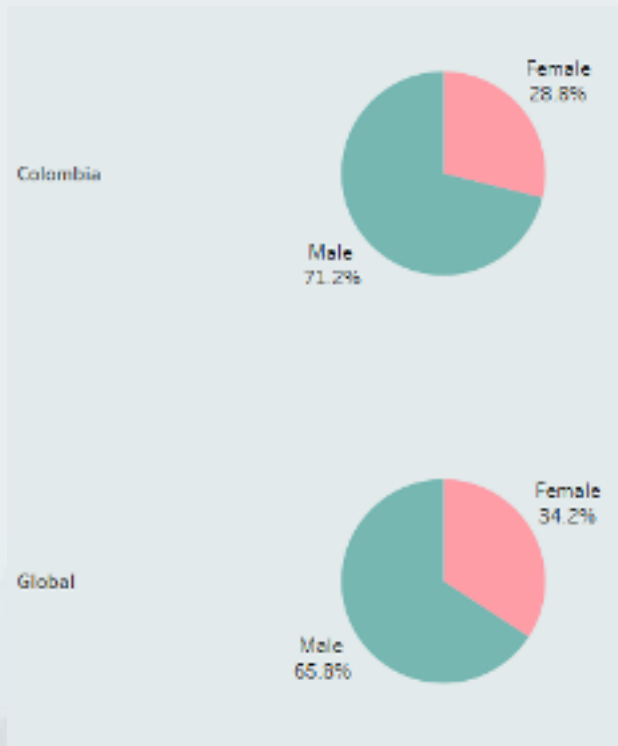
# OVERALL BREAKDOWN BY AGE AND GENDER OF GDS2018 SAMPLE



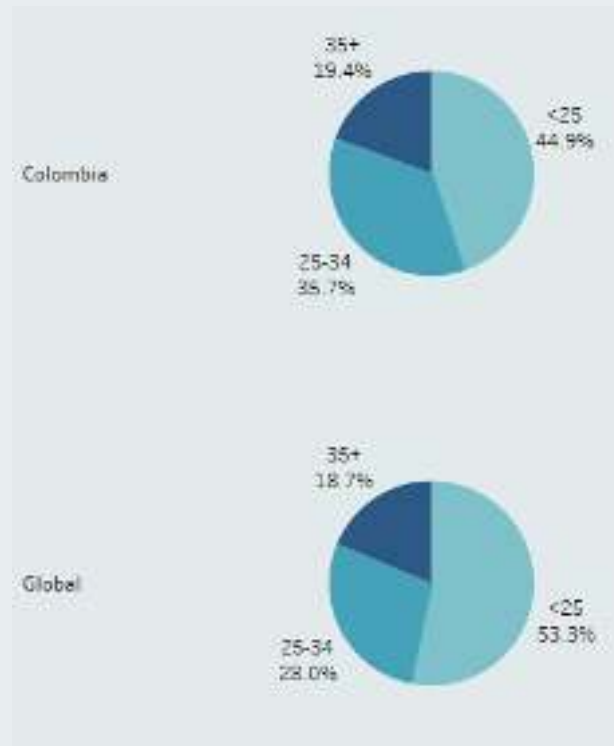
# DEMOGRAPHICS (AGE & GENDER): ENTIRE GDS2018 SAMPLE VS COLOMBIAN SAMPLE



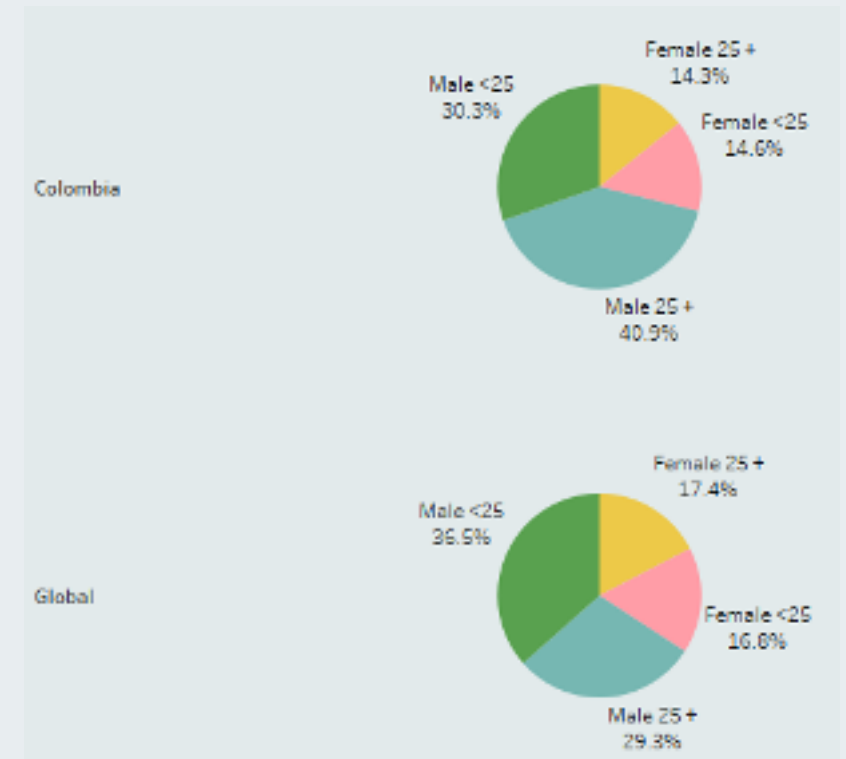
GENDER (%)



AGE RANGE (%)



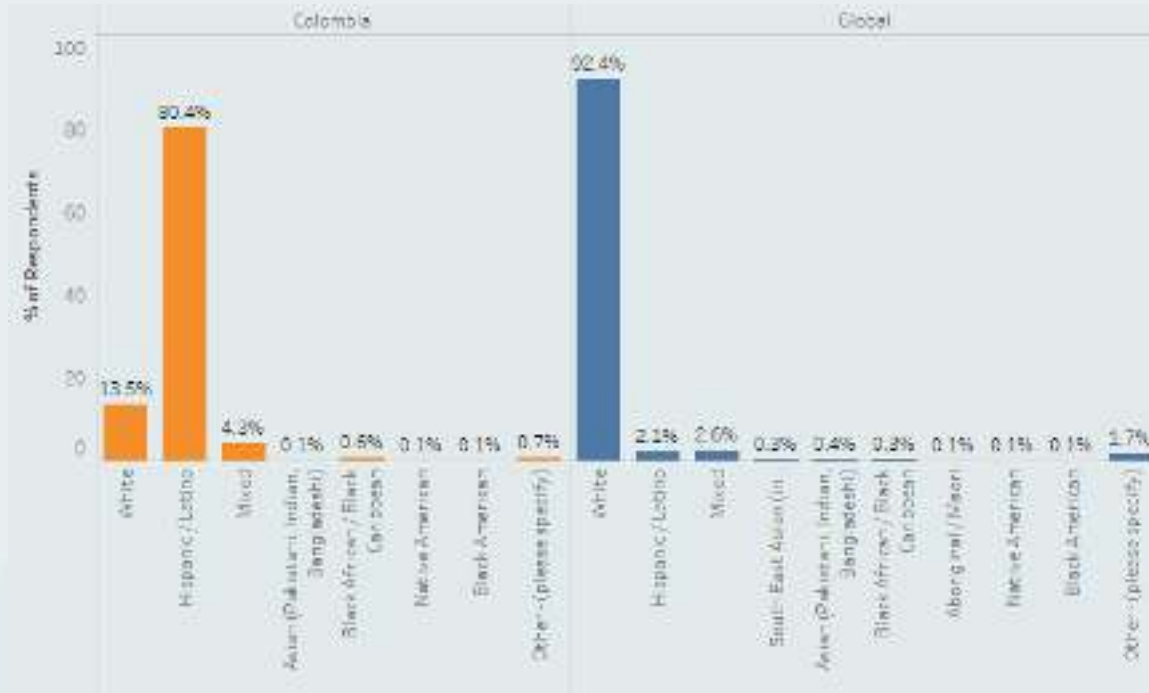
AGE & GENDER (%)



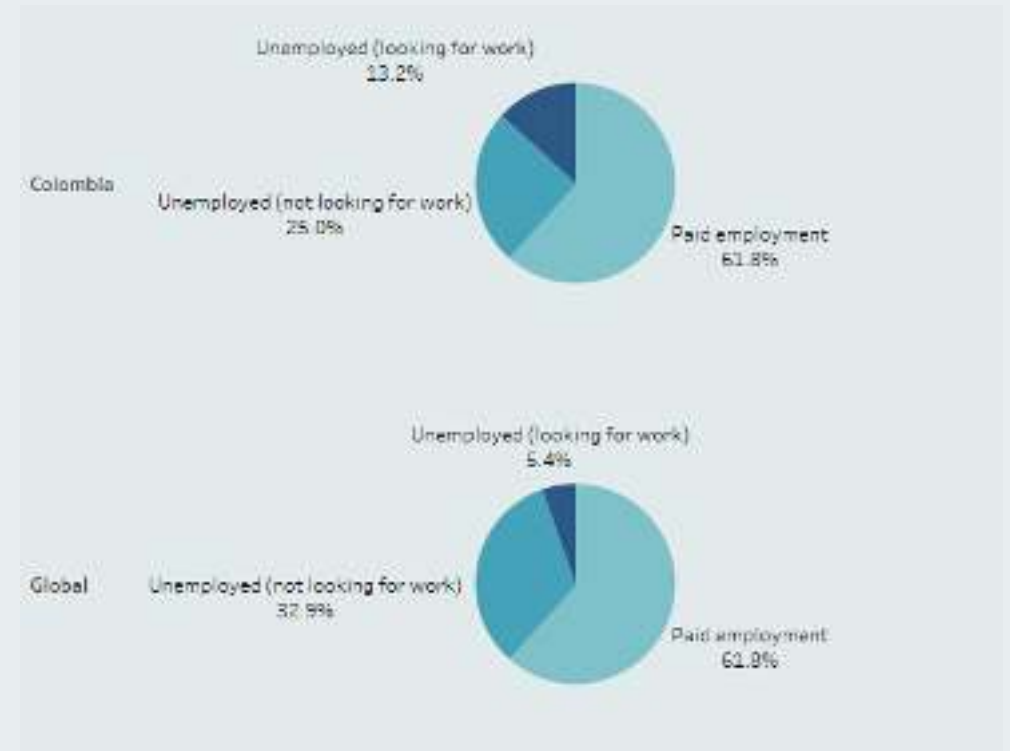
# DEMOGRAPHICS (ETHNICITY | EDUCATION | EMPLOYMENT): ENTIRE GDS2018 SAMPLE VS COLOMBIAN SAMPLE



ETHNICITY(%)



EMPLOYMENT(%)

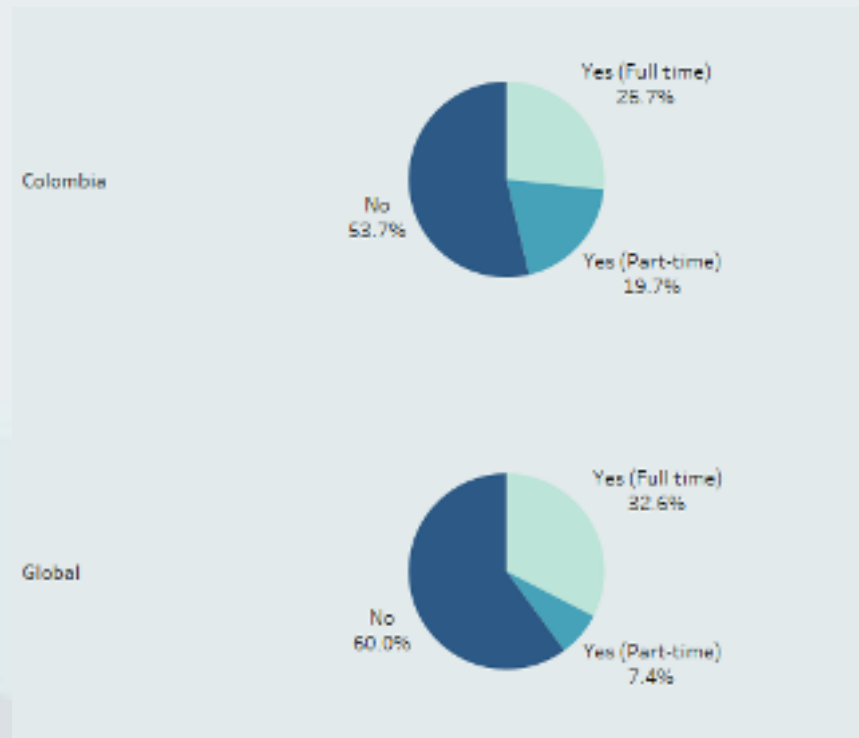




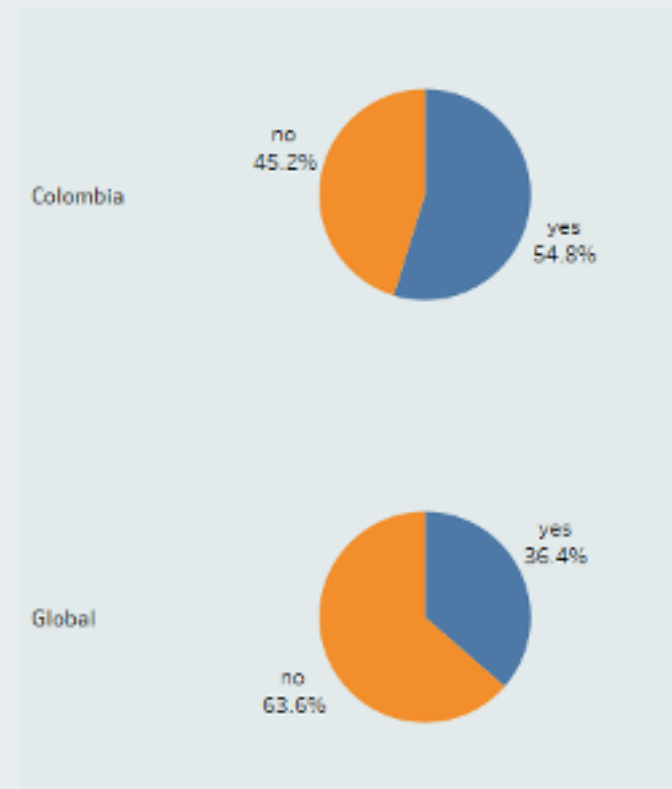
# DEMOGRAPHICS (EDUCATIONAL ATTAINMENT & INVOLVEMENT) ENTIRE GDS2018 SAMPLE VS COLOMBIAN SAMPLE



## EDUCATIONAL STATUS (%)



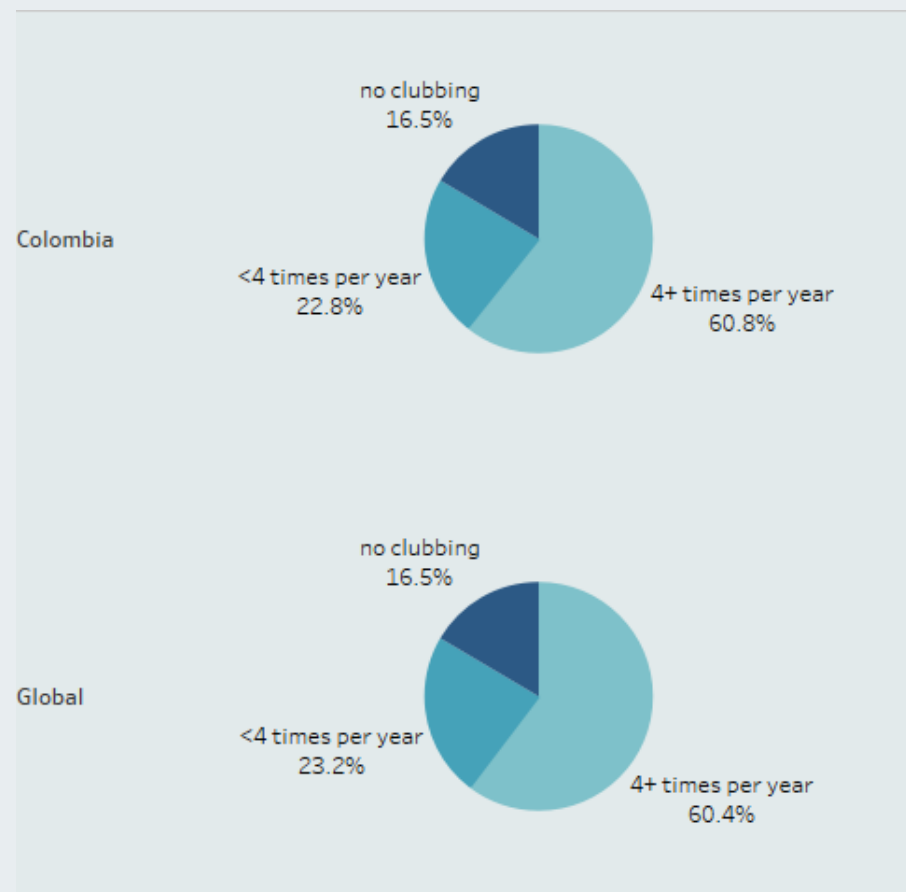
## EDUCATIONAL ATTAINMENT (%)



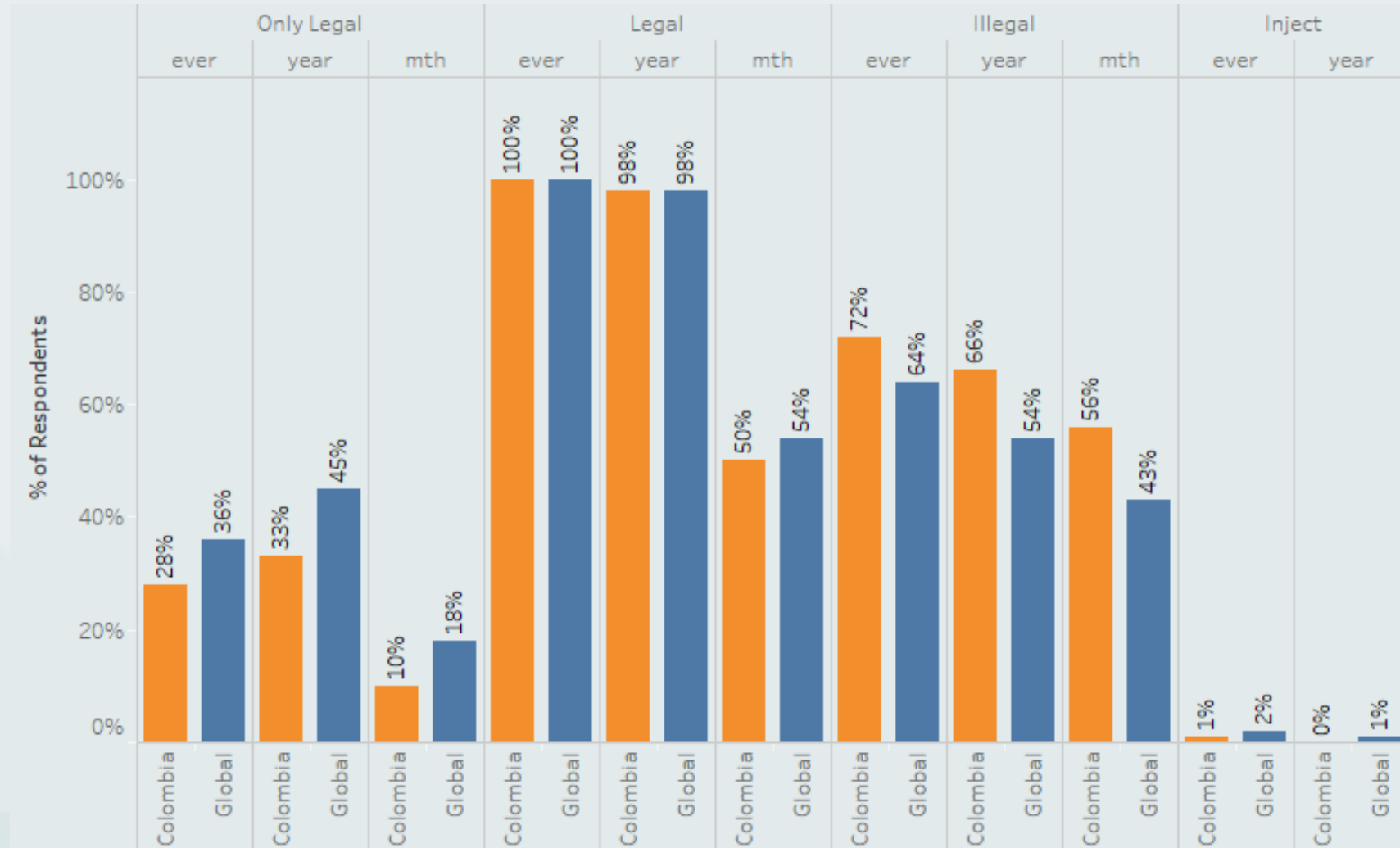
# DEMOGRAPHICS (CLUBBING INVOLVEMENT) ENTIRE GDS2018 SAMPLE VS COLOMBIAN SAMPLE



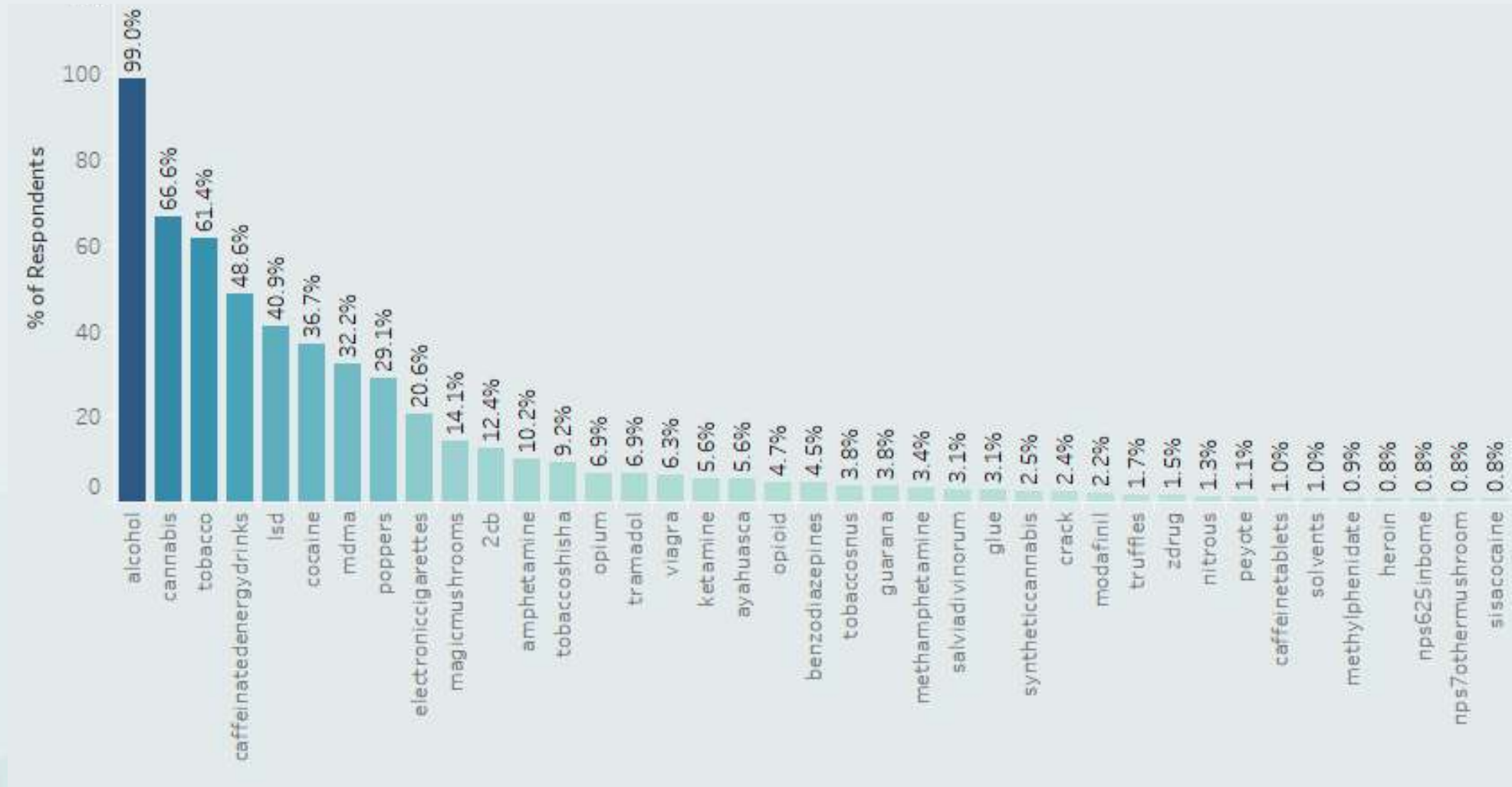
## FREQUENCY OF CLUBBING(%)



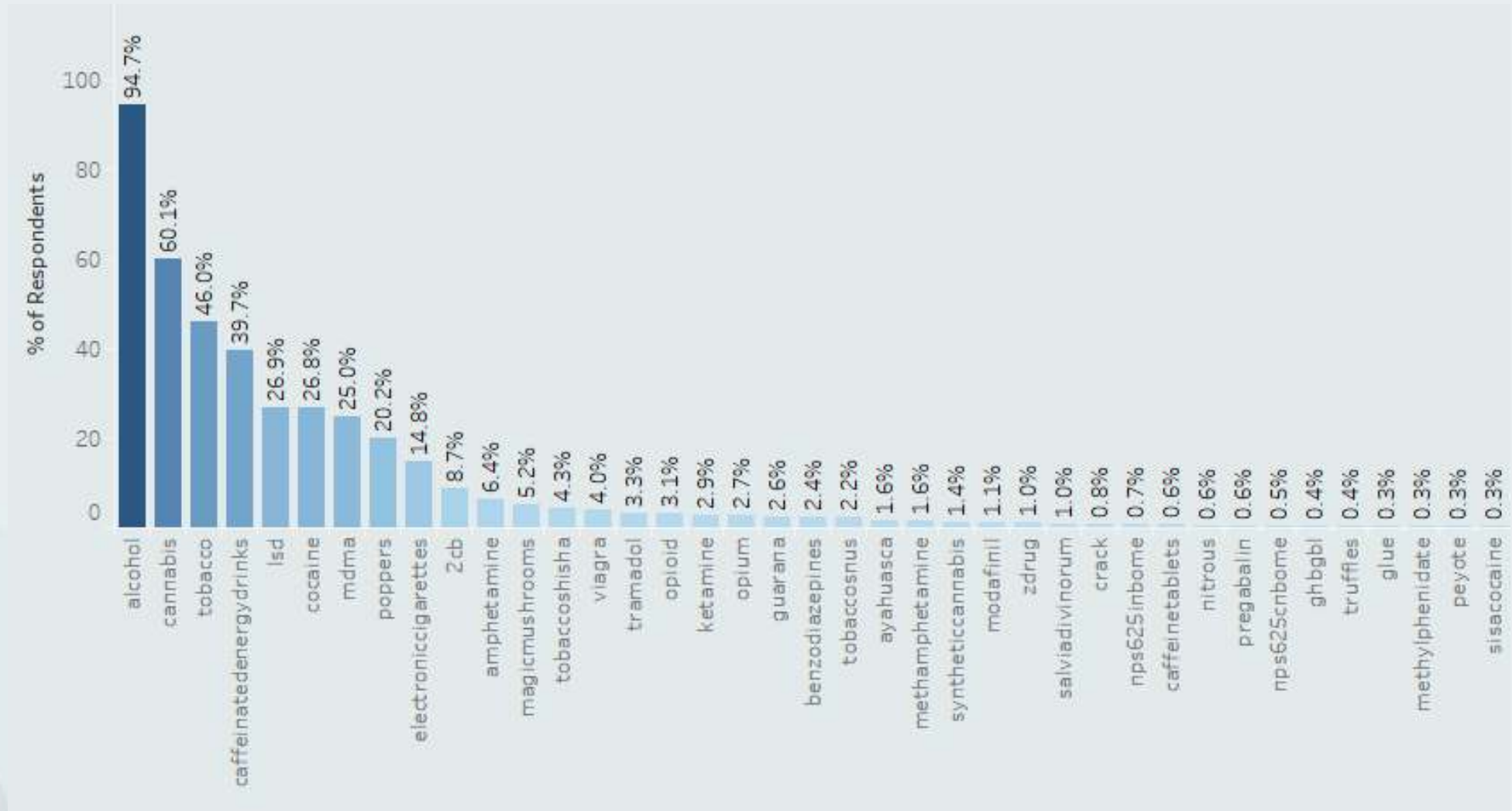
# OVERALL EXPERIENCE : LEGAL DRUGS, ILLEGAL DRUGS & INJECTING ENTIRE GLOBAL GDS2018 VS COLOMBIAN SAMPLE



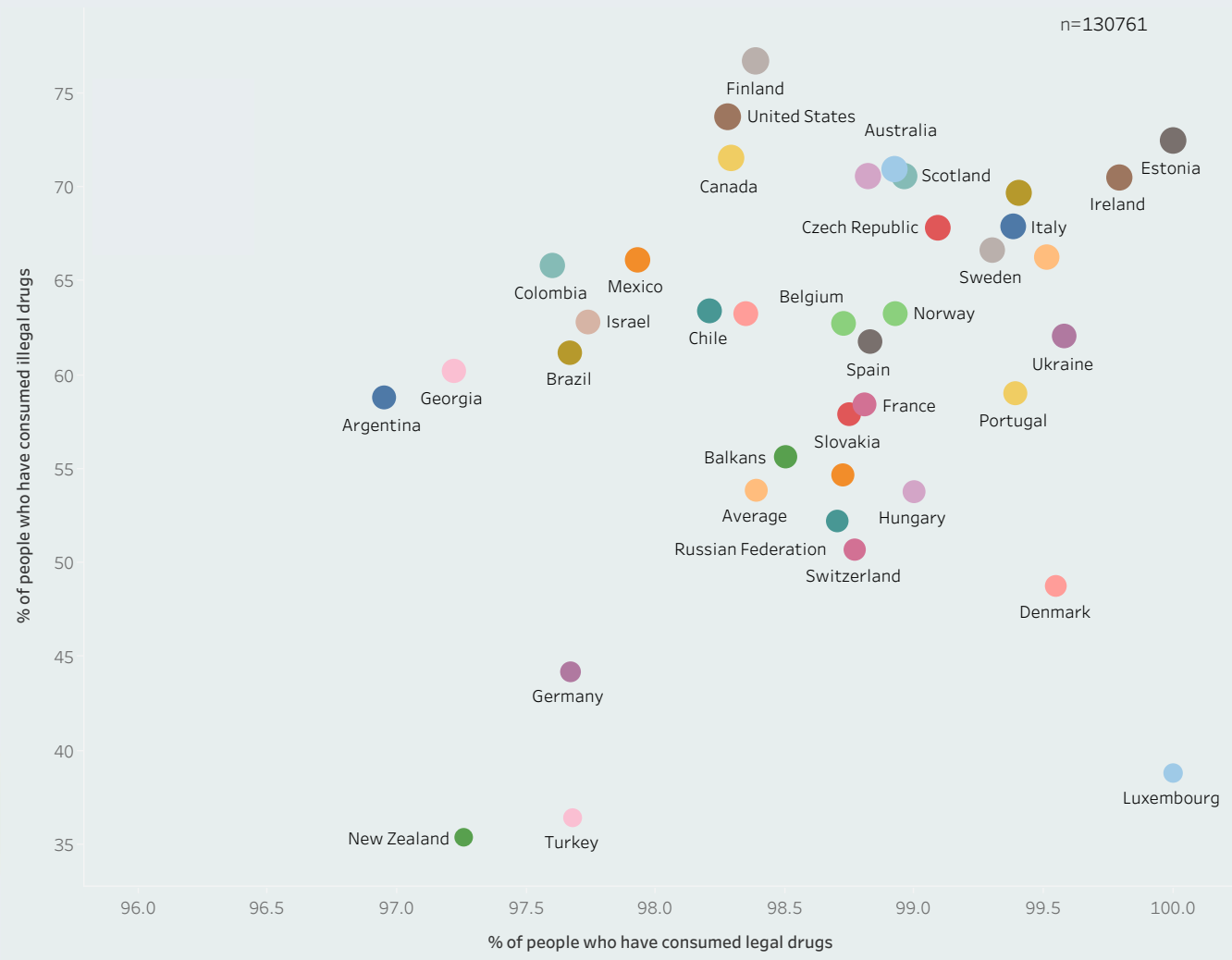
# LIFETIME DRUG USE AMONG THE COLOMBIAN GDS2018 SAMPLE n = > 1400



# 12 MONTH DRUG USE AMONG THE COLOMBIAN GDS2018 SAMPLE n = > 1400



# COUNTRY COMPARISON: % OF PARTICIPANTS REPORTING USE OF LEGAL & ILLEGAL DRUGS LAST 12 MONTHS



GLOBAL GDS2018 SAMPLE

SEEKING EMERGENCY MEDICAL TREATMENT

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2018

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## 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

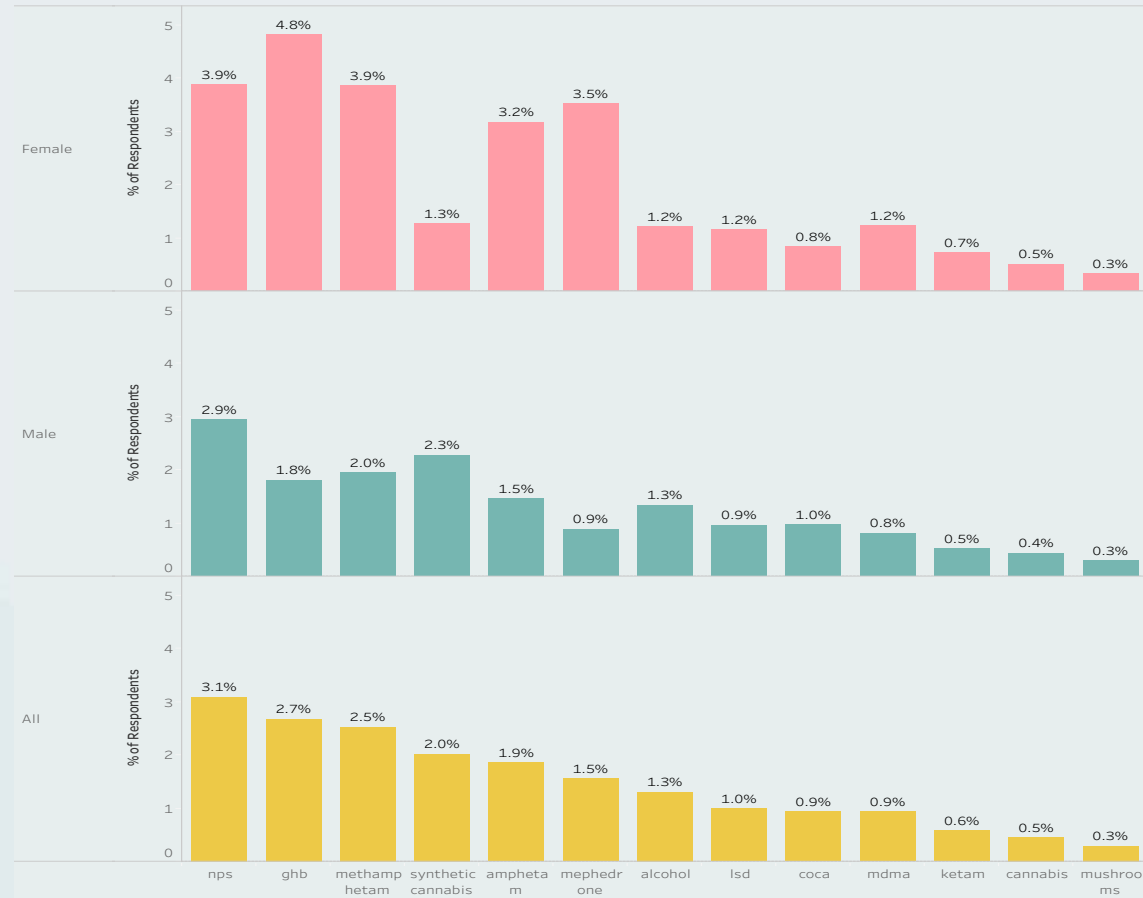
- Whether participants had needed to seek emergency medical treatment in the last 12 months as a result of using a number of drugs
- This section compares the percentages of those last year users of different drugs using the entire GDS2018 sample.
- This is the first time we have included rates for GHB and ketamine

### 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 or nice*



# COMPARISON BY DRUG : SEEKING EMERGENCY MEDICAL TREATMENT (EMT) BY LAST YEAR USERS (GLOBAL SAMPLE)



For the second year running, magic mushrooms seem to carry the lowest acute risk of harm of any drug.

The ranking of 13 drugs looked at in GDS2018 were as follows

1. Novel Drugs
2. GHB
3. Methamphetamine
4. SCRA
5. Amphetamine
6. Mephedrone
7. Alcohol
8. LSD
9. Cocaine
10. MDMA
11. Ketamine
12. Cannabis
13. Magic mushrooms

APPROXIMATE NUMBERS OF LAST YEAR USERS OF EACH DRUG THAT THE RATES OF SEEKING EMT WERE DRAWN FROM (GLOBAL SAMPLE)

Approximate N of last year users	All	Male	Female
Alcohol	>110,000	70,000	40,000
Cannabis	>52,000	40,000	13,000
MDMA	>21,000	15,000	7000
Cocaine	>15,000	10,000	5000
LSD	>10,000	7000	3000
Magic mushrooms	>8000	6000	2000
Amphetamine	>10,000	3000	1500
Ketamine	>4500	3500	1000
GHB	>1000	700	300
Methamphetamine	>2000	1300	700
NPS (new drugs)	>2000	1500	500
Mephedrone	>900	650	250
SCRAs (synthetic can)	>650	450	200

ALCOHOL GDS2018 SAMPLE :  
COLOMBIA

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GLOBAL  
DRUG  
SURVEY

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2018

98.7% of the GDS2018 participants reported the use of alcohol – lifetime

94.5% of the GDS2018 participants reported the use of alcohol – last 12 months  $n = > 123,500$

99% of COLOMBIAN GDS2018 participants reported the use of alcohol, with 94.7% reporting drinking in the last 12 months

Data from over >100,000 people was used to compile this report including >1400 from COLOMBIA

Global Drug Survey GDS2018 © Not to be reproduced without authors permission

# BACKGROUND

- GDS2018 has continued to map global drinking patterns using the Alcohol Use Disorders Identification Test (AUDIT), a World Health Organisation questionnaire to ascertain a score for harmful drinking levels and dependence.
- All AUDIT scores of 8 or higher indicate hazardous and harmful alcohol use. AUDIT scores ranging from 8-15 represent risky use causing some problems whereas scores of 16 and above represent harmful use causing lots of problems. AUDIT scores of 20 or above warrant further diagnostic evaluation for alcohol dependence. The higher the score, the larger not only the problems but also the need for treatment.
- Each year, about 1 in 3 GDS participants express a desire to drink less alcohol in the next 12 months. Digital health applications, media and lifestyle blogs help to raise awareness of the health harms associated with excessive drinking. The results of the GDS are, for example, also used to inform the online and smart phone app [Drinks Meter www.drinksmeter.com](http://www.drinksmeter.com)
- This year, we explored the potential influence of **health warnings on alcohol labels** on raising awareness and changing drinking behaviours.

# KEY RESULTS IN THIS SECTION

## Drinking harms and adverse experiences

- ☑ The % in each AUDIT score category for each country – total & by gender & by age (16-24y and 25y +)
- ☑ The % who reported feelings of regret or guilt at least monthly because of their drinking total & by gender & by age (16-24y and 25y +)
- ☑ The % who reported being unable to remember what happened the night before because of their drinking total & by gender & by age (16-24y and 25y +)

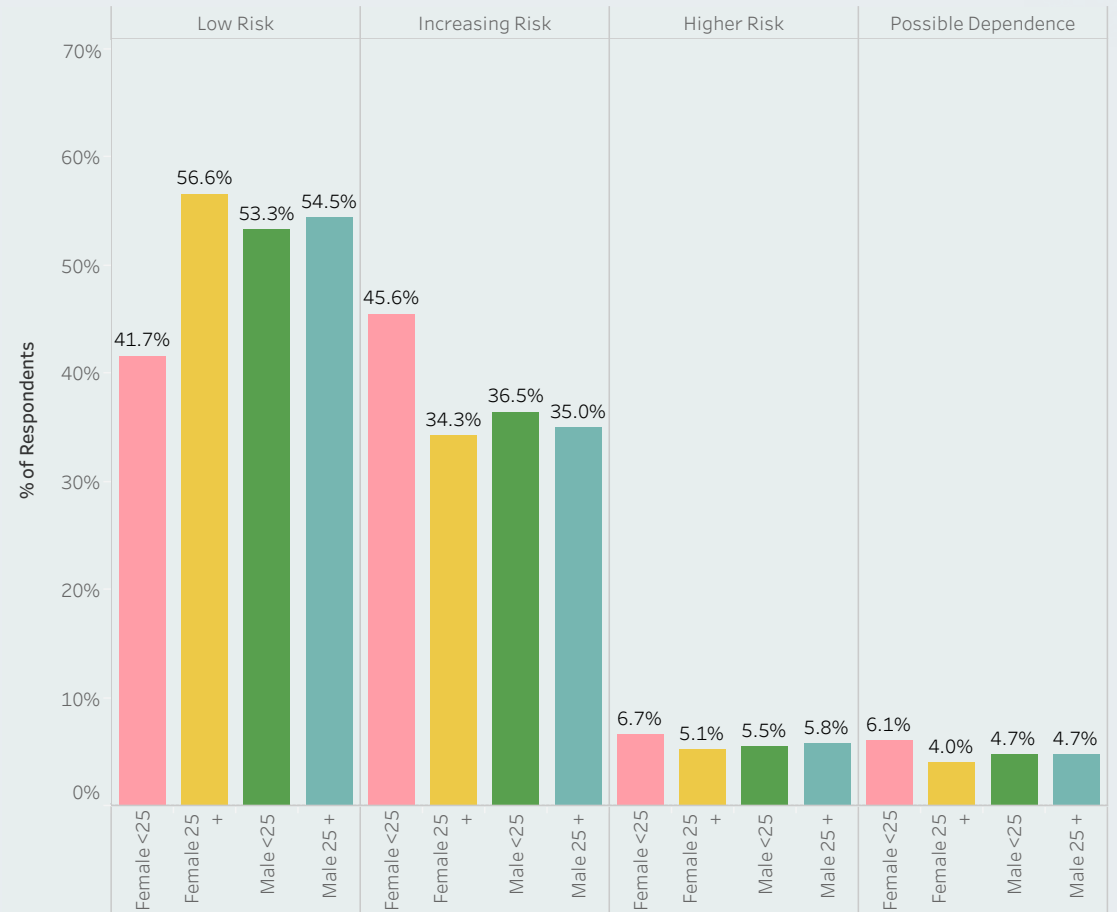
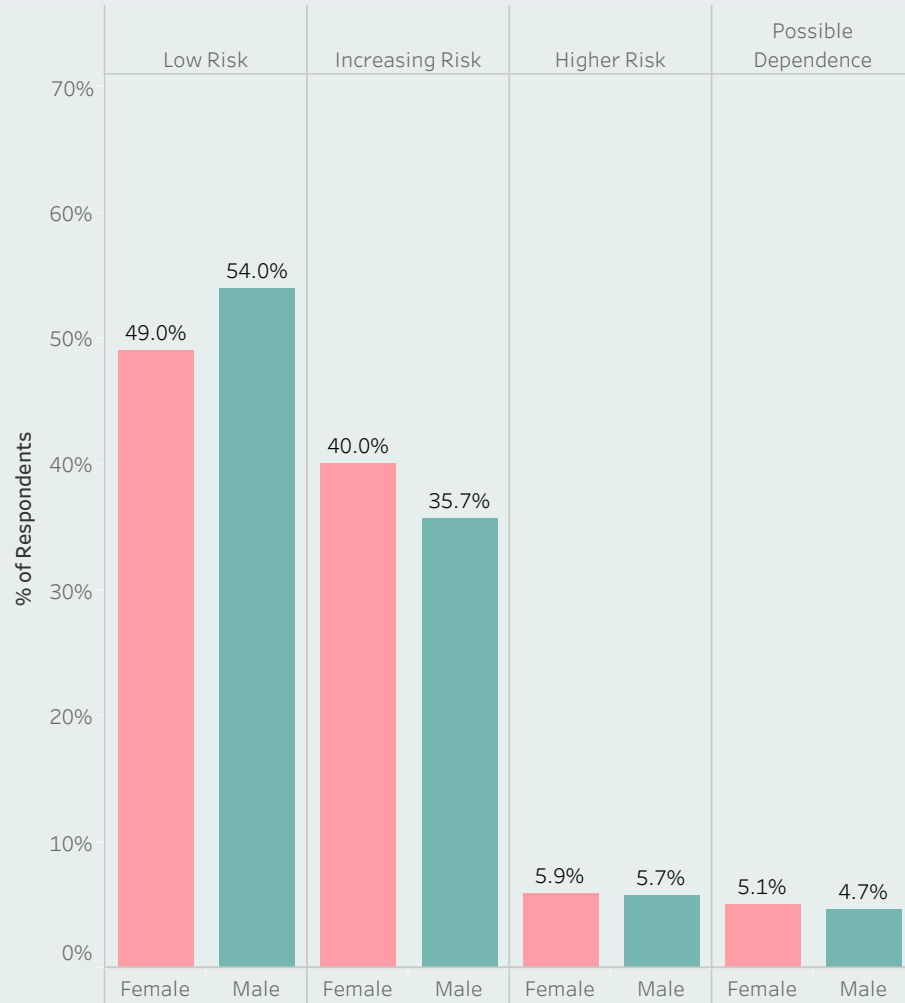
## Awareness of alcohol related health harms, personal relevance and potential to reduce drinking

- ☑ The % of last year drinkers for whom alcohol health label information was new to them – total & by gender
- ☑ The % of last year drinkers who believed the health warning – total & by gender
- ☑ The % of last year drinkers who perceived the health warning as personally relevant - total & by gender
- ☑ The % of all last year drinkers who reported that each message would get them to consider drinking less - total & by gender

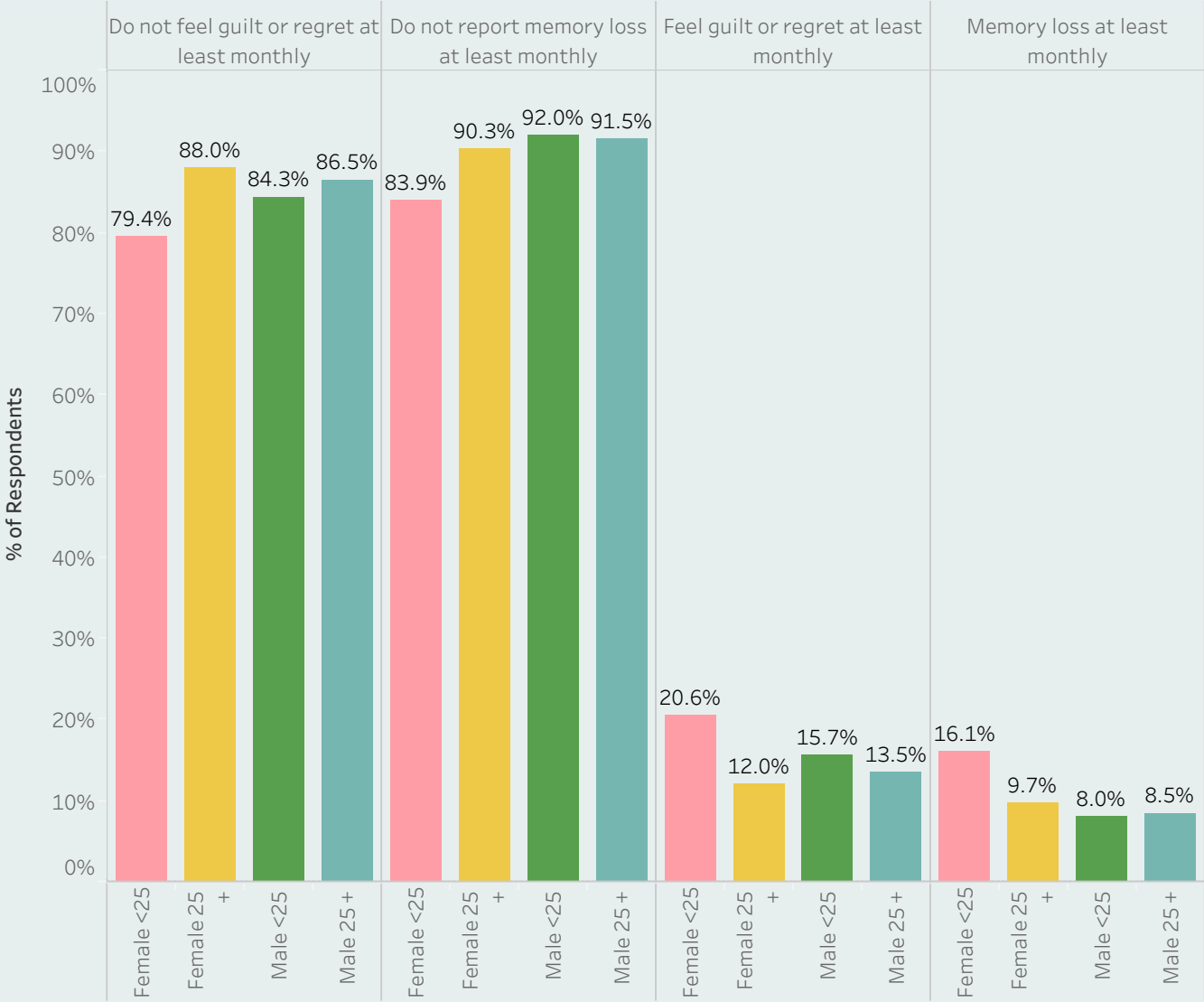
## Who wants to drink less, who wants help and who sought emergency medical treatment?

- ☑ 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
- ☑ The % of last year drinkers who sought emergency medical treatment – total & by gender & by age

# CATEGORICAL AUDIT (RISK OF HARM ALCOHOL SCORES)



# GUILT, REGRET & MEMORY LOSS FOLLOWING ALCOHOL USE LAST 12 MONTHS



## HEALTH WARNINGS ON ALCOHOL LABELS

Alcohol is responsible for 4% of the world's global burden of diseases and is implicated in at least 60 health conditions, including those that kill us most often - cancer and heart disease.

The alcohol industry is rather powerful and quite protective of things that might show alcohol in a poor light and dent profits. They don't like people to think of alcohol as a drug, though of course it is. Given the success of tobacco health warning labels in recent years GDS2018 was interested to see how they might work for alcohol.

GDS2018 thus conducted the biggest study ever undertaken into exploring the potential impact of product health warning labels on people's awareness of alcohol health harms and the potential for them to influence people's attitude and drinking behaviour. In collaboration with a group of public health and alcohol experts we created 7 different health warnings each addressing a different aspect of alcohol and health.

The messages focused on harms to self and others and used a combination of positive and negative messaging to address the risks of excessive drinking as well as the benefits of drinking less. The 7 messages were provided in text form only with no supporting graphic.

## GDS2018 – 7 HEALTH MESSAGES

1 Heart disease is a major cause of death among people with heavy alcohol use.

**ALCOHOL = HEART**

2 Even people with heavy alcohol use can reduce their risk of liver disease by cutting down by even a small amount.

**ALCOHOL = LIVER**

3 Drinking less reduces your risk of 7 different sorts of cancer.

**ALCOHOL = CANCER**

4 A bottle of wine or 6 bottles of beer contain as many calories as a burger and fries.

**ALCOHOL = CALORIES**

5 Experts recommend having at least 2 alcohol free days per week. This can help you reduce and control your drinking.

**ALCOHOL = 2 DAYS OFF**

6 Most people get little or no health benefit from alcohol use, even at low levels of drinking.

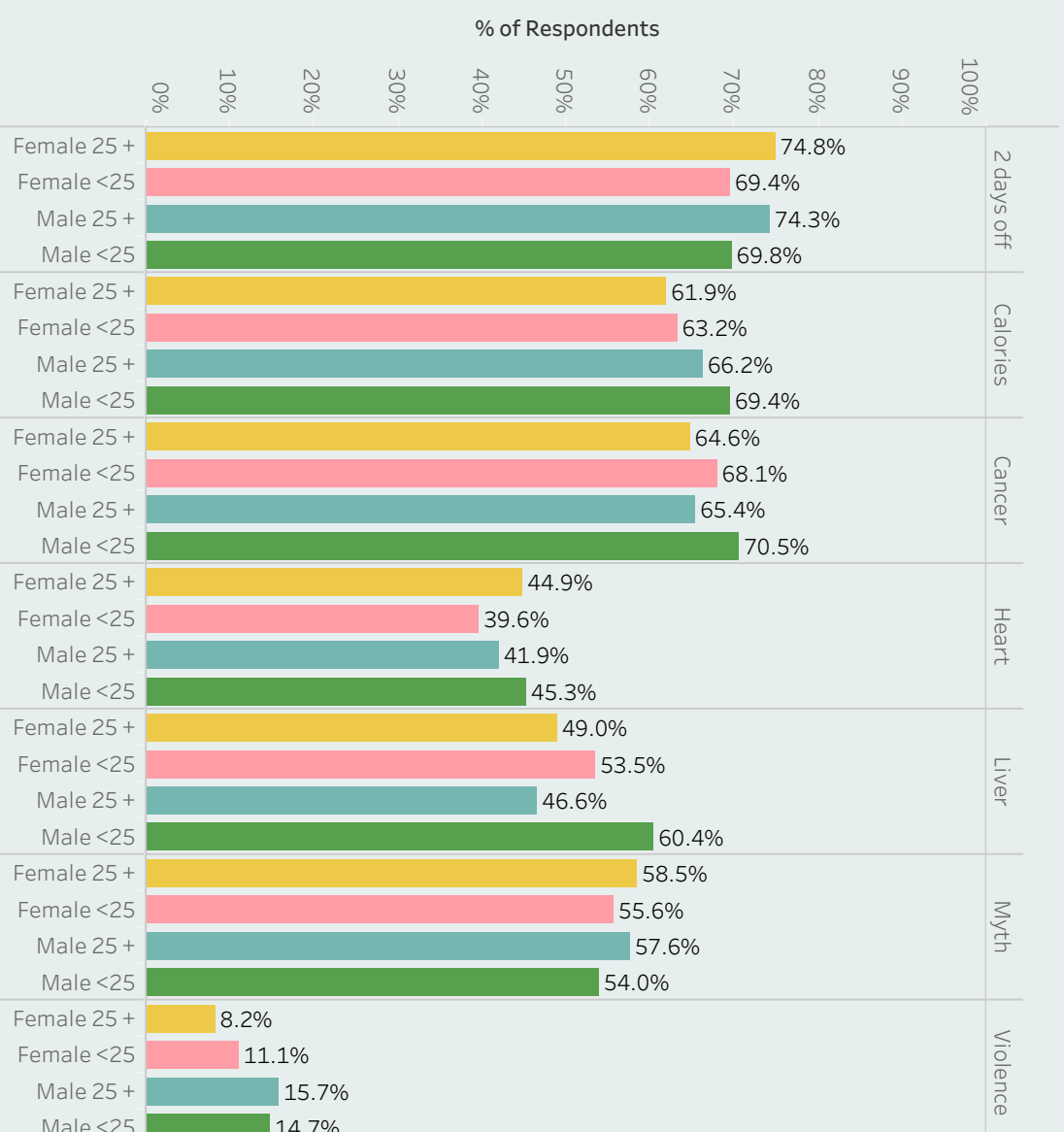
**ALCOHOL = HEALTH MYTH**

7 Alcohol use increases the risk of violence and abuse.

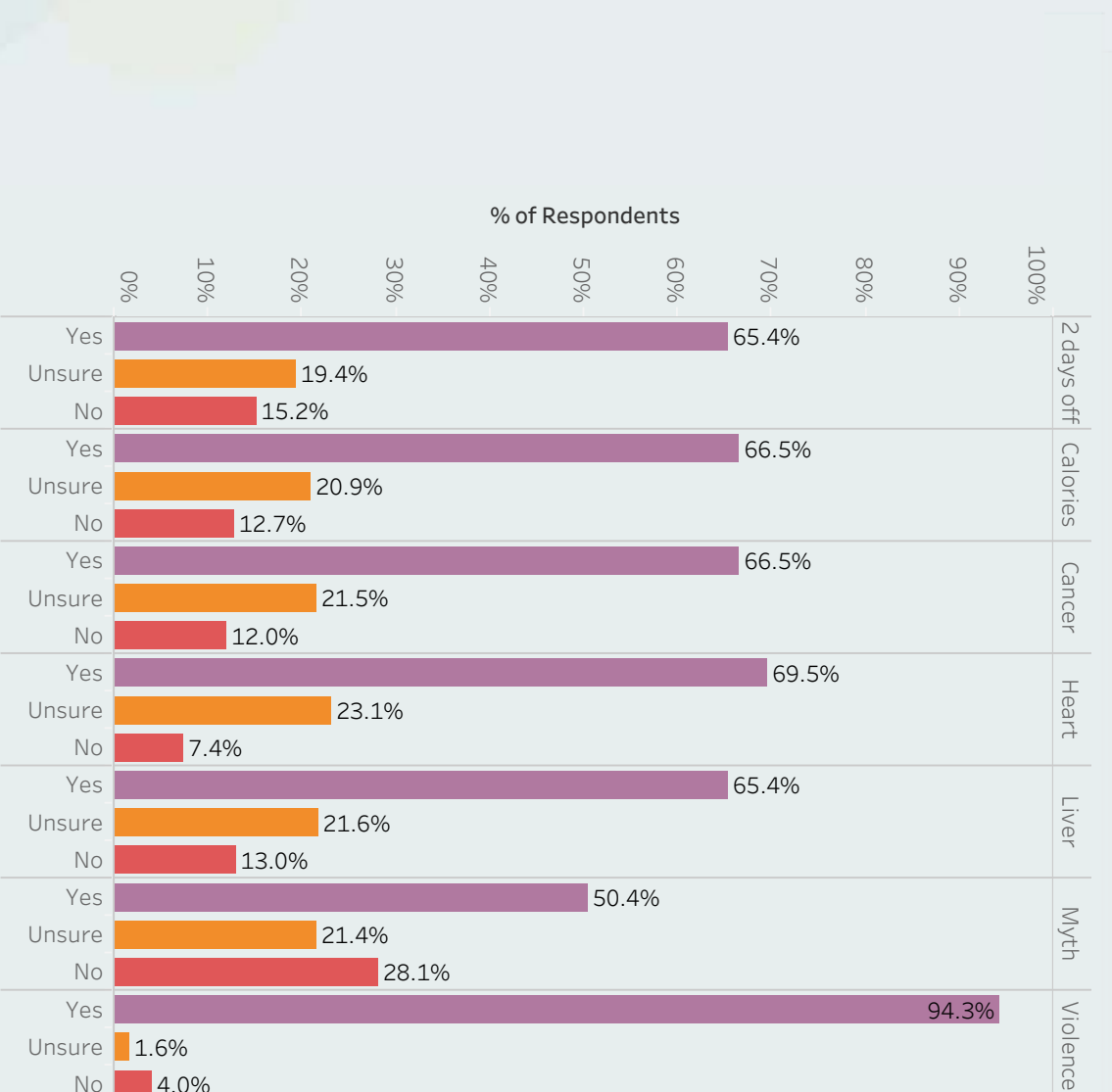
**ALCOHOL = VIOLENCE**



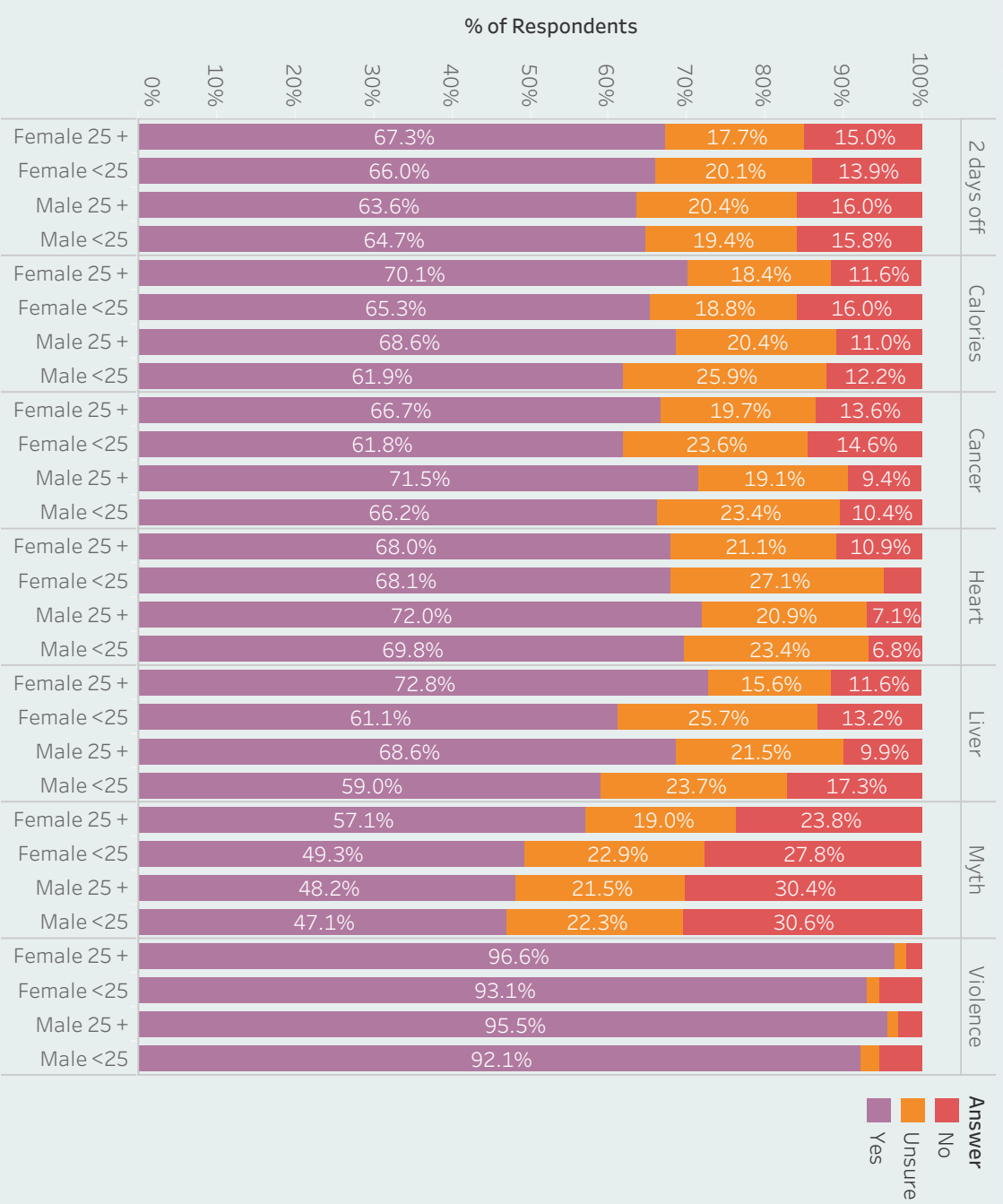
# ALCOHOL LABEL HEALTH WARNINGS COMPARED INFORMATION NEW TO THEM (by age and gender)



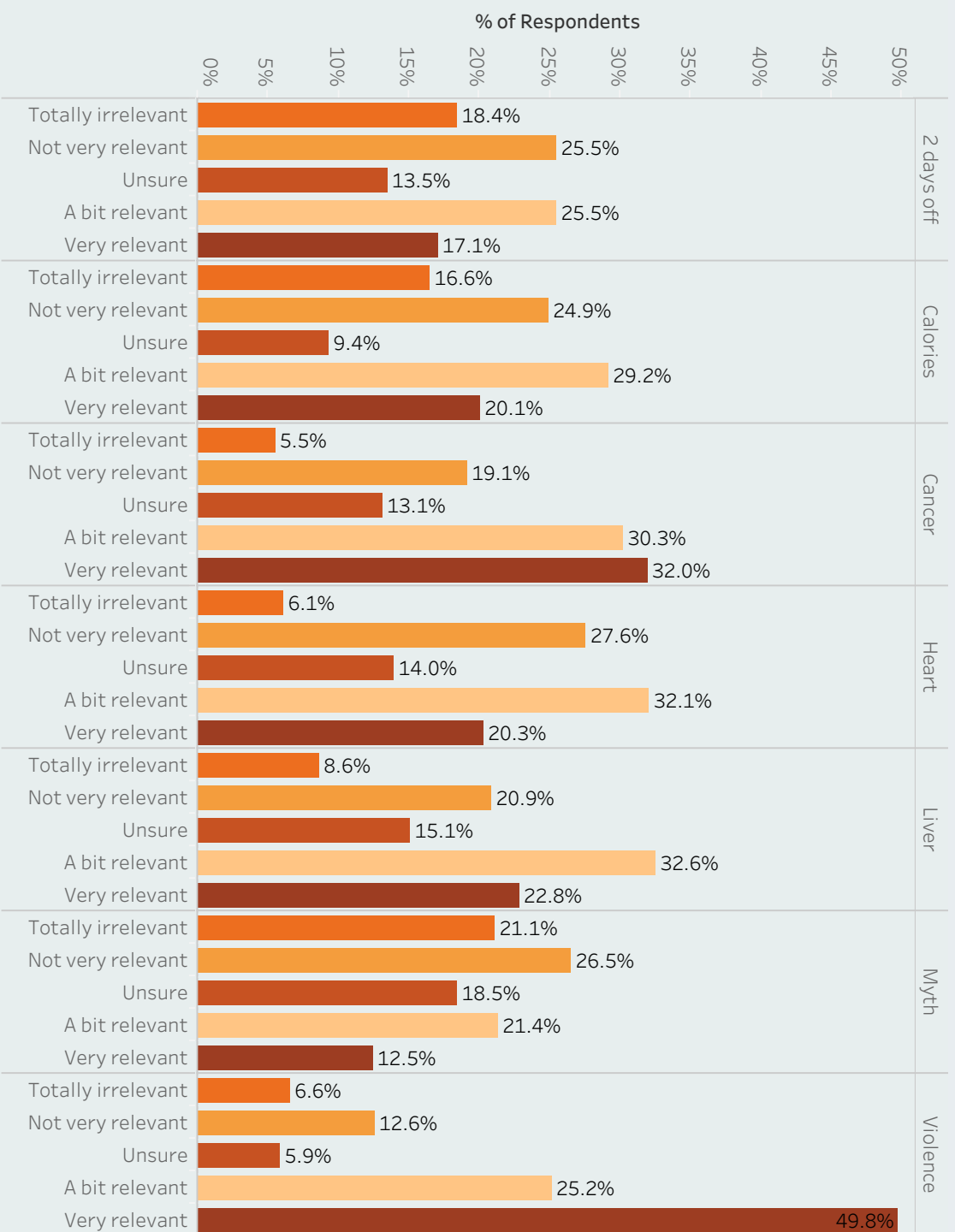
# ALCOHOL LABEL HEALTH WARNINGS COMPARED BELIEVE THE HEALTH WARNING INFORMATION (M+F combined)



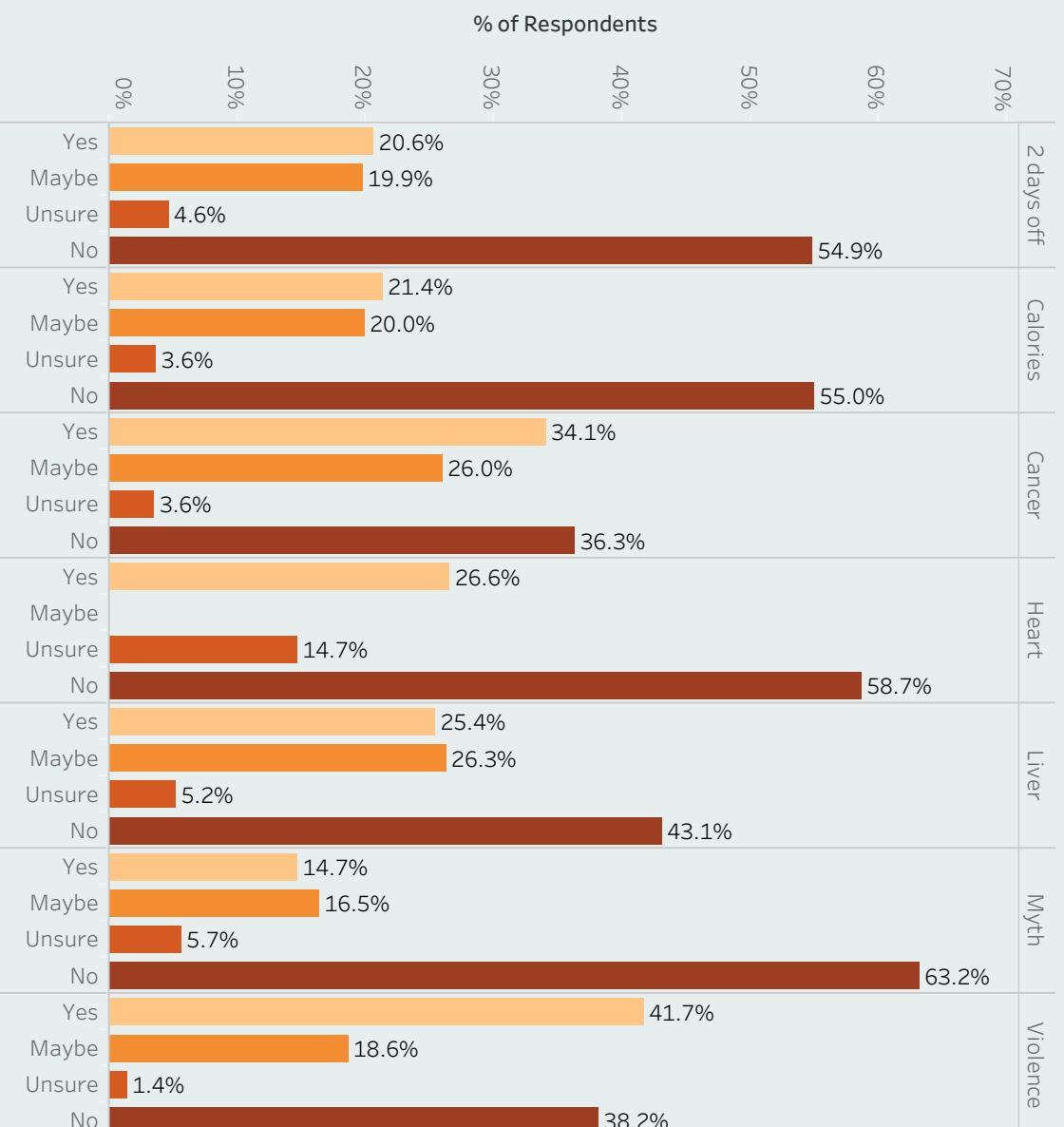
# ALCOHOL LABEL HEALTH WARNINGS COMPARED BELIEVE THE HEALTH WARNING INFORMATION (by age and gender)



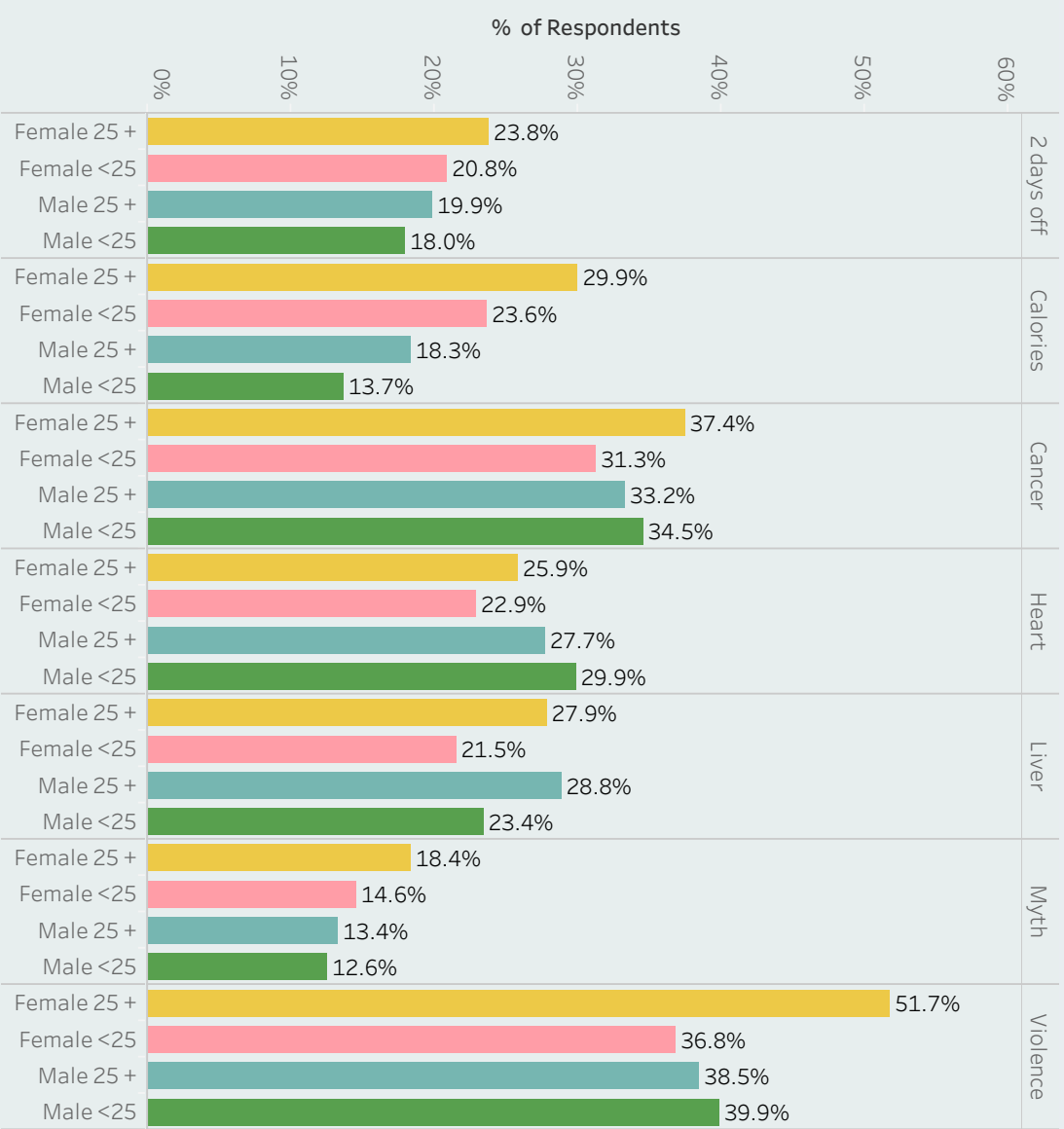
# THE INFORMATION PRESENTED WAS PERCEIVED AS PERSONALLY RELEVANT (M+F combined)



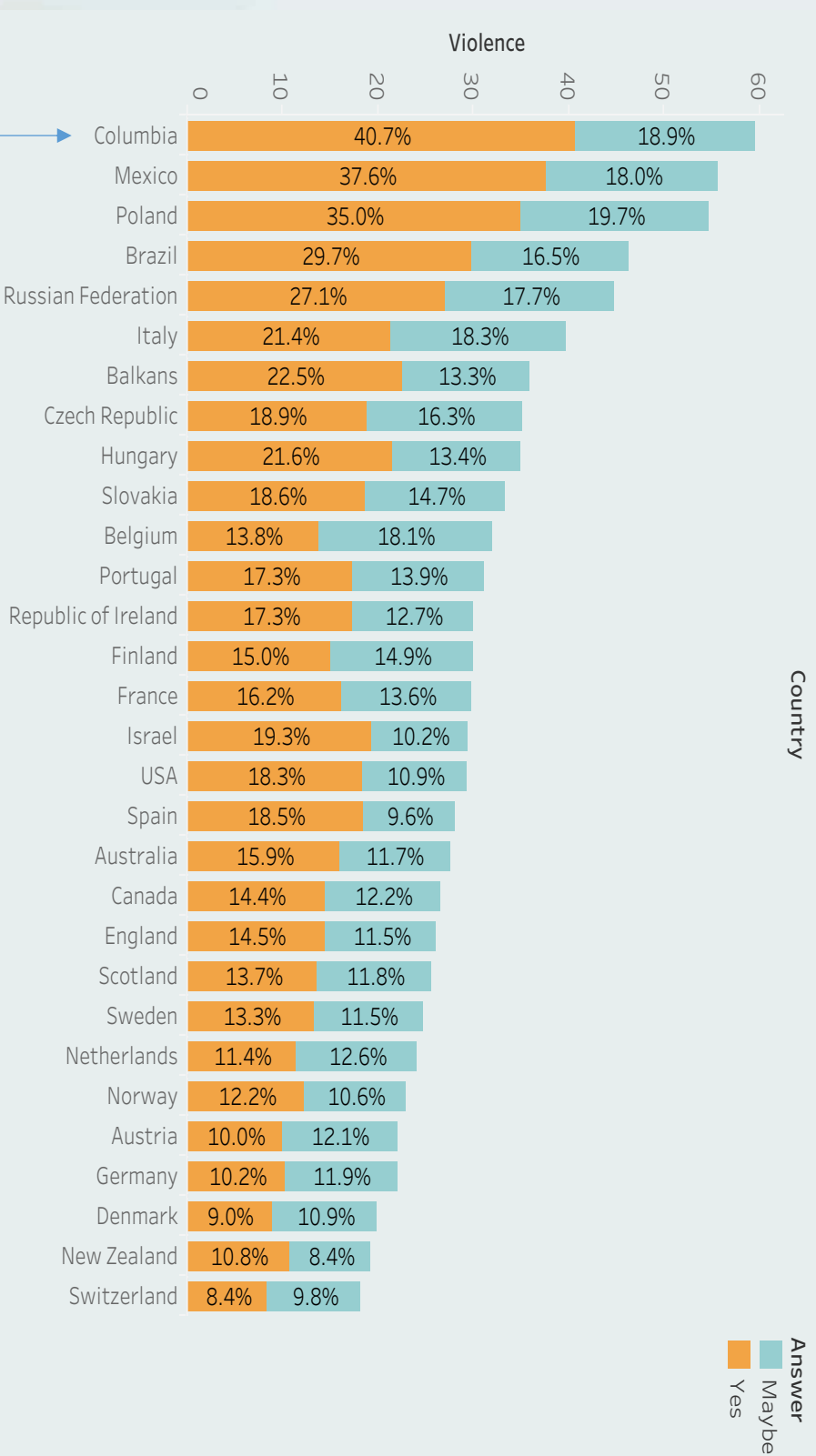
# ALCOHOL HEALTH WARNINGS COMPARED WOULD IT MAKE YOU THINK ABOUT DRINKING LESS? (M + F combined)



# ALCOHOL LABEL HEALTH WARNINGS COMPARED WOULD IT MAKE YOU THINK ABOUT DRINKING LESS? (by age and gender)

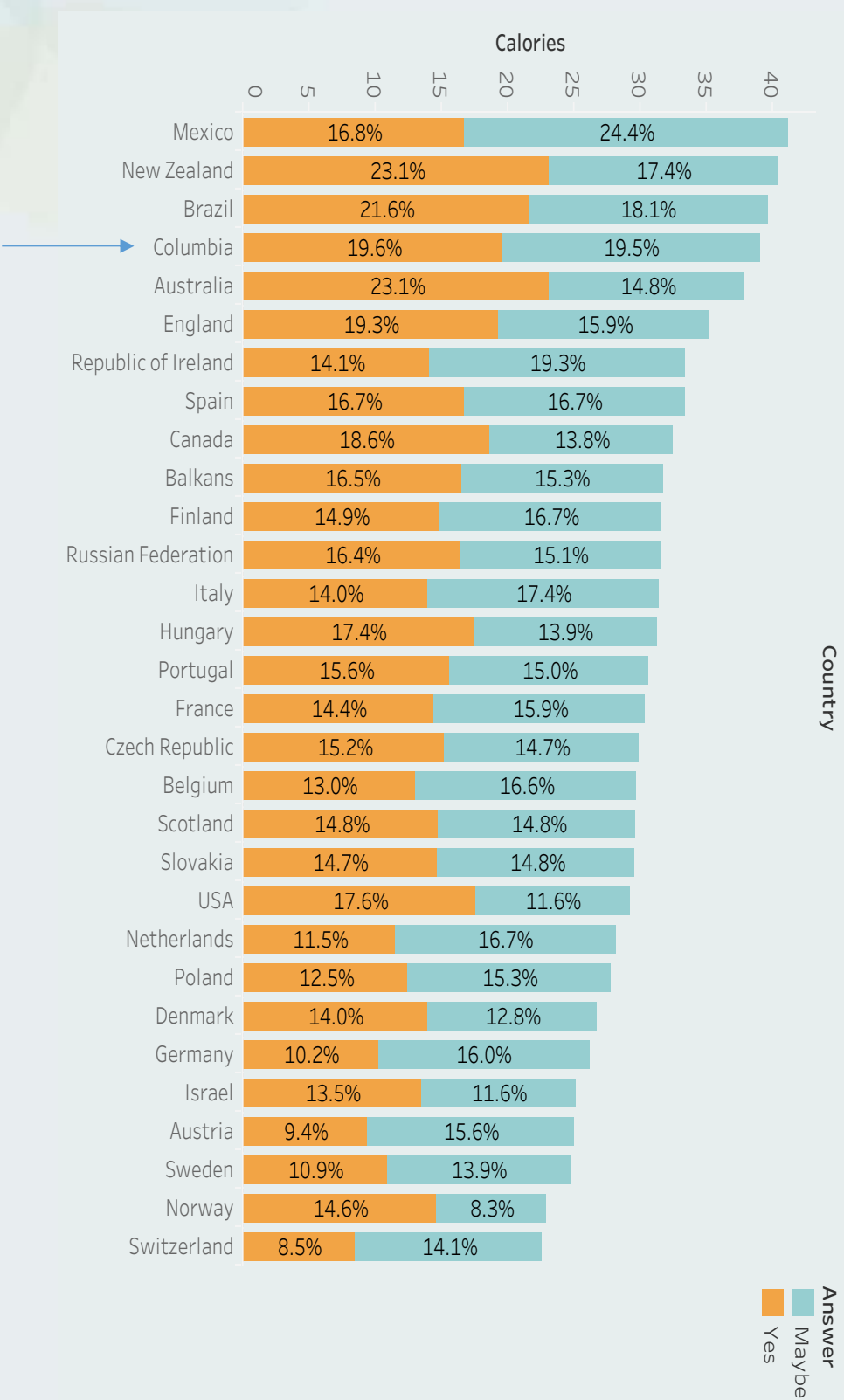


# ALCOHOL LABEL HEALTH WARNINGS ON VIOLENCE WOULD IT MAKE YOU THINK ABOUT DRINKING LESS? (M+F combined)



Only countries with n > 250 drinkers were included in these graphs

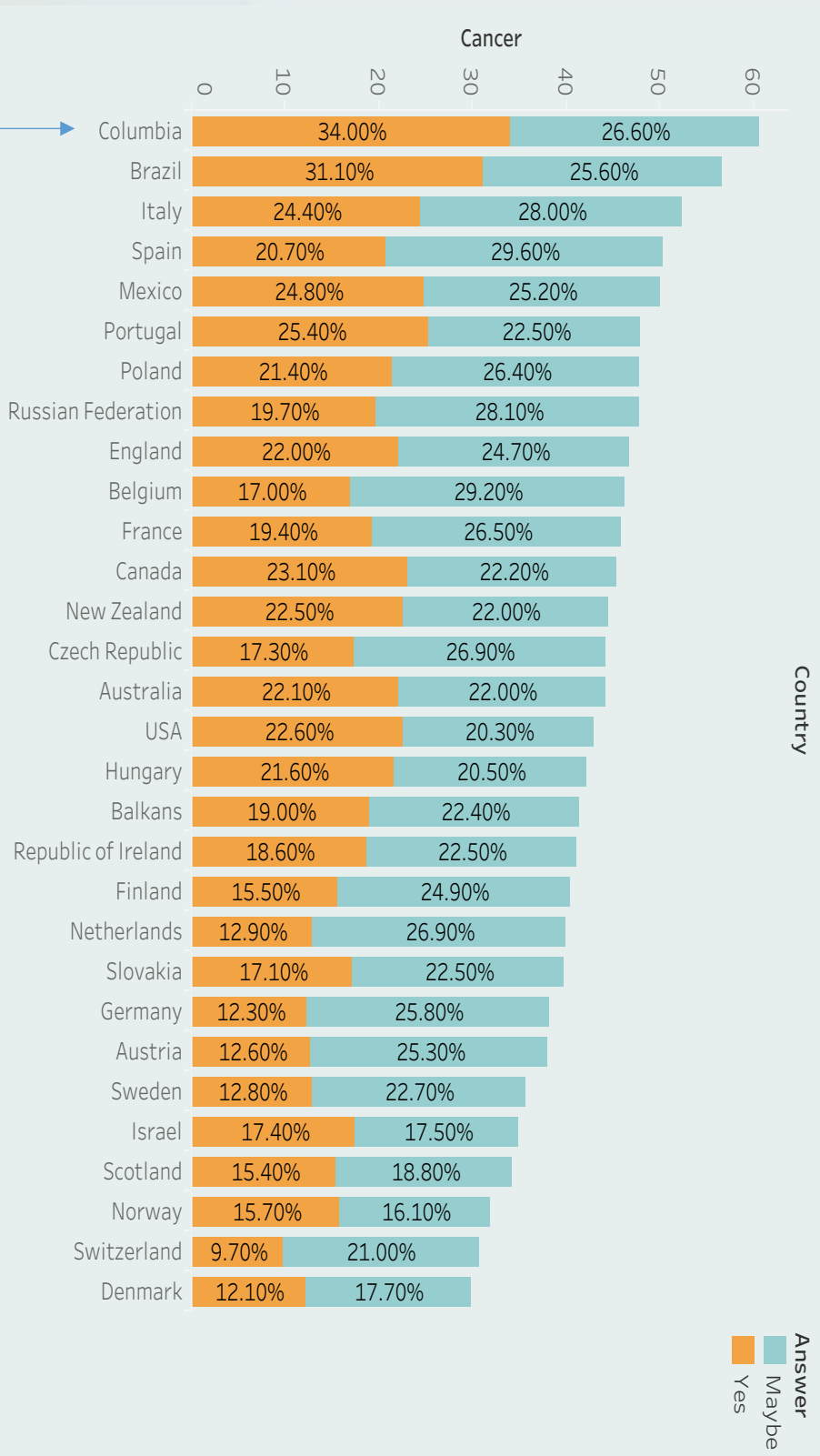
# ALCOHOL LABEL HEALTH WARNINGS ON CALORIES WOULD IT MAKE YOU THINK ABOUT DRINKING LESS? (M+F combined)



Only countries with n > 250 drinkers were included in these graphs



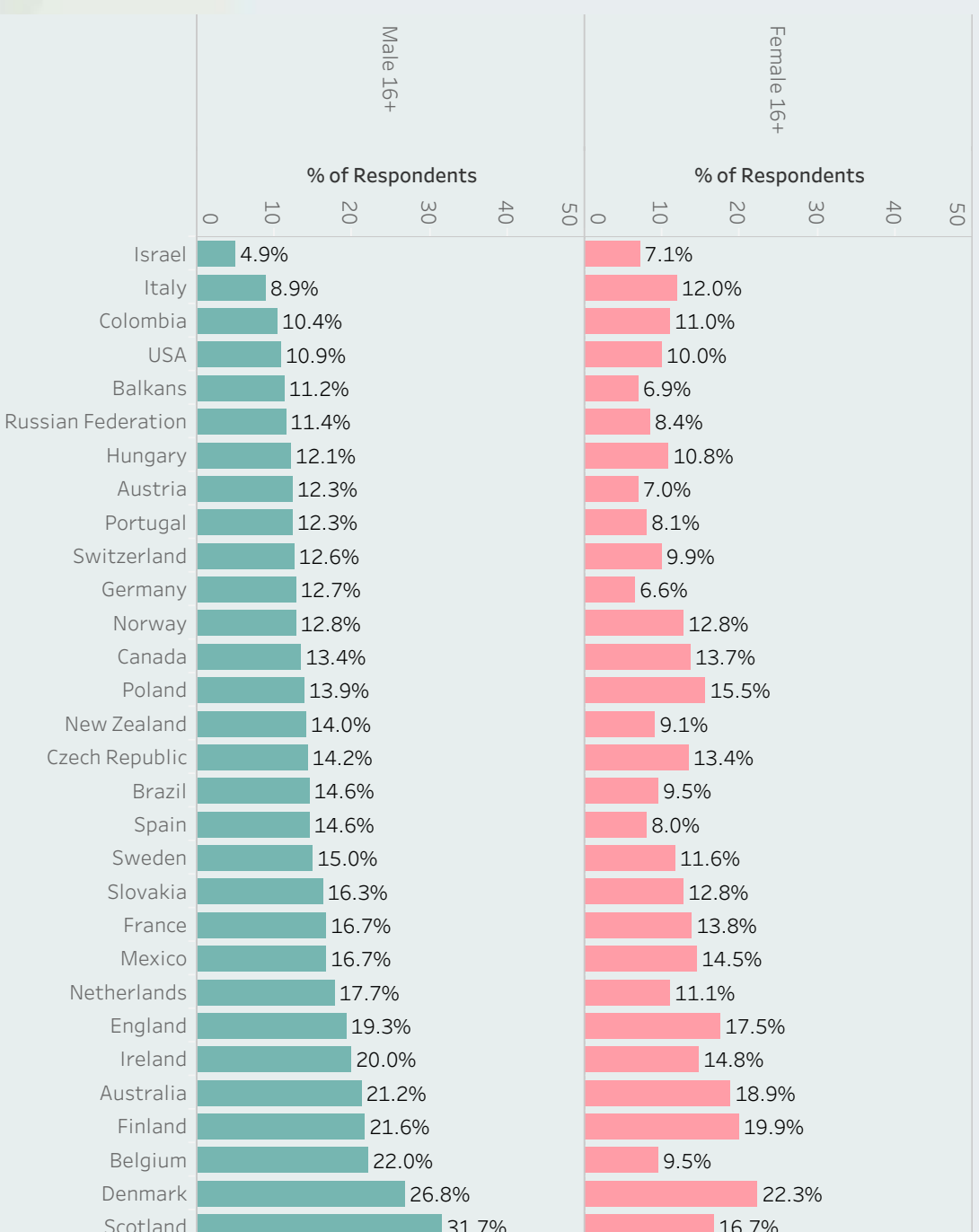
# ALCOHOL LABEL HEALTH WARNINGS ON CANCER WOULD IT MAKE YOU THINK ABOUT DRINKING LESS? (M+F combined)



Only countries with n > 250 drinkers were included in these graphs

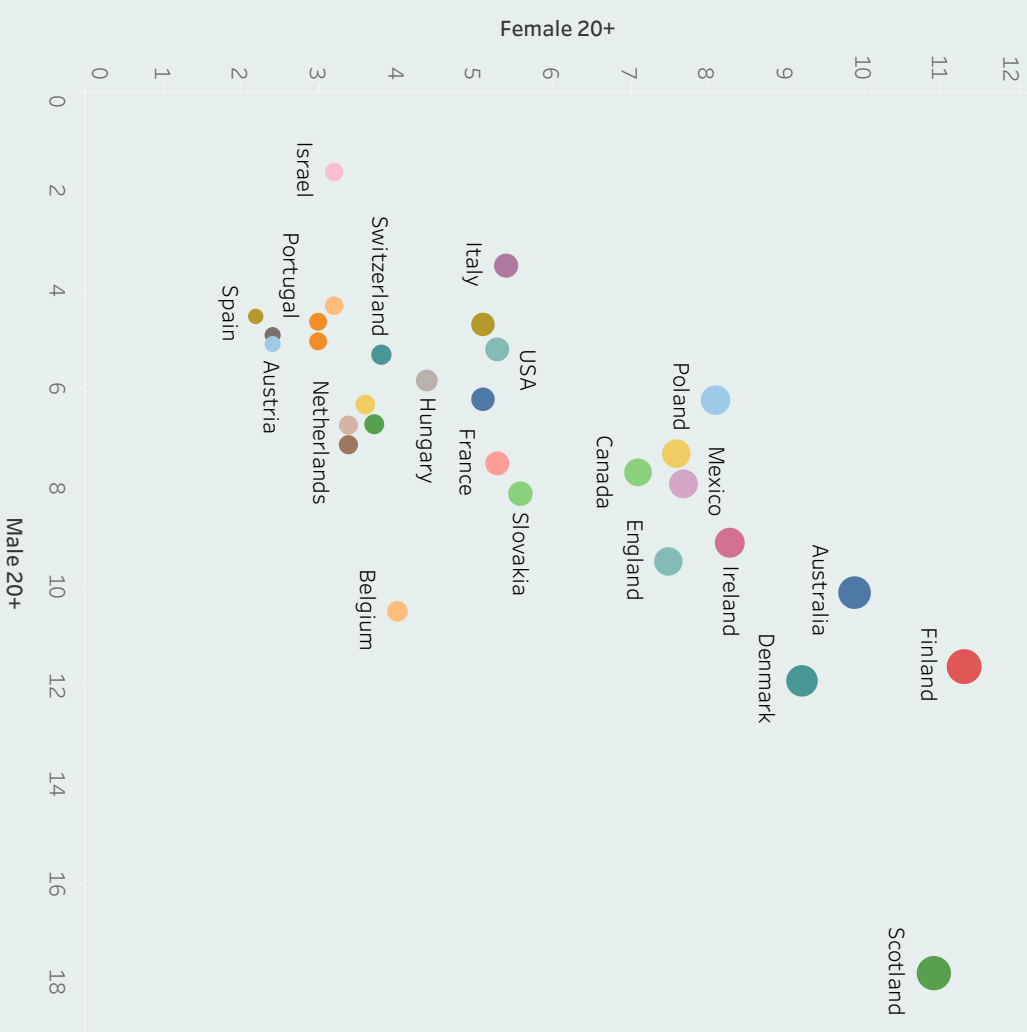
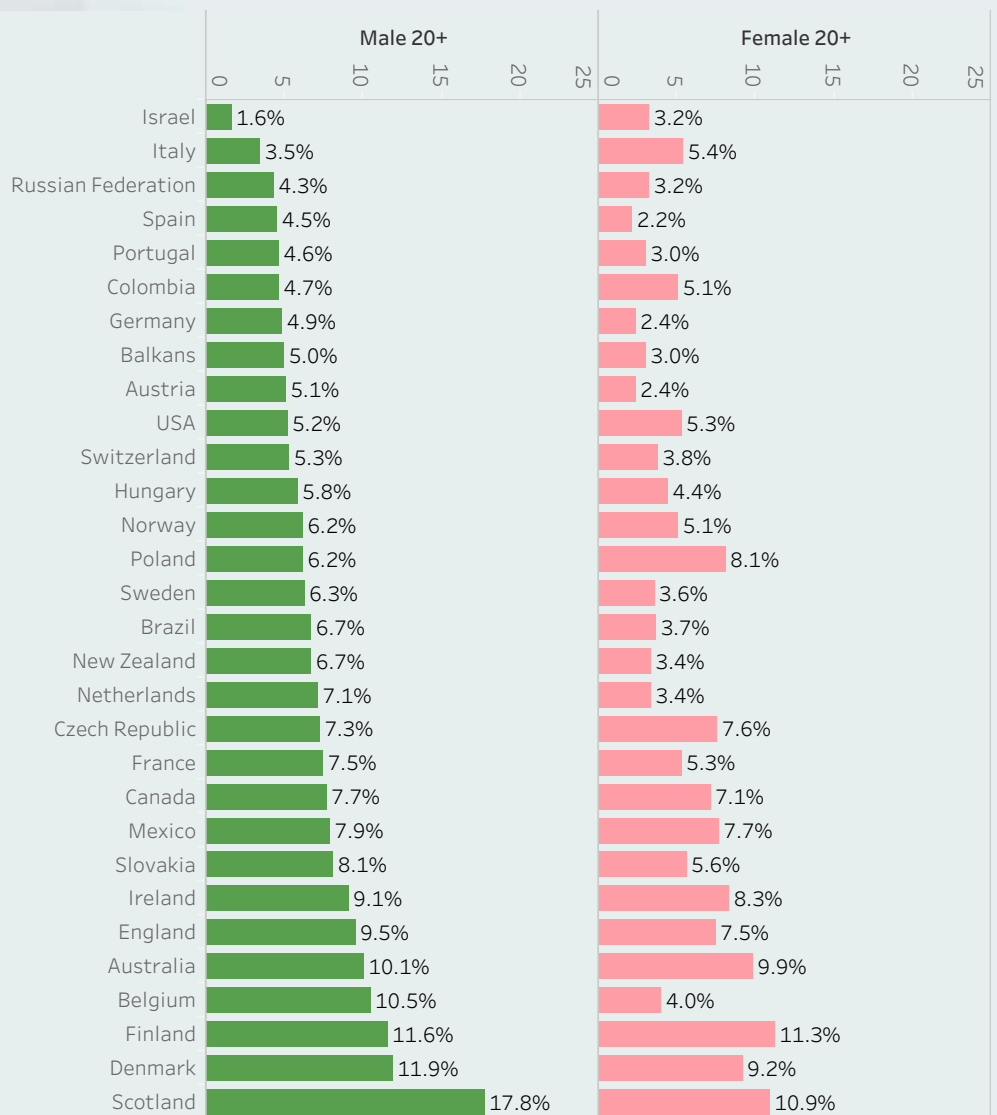


# COUNTRY COMPARISON OF RISKY ALCOHOL USE AUDIT 16+ (by gender)

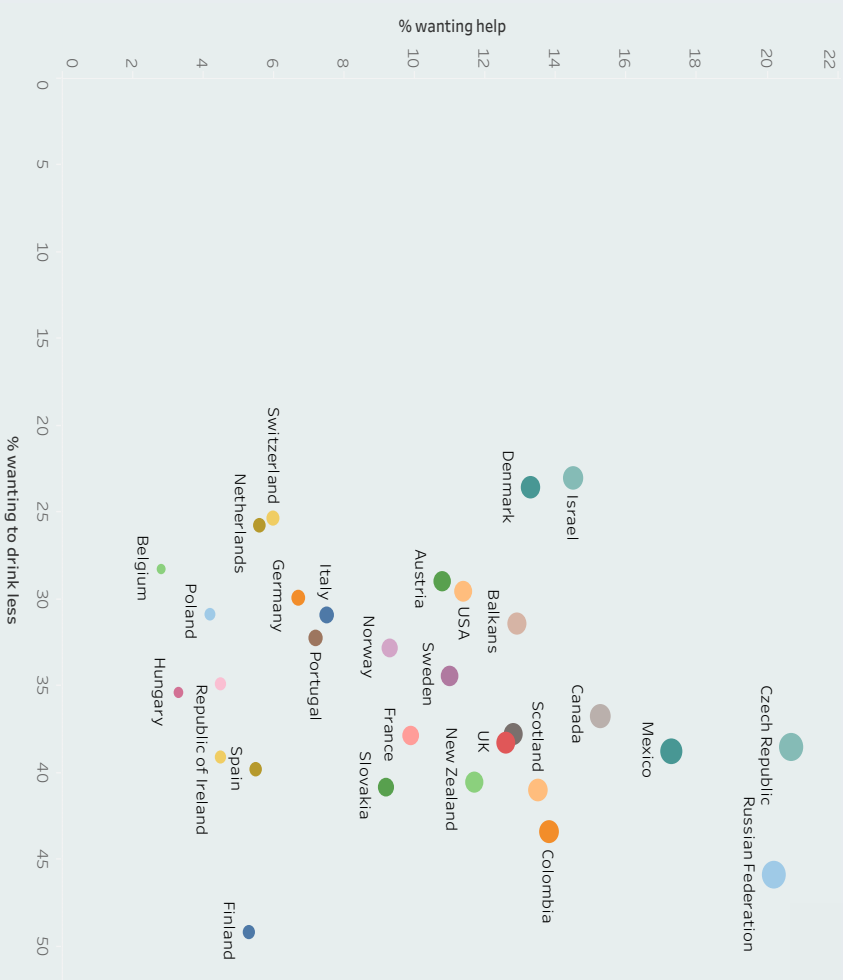
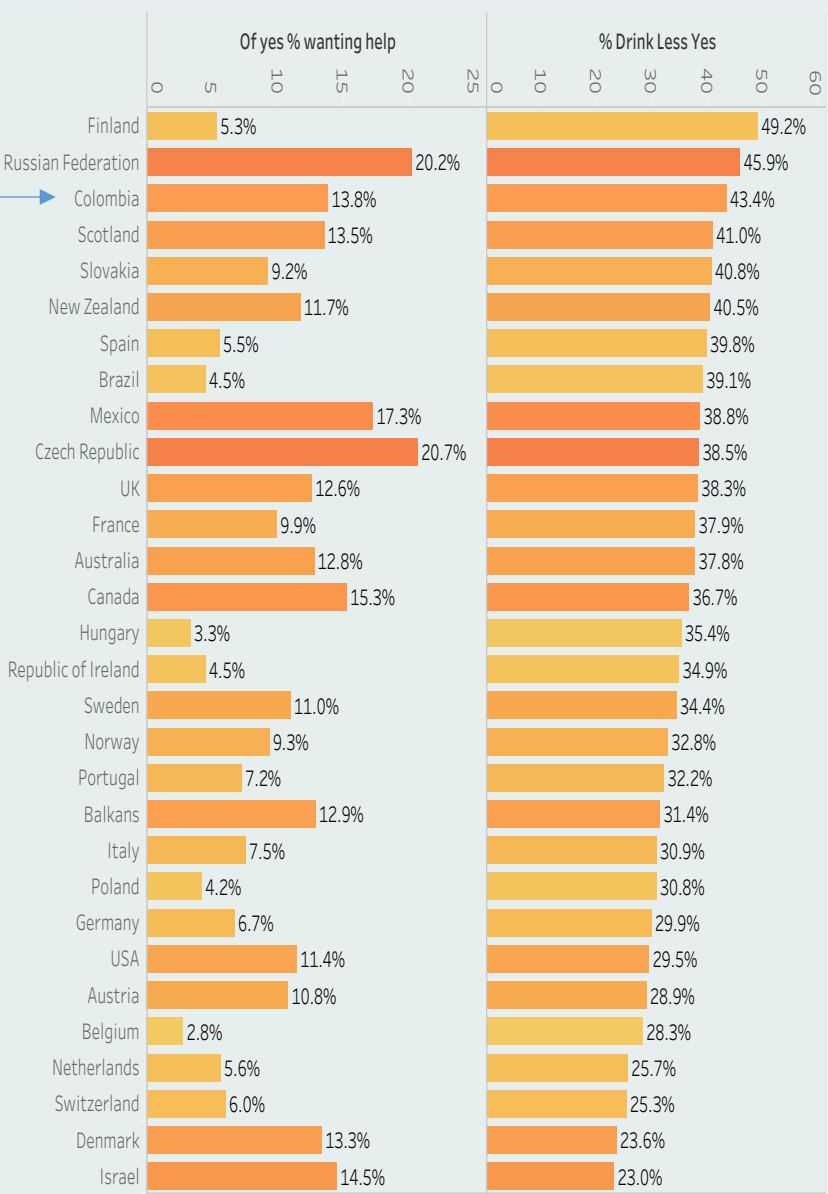


Only countries with n > 250 drinkers were included in these graphs

# COUNTRY COMPARISON OF VERY RISKY ALCOHOL USE & DEPENDENCE AUDIT 20+ (by gender)

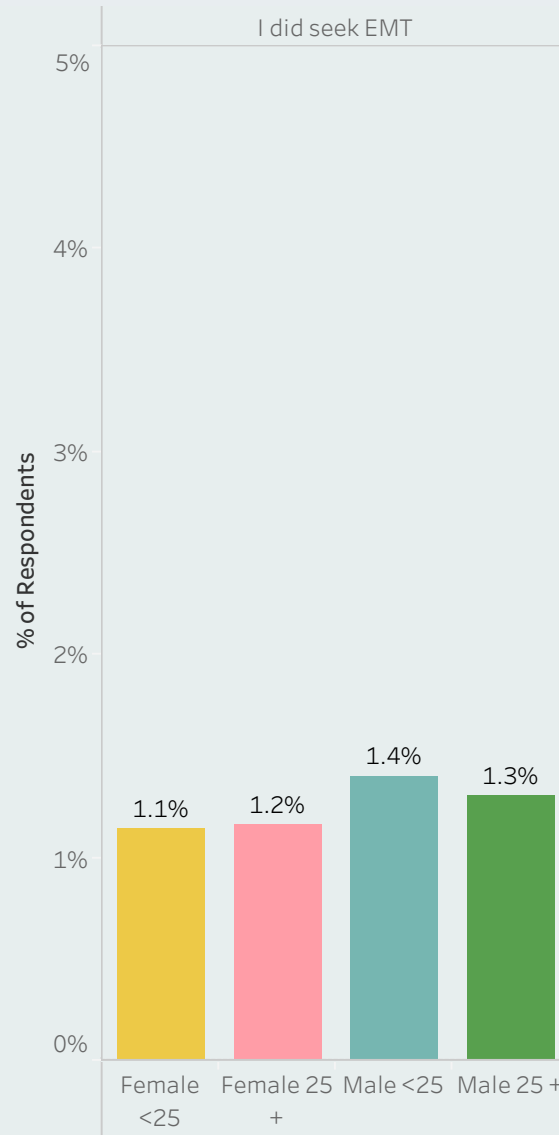


# COUNTRY COMPARISON ALCOHOL USE – LAST 12 MONTHS WHO WOULD LIKE TO DRINK LESS AND WHO WANTS TO SEEK HELP?

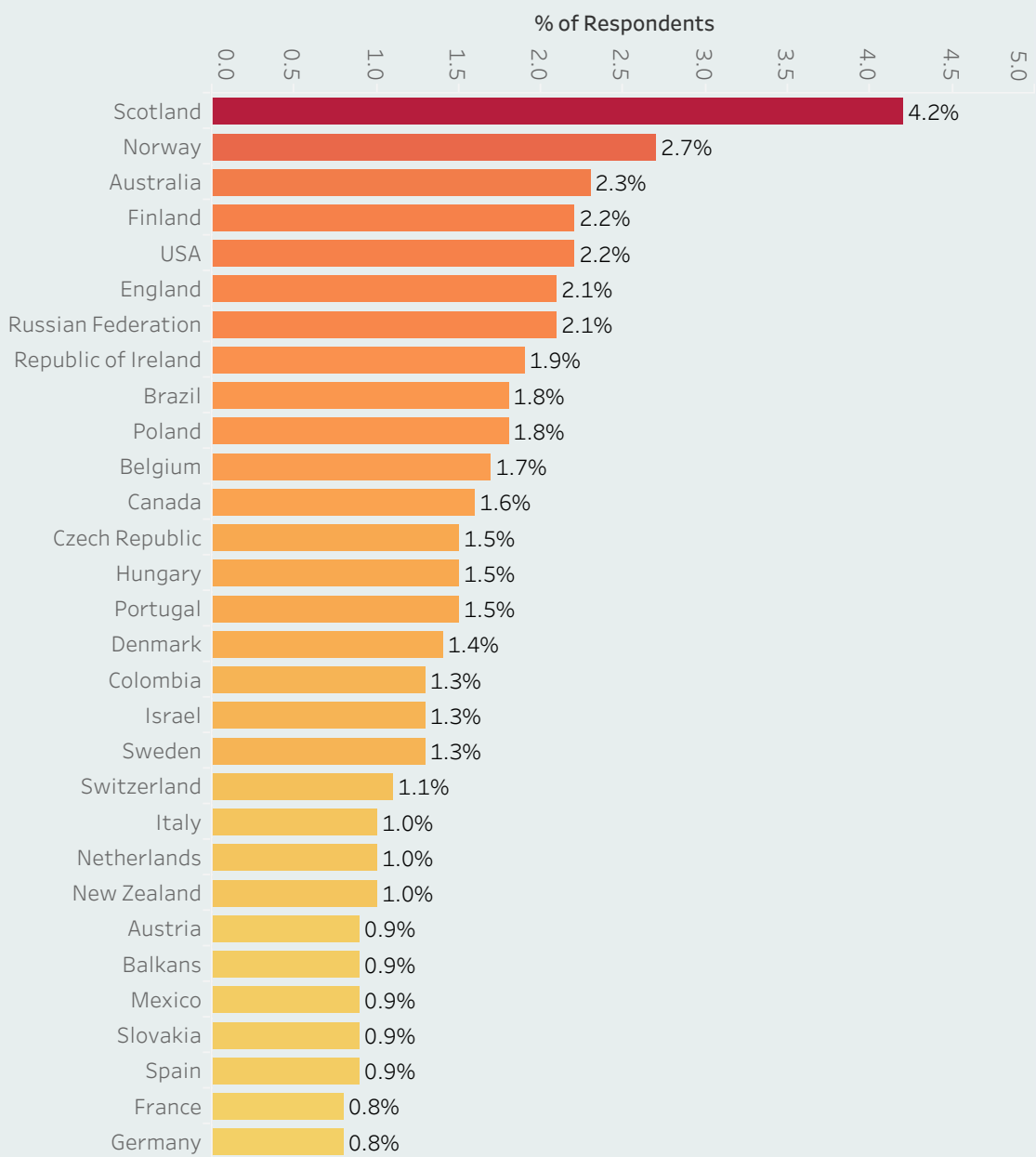


Only countries with n > 250 drinkers were included in these graphs

# EMERGENCY MEDICAL TREATMENT SOUGHT FOLLOWING ALCOHOL USE LAST 12 MONTHS (M+F combined)



# COUNTRY COMPARISON : EMERGENCY MEDICAL TREATMENT SOUGHT FOLLOWING ALCOHOL USE LAST 12 MONTHS (M+F combined)

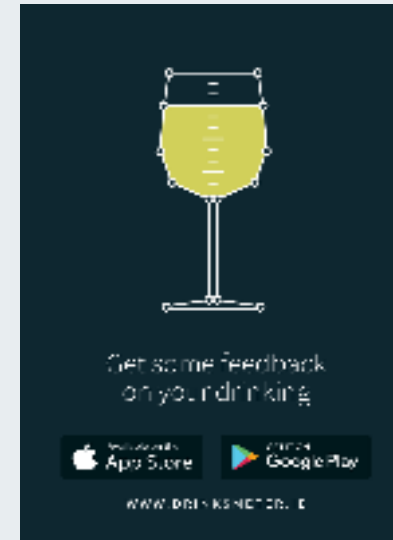
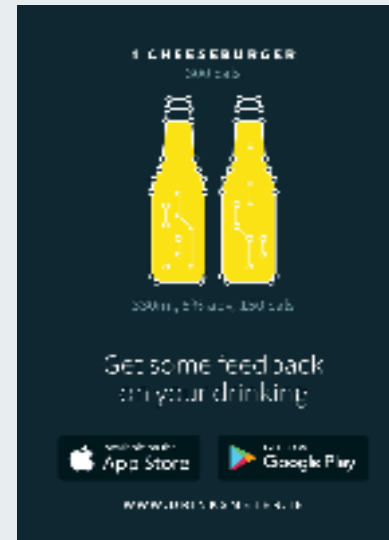
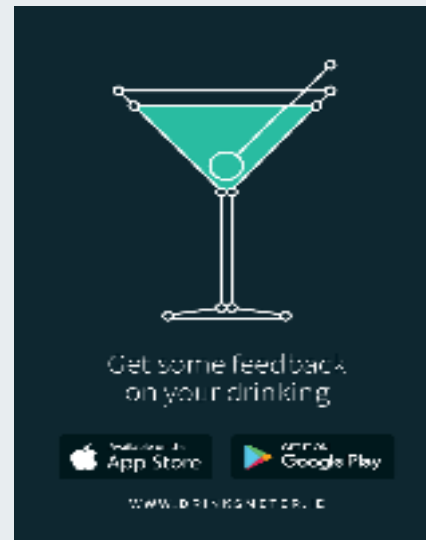


Only countries with n > 250 drinkers were included in these graphs

# DRINKS METER - GET CONTROL OVER YOUR DRINKING

Please refer your readers to our **free, anonymous and confidential** online tool [www.drinks-meter.com](http://www.drinks-meter.com) and the app **DRINKS METER**, recently rated as the most highly praised digital app to help people to reduce alcohol consumption.

More than 90% recommended the app to their friends and more than 60% said they plan to actually plan to drink less after completion. It takes 8-10 minutes and it can change a person's life.



CANNABIS GDS 2018 SAMPLE :  
COLOMBIA

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GLOBAL  
DRUG  
SURVEY

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2018

66% of the COLOMBIAN GDS2018 participants reported ever having used cannabis, with 60% having used in the last 12 months

Over 45,000 last year cannabis users competed the GDS2018 specialist section, of which approximately 650 were from COLOMBIA



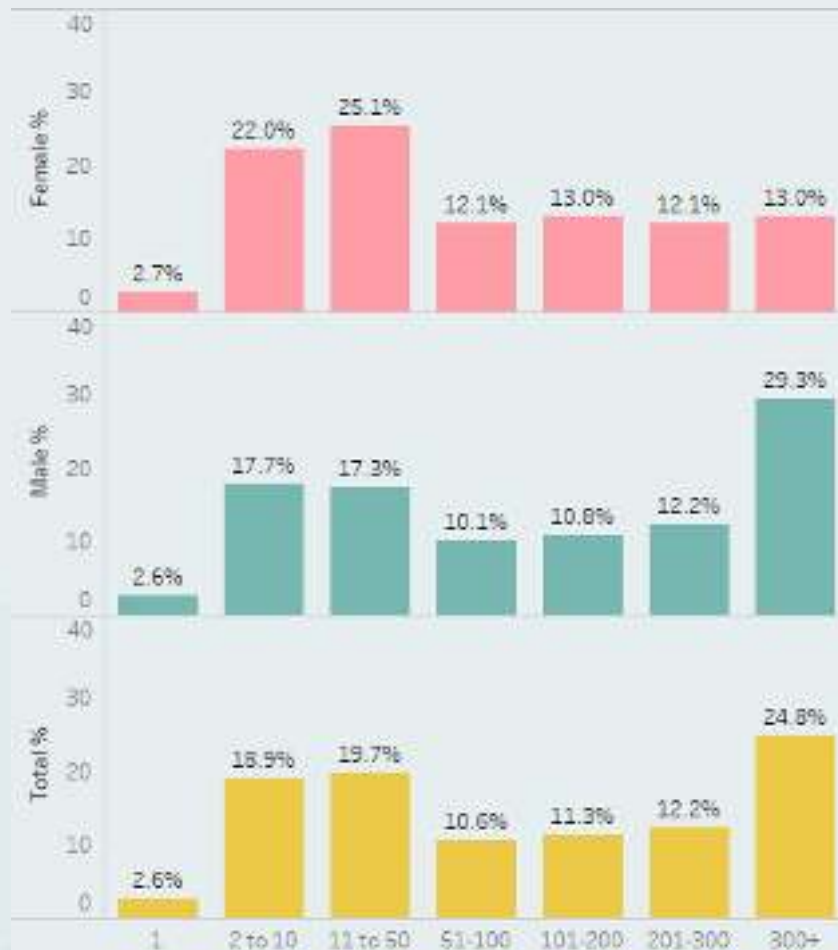
## BACKGROUND

- ❑ 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. These changes pave the way for a new discourse over its use as a medicine and legal intoxicant, as well as new public health approaches to reducing the public health harms associated with its use.
- ❑ Last year we saw overwhelming interest among people who use cannabis in having cannabis consumption guidelines produced to help users monitor their use and use more safely (see [www.saferuselimits.co](http://www.saferuselimits.co)). This year we focus again on national patterns of use and purchase whilst spotting changes in source, dominant preparations and methods of use across cultures. GDS2018 explored rates of problematic use in the community
- ❑ In our specialist cannabis section we offer a global perspective on the motivations for people wanting to stop cannabis and how cannabis users have tried to stop using cannabis over the last 12 months.
- ❑ It's the the biggest study of trying to quit cannabis ever conducted.

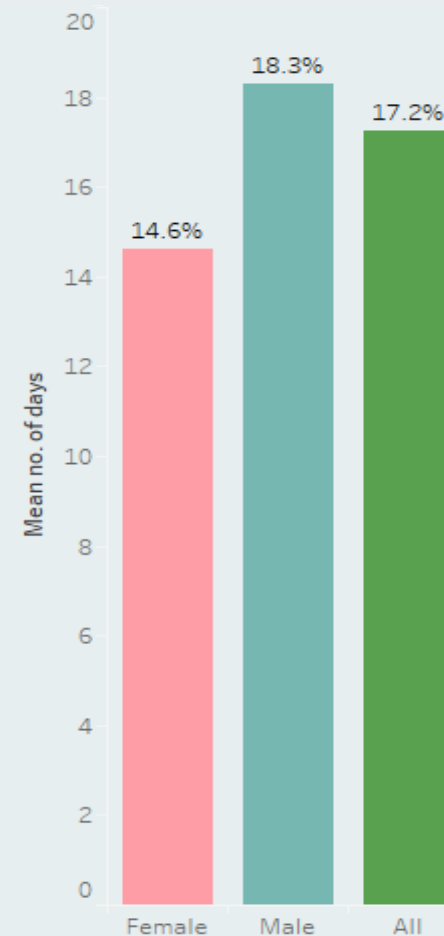
## KEY RESULTS IN THIS SECTION

- ❑ Number of days used in the last 12 months
- ❑ The most common and preferred preparations used around the world
- ❑ How much cannabis is used per day
- ❑ Common sources for obtaining cannabis
- ❑ The % of cannabis used that is paid for, vs the % shared with others
- ❑ How often people have cannabis at home just in case they feel like using it
- ❑ The % who reported having sought emergency medical treatment in the last 12 months as a result of cannabis use
- ❑ The % who should have sought emergency medical treatment in the last 12 months as a result of cannabis use but chose not to & the reasons for not having sought help
- ❑ What % want to use less cannabis in the next 12 months
- ❑ Lifetime and last year experience of ever having tried to stop using cannabis

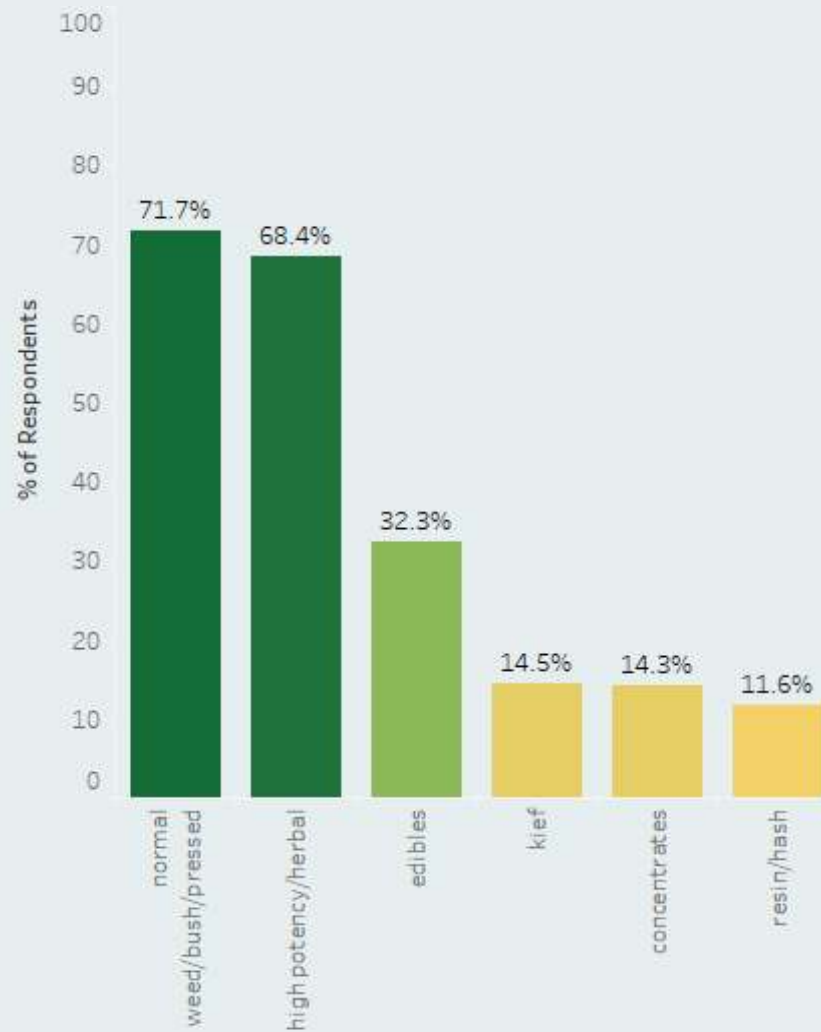
NO. OF DAYS OF CANNABIS USE  
DAYS PER YEAR | LAST 12 MONTHS  
(by gender)



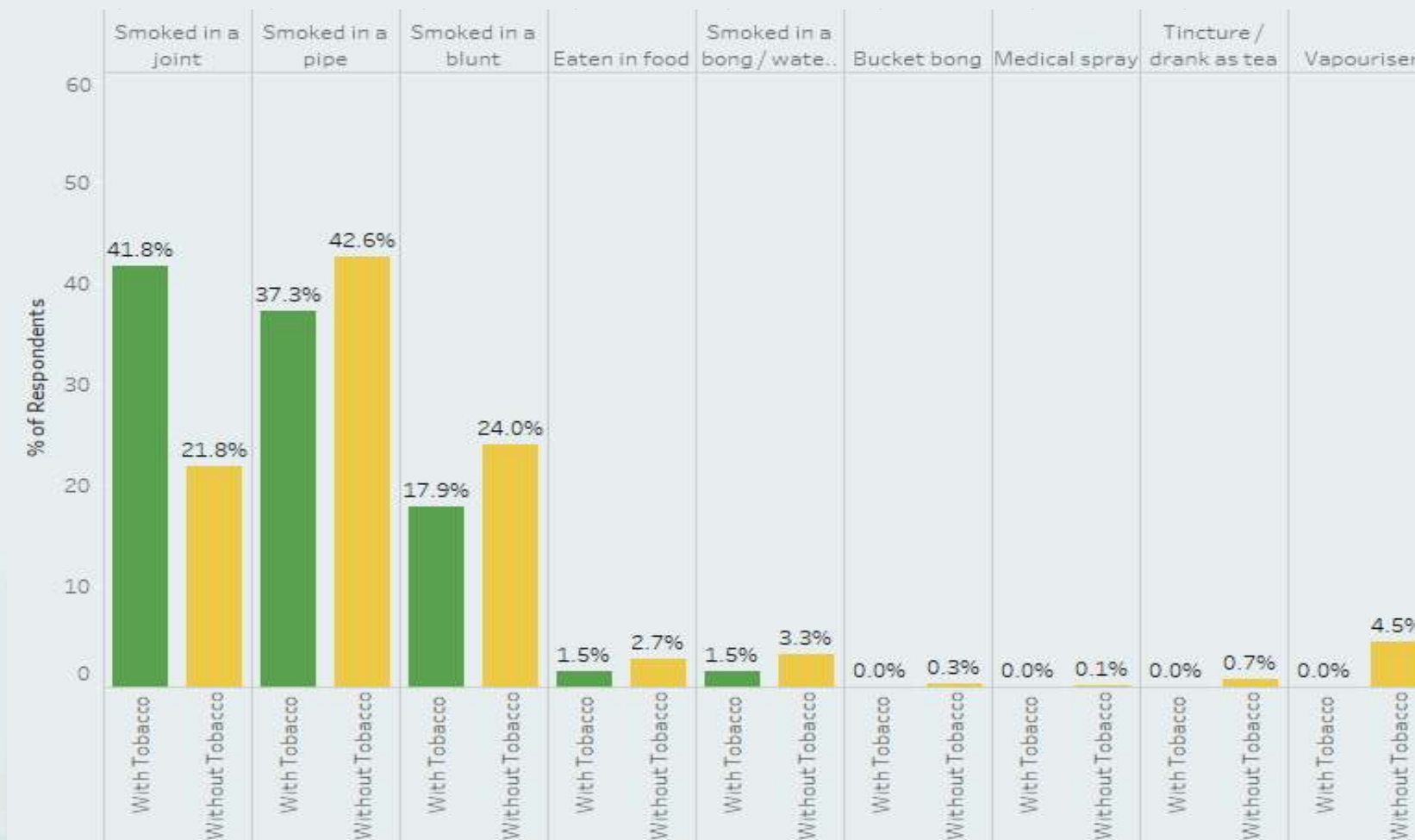
NO. OF DAYS OF CANNABIS USE  
DAYS PER MONTH | LAST 12  
MONTHS (by gender)



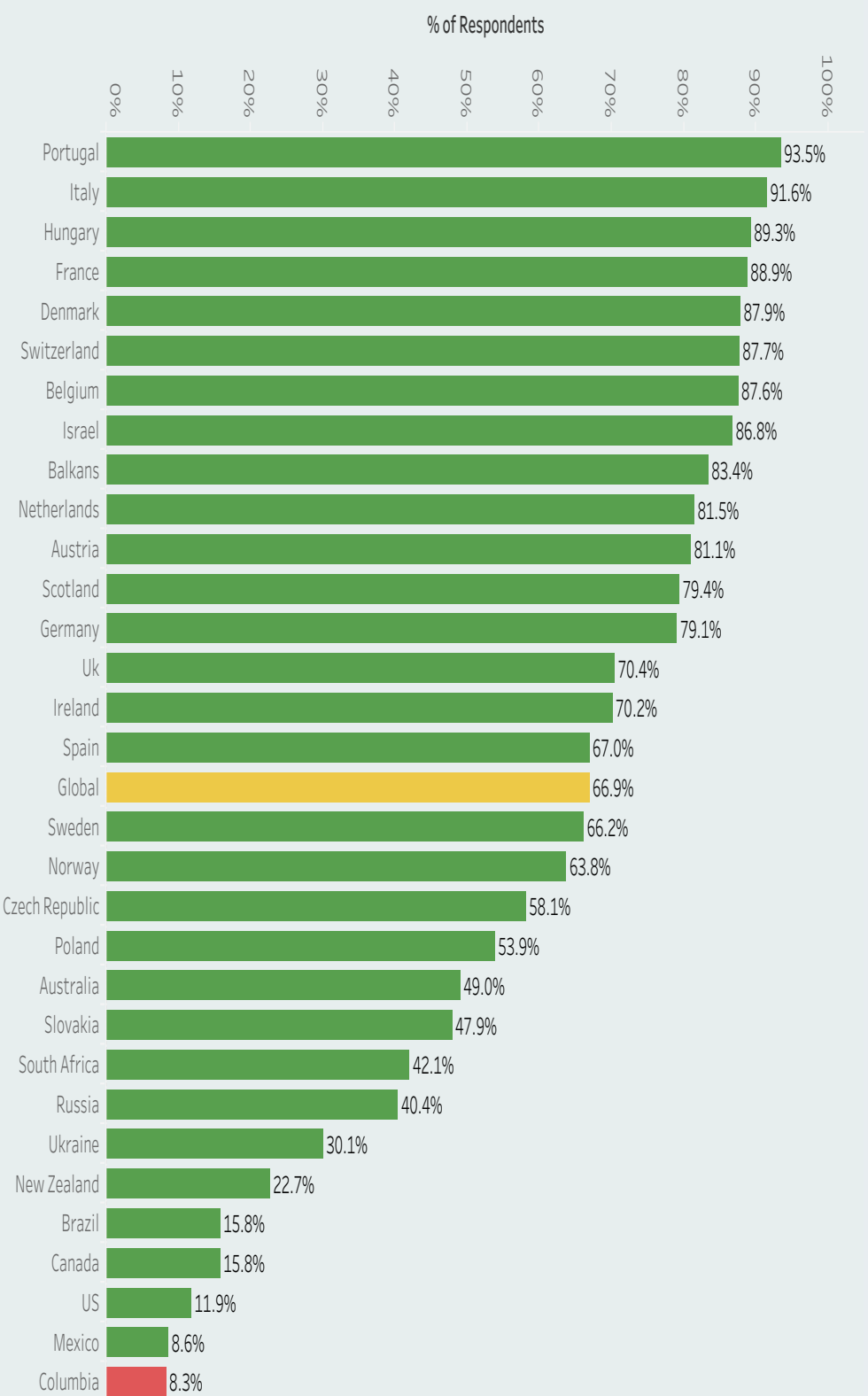
# WHICH PREPARATIONS HAVE YOU USED? LAST 12 MONTHS M + F combined



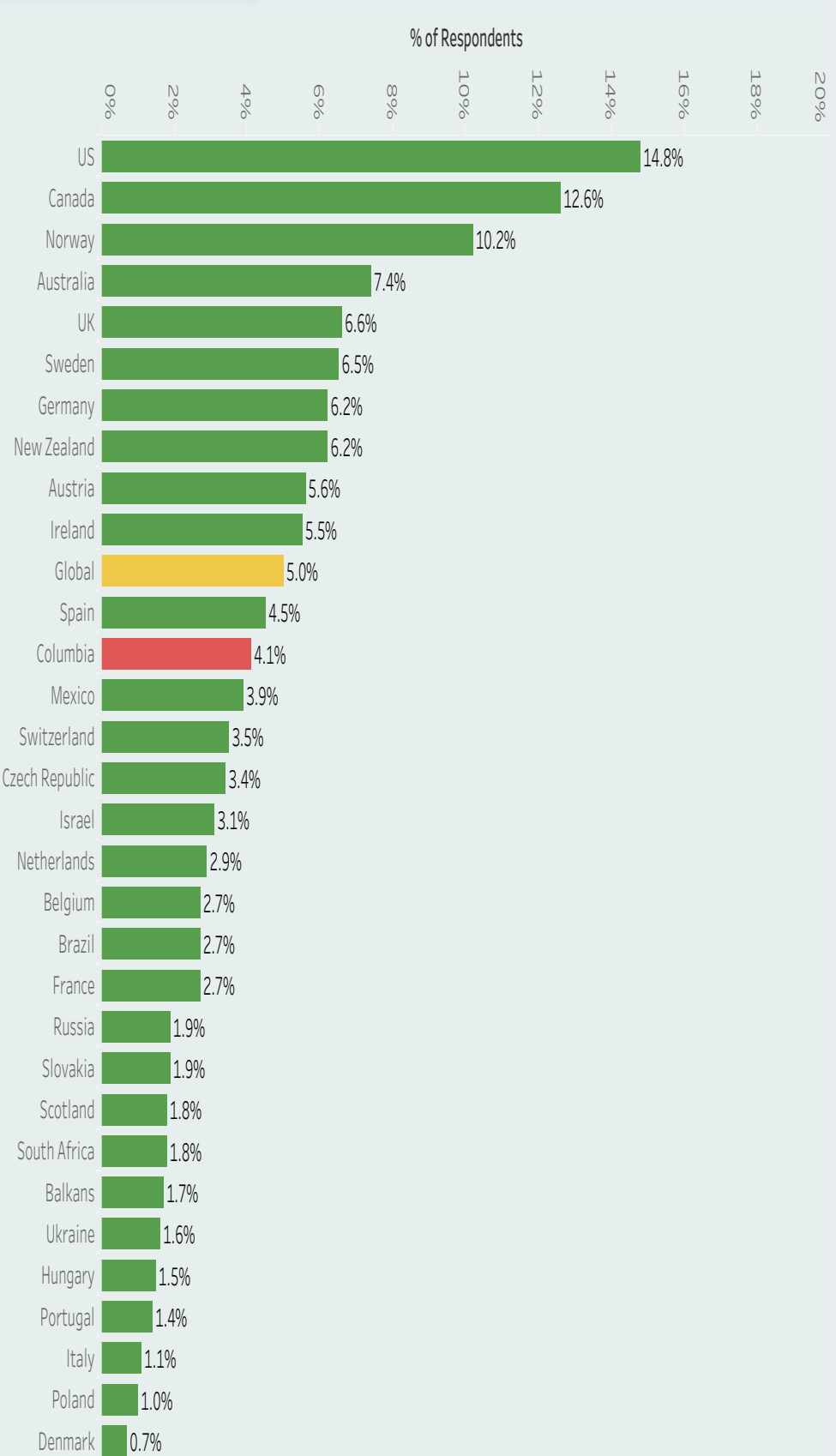
# MOST COMMONLY USED METHODS OF CONSUMPTION(+/- TOBACCO) M + F combined



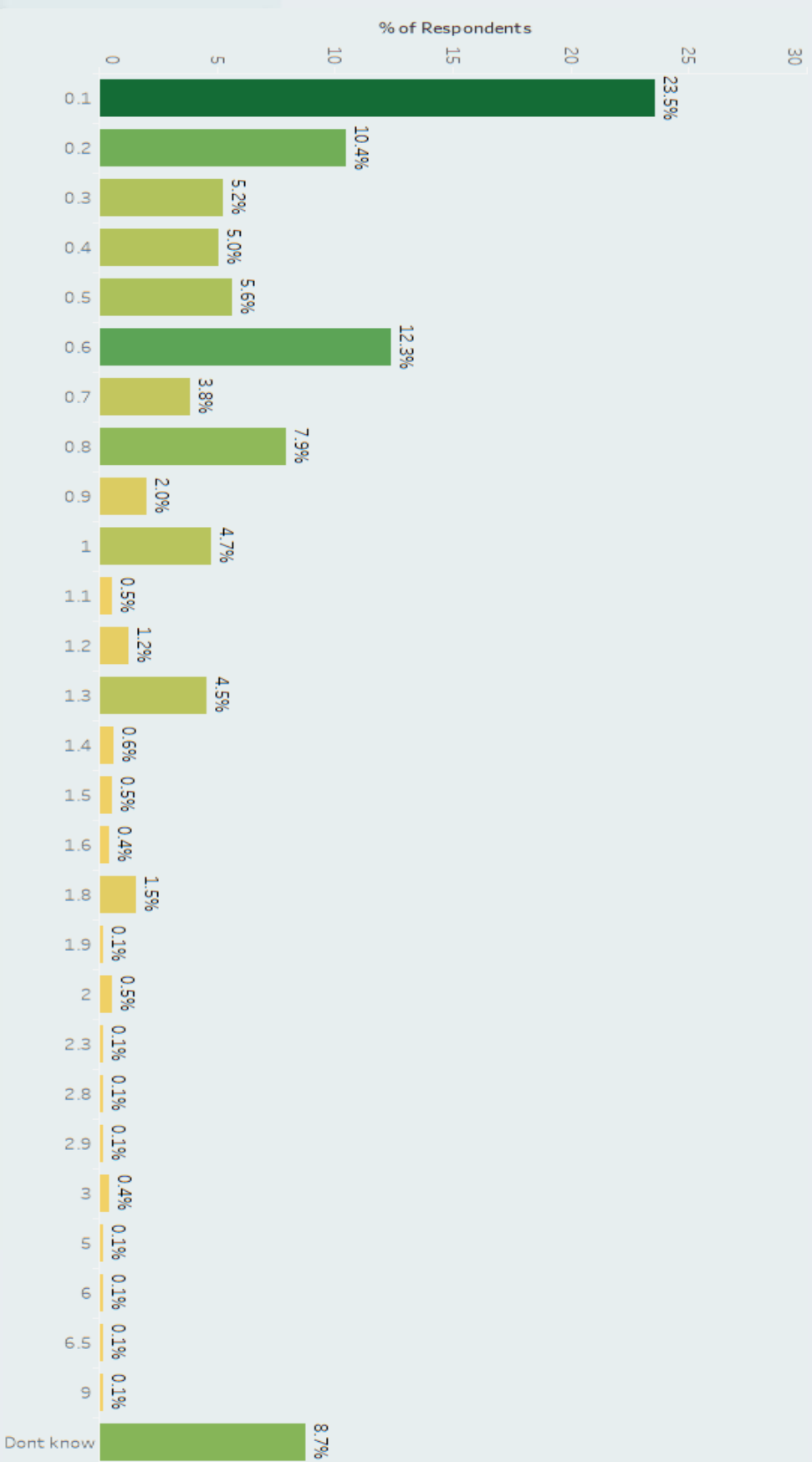
WHO MIXES USUALLY CANNABIS WITH TOBACCO AROUND THE WORLD (% of cannabis users from each country who report usually mixing their cannabis with tobacco) M + F combined



# WHICH COUNTRY VAPES THE MOST (% of cannabis users from each country who cite vaping as their common method of use) M + F combined

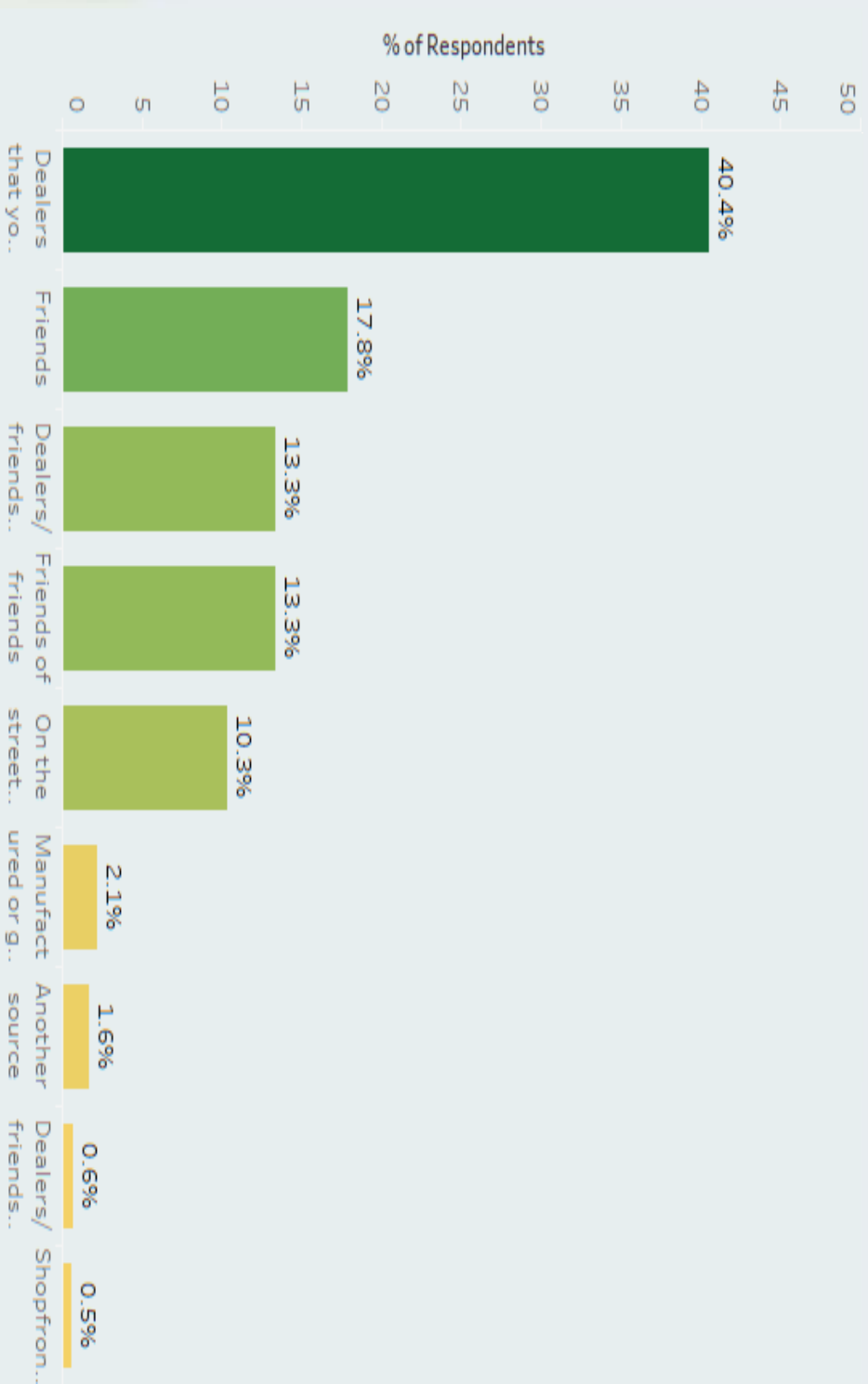


# USUAL AMOUNT OF CANNABIS CONSUMED ON A DAY OF USE (grams) ALL FORMS COMBINED M + F combined





# MOST COMMON SOURCE FOR CANNABIS PURCHASE IN LAST 12 MONTHS



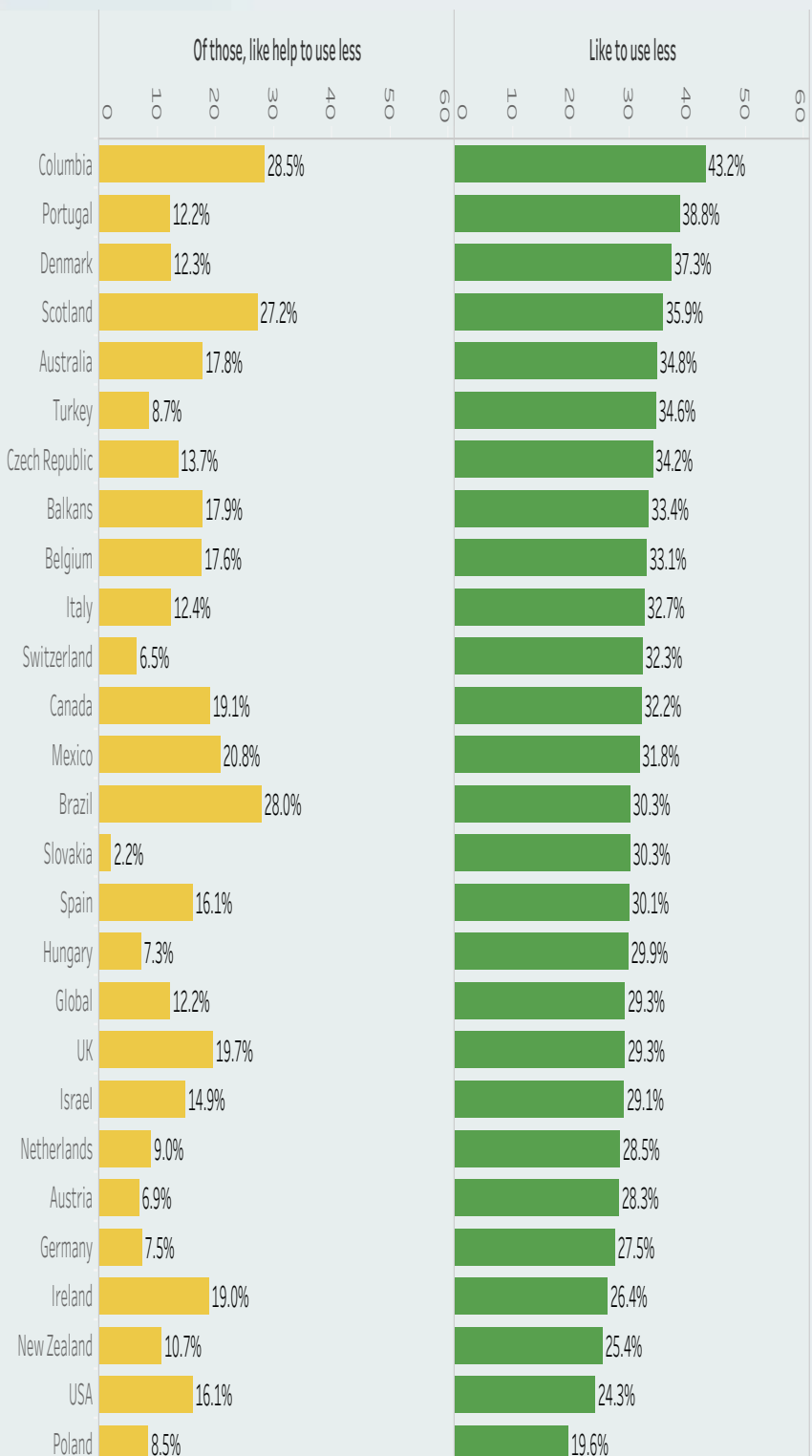
# HAVE YOU SOUGHT EMERGENCY MEDICAL TREATMENT (EMT) IN THE LAST 12 MONTHS FOLLOWING THE USE OF CANNABIS



# HAVE YOU THOUGHT THAT YOU SHOULD HAVE SOUGHT EMERGENCY MEDICAL TREATMENT IN THE LAST 12 MONTHS FOLLOWING THE USE OF CANNABIS BUT DID NOT



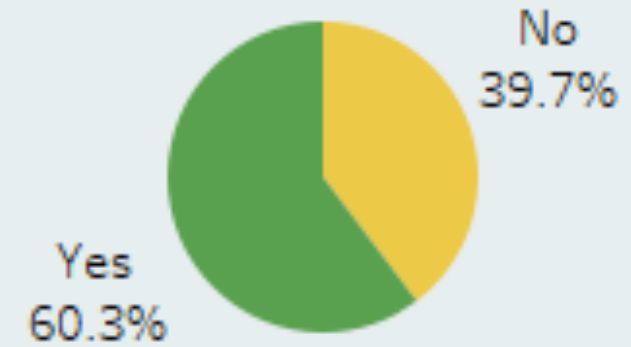
# WHO WOULD LIKE TO USE LESS CANNABIS & WHO WANTS TO SEEK HELP?



Only countries with n > 100 users were included in these graphs

## % OF CANNABIS USERS WHO HAVE EVER TRIED TO STOP

## HAVE YOU TRIED TO STOP USING CANNABIS IN THE LAST 12 MONTHS (% of those who've ever tried to stop)



**LETTER**  
Cannabis regulation  
**Cannabis regulation: the need to**

# Global Drug Survey launches world's first Safer Use Limits Guidelines for Cannabis

## Why create this guide?

Nobody takes recreational drugs to have a bad time. People take drugs to have fun and many people do. But sometimes they don't and people can end up in all sorts of messed up places – sometimes for a night, very rarely for life.

Global Drug Survey is interested in helping people use drugs more safely, regardless of

### ✓ Safer use limits

How safe is your drug use?

The world's first safer drug use limit guide\*

GET STARTED

TELL ME MORE FIRST

Brought to you by



GLOBAL DRUG SURVEY

### ✓ Safer use limits

A Doctor's Guide to Cutting Down

Why cut down?

WHAT SORT OF USER AM I? +

THE RISKS? +

HOW TO DECREASE YOUR RISK? +

## 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 app launches in a bid to reduce harm to drug takers

COLOMBIAN GDS 2018 SAMPLE :  
COCAINE

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GLOBAL  
DRUG  
SURVEY

2018

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- 25% of global GDS2018 participants reported ever having used cocaine with 17% reporting use in last 12 months.
- 36.7% of the COLOMBIAN GDS2018 participants reported ever having used cocaine, with 26.8% having used in the last year.

Data from >15,000+ people who had used cocaine in the last 12 months was used in the preparation of this report, of which about 200 came from Colombia

# BACKGROUND

- **Gram for gram cocaine remains the most expensive commonly used drug in the world.** Prices vary widely across the world from less than €10/gram in South America, to an average of €60-80/gram in parts of Europe to over €200/gram in Australia. In recent years, the purity of cocaine in Europe has increased, with 60-70% purity commonly seen in street level deals.
- **Higher purity cocaine can lead to an increase in the risk of acute medical harms** and possibly higher rates of dependence in the community. **GDS2017 identified a significant increase in the percentage of recent user seeking emergency medical treatment** in many parts of the world.
- Increased purity is in part due to greater amount of cocaine entering the supply chain, consequent upon diversification and sophistication of dealing networks, including the dark net.
- At a local level dealers will be competing for customers not only through the quality of their product but also on the convenience and speed of delivery. To explore the workings of sophisticated delivery networks in our major cities GDS2018 asked consumers about access to same day delivery of cocaine and where available **asked participants to compare the speed of delivery of cocaine with takeaway pizza.**
- Given the recent changes in global drug markets, GDS2018 contained a **wider exploration of the circumstances around people's first ever use of cocaine,** LSD and MDMA amongst those who had used these substances in the previous 12 months . Two thirds of the GDS2018 subsample who reported ever having used cocaine had also used the substance in the past year.



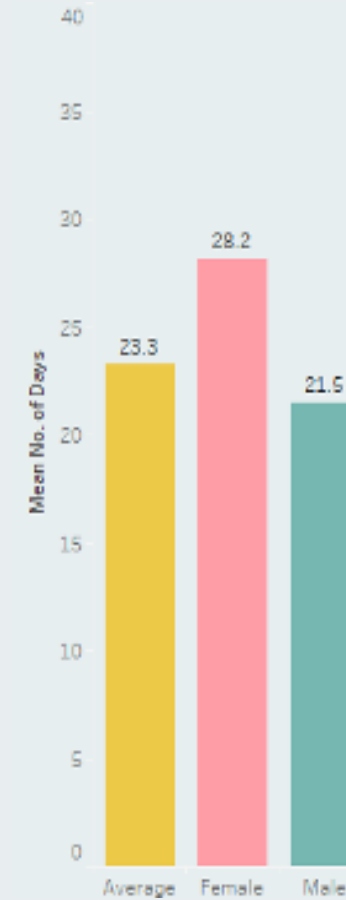
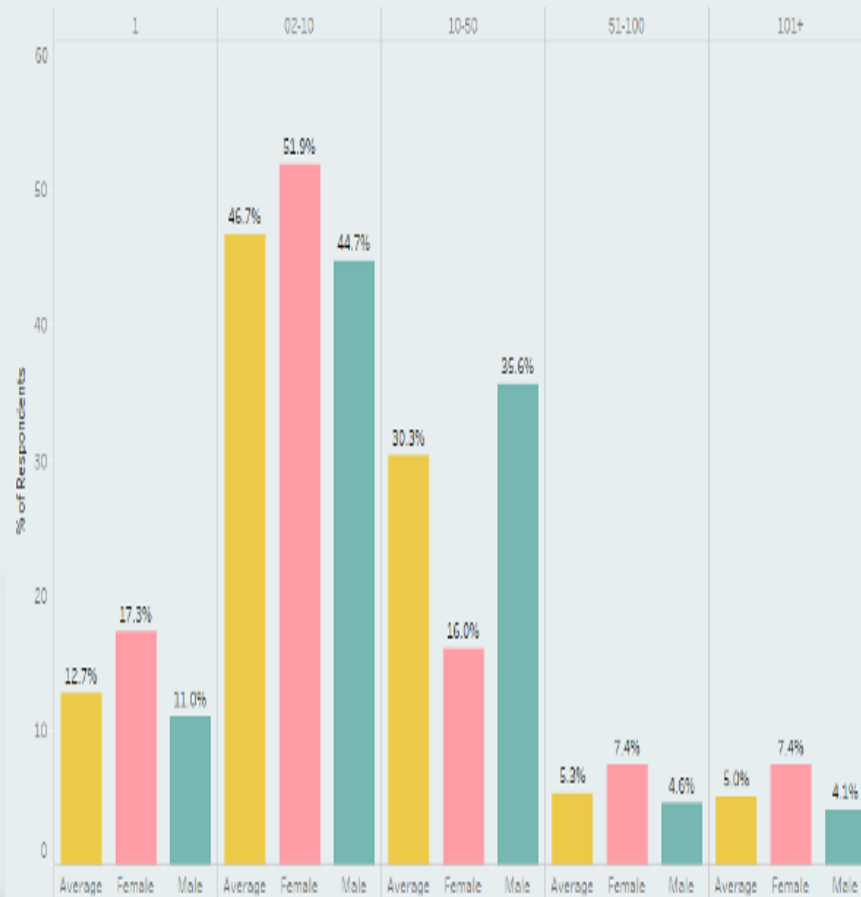
## KEY RESULTS IN THIS SECTION

- ✓ Number of days used in the last year
- ✓ How much cocaine is used per day
- ✓ How much a single gram purchase costs
- ✓ Common sources for cocaine purchase
- ✓ Delivery times of cocaine
- ✓ The % of cocaine paid and used alone vs. the % shared with others
- ✓ How often people have cocaine at home just in case they feel like using it
- ✓ The % who reported having sought emergency medical treatment in the last 12 months as a result of cocaine use
- ✓ The % who should have sought emergency medical treatment in the last 12 months as a result of cocaine use but chose not to & the reasons for not having sought help

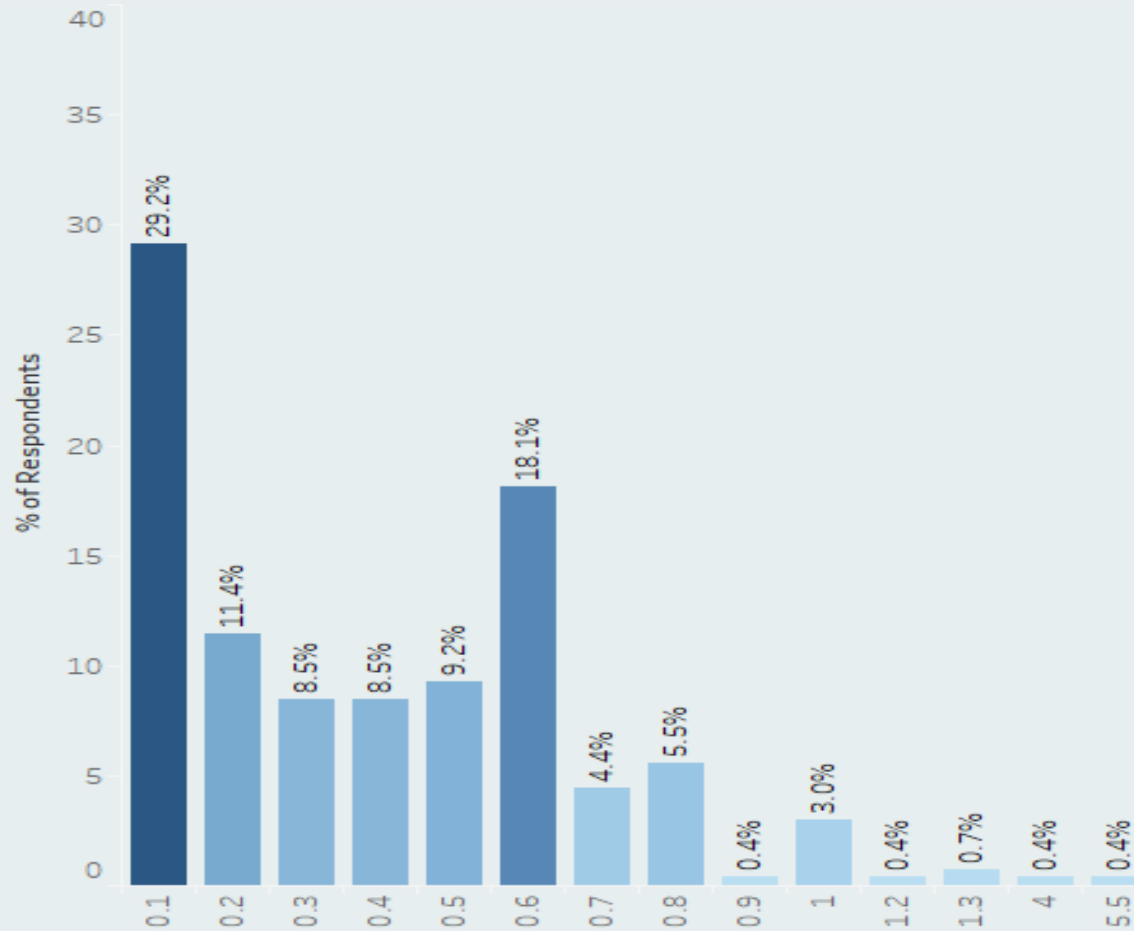


## NO. OF DAYS COCAINE USED LAST 12 MONTHS M VS F AND M+F COMBINED

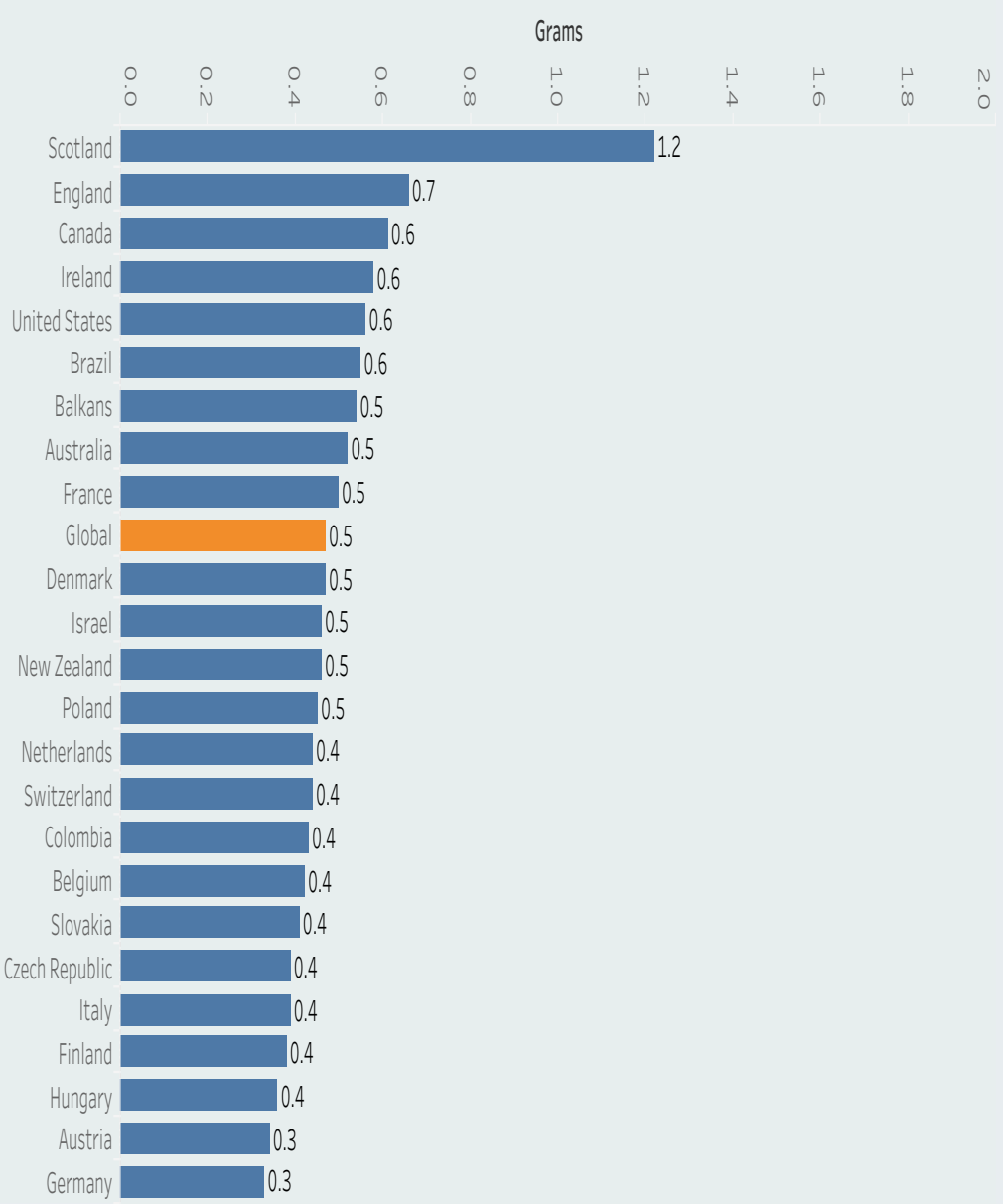
## MEAN NUMBER OF DAYS USED IN THE LAST 12 MONTHS



# USUAL AMOUNT OF COCAINE CONSUMED ON A DAY USED

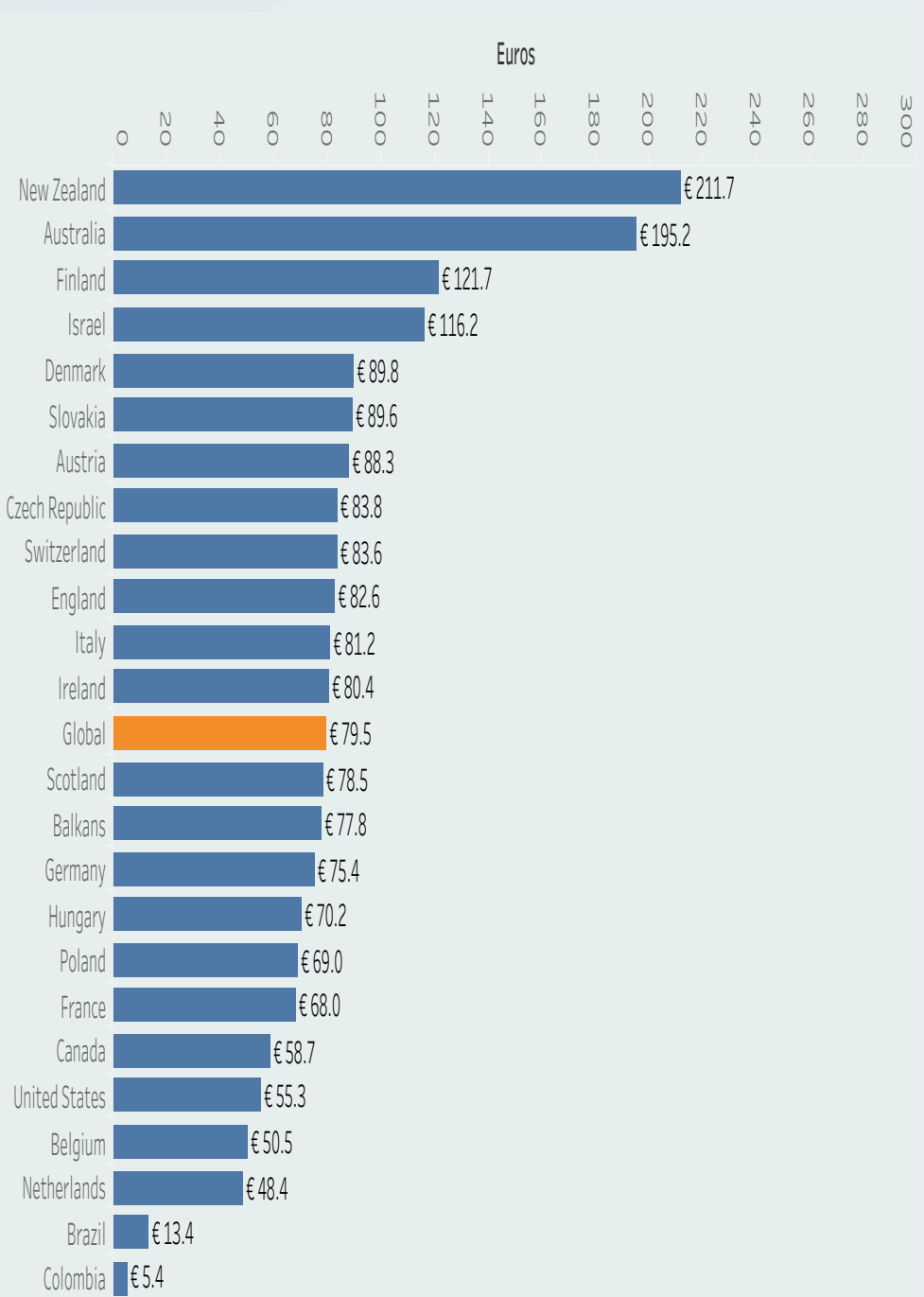


# USUAL AMOUNT OF COCAINE CONSUMED ON A DAY USED BY COUNTRY



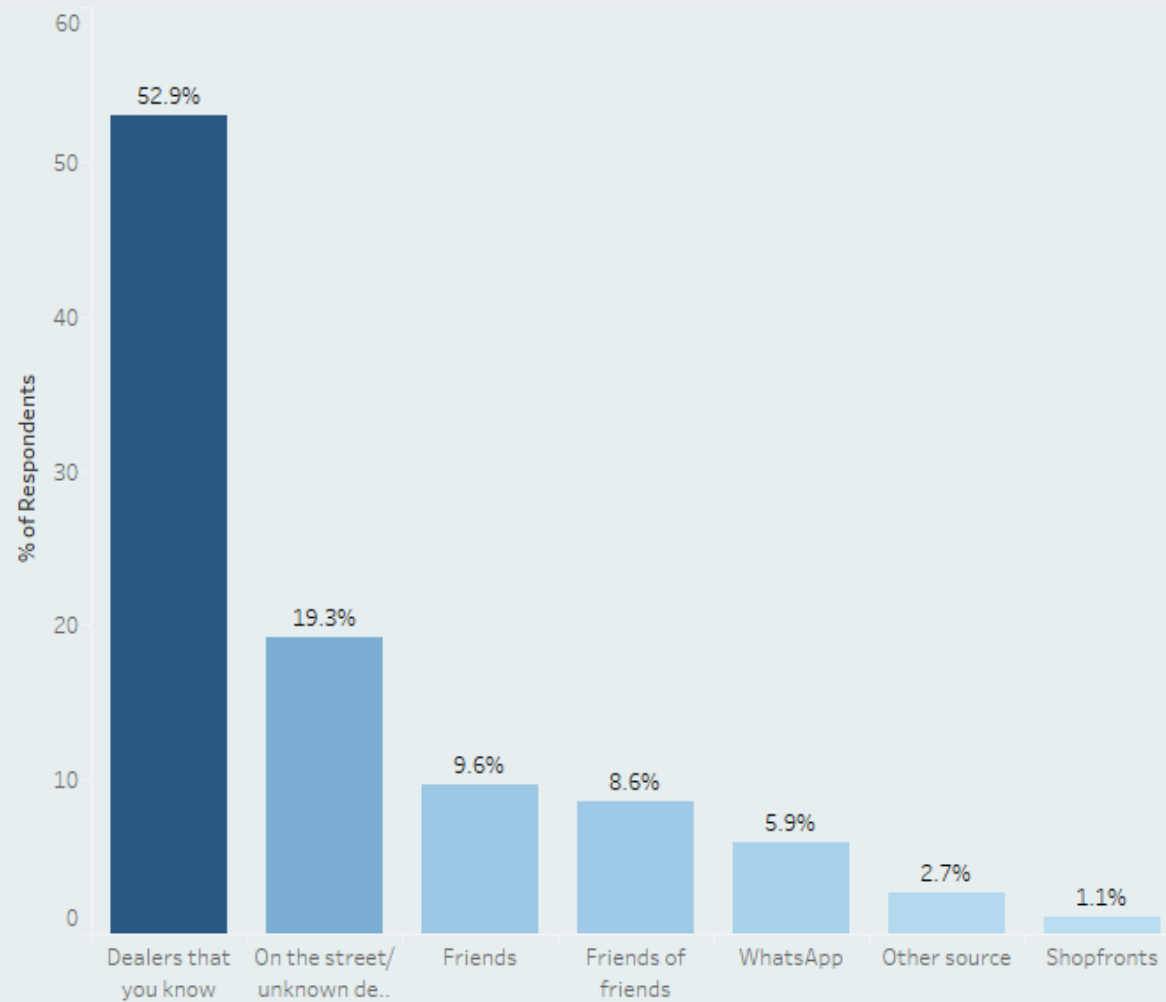
Only countries with 100 + last year users are included in these graphs

# AVERAGE PRICE (IN EUROS) PAID FOR SINGLE GRAM PURCHASE OF COCAINE



Only countries with  $n > 100$  users were included in these graphs

# MOST COMMON SOURCE FOR PURCHASE OF COCAINE LAST 12 MONTHS



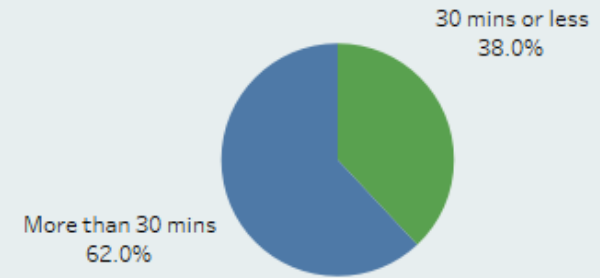
# HAVE YOU HAD PIZZA/COCAINE DELIVERED IN THE LAST 12 MONTHS?

# CAN YOU GET PIZZA/COCAINE DELIVERED WITHIN 30 MINUTES?

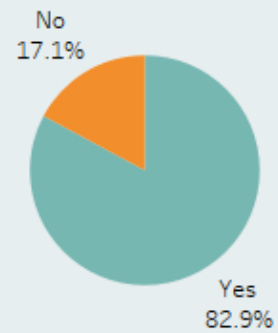
Had cocaine delivered: last 12m



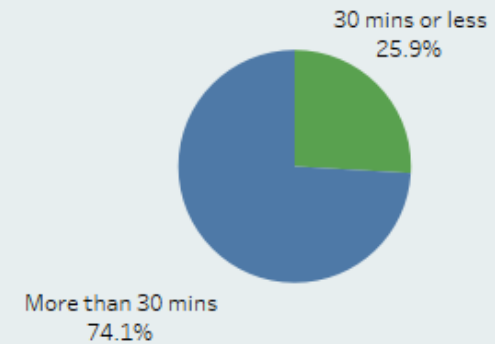
Delivery time of cocaine



Had pizza delivered: last 12m



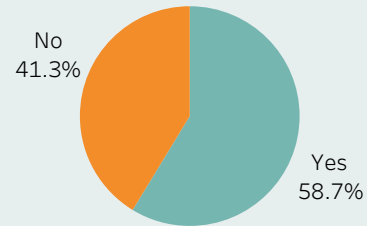
Delivery time of pizza



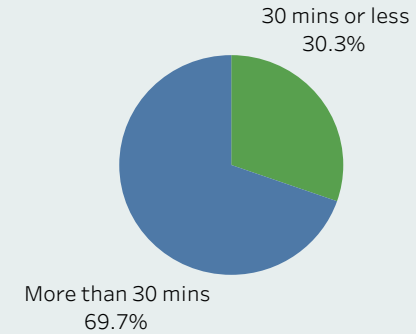
## HAVE YOU HAD PIZZA/COCAINE DELIVERED IN THE LAST 12 MONTHS?

## CAN YOU GET PIZZA/COCAINE DELIVERED WITHIN 30 MINUTES?

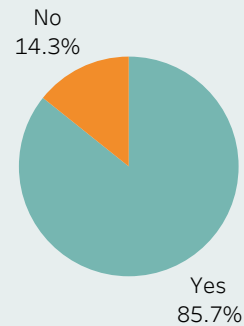
Had cocaine delivered: last 12m



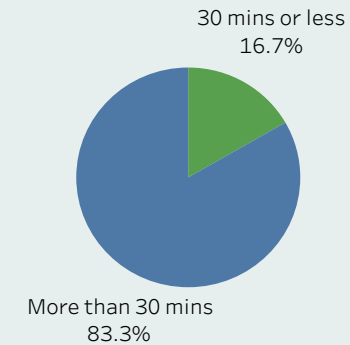
Delivery time of cocaine



Had pizza delivered: last 12m

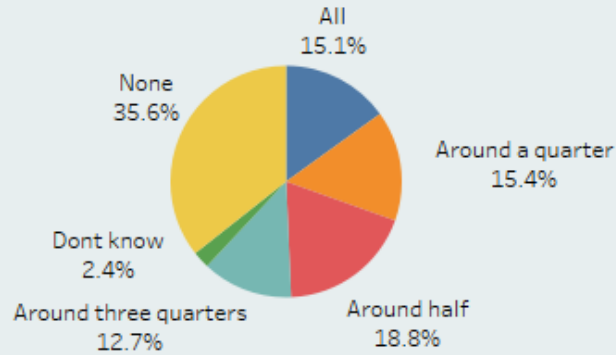


Delivery time of pizza



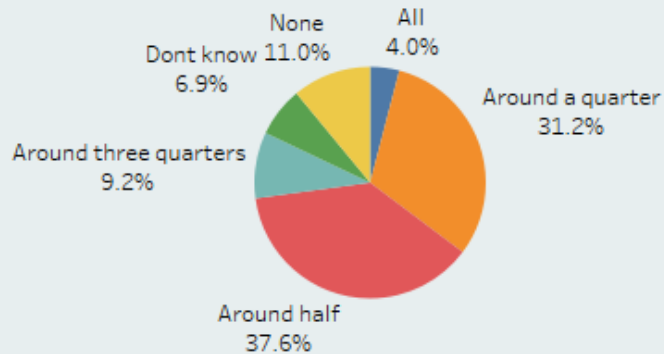
# BUYING YOUR OWN DRUGS | SHARING YOUR DRUGS WITH OTHERS | USING OTHER PEOPLE'S DRUGS

Of cocaine personally purchased: how much did you share



Of the total amount of cocaine you have personally consumed over the last 12 months, **what proportion of it did you pay for?**

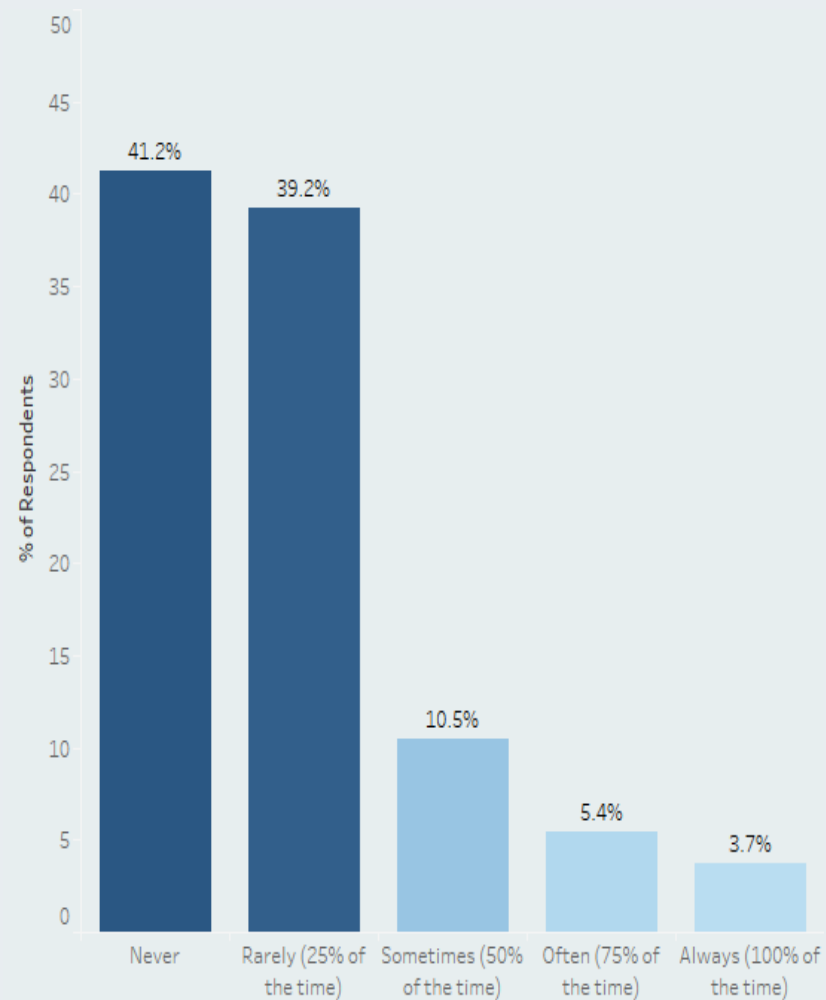
Of cocaine used: how much did you pay for



Of the total amount of cocaine you have purchased for your personal use over the last 12 months, **what proportion do you think was consumed by others?**



# HOW OFTEN DO PEOPLE HAVE COCAINE AT HOME JUST IN CASE THEY FEEL LIKE USING IT?



COLOMBIAN GDS 2018 SAMPLE :  
MDMA

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GLOBAL  
DRUG  
SURVEY

---

2018

>40% of GLOBAL GDS2018 participants reported ever having used MDMA 28.5% reporting use in the last 12 months  
32.2% of COLOMBIAN GDS2018 participants reported ever having used MDMA, with 22.5% reporting use in the last 12 months

Data from 22,000+ people from around the world who reported the use of MDMA in the last 12 months was used in the preparation of this report., including approximately 300 who came from Colombia

## BACKGROUND

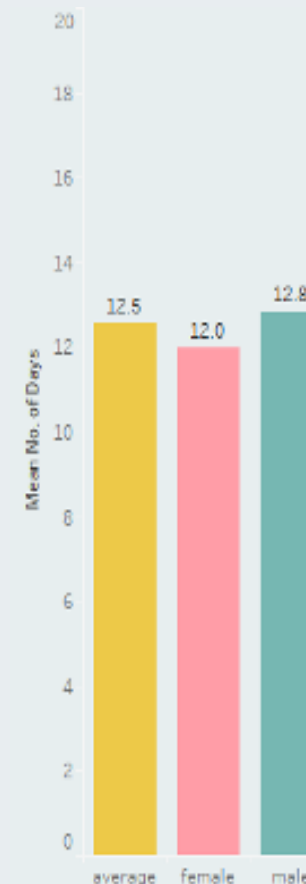
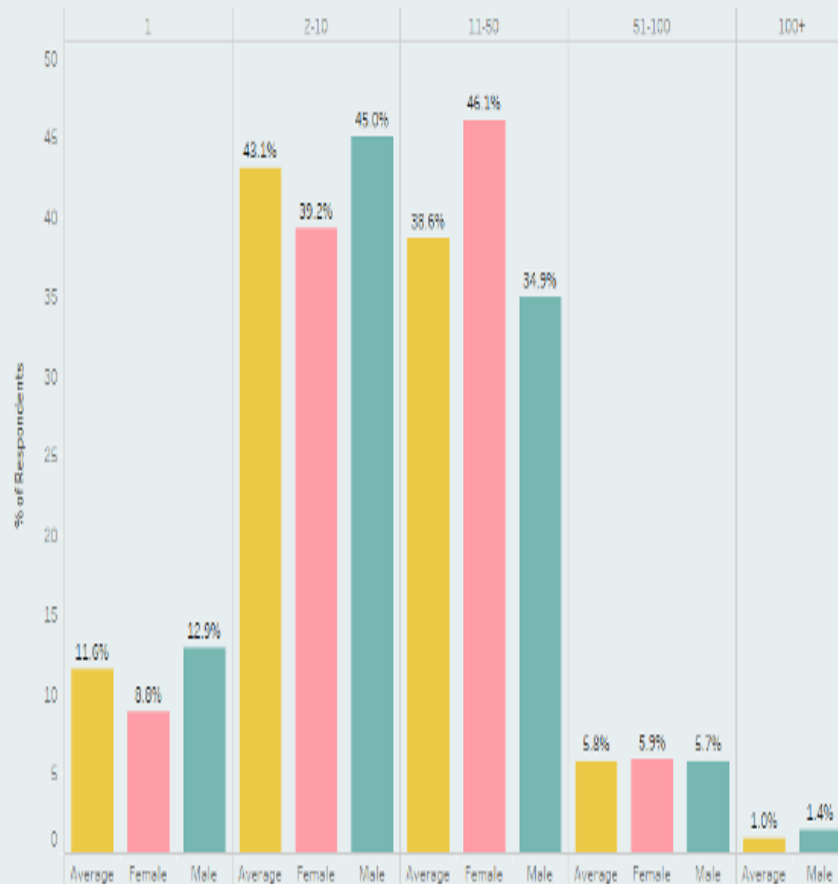
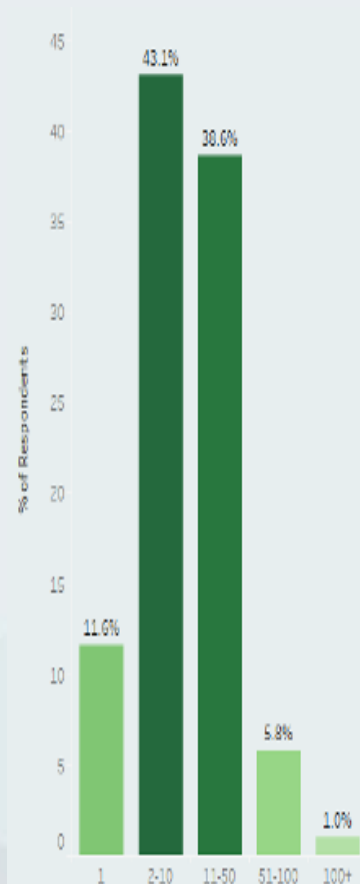
- MDMA remains one of the most popular illicit drugs in the world. The use of MDMA crystals and powder in many parts of the world has increased in recent years and in conjunction with **the appearance of high dose MDMA pills has led to changes in consumption habits and risk profile of users.**
- In response to the apparent increase in the risks associated with higher potency pills and reports of novel drugs making their way into 'ecstasy' tablets/powders we have seen growth in the appearance of drug checking services across many countries.
- GDS2018 in addition to asking about the patterns of use and purchase of MDMA use , **explored the use of drug checking services** and the utility of the information provided by such services and also gave users the opportunity to design **the perfect MDMA pill.**
- GDS2018 also chose MDMA as one of 3 drugs that we focused on as part of a wider exploration of the circumstances around peoples' **first ever use of drugs** (the others were cocaine and LSD). **For MDMA this represented one third of the GDS2018 sample who reported ever having used MDMA.**

## KEY RESULTS IN THIS SECTION

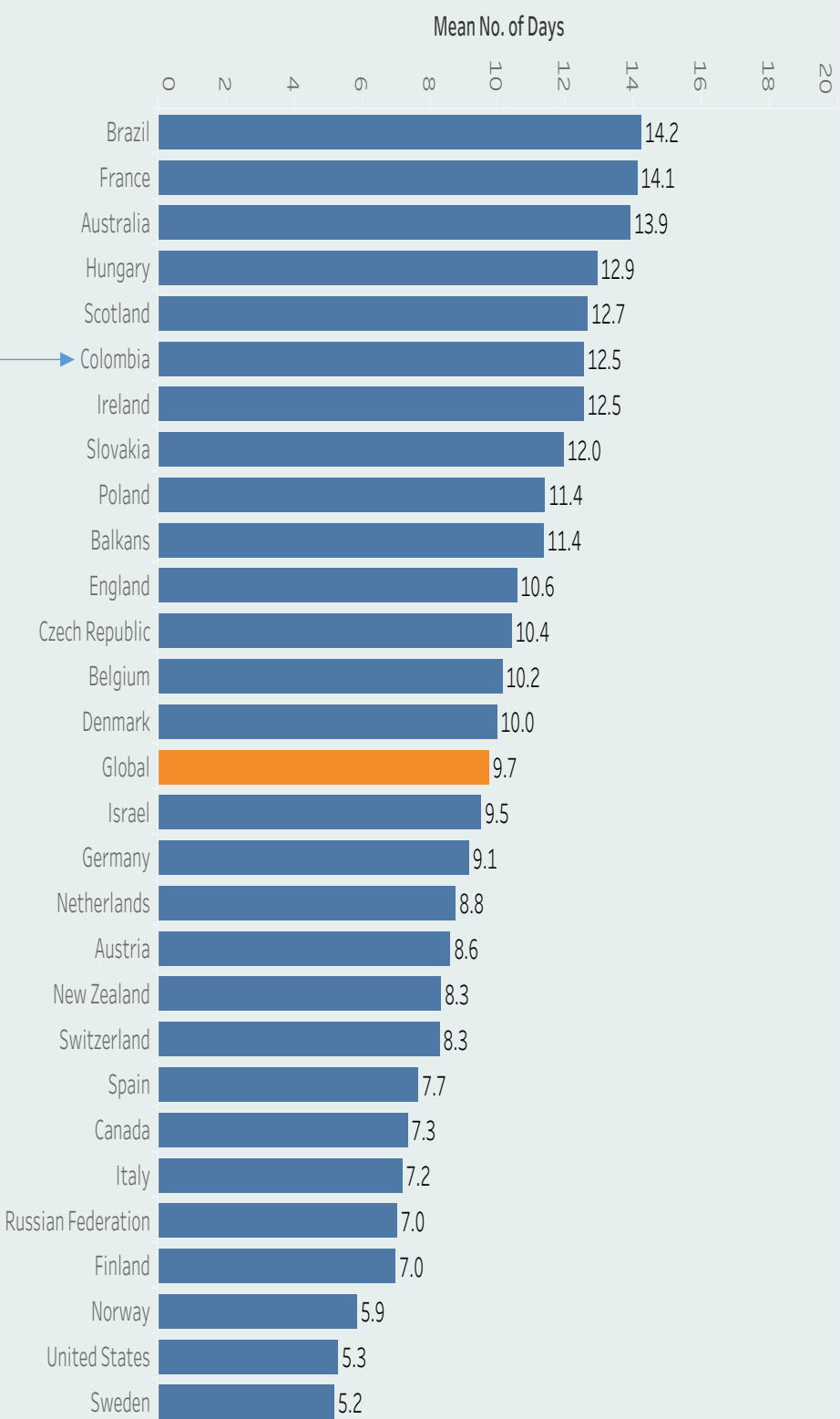
- ☑ Number of days used in the last year
- ☑ How much MDMA is used per day
- ☑ Common routes of use and use of test dosing for new batches
- ☑ How much a single gram and single MDMA pill costs to purchase
- ☑ Common sources for MDMA purchase
- ☑ The % of MDMA used that is paid for vs the % shared with others
- ☑ How often users have MDMA at home just in case they feel like using it
- ☑ Circumstances of people's first ever use of MDMA
- ☑ The % who reported having sought emergency medical treatment in the last 12 months as a result of MDMA use
- ☑ The % who reported thinking they needed emergency medical treatment in the last 12 months as a result of MDMA use but chose not to seek it and why they did not.



# NUMBER OF DAYS MDMA USED LAST 12 MONTHS M+F COMBINED AND BY GENDER (RANGE AND MEAN DAYS)



# AVERAGE NUMBER OF DAYS MDMA USED LAST 12 MONTHS ON A DAY OF USE BY COUNTRY



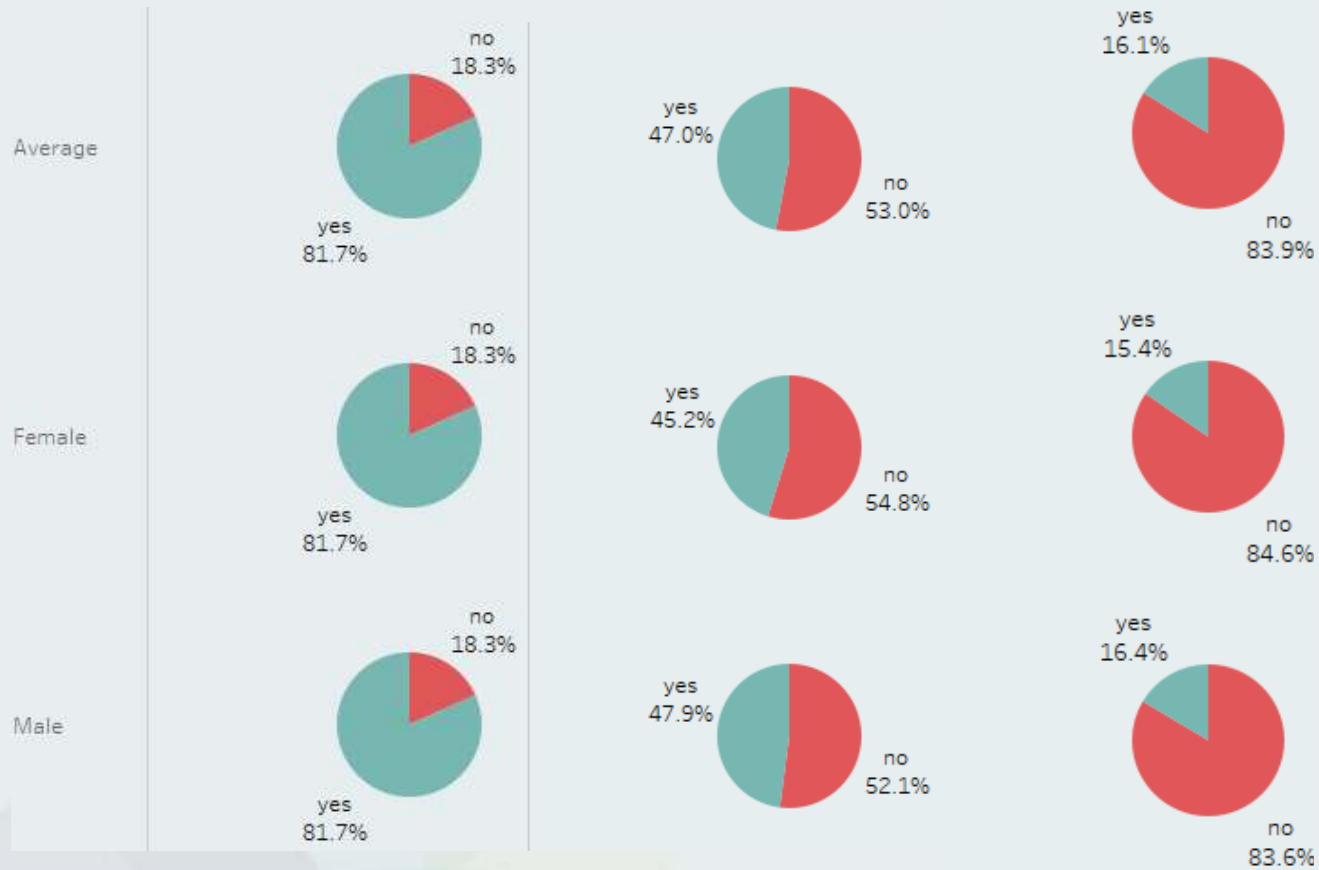
Only countries with  $n > 100$  users were included in these graphs

# USE OF PILLS, POWDERS & CAPSULES: PREPARATIONS USED IN LAST YEAR

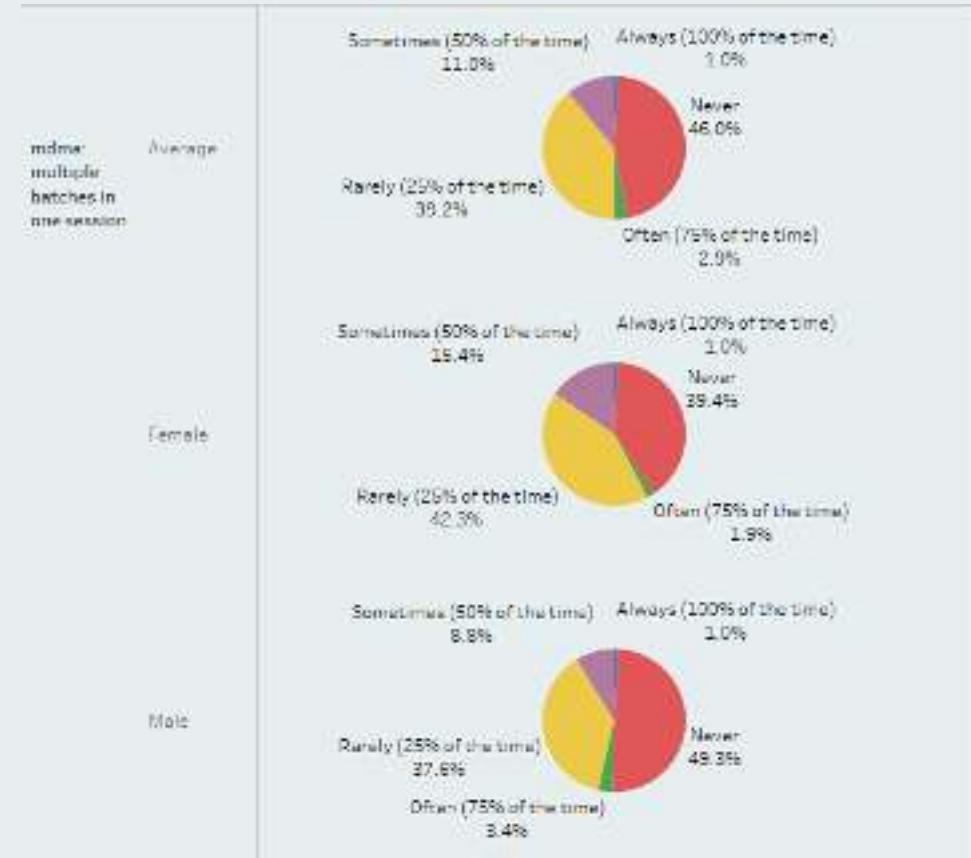
## PILLS

## POWDER /CRYSTAL

## CAPSULES

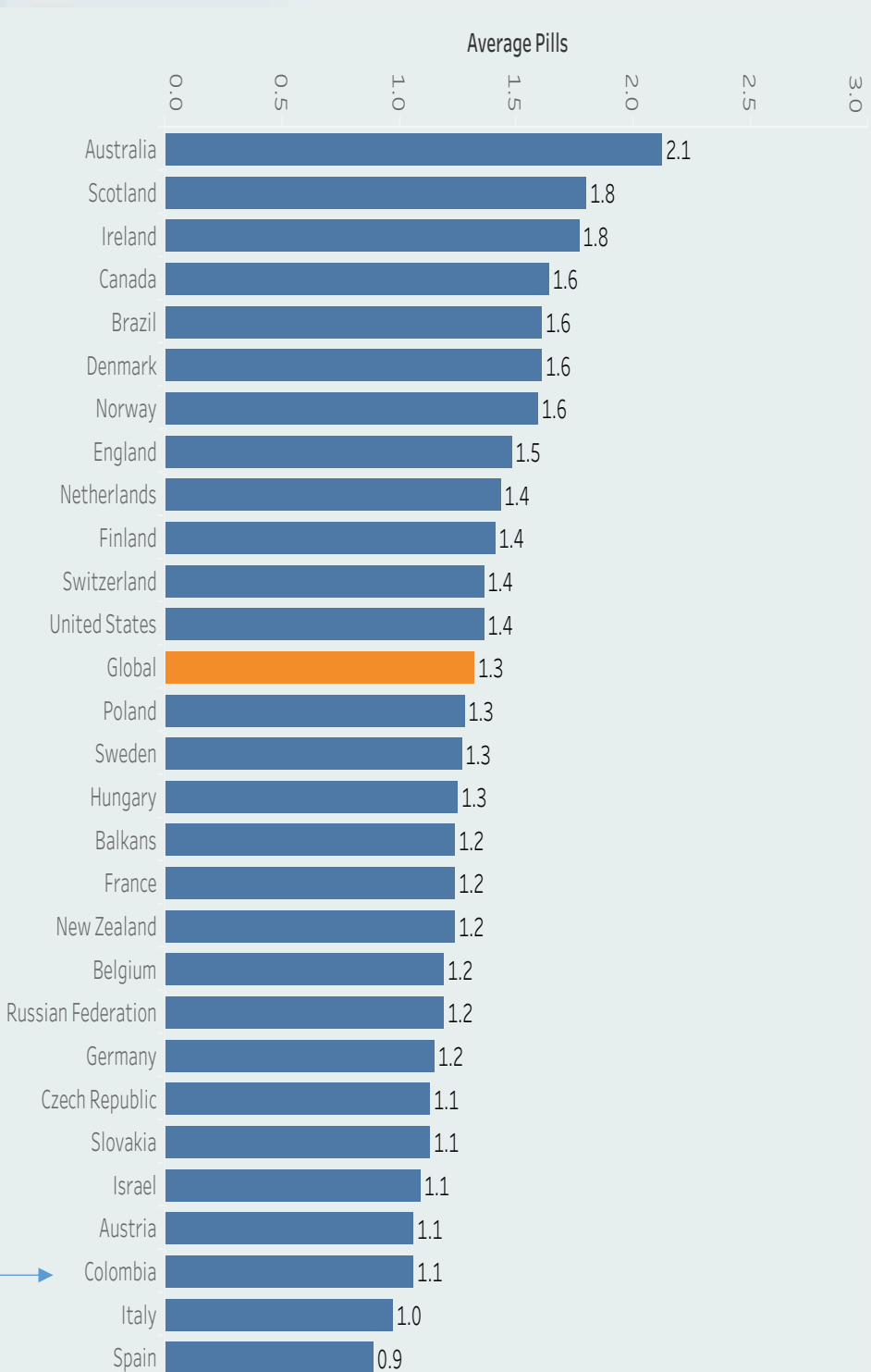


How often have you used MDMA from more than one batch / source over a session in the last 12 months ?



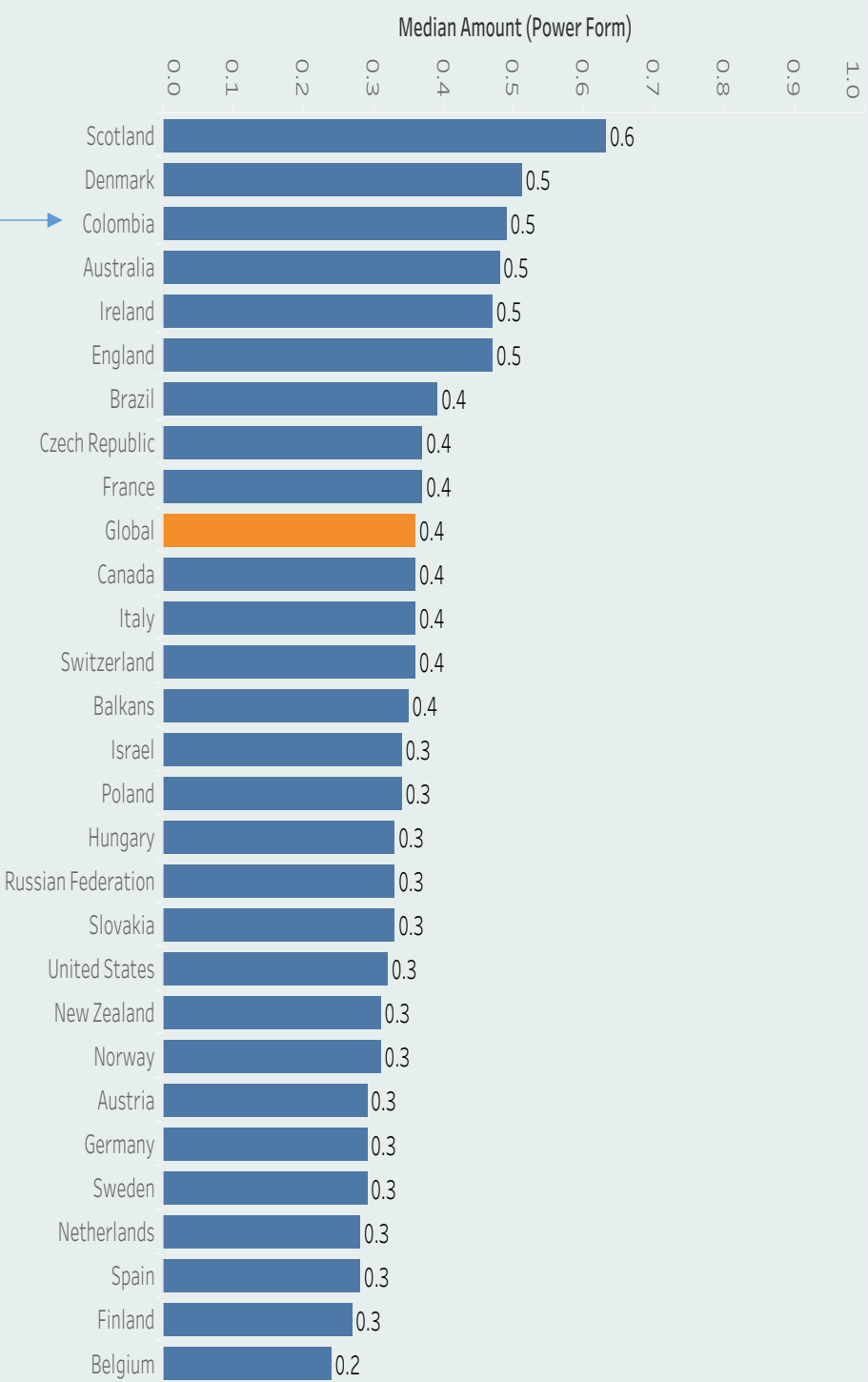


# MEAN NUMBER OF MDMA PILLS USED ON A DAY OF USE BY COUNTRY



Only countries with  $n > 100$  users were included in these graphs

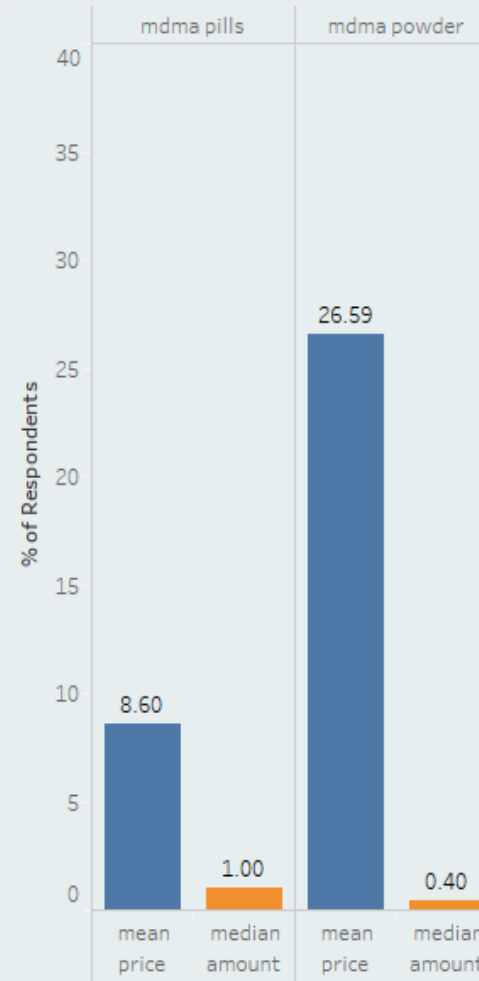
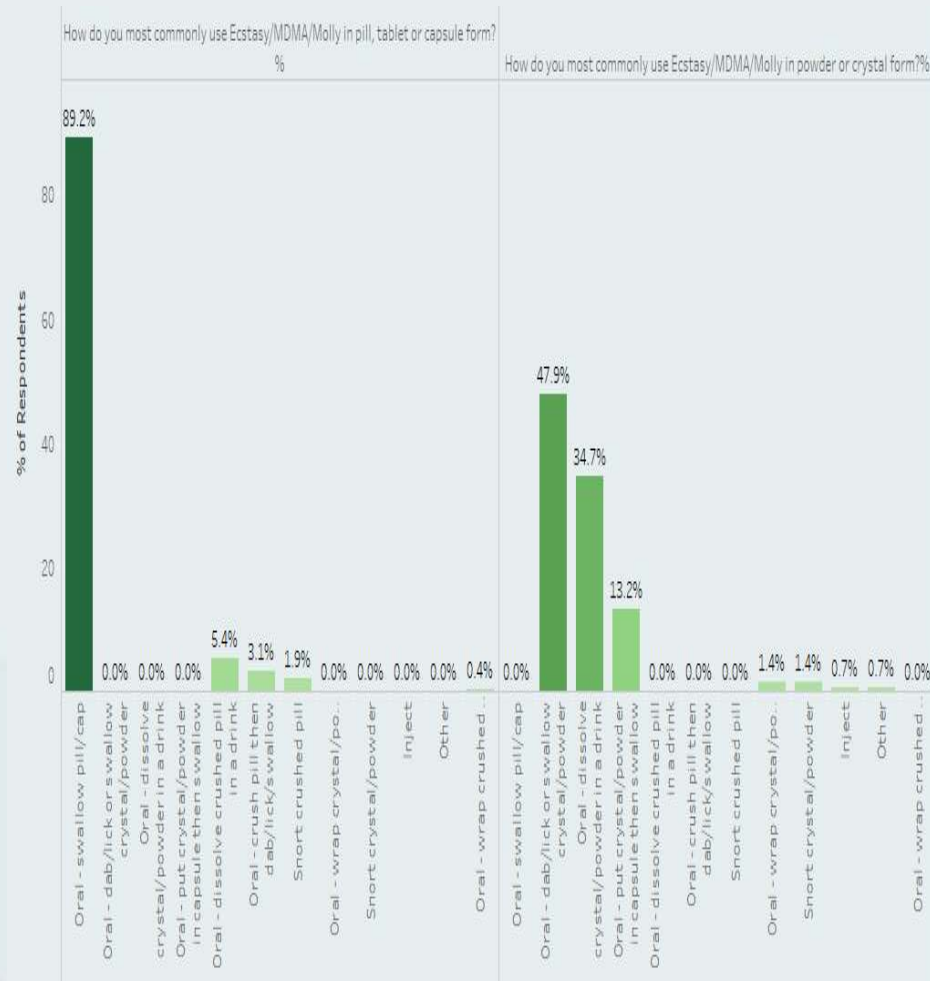
# MEAN AMOUNT OF MDMA POWDER USED LAST 12 MONTHS ON A DAY OF USE BY COUNTRY



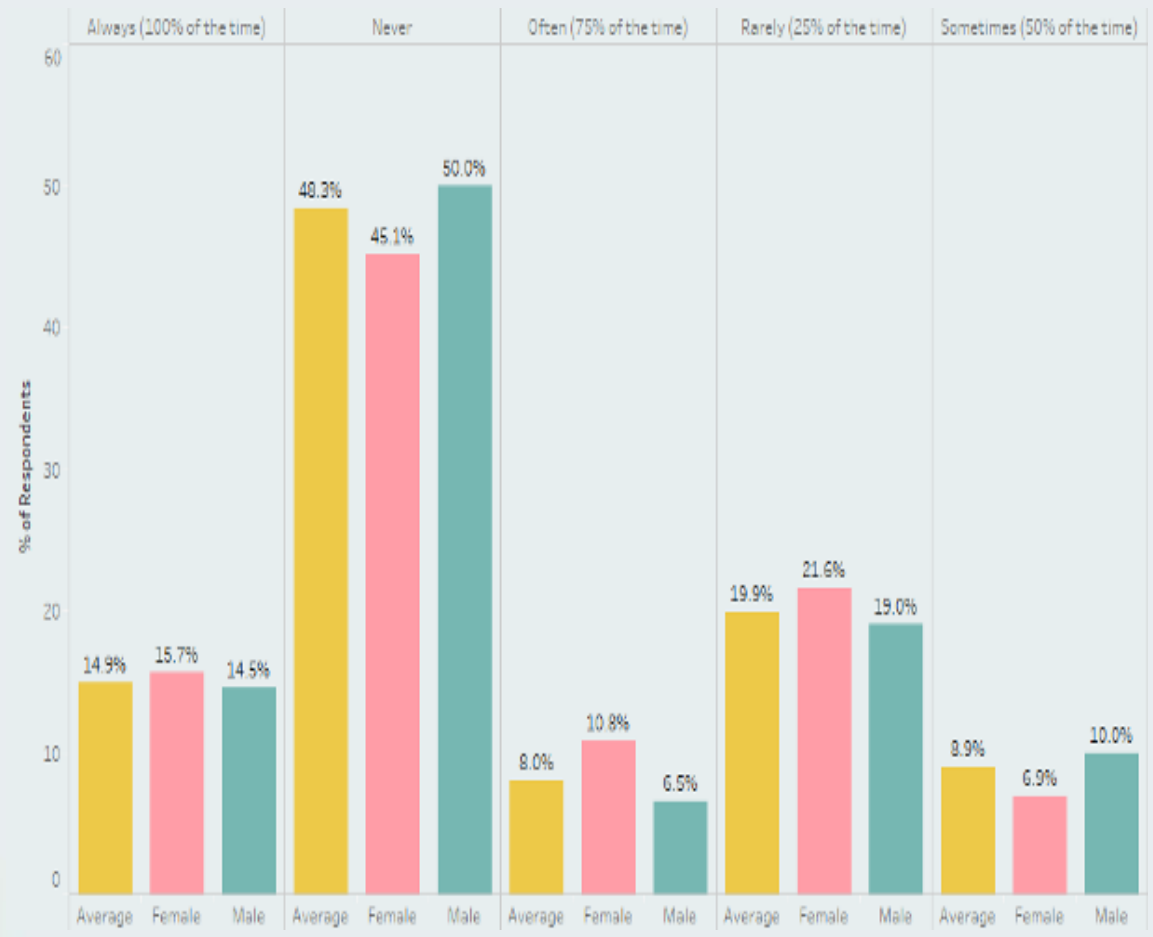
Only countries with  $n > 100$  users were included in these graphs

# MAIN METHOD OF CONSUMPTION MDMA PILLS/TABLETS VS CRYSTAL/POWDER

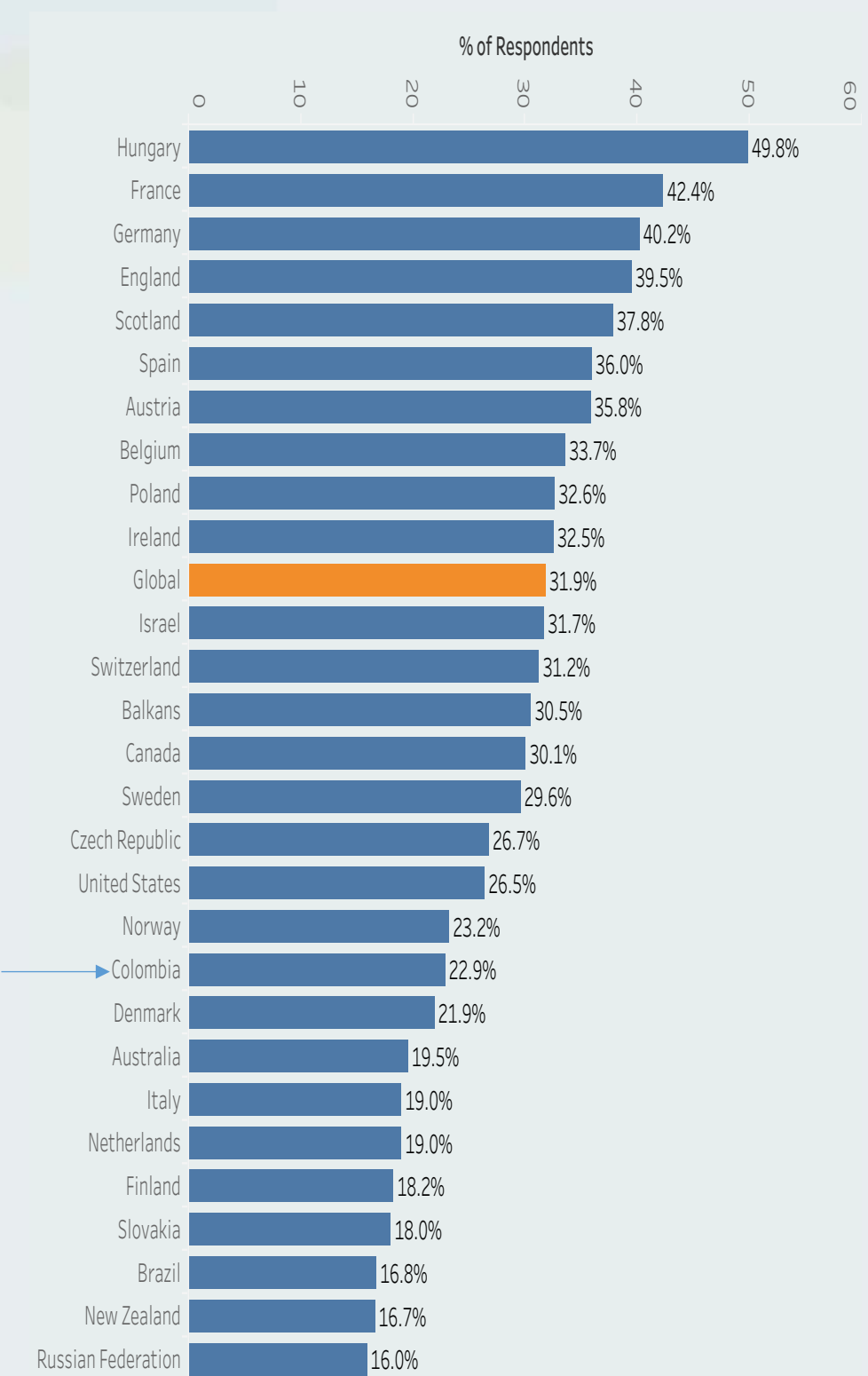
# MEDIAN USE PILLS/POWDER PER DAY



# HOW OFTEN DID YOU START WITH A SMALL TEST DOSE OF MDMA WHEN TRYING A NEW BATCH/SOURCE?

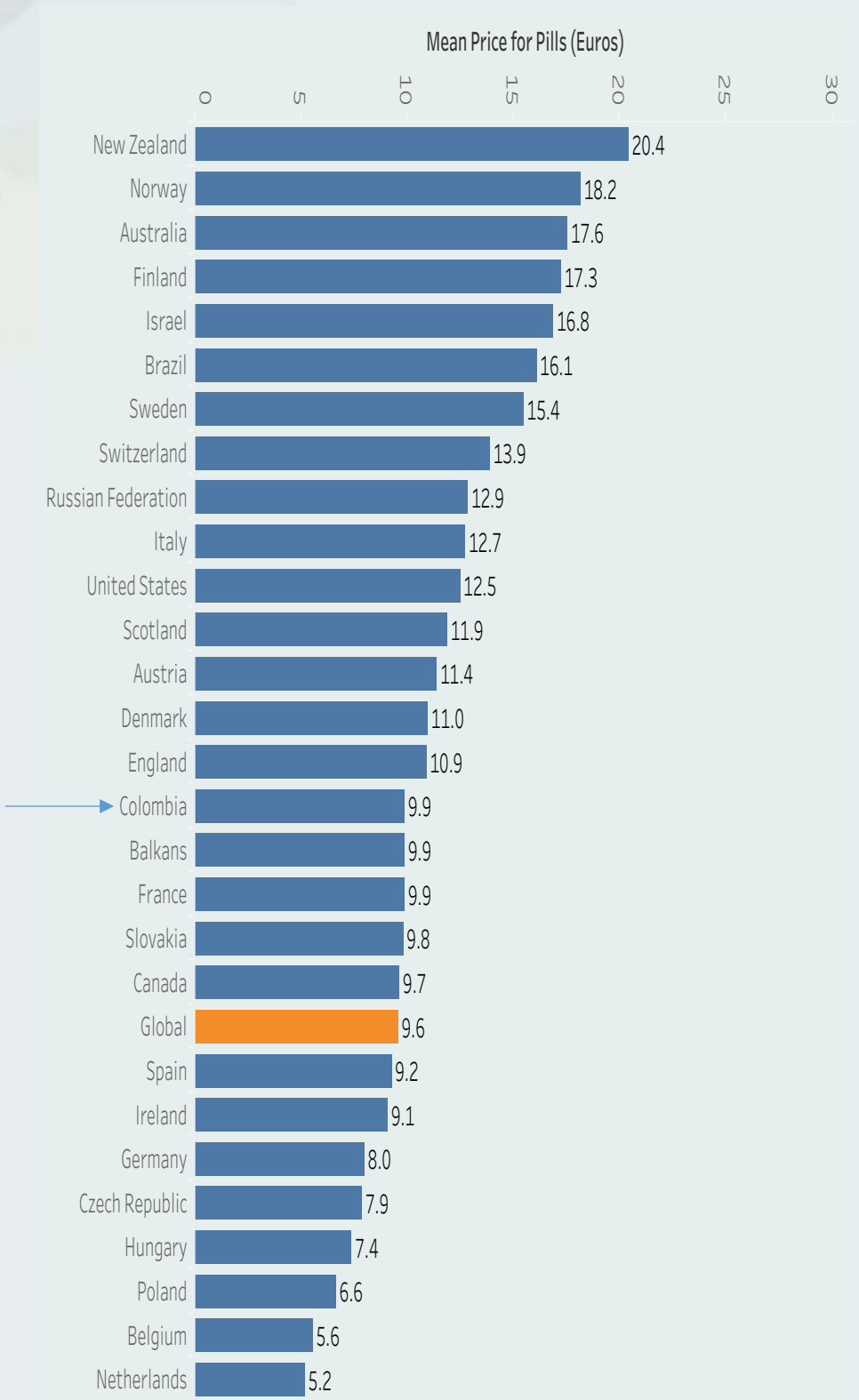


# COUNTRY DOSING: ALWAYS/OFTEN TESTS A DOSE WHEN TRYING A NEW BATCH/SOURCE



Only countries with **n > 100 users** were included in these graphs

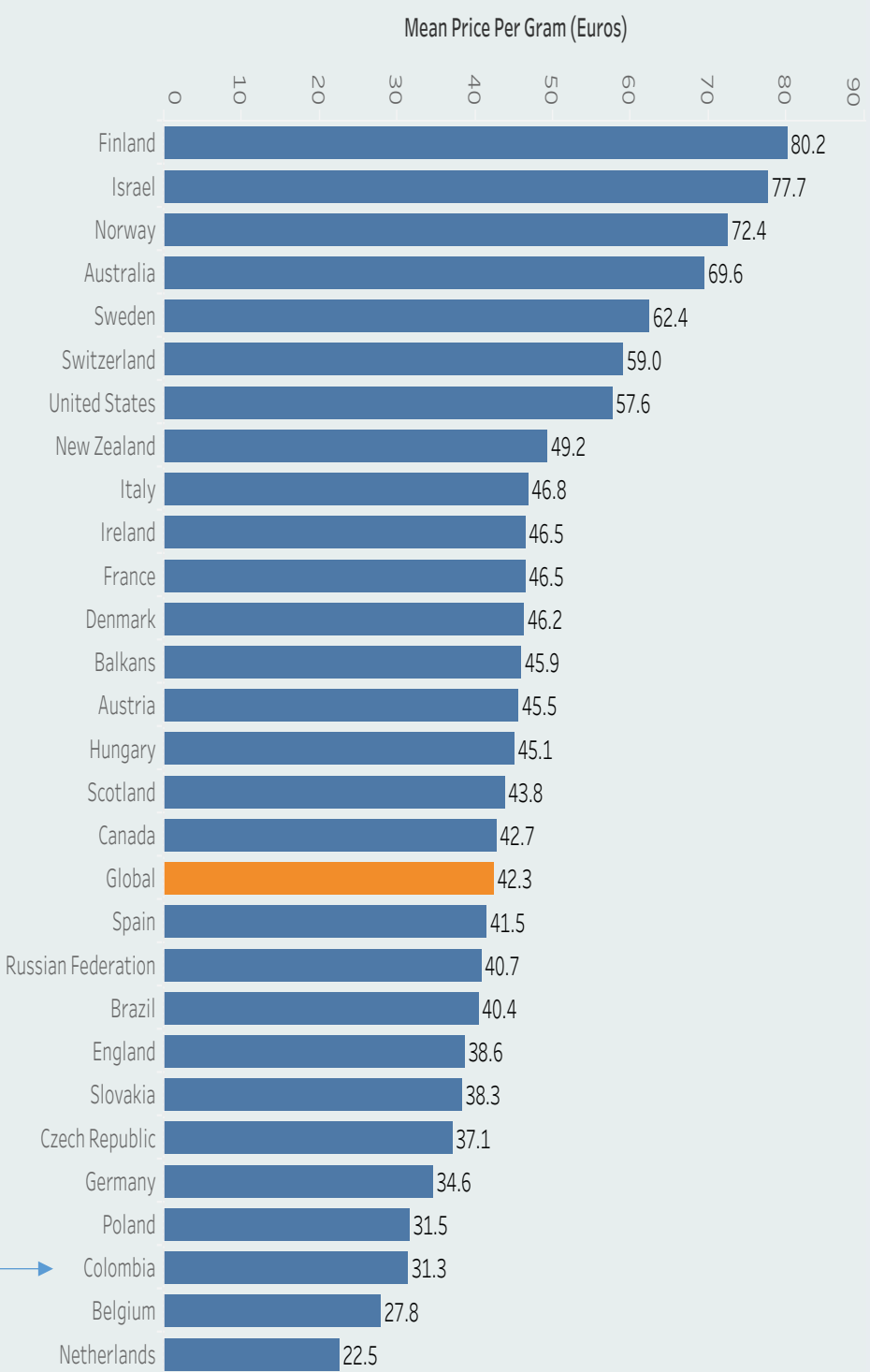
# MEAN PRICE FOR A SINGLE MDMA TABLET OR PILL (EUROS)



Only countries with n > 100 users were included in these graphs

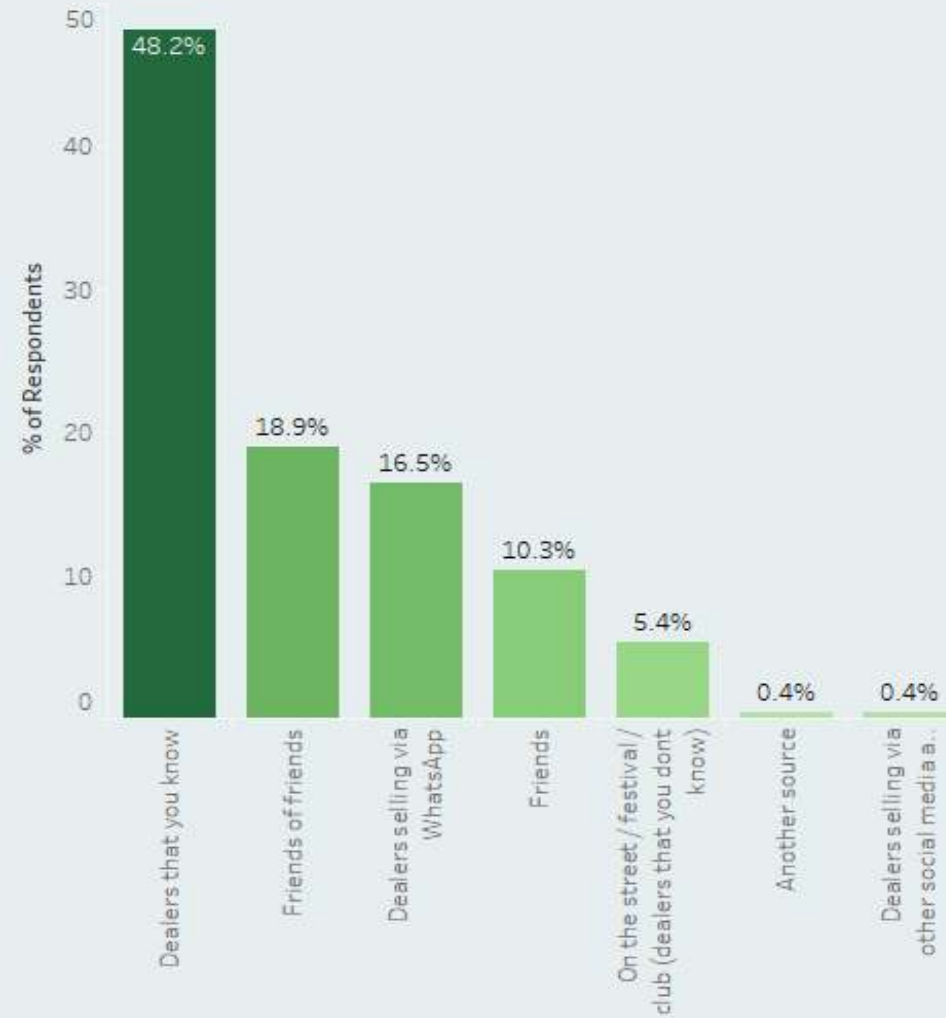


# MEAN PRICE FOR A SINGLE GRAM OF MDMA (EUROS)



Only countries with **n > 100 users** were included in these graphs

# MOST COMMON SOURCE FOR PURCHASE OF MDMA LAST 12 MONTHS







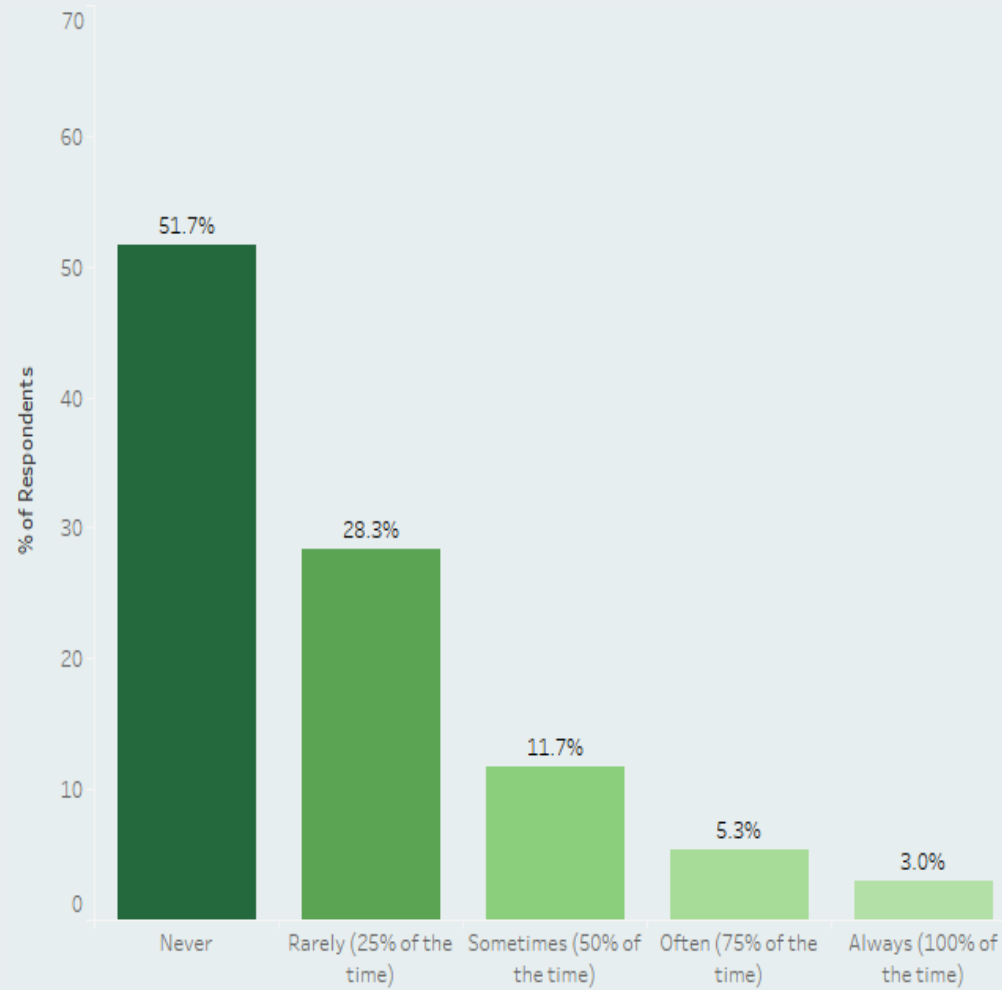
# BUYING YOUR OWN DRUGS | SHARING YOUR DRUGS WITH OTHERS | USING OTHER PEOPLE'S DRUGS

Of the total amount of MDMA you have purchased for your personal use over the last 12 months, **what proportion do you think was consumed by others?**

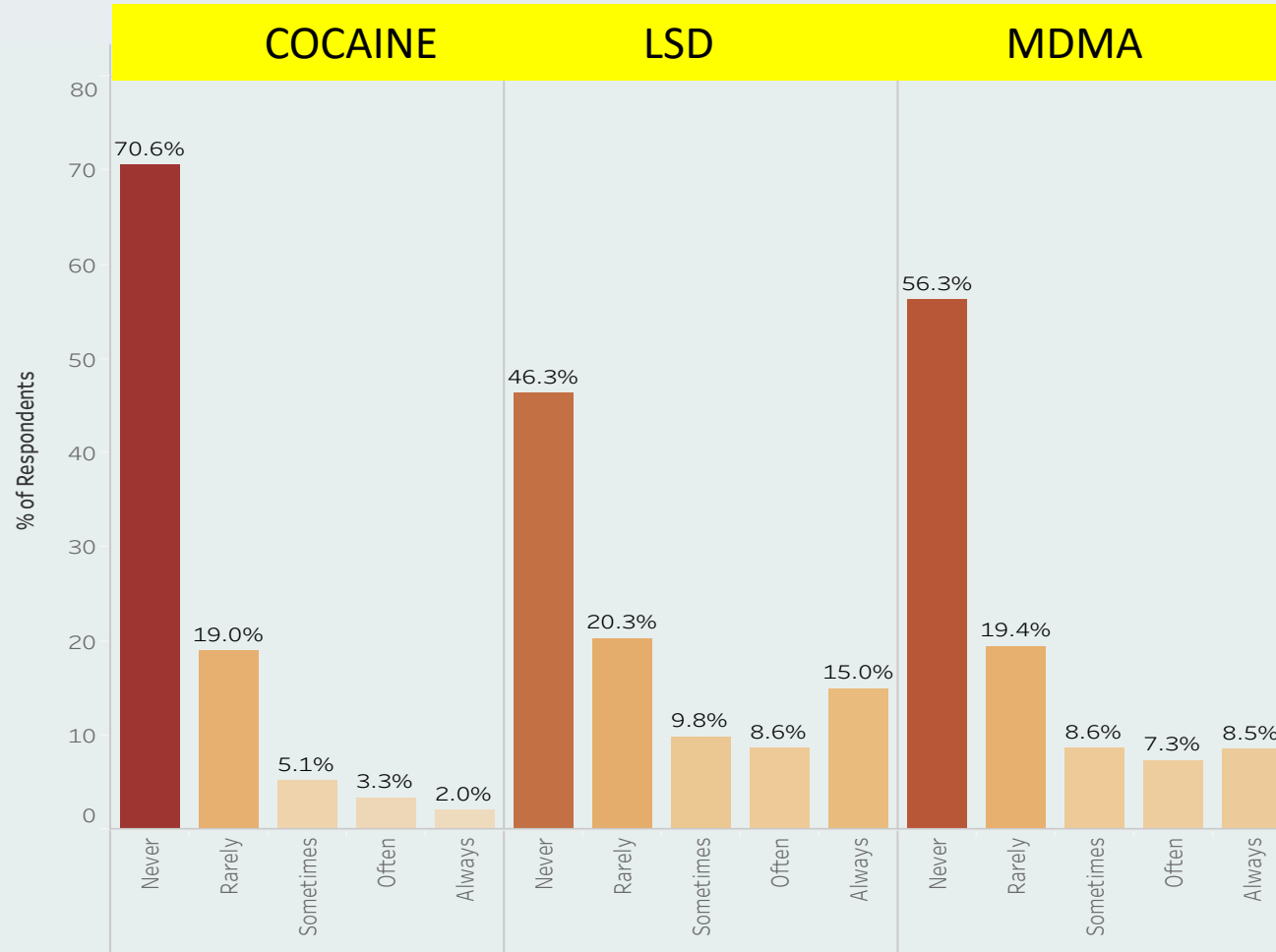
Of the total amount of MDMA you have personally consumed over the last 12 months, **what proportion of it did you pay for?**

rtter

# HOW OFTEN DO PEOPLE HAVE MDMA AT HOME JUST IN CASE THEY FEEL LIKE USING IT?



PERSONAL STASHES COMPARED  
HOW OFTEN DO PEOPLE HAVE COCAINE, LSD OR MDMA AT HOME IN  
CASE THEY FEEL LIKE USING THEM?  
(M vs F) last 12 months



## MDMA USE VIRGINITY CIRCUMSTANCES SURROUNDING FIRST TIME USE

People and especially governments don't talk much about first time drug use. The idea of **universal primary prevention** like drug education in schools is to stop people from using drugs. And that is, of course, is the best way to avoid drug related harm. Failing that (or choosing not to use any drugs at all-the safest option), delaying peoples first use until their brain has stopped developing (in your early 20s) is not a bad second aim. **Grow your brain before you expand it.**

The first drug experience might be particularly risky if you are on your own, take the wrong dose, are in the wrong place or time, or are already under the influence of something else – usually and probably most dangerously alcohol.

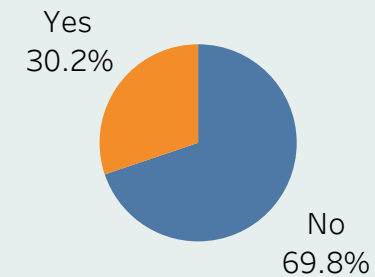
**If people knew more about what they were taking, how to take it and what to watch out for we believe they would be safer, especially on that very first occasion.**

GDS2018 sought to explore the first experiences of people who used cocaine for the first time in the last 12 months. We ask people whether this first use was planned, about who they were with and how they were feeling, what they knew about the drug, how important peer influences were, and whether their expectations (both positive and negative) were met.

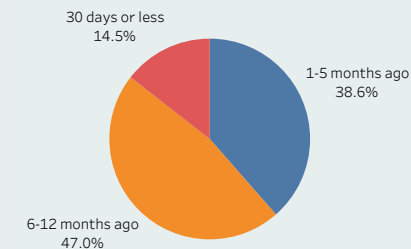
Using drugs can be risky. We hope this information can be used to increase the awareness about potential risks of first time use to reduce negative outcomes.

**4000 people completed our special section on first time MDMA use.**

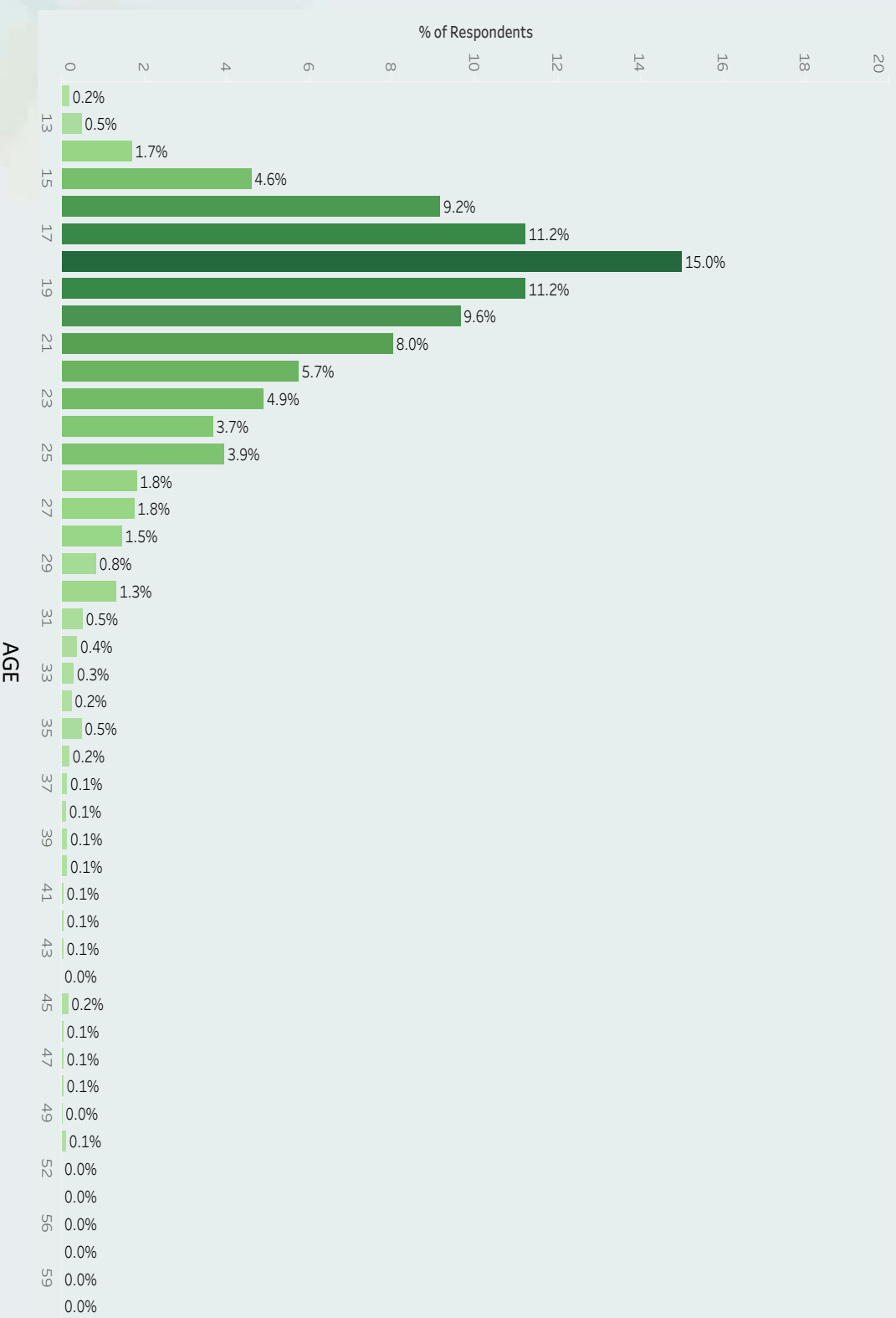
Have you used MDMA for the first time in the last 12 months?



How long ago did you use MDMA for the first time (within the last 12 months)?



# HOW OLD WERE YOU WHEN YOU USED MDMA FOR THE FIRST TIME?



THINKING ABOUT THE FIRST TIME YOU USED MDMA, WAS IT ACTUALLY PLANNED?

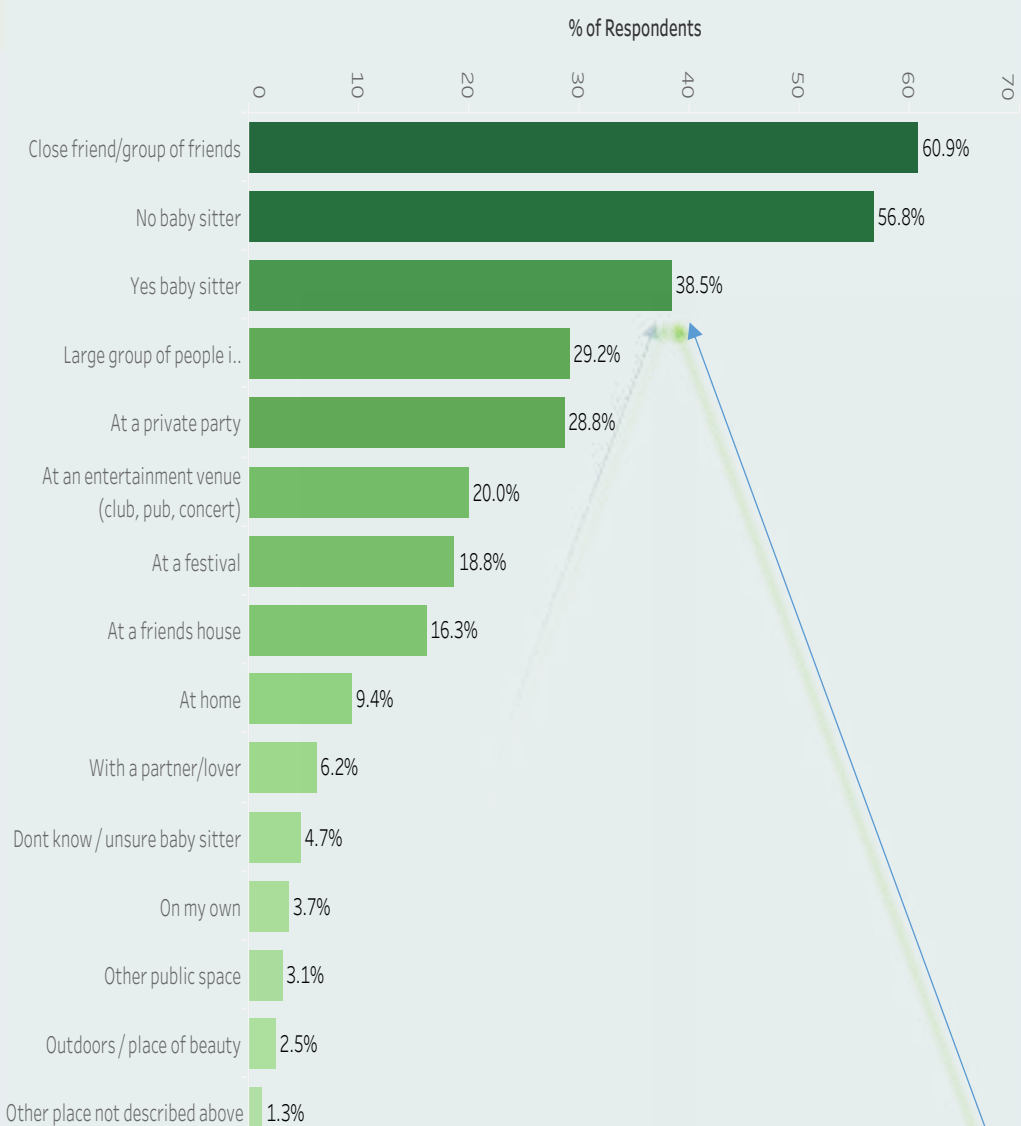
BEFORE YOUR FIRST TIME HOW CERTAIN WERE YOU THAT YOU'D TRY MDMA?



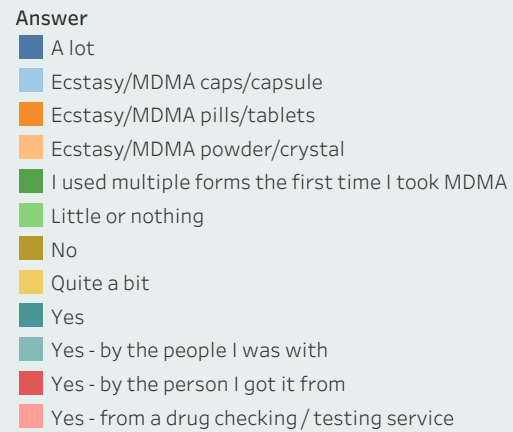
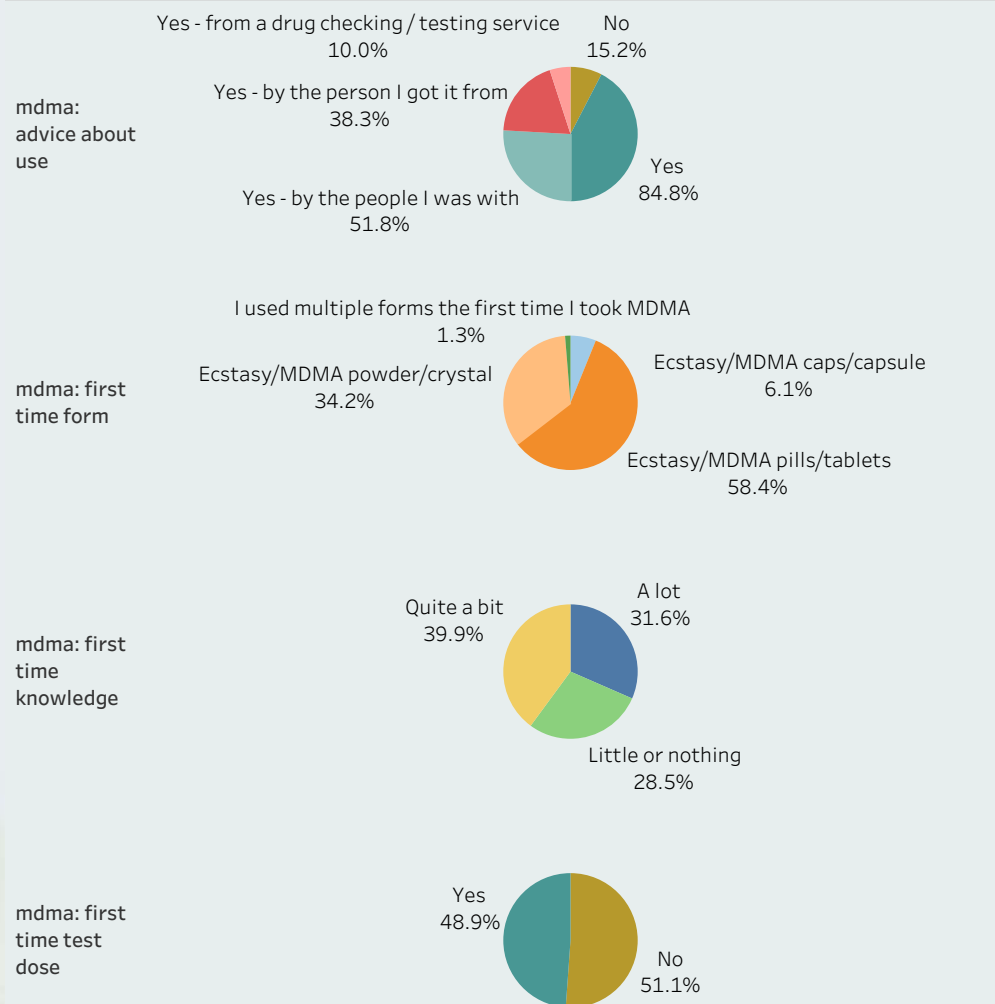
FIRST TIME USE OF MDMA  
WHERE WERE YOU?

FIRST TIME USE OF COCAINE  
WHO WERE YOU WITH?

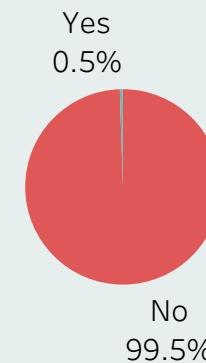
DID YOU HAVE A  
TRIP/BABYSITTER?



# FIRST TIME USE OF MDMA ADVICE | FORM | TEST DOSE | KNOWLEDGE

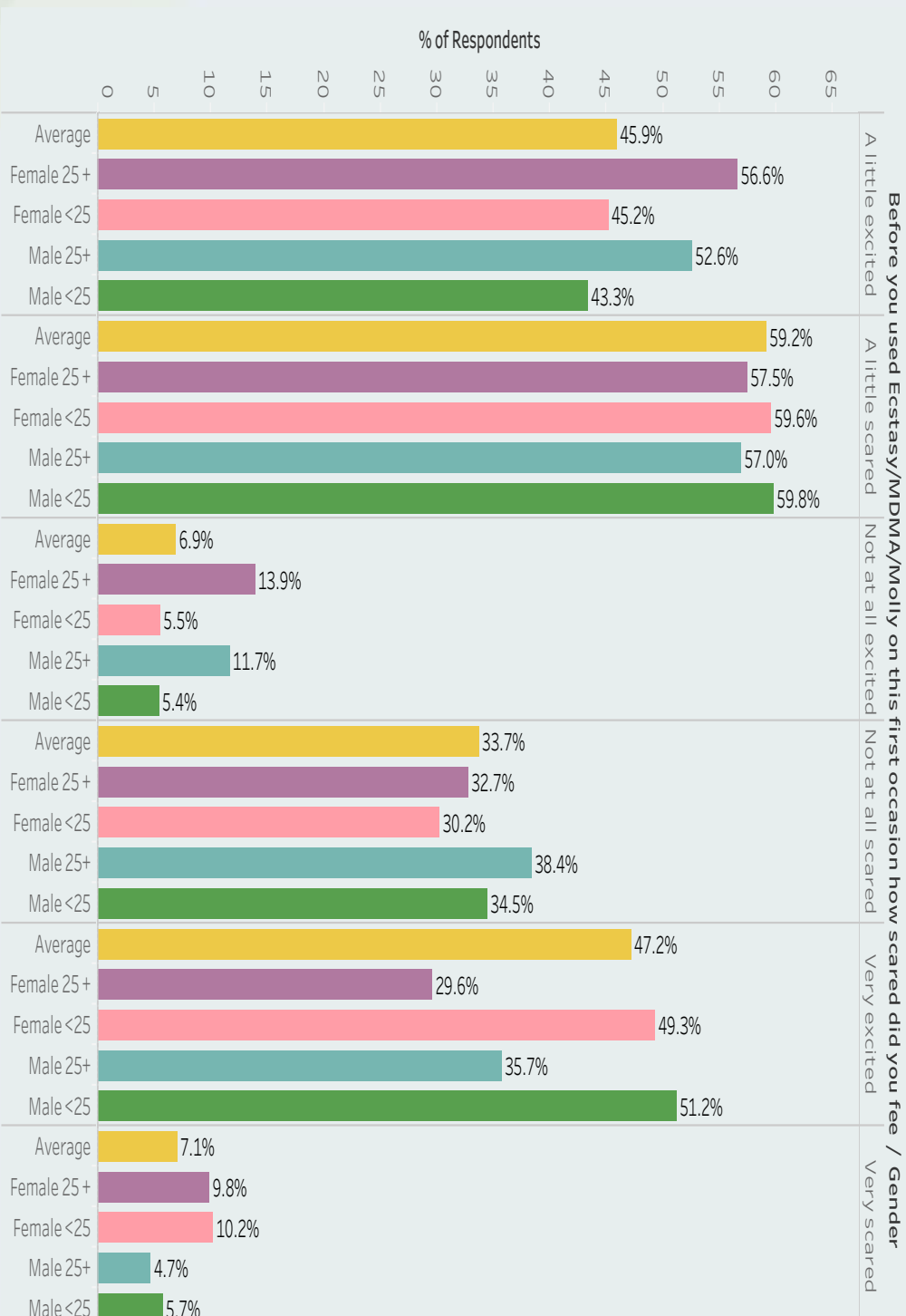


## DID YOU SEEK EMERGENCY MEDICAL TREATMENT AFTER YOUR FIRST TIME USE OF MDMA





# THE FIRST TIME YOU USED MDMA HOW EXCITED WERE YOU? HOW SCARED WERE YOU?

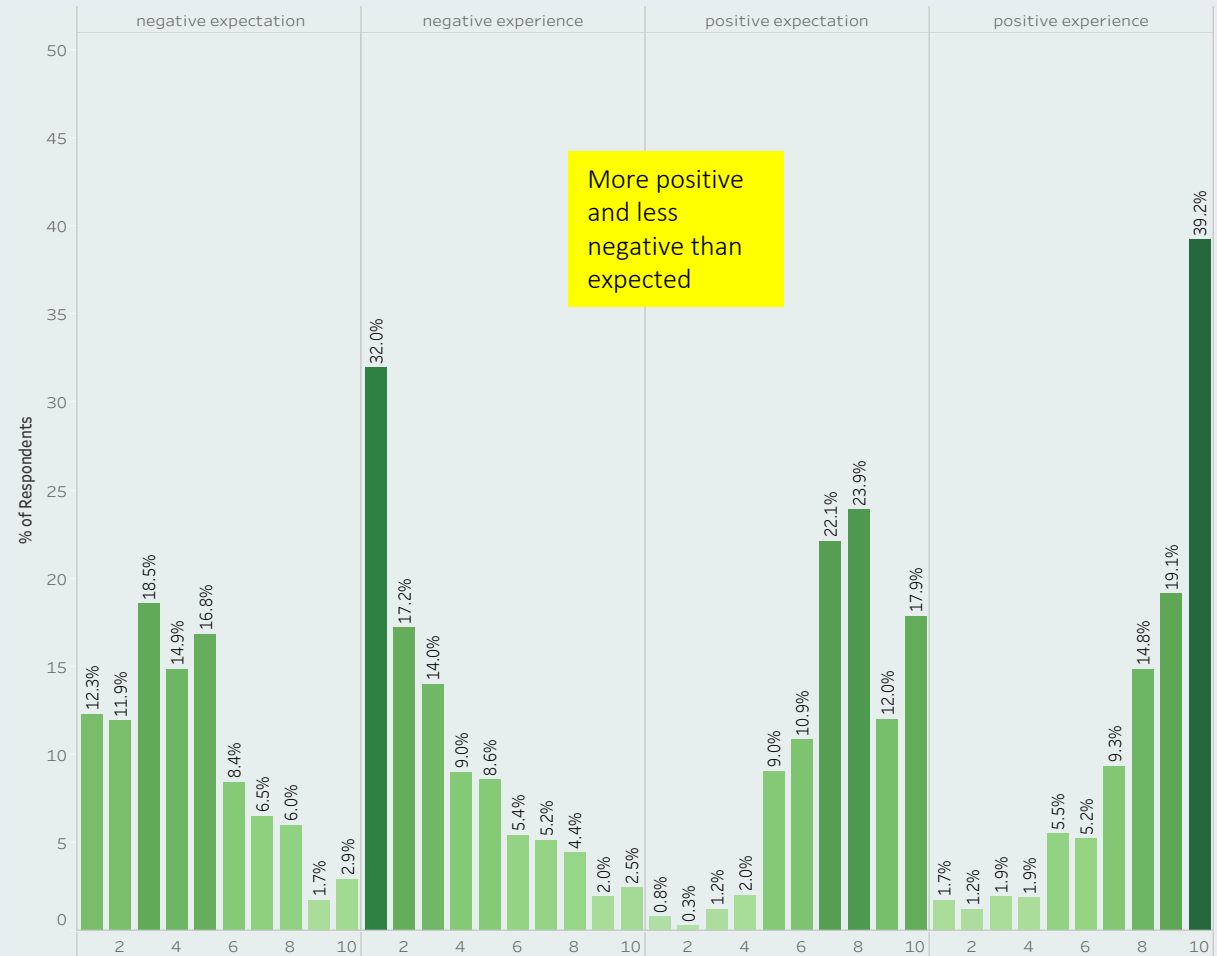


# FIRST TIME USE OF MDMA

## EXPECTATION VS EXPERIENCE | PLEASURABLE HIGH | SIDE EFFECTS

How pleasurable were you expecting your MDMA before you took it vs. how pleasurable it actually was. (Scale of 1-10 with 10 being the most pleasurable and 1 being the least pleasurable)

How unpleasant were you expecting the negative effects of MDMA to be before you took it vs. how negative it actually was. (Scale of 1-10 with 10 being the most pleasurable and 1 being the least pleasurable)

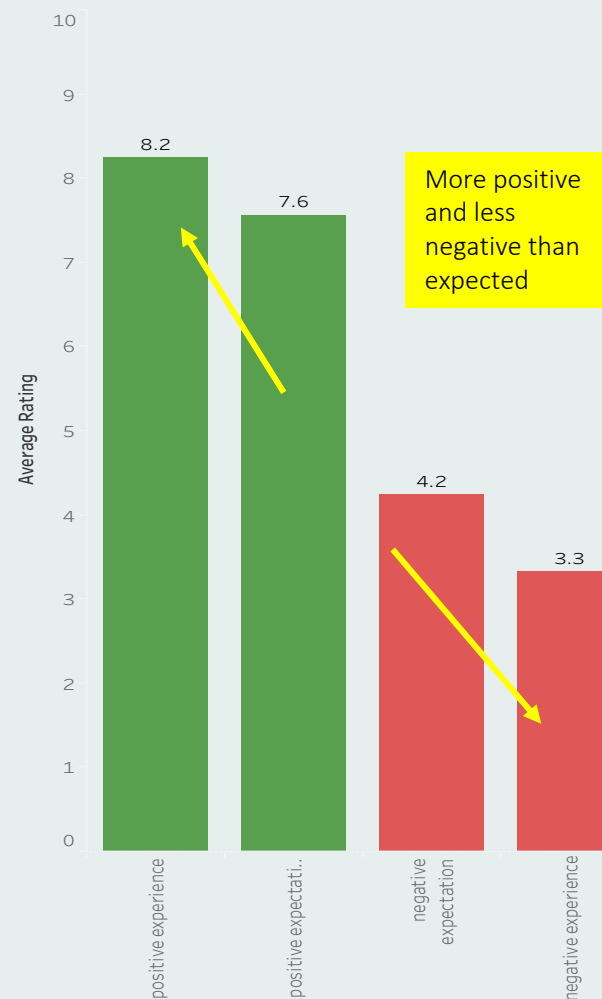


# FIRST TIME USE OF MDMA MEAN SCORES

## EXPECTATION VS EXPERIENCE | PLEASURABLE HIGH | SIDE EFFECTS

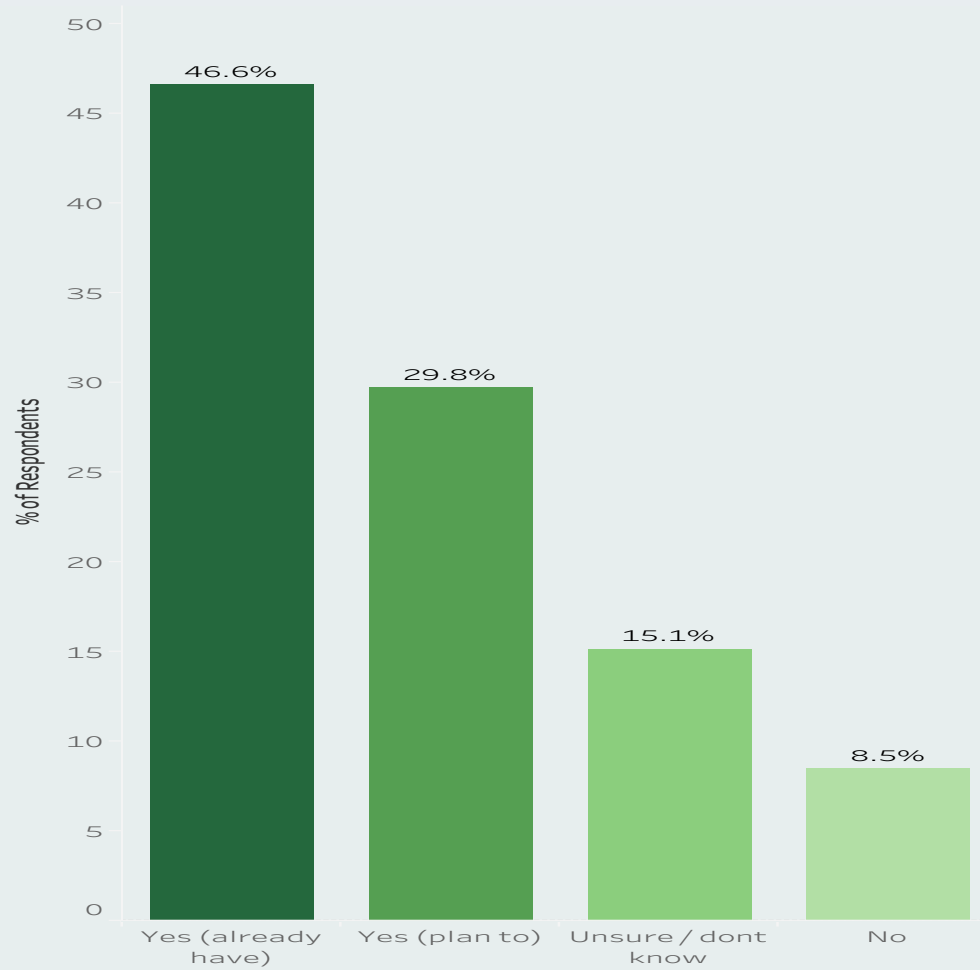
How pleasurable were you expecting your MDMA experience before you took it vs. how pleasurable it actually was. (Scale of 1-10 with 10 being the most pleasurable and 1 being the least pleasurable)

How unpleasant were you expecting the negative effects of MDMA to be before you took it vs. how negative it actually was. (Scale of 1-10 with 10 being the most pleasurable and 1 being the least pleasurable)

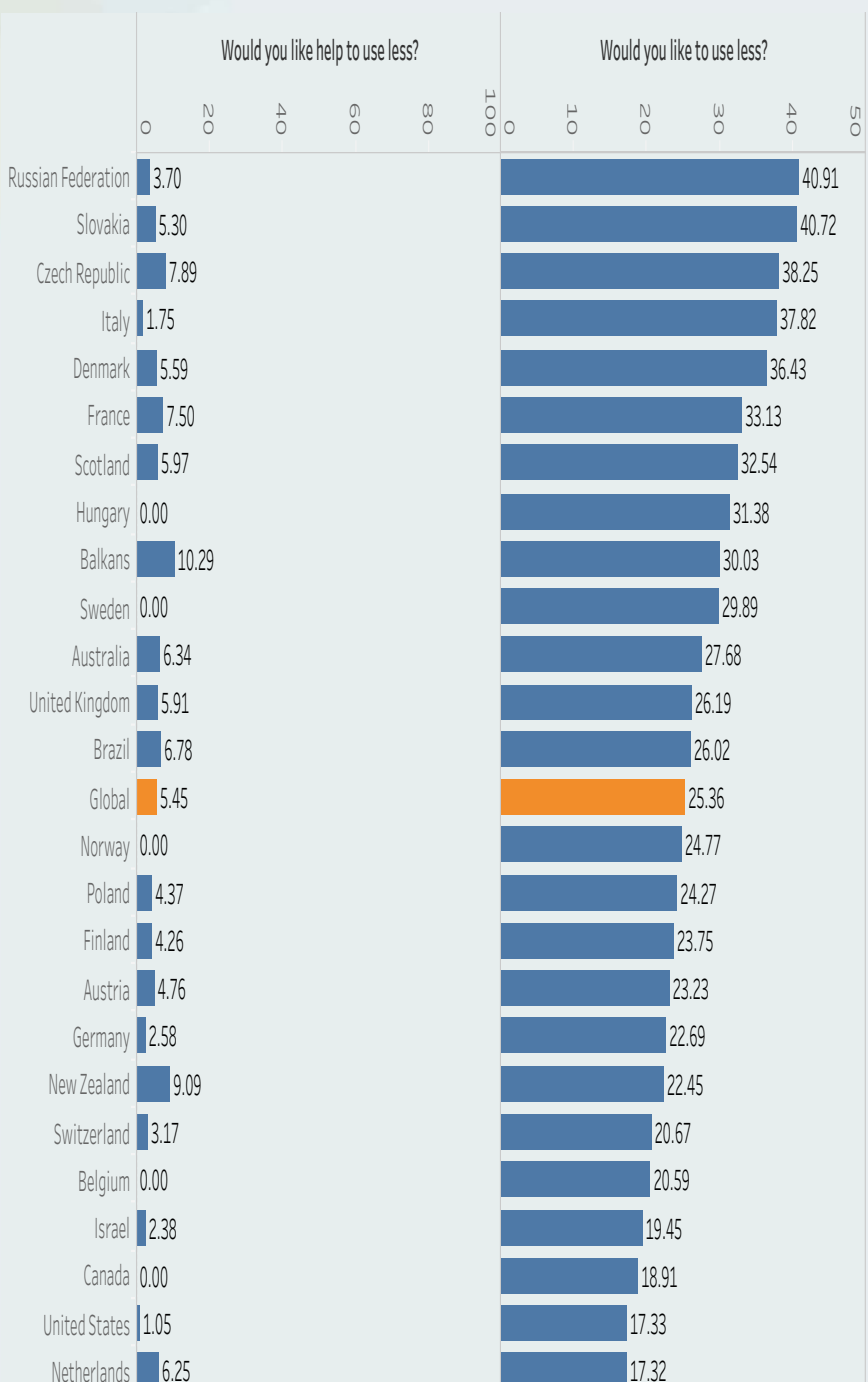


*'People's first MDMA experience tended to be slightly more pleasurable than they expected whilst the expected negative effects were not as significant as expected'.*

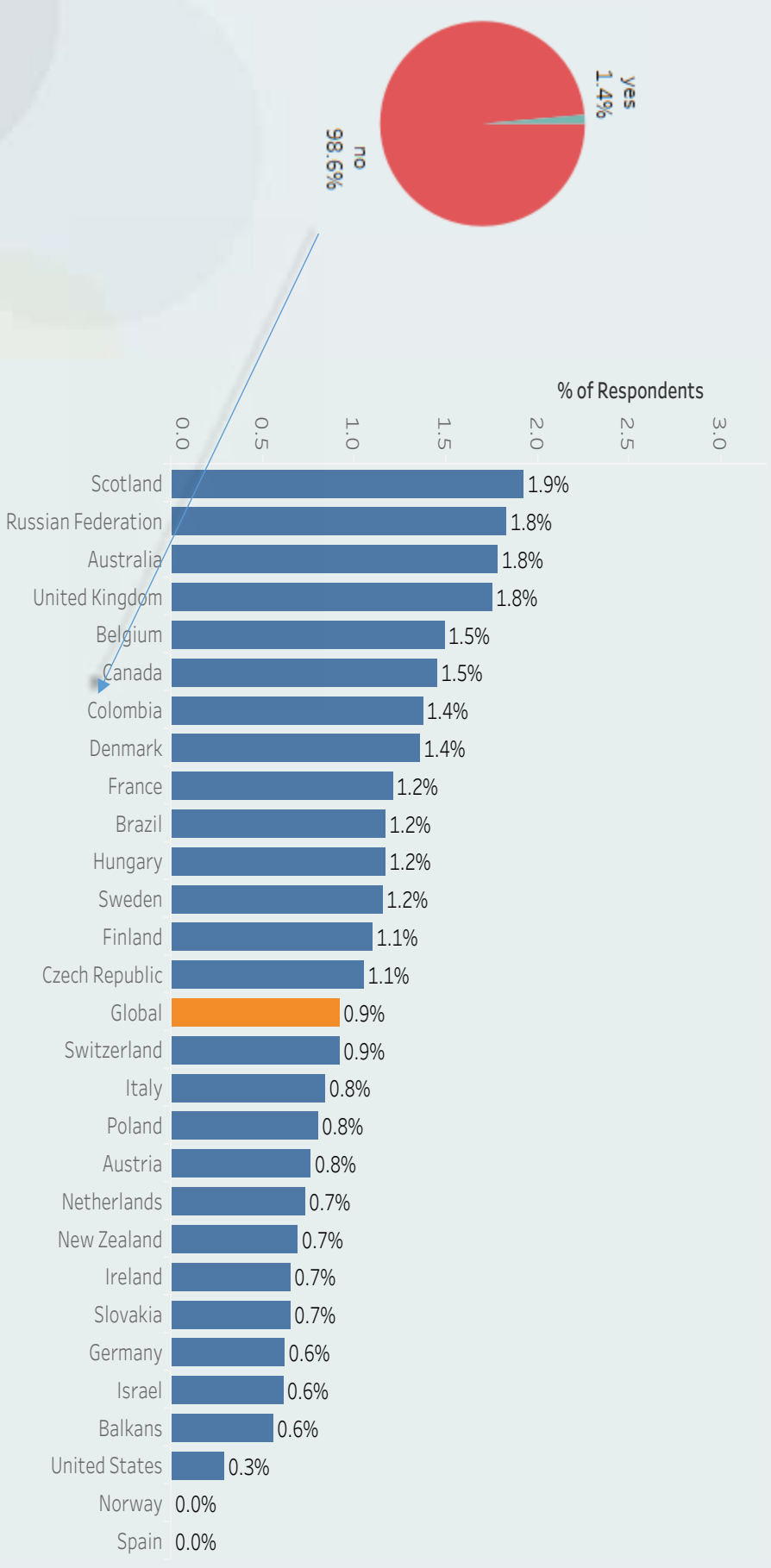
# HAVE YOU TAKEN MDMA AGAIN/DO YOU PLAN TO?



# MDMA USE WHO WOULD LIKE TO USE LESS AND WHO WANTS TO SEEK HELP?



# SEEKING EMERGENCY MEDICAL TREATMENT FOLLOWING THE USE OF MDMA (LAST 12 MONTHS)



GLOBAL GDS 2018 SAMPLE :  
THE PERFECT MDMA PILL

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GLOBAL  
DRUG  
SURVEY

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2018

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Last year **over 15,000** users of MDMA gave their opinion on what would constitute **the perfect MDMA pill**  
This section is based on their responses.

# THE PERFECT MDMA PILL DOSE, SHAPE, BREAKS & COLOUR

We guess that if your pill has MDMA in it (and nothing else) and you know how much MDMA (in mg) it contains – there's probably not much else you really need or want to know? But of course there is no such thing as the perfect MDMA pill. **A perfect MDMA pill would be safe for everyone, guarantee a good time with no comedown or risks at all.** And we know that even if you follow every harm reduction tip in the book and know what's in your pill, you still can't guarantee safety or fun for everyone. That is why taking drugs, like so many activities is risky.

This issue is more relevant today than it has been for years. High dose MDMA (common place since 2014 ) has surfaced as way of cementing a new supplier's product credentials and raising brand awareness often through adopting diverse and innovative logo branding (including random shapes, fluorescent pills and multi-coloured tablets). While escalating price and sales are good for profit, the consequent rise in MDMA related harm and possibly deaths is not good.

**Understanding the chemical content and its dose is fundamental to influencing your drug experience.** Since most people don't know the composition of an MDMA pill, GDS thought it might worth asking people who use MDMA what sort of pills they would they like to see on the market.

In this section we report on the shape, dose and colour (assuming the dose/mg would be the same) - that constitutes **the perfect MDMA pill** users would like to take to optimise their drug use experience and to minimise risks.



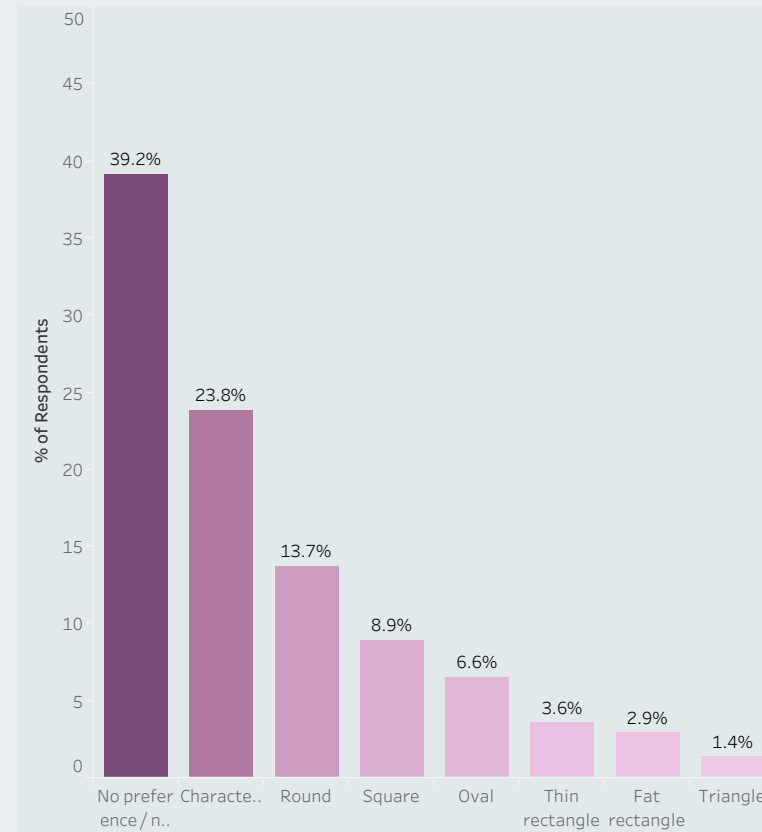
## KEY RESULTS IN THIS SECTION BASED ON GLOBAL SAMPLE OF MDMA USERS

- What dose of MDMA (in mg) you would like to see in an MDMA pill?
- What would be your preferred tablet shape?
- Do you have a preference for bigger pills with bigger doses you can split or smaller pills with lower doses ?
- Would you like score lines (grooves ) that allow easy breaking into quarters or halves?
- Do you have a preference for crumbly pills that might mean the effect comes on quickly or hard pressed pills that might come on more slowly?
- Would you like the dose in mg, printed on the pill?
- How important is the look and feel of a pill in your decision to take it?

## HOW MUCH MDMA WOULD YOU LIKE IN YOUR MDMA TABLET/PILL?

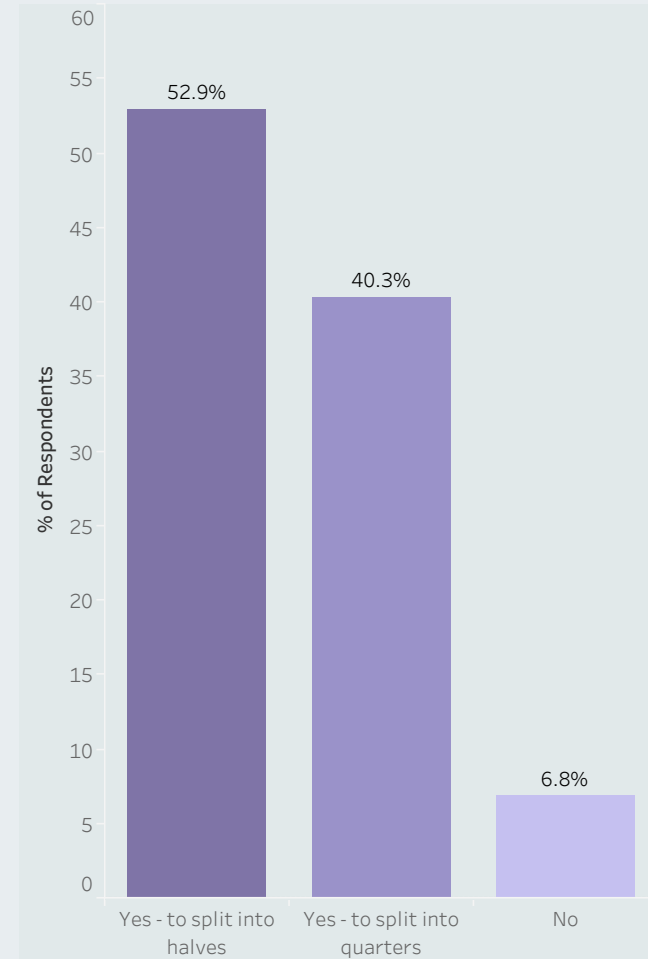
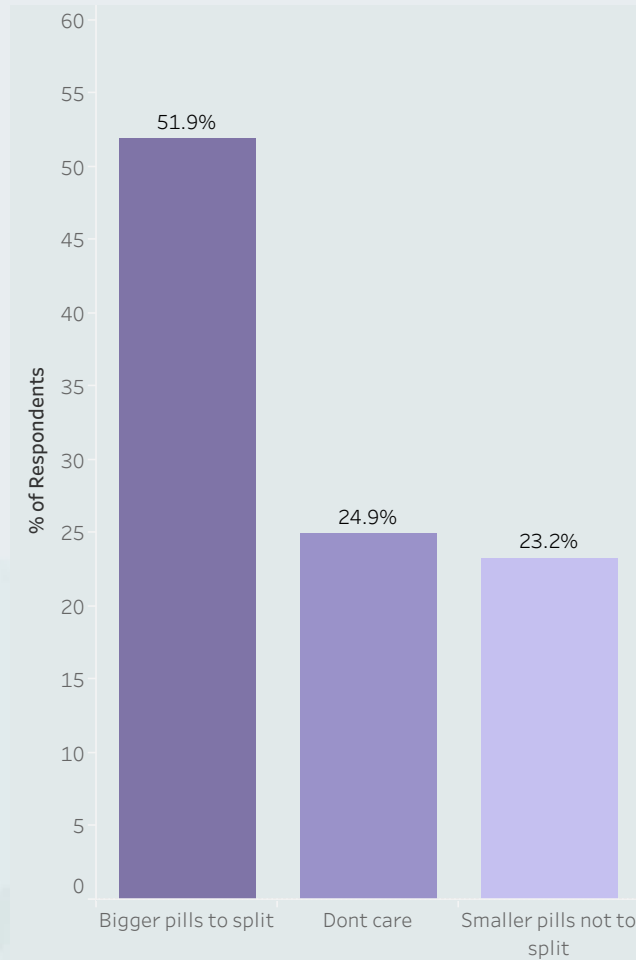


## WHAT IS YOUR PREFERRED SHAPE FOR YOUR MDMA TABLET/PILL?



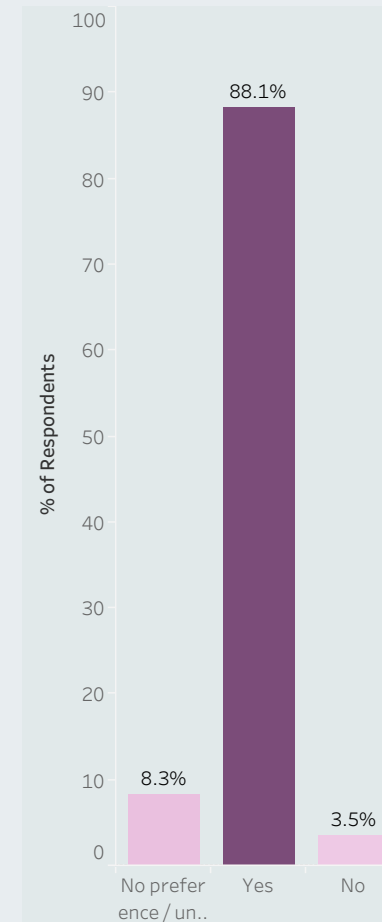
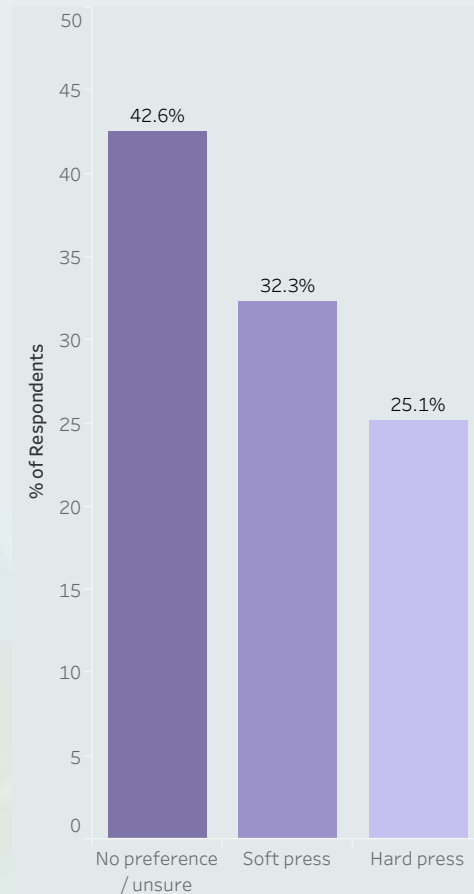
## BIG PILLS WITH BIG DOSES OR SMALLER PILLS WITH SMALLER DOSES?

## SCORE LINES TO SPLIT INTO HALVES OR QUARTERS?

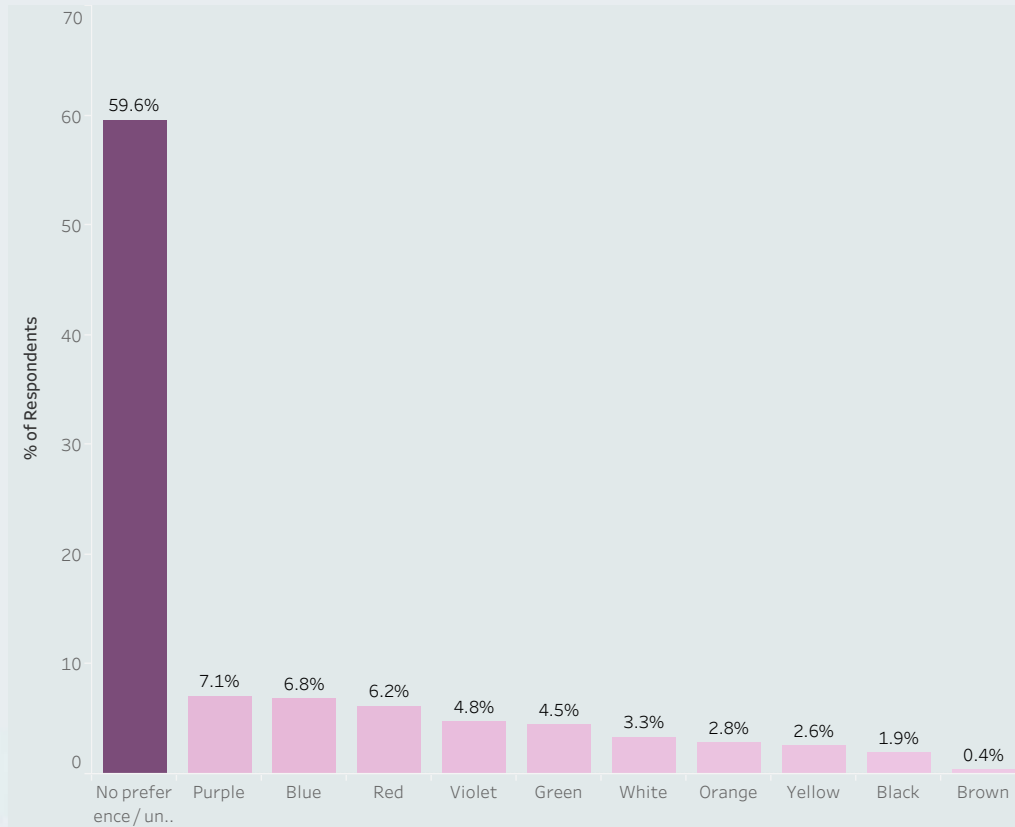


# CRUMBLY (SOFT PRESS) PILLS THAT MAY COME ON MORE QUICKLY OR HARD PILLS THAT MAY COME ON SLOWER?

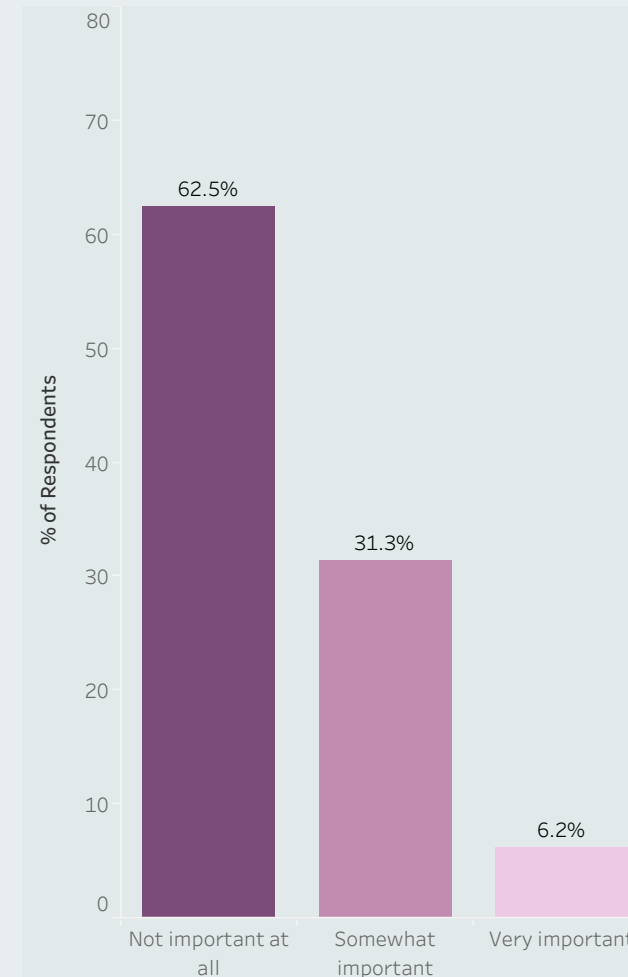
# DOSE IN MG TO BE IMPRINTED ON THE PILL?



## ANY COLOUR PREFERENCE?



## HOW IMPORTANT IS THE LOOK AND FEEL IN YOUR DECISION TO TAKE IT?



COLOMBIA GDS2018 SAMPLE  
LSD

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GLOBAL  
DRUG  
SURVEY

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2018

19.4% of the global GDS2018 sample reported ever having used LSD, with 11% reporting use in the last 12 months  
40.9% of the Colombian GDS2018 participants reported ever having used LSD, with 26.95% reporting use in the last 12 months  
10,000 people completed this specialist section on LSD, including about 300 from Colombia

## BACKGROUND

Last year GDS2017 highlighted that the practice of micro-dosing (taking very small doses of LSD or magic mushrooms to increase performance and creativity) is in fact a rather common practice with between 7.5-30% of users to GDS2017 reporting such use across their lifetime. Although most indicated that they had only experimented like this on a few occasions, about 2% of those reporting micro-dosing indicated they adopted such a strategy on a regular basis. For the 500 of so respondents who described micro-dosing to help manage a medical/ psychiatric condition, over 90% reported the experience as positive. While we strongly echo the importance of not self-medicating serious health conditions and always seeking professional help, the fact remains that drugs like LSD (and its many analogues such as (1P-LSD) are experiencing a renaissance in so many ways. One question that remains however is just how much LSD people are using – that is **what is a micro-dose** and how do people judge their dose? This is what GDS2018 sought to find out.

Given the changes we have seen in recent years in global drug markets, GDS also chose LSD as one of 3 drugs (in addition to MDMA and cocaine) that we focused on as part of a wider exploration the **circumstances around peoples' first ever use of a drug** (when it occurred over the previous 12 months).

Over 40% of LSD users reported using LSD for the first time in the last 12 months and 3250 completed our specialist section about the circumstances surrounding their first ever use.

Only countries with more than 100 last year users are included in country comparisons

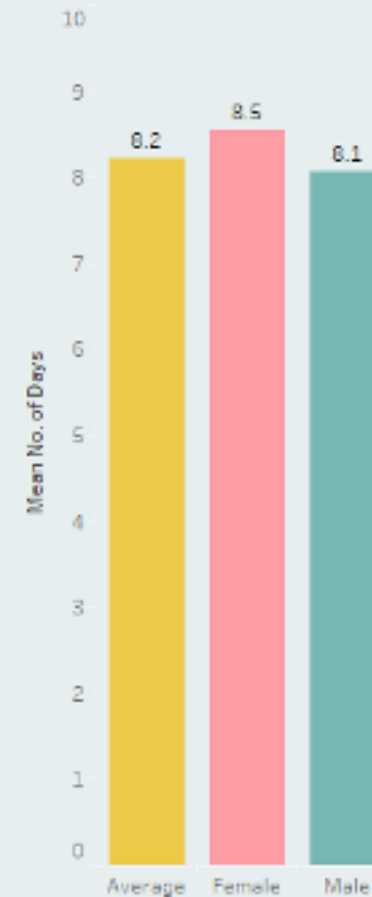
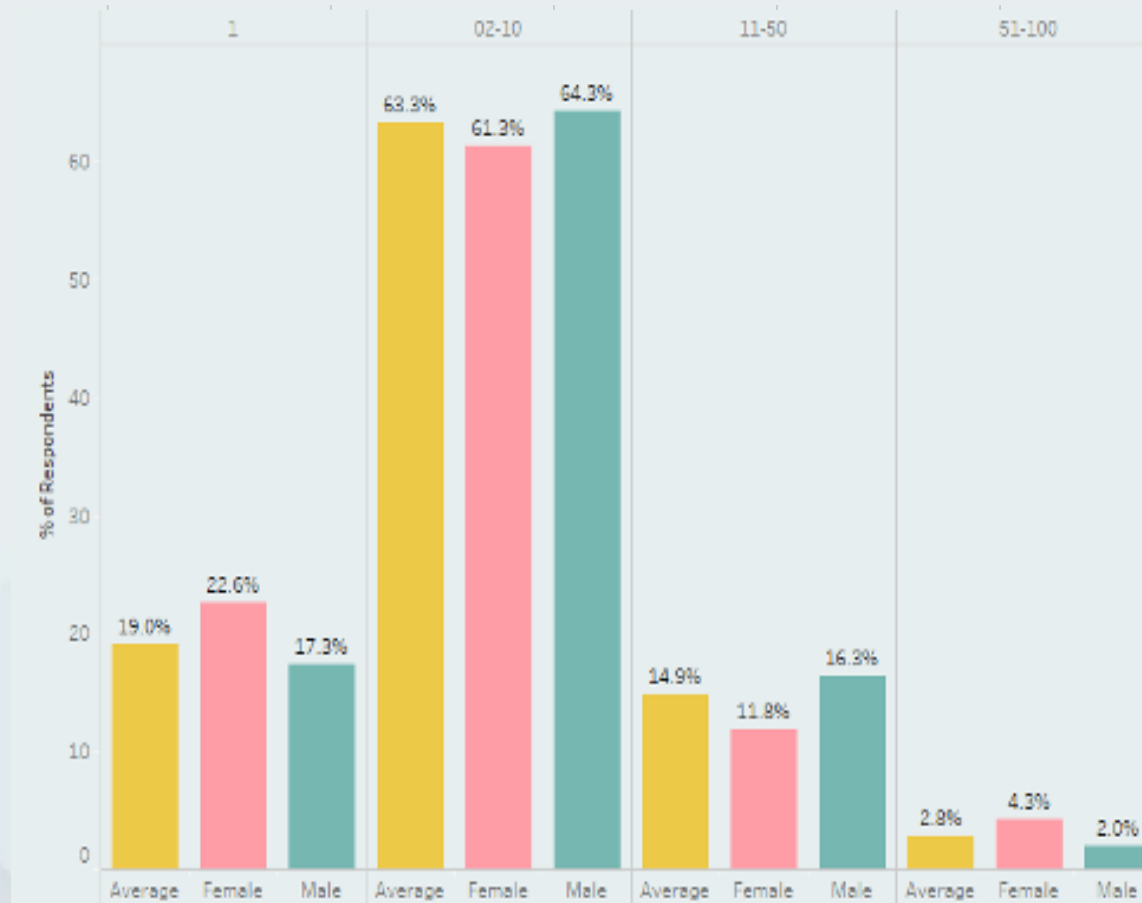
## KEY RESULTS PRESENTED IN THIS SECTION

- ✓ Number of days people had used LSD in the last 12 months
- ✓ Typical dose in tabs per day of use
- ✓ How much a single tab purchase cost
- ✓ Route of use
- ✓ Common sources for LSD purchase
- ✓ The % of cocaine used that is paid for vs. shared with others
- ✓ How often users have cocaine at home just in case they feel like using it
- ✓ Circumstances of peoples first ever use of LSD
- ✓ How your psychedelic experience rates in your life / spiritual experience
- ✓ Micro/dosing methods and dose
- ✓ Seeking EMT
- ✓ Not seeking EMT when you thought you should have and top 3 reasons why you did not seek help

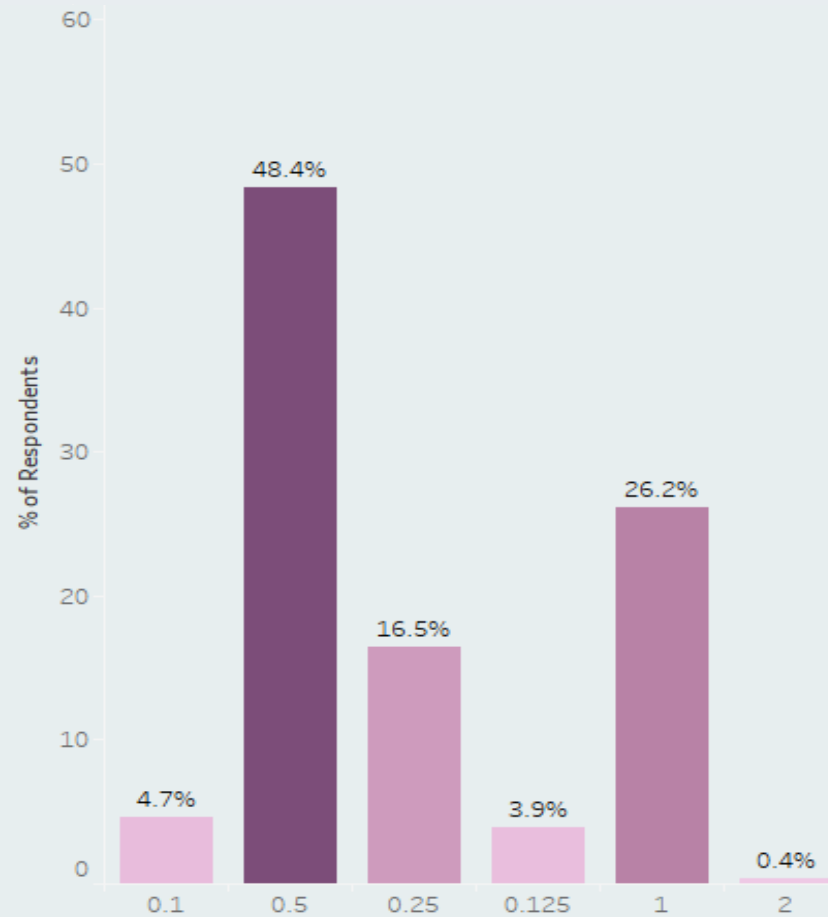


## NO. OF DAYS LSD USED LAST 12 MONTHS M VS F AND M+F COMBINED

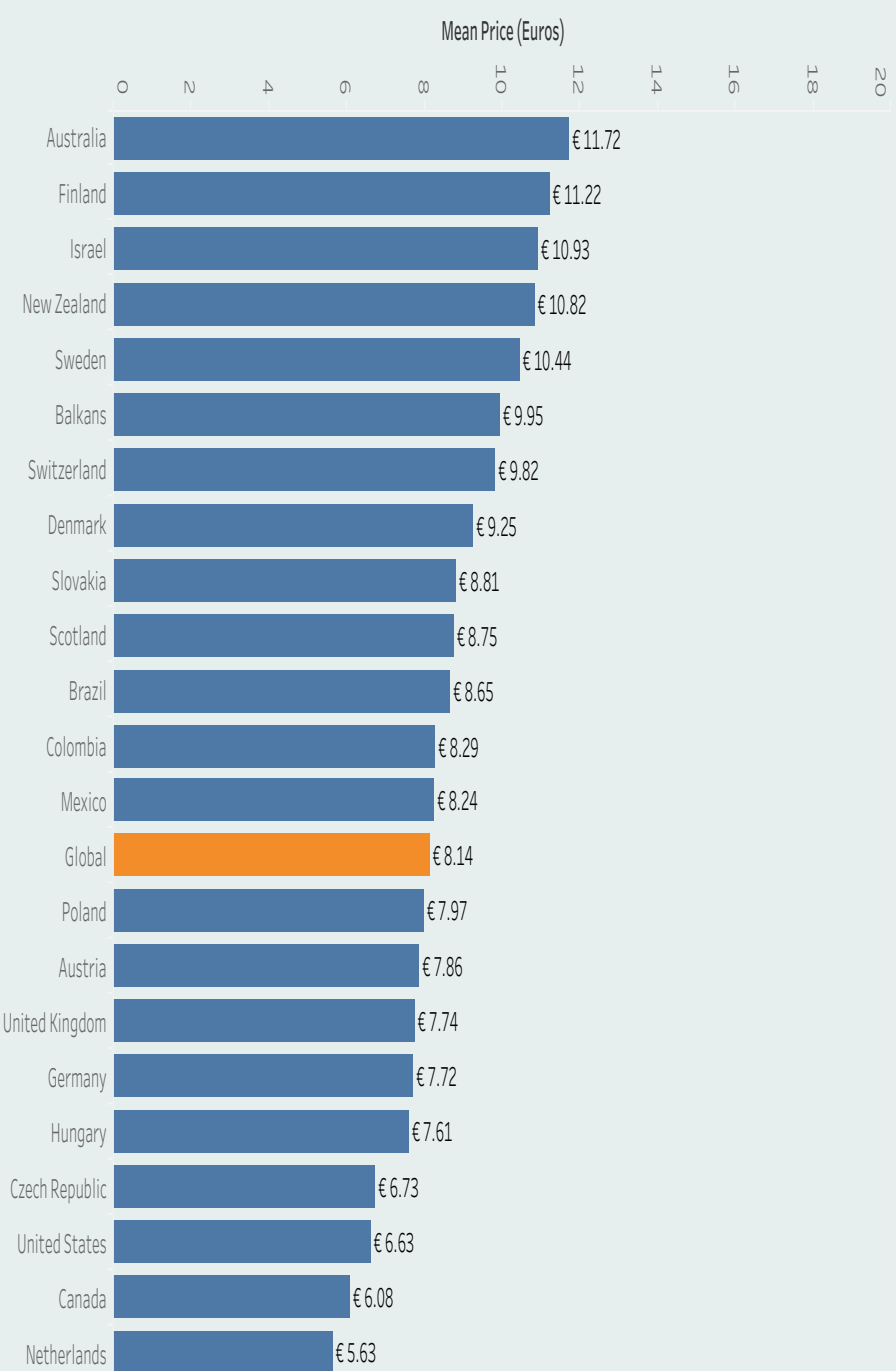
## MEAN NUMBER OF DAYS USED IN THE LAST 12 MONTHS



# HOW MUCH LSD (IN FRACTIONS OF AN LSD TAB) DO YOU USE ON A TYPICAL DAY OF USE

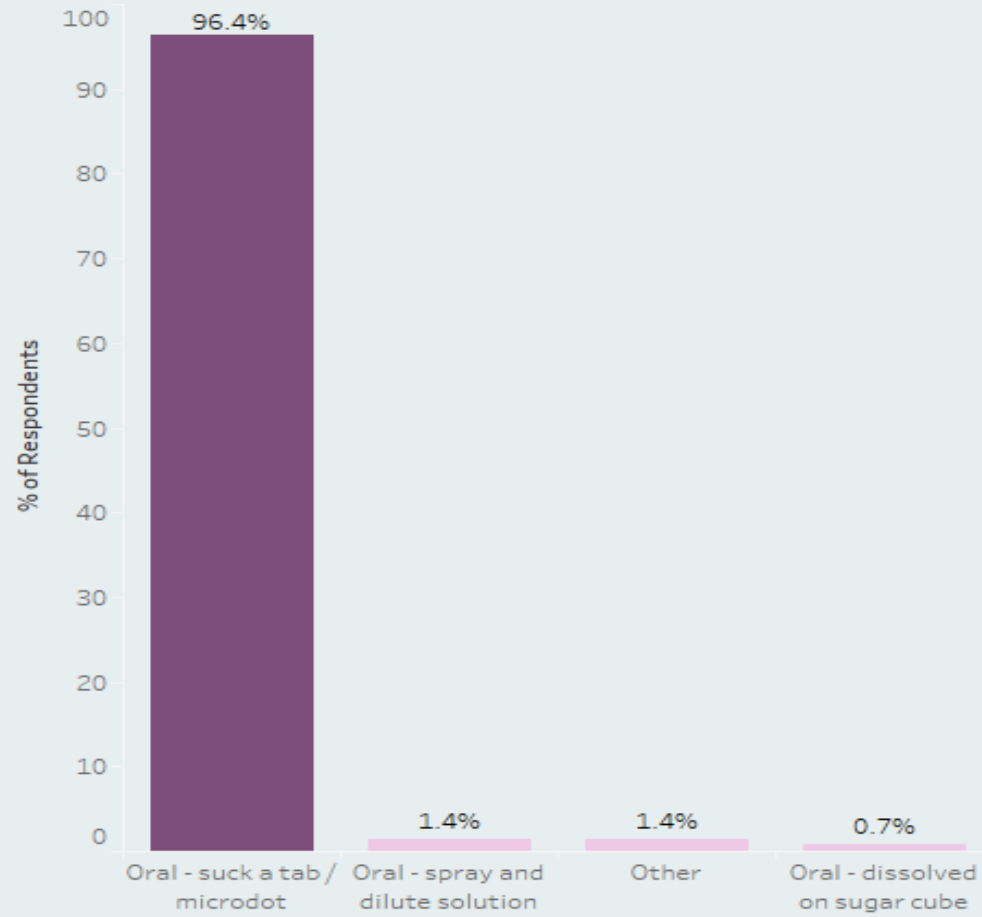


# AVERAGE PRICE (IN EUROS) PAID FOR SINGLE GRAM TAB OF LSD

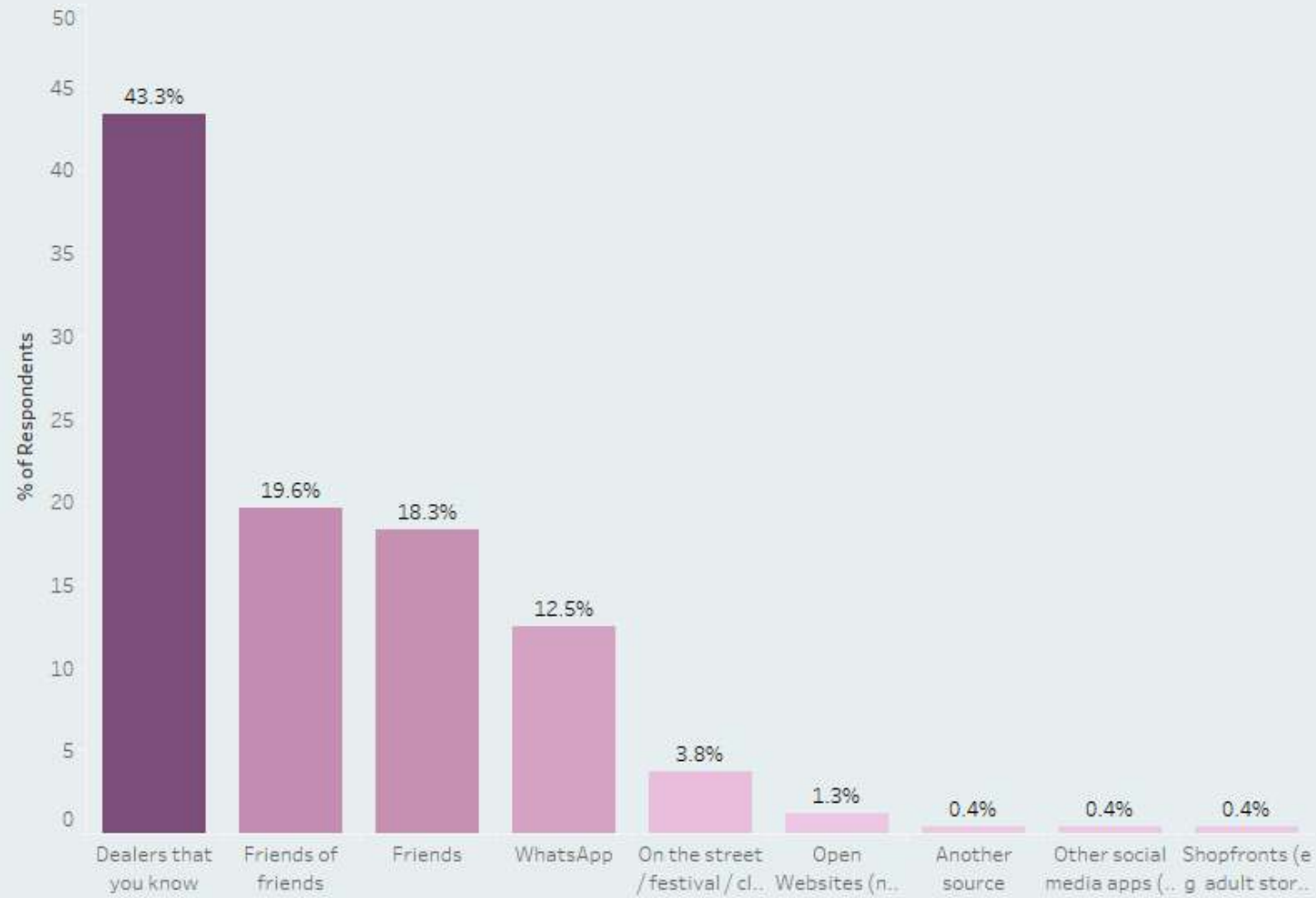


Only countries with **n > 100** users were included in these graphs

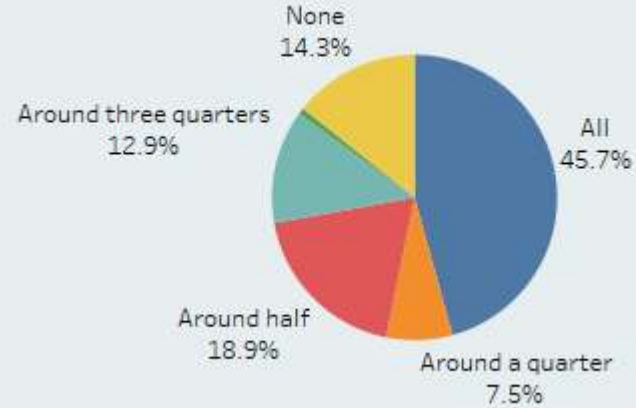
# HOW DO YOU MOST COMMONLY USE LSD?



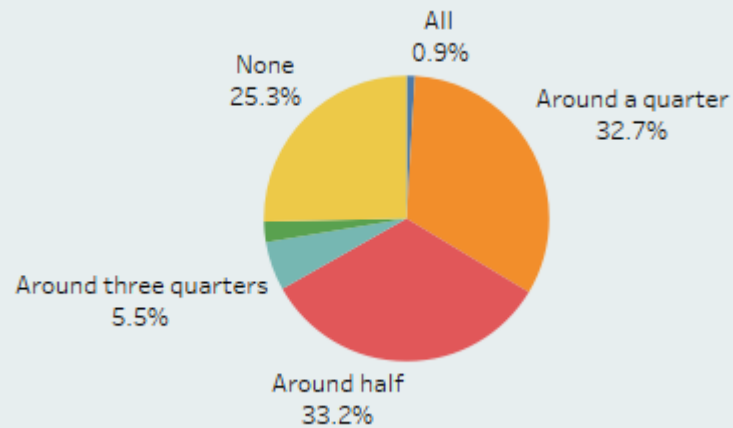
# MOST COMMON SOURCE FOR PURCHASE OF LSD LAST 12 MONTHS



# BUYING YOUR OWN DRUGS | SHARING YOUR DRUGS WITH OTHERS | USING OTHER PEOPLE'S DRUGS



Of the total amount of LSD you have personally consumed over the last 12 months, **what proportion of it did you pay for?**



Of the total amount of LSD you have purchased for your personal use over the last 12 months, **what proportion do you think was consumed by others?**

## LSD USE VIRGINITY CIRCUMSTANCES SURROUNDING FIRST TIME USE

People and especially governments don't talk much about first time drug use. The idea of **universal primary prevention** like drug education in schools is to stop people from using drugs. And that is, of course, is the best way to avoid drug related harm. Failing that (or choosing not to use any drugs at all-the safest option), delaying peoples first use until their brain has stopped developing (in your early 20s) is not a bad second aim. **Grow your brain before you expand it.**

The first drug experience might be particularly risky if you are on your own, take the wrong dose, are in the wrong place or time, or are already under the influence of something else – usually and probably most dangerously alcohol.

**If people knew more about what they were taking, how to take it and what to watch out for we believe they would be safer, especially on that very first occasion.**

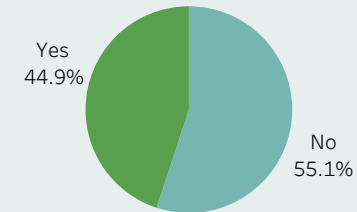
GDS2018 sought to explore the first experiences of people who used LSD for the first time in the last 12 months. We ask people whether this first use was planned, about who they were with and how they were feeling, what they knew about the drug, how important peer influences were, and whether their expectations (both positive and negative) were met.

Using drugs can be risky. We hope this information can be used to increase the awareness about potential risks of first time use to reduce negative outcomes.

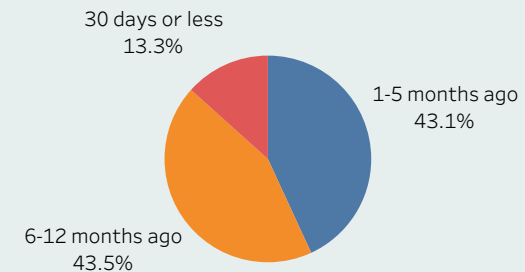
**3250 people completed an in depth section on the circumstance surrounding their first use of LSD**

**Have you used LSD for the first time in the last 12 months?**

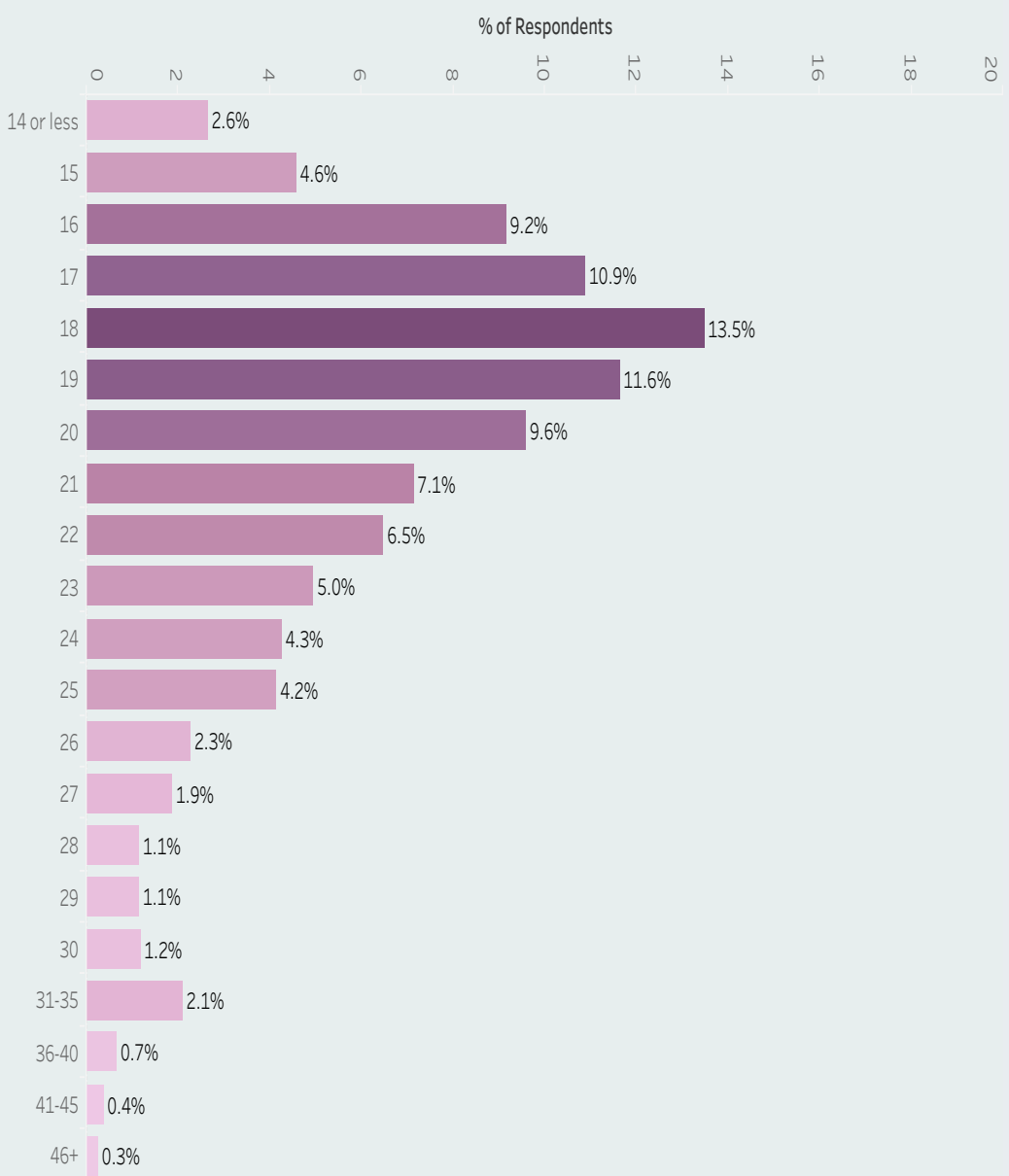
Did you use LSD for the first time in the last 12 months?



How long ago did you use LSD for the first time?

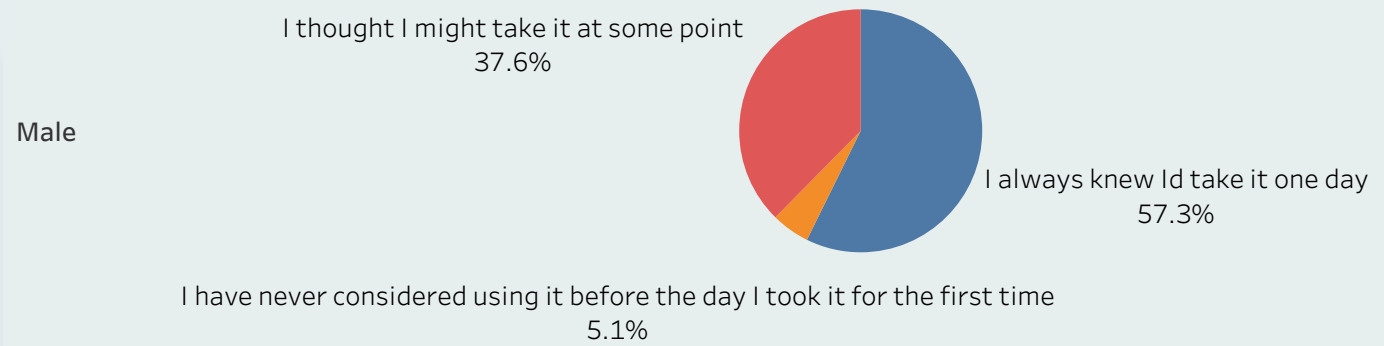
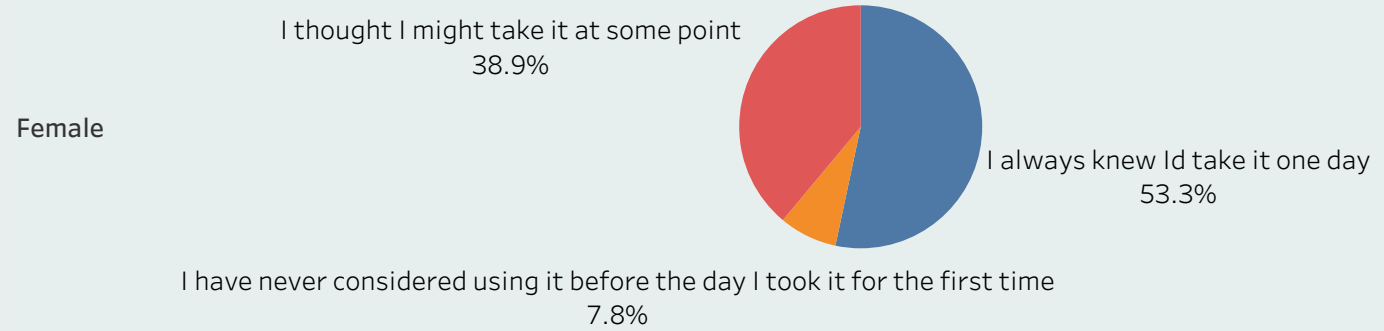


# HOW OLD WERE YOU WHEN YOU USED LSD FOR THE FIRST TIME?

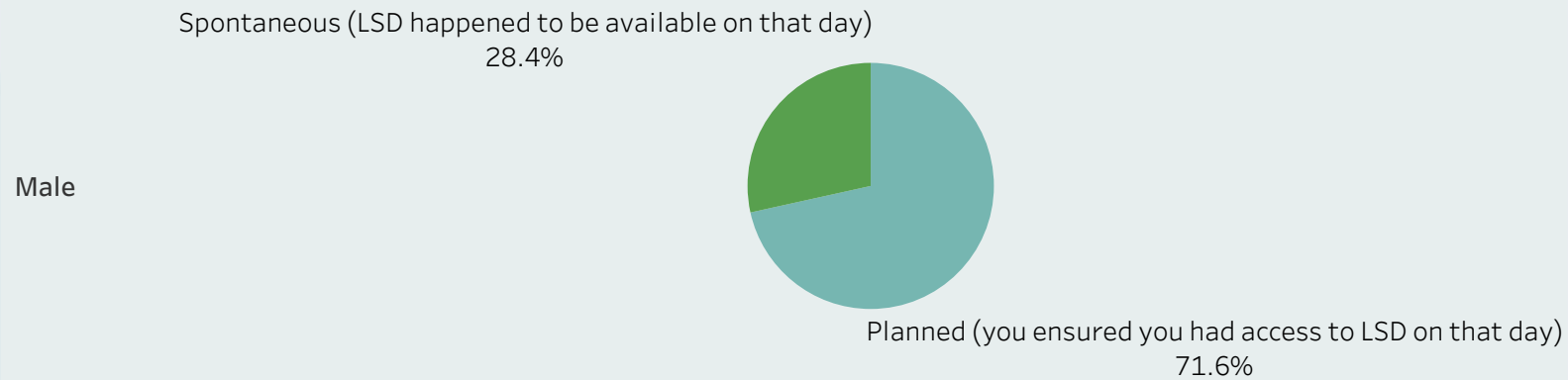
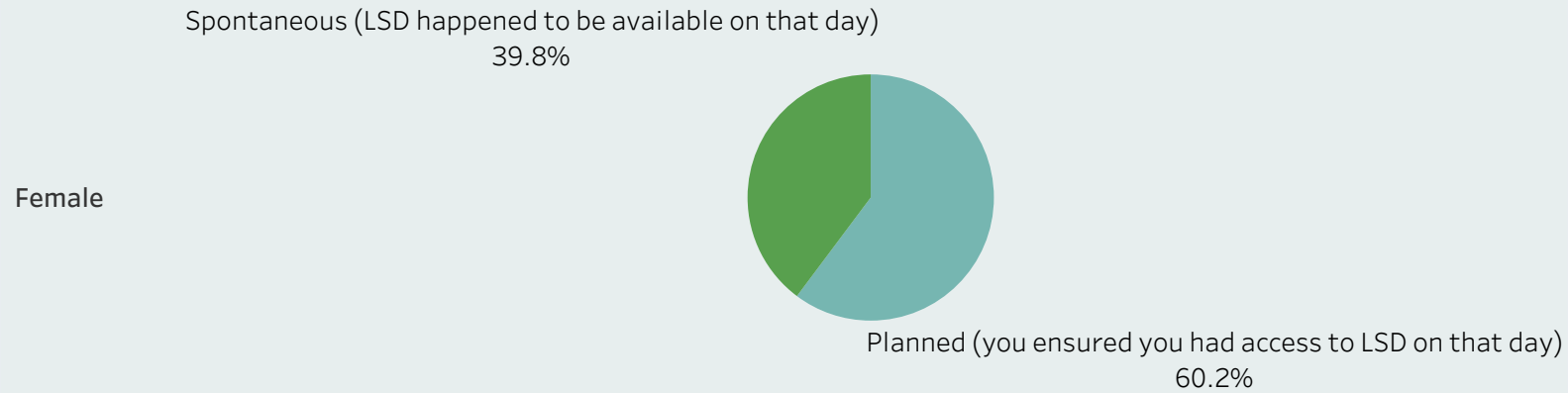




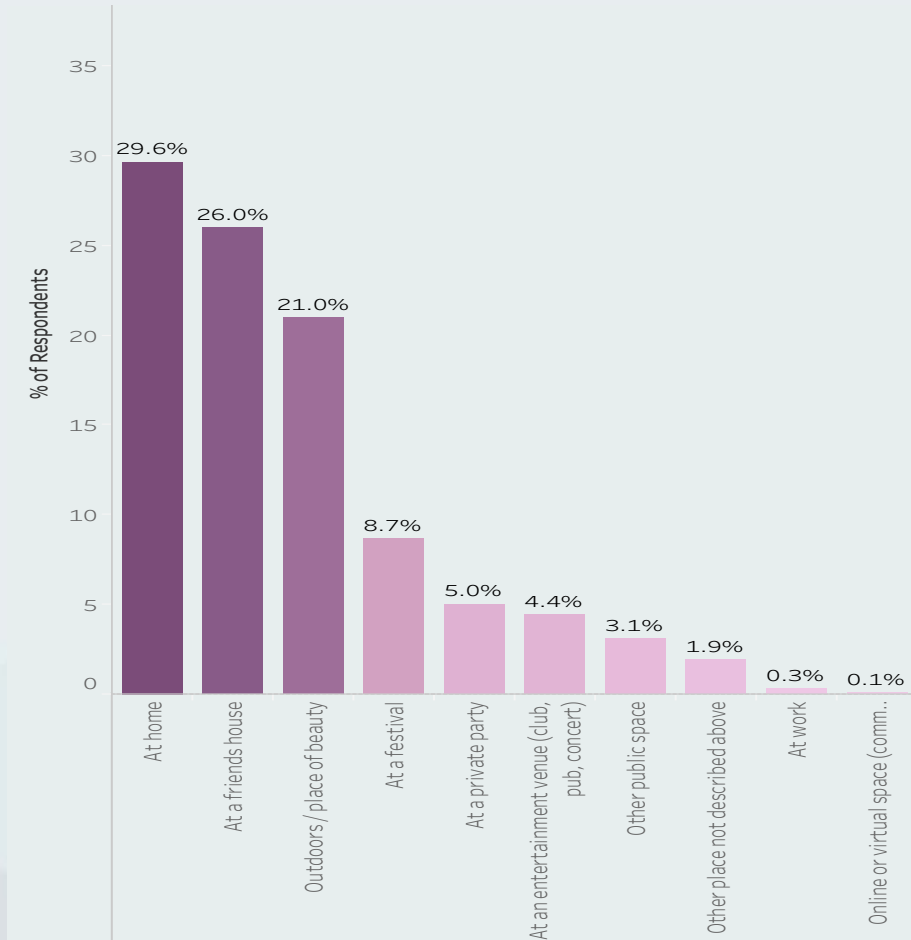
# BEFORE YOUR FIRST TIME HOW CERTAIN WERE YOU THAT YOU'D TRY LSD (M v F)



# THINKING ABOUT THE FIRST TIME YOU USED LSD, WAS IT ACTUALLY PLANNED? (BY GENDER)

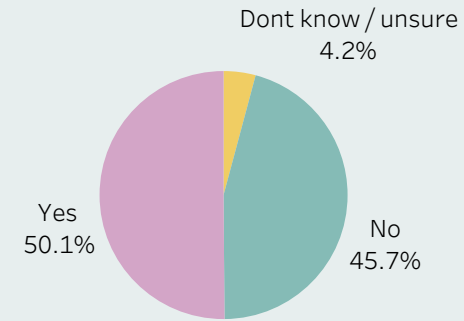


## FIRST TIME USE OF LSD WHERE WERE YOU?

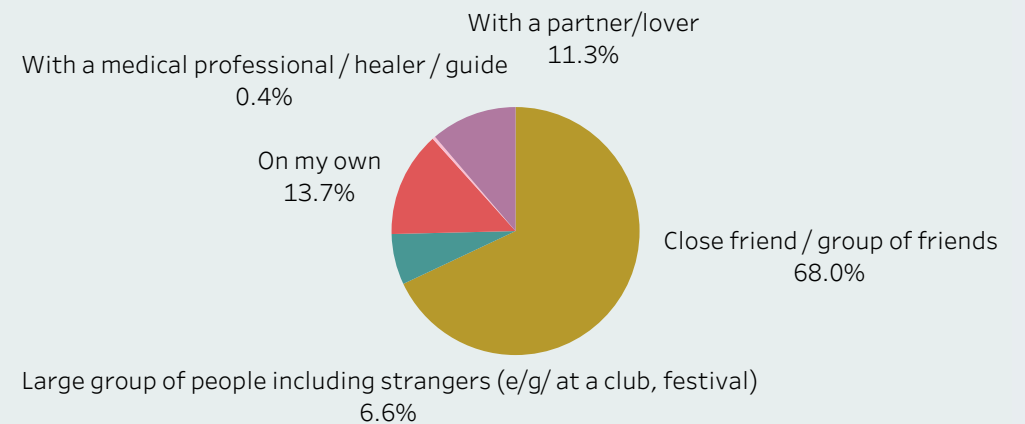


## WHO WERE YOU WITH & DID YOU HAVE A TRIP/BABYSITTER?

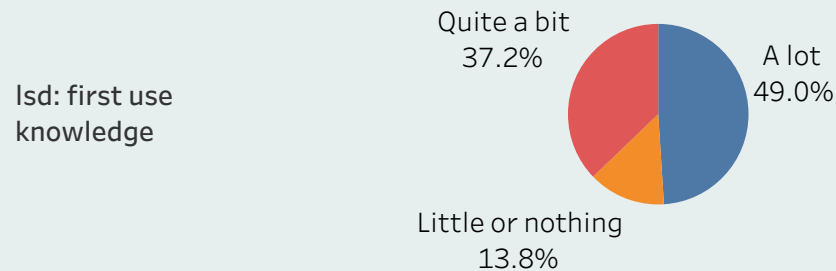
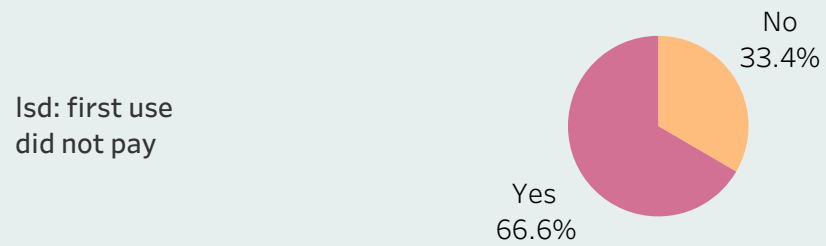
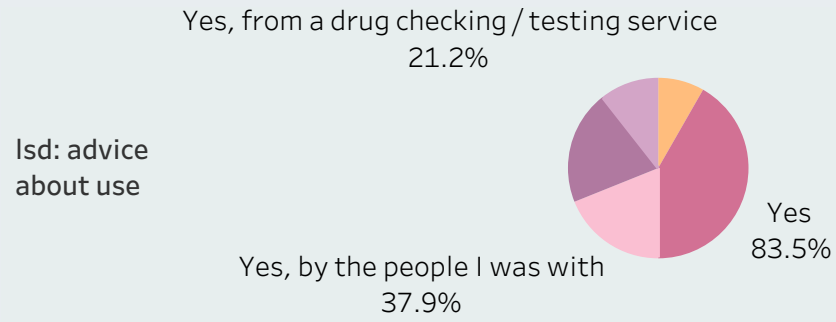
Lsd: baby sitter



Lsd: with whom

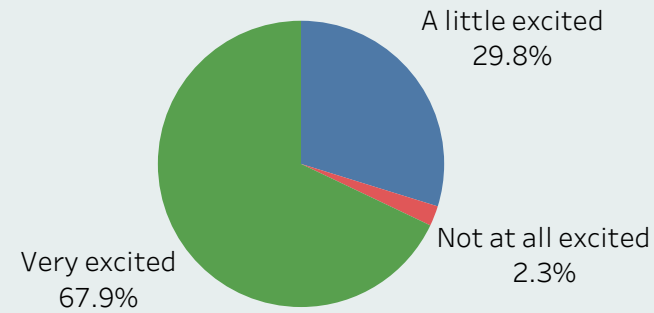


# FIRST TIME YOU USES LSD DID YOU PURCHASE IT | TAKE ADVICE | WHAT DID YOU KNOW ABOUT LSD?

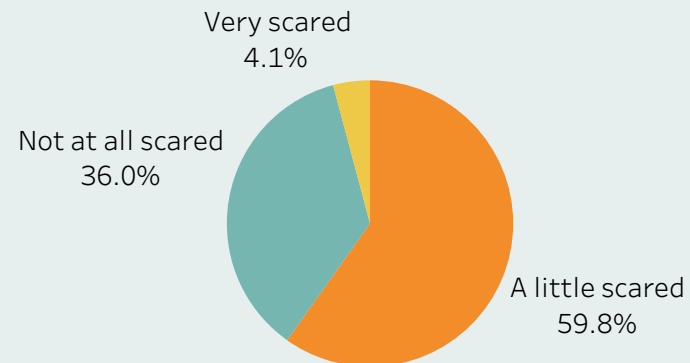


# THE FIRST TIME YOU USED LSD HOW EXCITED WERE YOU? HOW SCARED WERE YOU?

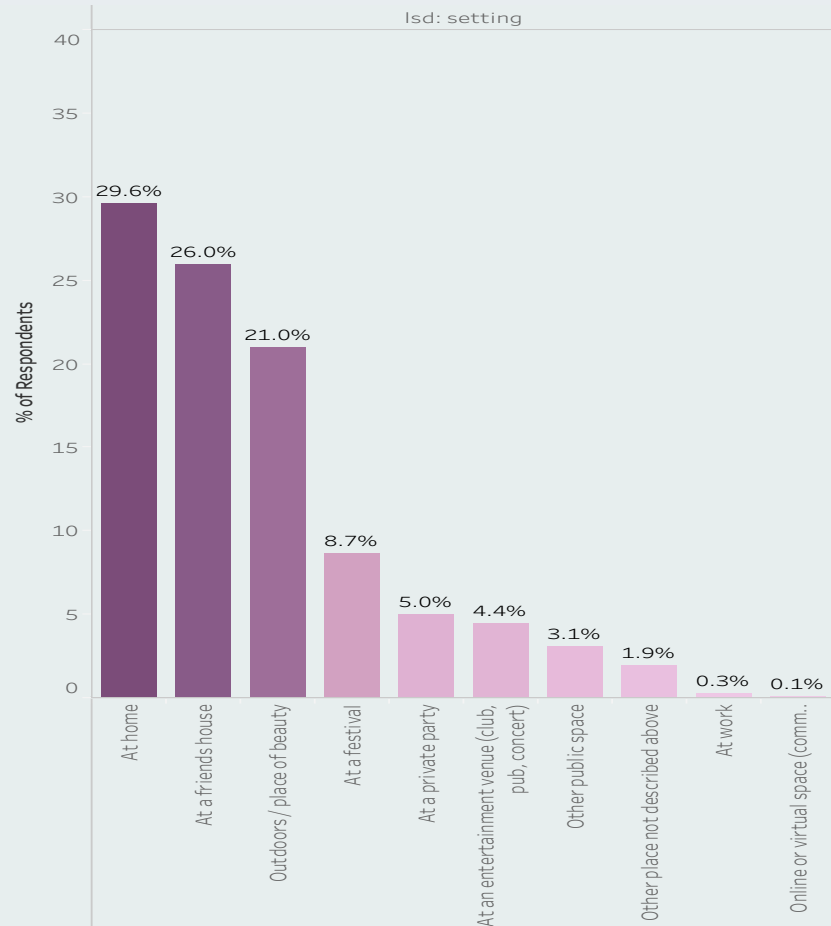
Before you used LSD on this first occasion how excited did you feel about taking



Before you used LSD on this first occasion how scared did you feel about taking

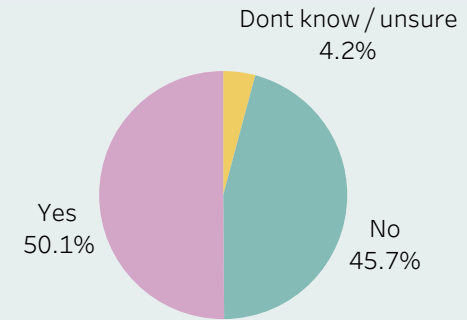


## FIRST TIME USE OF LSD WHERE WERE YOU?

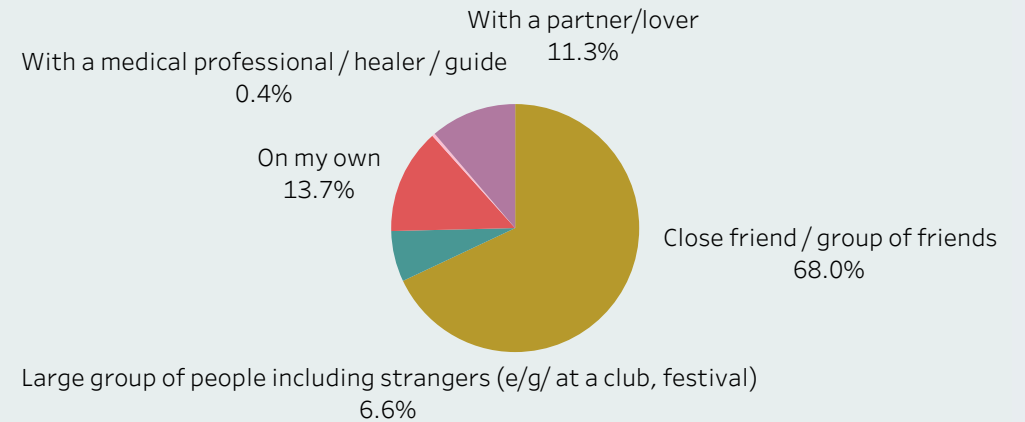


## FIRST TIME USE OF LSD WHO WERE YOU WITH? DID YOU HAVE A TRIP SITTER?

Lsd: baby sitter



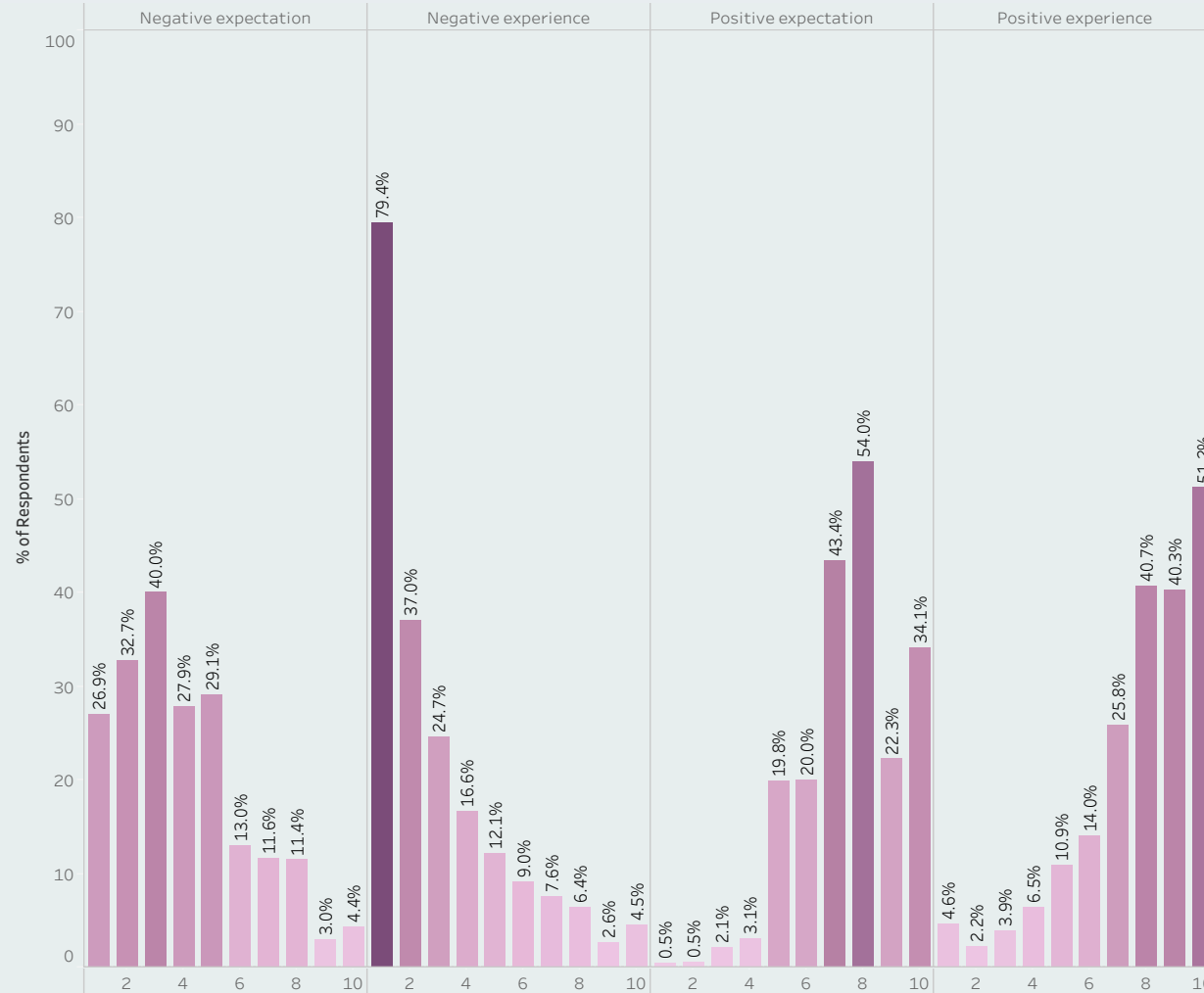
Lsd: with whom



# FIRST TIME USE OF LSDE EXPECTATION VS EXPERIENCE | PLEASURABLE HIGH | SIDE EFFECTS

How pleasurable were you expecting your LSD before you took it vs. how pleasurable it actually was. (Scale of 1-10 with 10 being the most pleasurable and 1 being the least pleasurable)

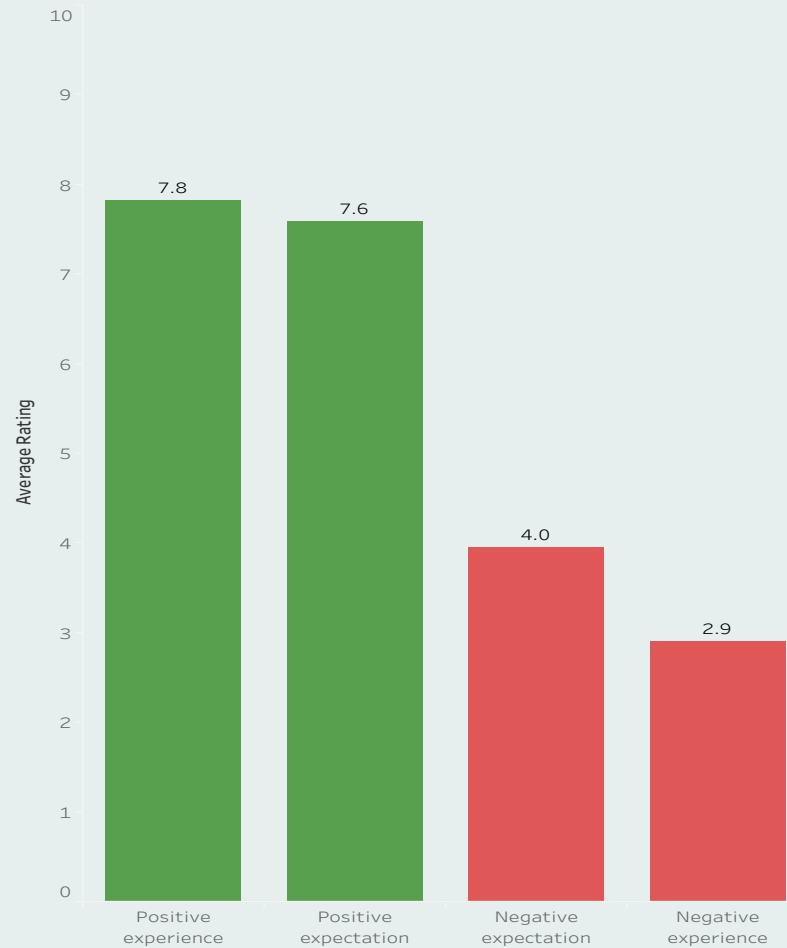
How significant were you expecting the negative effects of LSD to be before you took it vs. how negative it actually was. (Scale of 1-10 with 10 being the most pleasurable and 1 being the least pleasurable)



# FIRST TIME USE OF LSD MEAN SCORES EXPECTATION VS EXPERIENCE | PLEASURABLE HIGH | SIDE EFFECTS

How pleasurable were you expecting your LSD experience before you took it vs. how pleasurable it actually was. (Scale of 1-10 with 10 being the most pleasurable and 1 being the least pleasurable)

How unpleasant were you expecting the negative effects of LSD to be before you took it vs. how negative it actually was. (Scale of 1-10 with 10 being the most pleasurable and 1 being the least pleasurable)

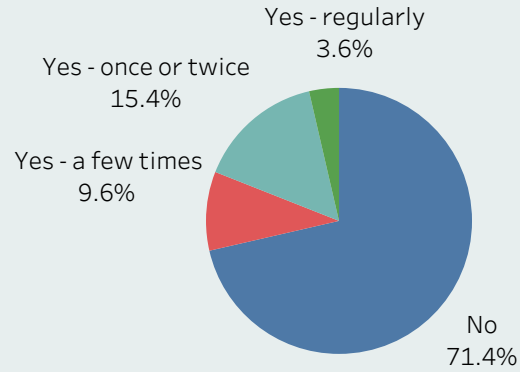


*‘People’s first LSD experience tended to be as positive and pleasurable as they expected but expected negative effects were not as significant as expected’.*

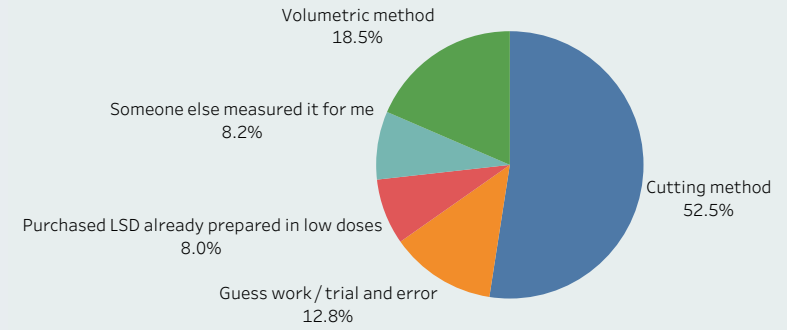


## HAVE YOU MICRO-DOSED WITH LSD?

In the last 12 months have you microdosed with LSD?

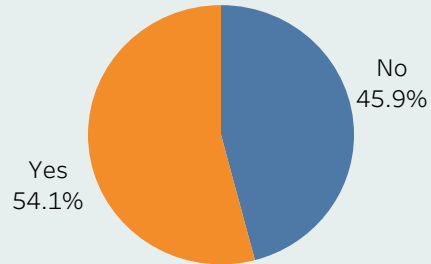


## HOW DO YOU MEASURE IT?

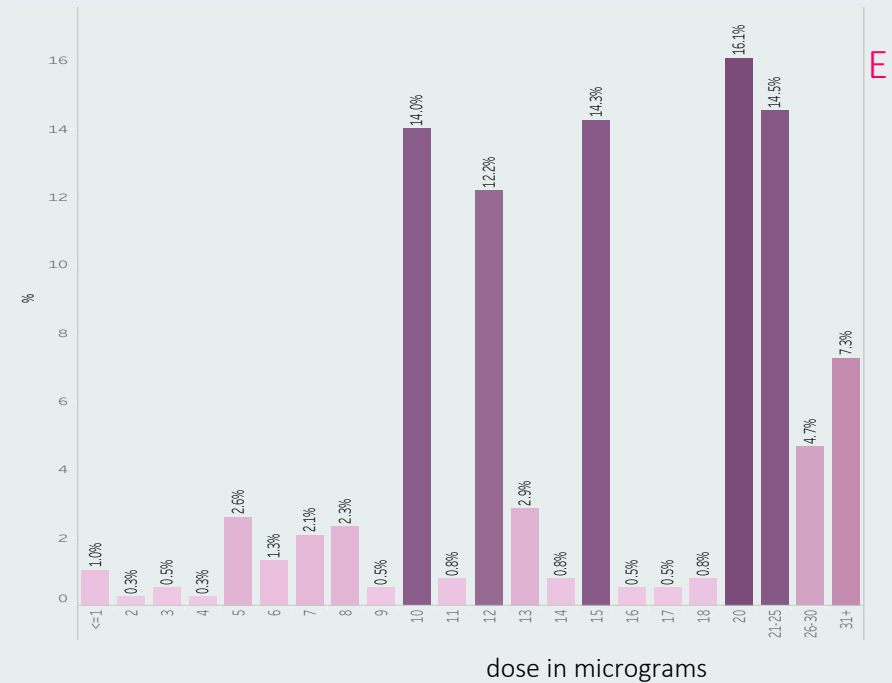


## DO YOU KNOW THE DOSE?

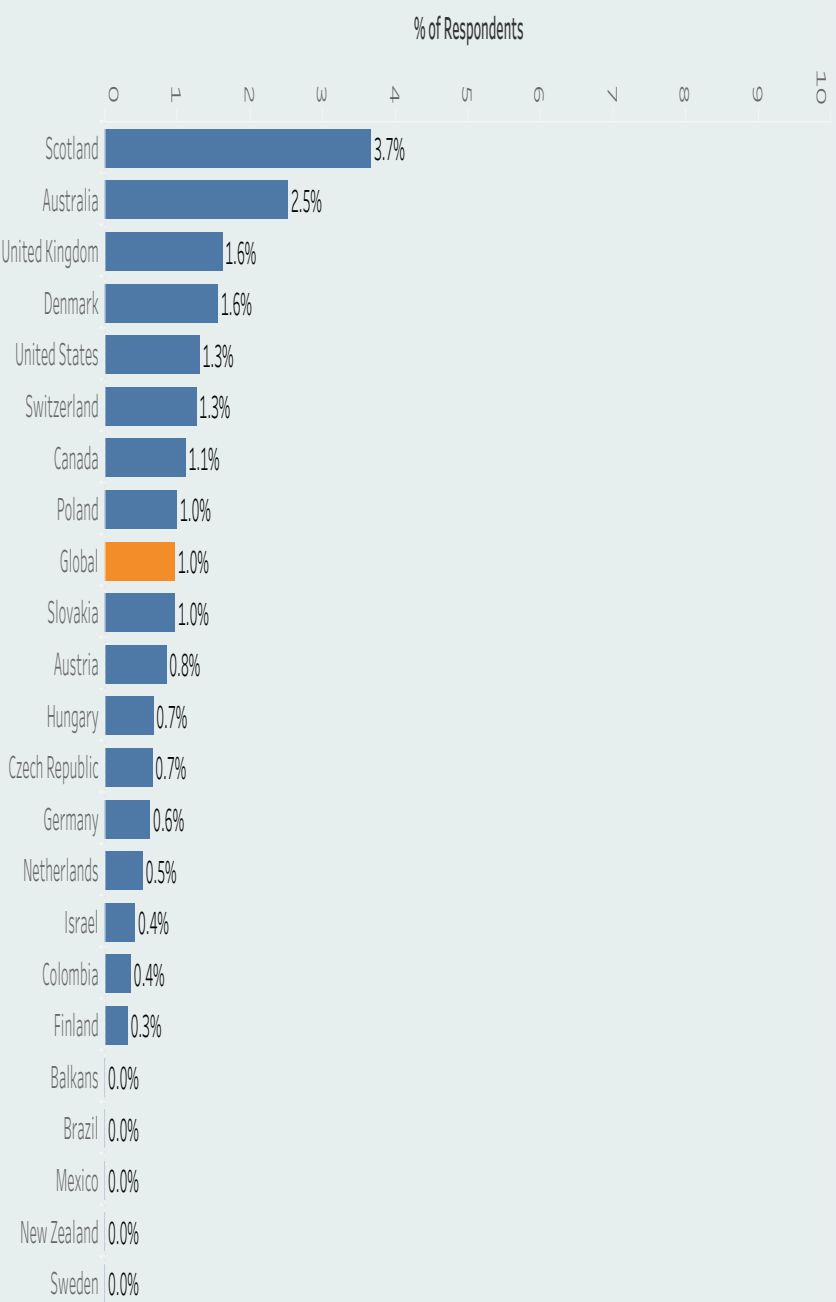
Do you know how many micrograms of LSD you use when you microdose?



## HOW MUCH DO YOU DOSE?



# SEEKING EMERGENCY MEDICAL TREATMENT FOLLOWING THE USE OF LSD LAST 12 MONTHS



THINKING BACK TO YOUR BEST EXPERIENCE ON PSYCHEDELICS  
HOW PERSONALLY MEANINGFUL WAS THE EXPERIENCE?

(rated from 1-8, with

1=no more than routine, everyday experiences

5=among the 5 most meaningful experiences of my life

8=the single most meaningful experience of my life)

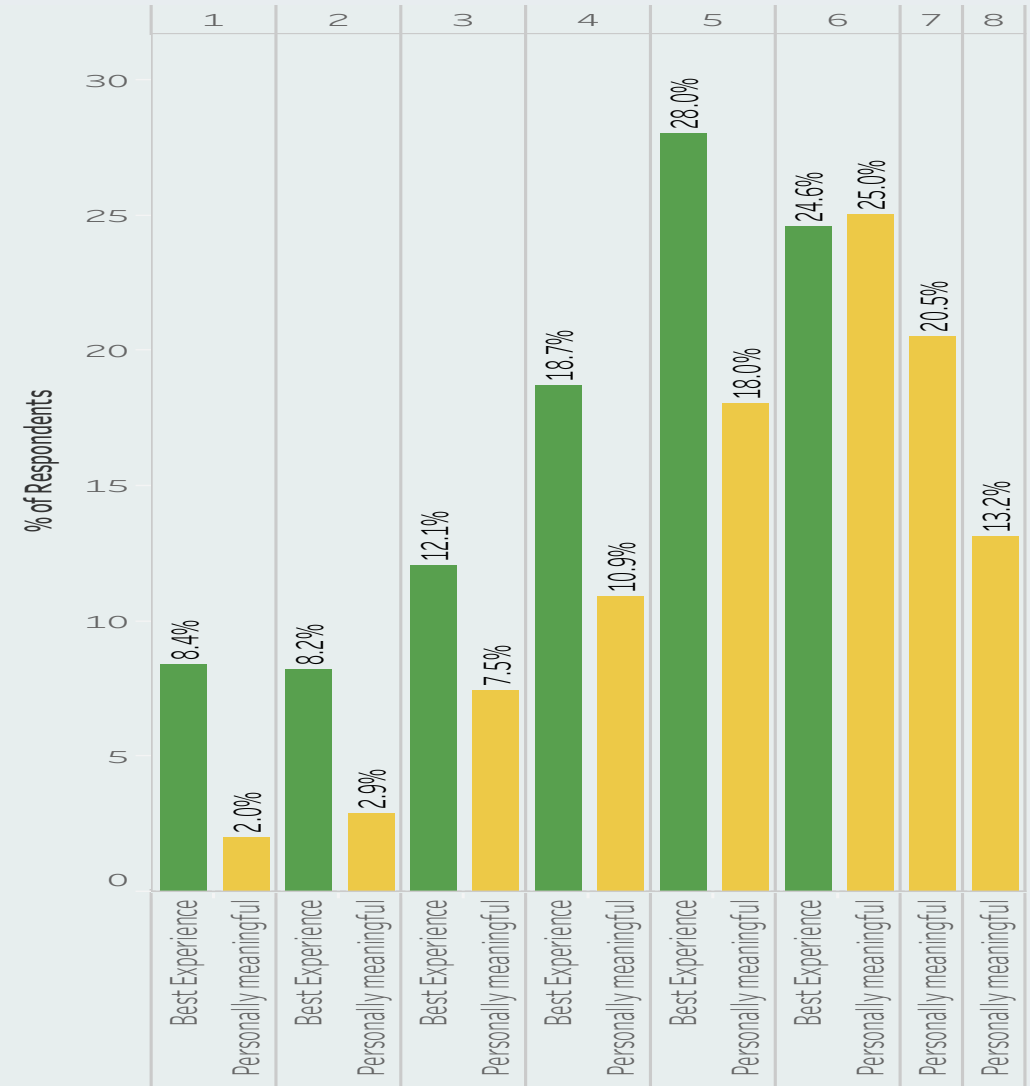
THINKING BACK TO YOUR BEST EXPERIENCE ON PSYCHEDELICS  
 INDICATE THE DEGREE TO WHICH THE EXPERIENCE WAS  
SPIRITUALLY SIGNIFICANT TO YOU?

(rated from 1 to 6, with

1=not at all

5=among the 5 most spiritually significant experiences of my life

6=the single most spiritually significant experience of my life)



GLOBAL GDS 2018 SAMPLE :  
NOVEL PSYCHOACTIVE SUBSTANCES (NEW DRUGS / NPS)

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GLOBAL  
DRUG  
SURVEY

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2018

16% of GDS2018 participants reported ever having used an NPS.

5% of GDS2018 participants reported having used an NPS during the last 12 months. **N=75,937**

The GDS2018 NPS report is based on responses from >3900 people around the world.

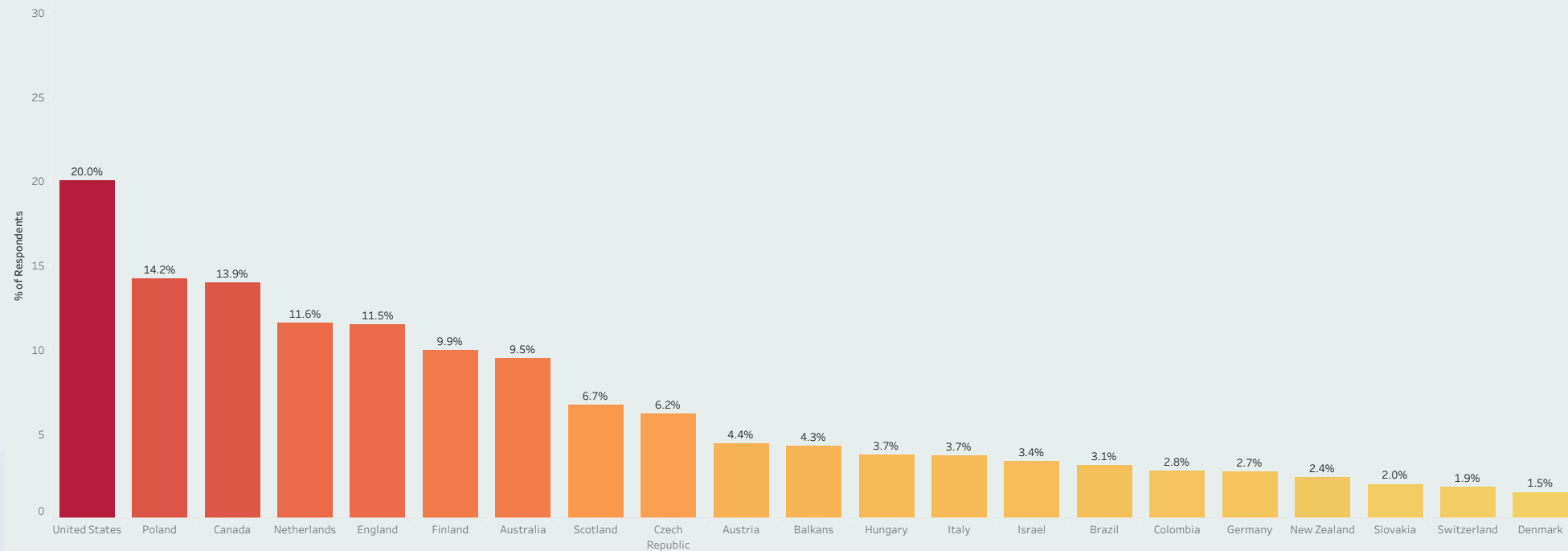
## BACKGROUND

- GDS has been exploring the use of **Novel Psychoactive Substances**, **legal highs** and **research chemicals** for the last 7 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-flouro-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** while 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.
- This year we report on cross country rates of NPS use and purchase and describe the current picture in terms of their form (pills, v powders) and function (what drug effect do they mimic). Country specific data will be analysed at a later date.
- Elsewhere in the GDS2018 reports you will more data on NPS use including the use use of synthetic cannabinoids.

## KEY RESULTS IN THIS SECTION

- 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)
- What preparations of NPS were most commonly used globally and 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
- The % of all participants who recently used NPS and sought EMT in past 12 months

# NPS USE BY COUNTRY LAST 12 MONTHS



# DRUG CHECKING/PILL TESTING

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GLOBAL  
DRUG  
SURVEY

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2018

5.7% of the GDS2018 participants reported having used a drug checking service or technology to determine the content and / or purity of illegal or other psychoactive drugs. > 4500 people completed the specialist section exploring drug checking on which this section of report is based.

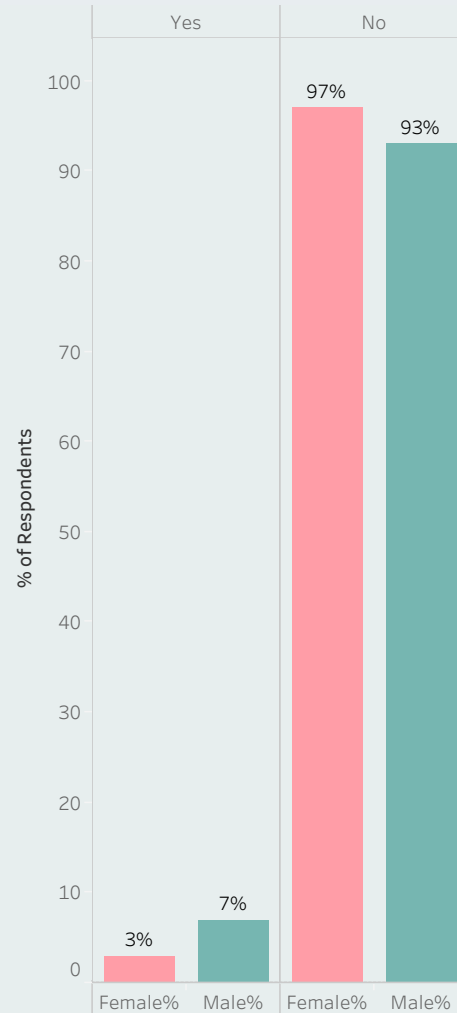
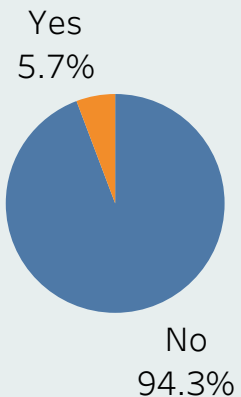


## BACKGROUND

- From state of the art technologies to home testing colour reagent kits, drug checking technologies offer the potential to change the scope of information that people can obtain. While it's no 'silver bullet' because knowledge does not always lead to positive changes in behaviour and nothing can ever reduce the risk to zero, drug checking initiatives have brought together disparate groups from law enforcement, harm reduction and club and festival promoters to start having honest conversations about how to keep people and their communities safe.
- Despite 30 years of drug checking, there are complexities and many remaining questions about drug checking. The GDS2016 mini survey showed that over two thirds of people who had used MDMA in the last year said they would probably use drug checking services if they were available. In the biggest study of its kind GDS2018 explored the current state of play on drug checking around the world. From asking about what drugs were tested and what type of test was used to assessing the quality and the impact of the information and advice provided by face to face testing services, GDS2018 will start to answer just how much difference drug checking services could offer and to who

# NUMBERS OF PARTICIPANTS FROM EACH COUNTRY WHO CONTRIBUTED TO THIS DRUG CHECKING REPORT AND M V F

## % of GDS2018 USING DRUG CHECKING TECHNOLOGIES AND BREAKDOWN BY GENDER

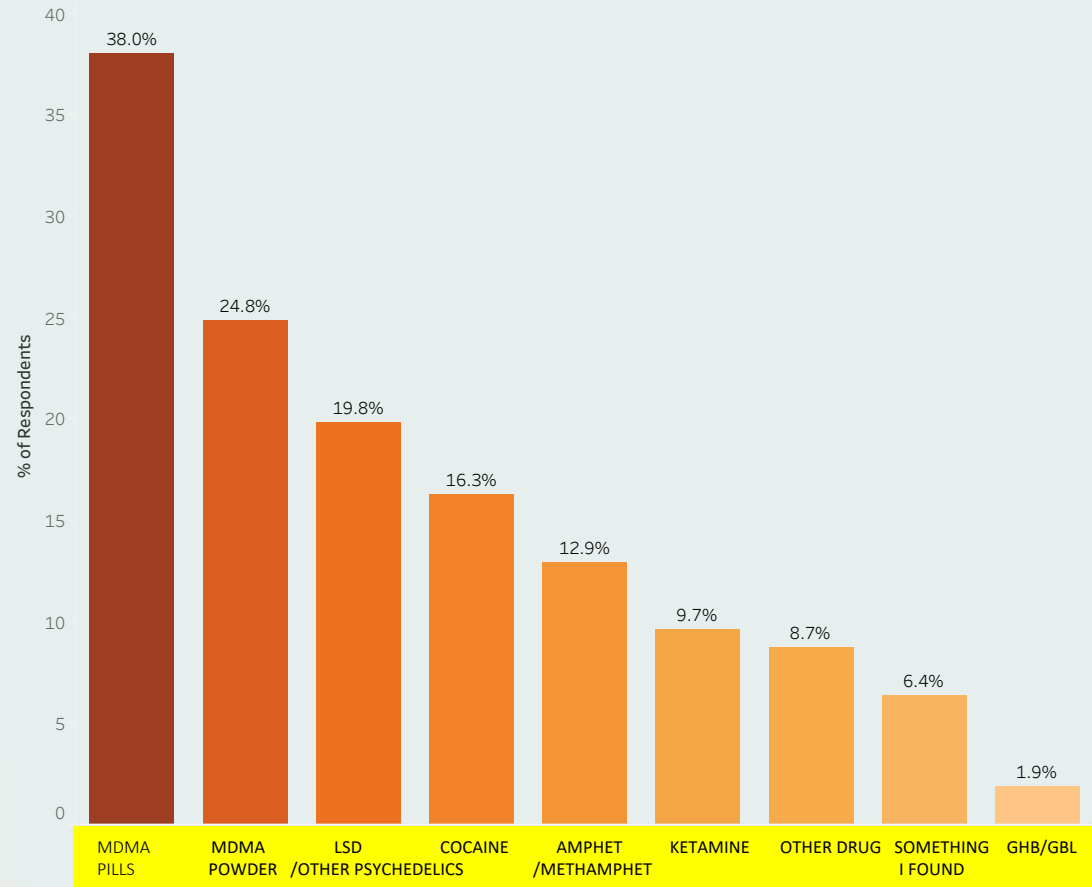


Country	Approx number completing drug checking section
Australia	200
Austria	150
Balkans	100
Brazil	100
Canada	150
Colombia	130
Denmark	300
England	300
Germany	900
Israel	100
Netherlands	300
NZ	100
Poland	425
Scotland	100
Slovakia	100
Switzerland	250
USA	700

## KEY RESULTS PRESENTED IN THIS SECTION

- ✓ The proportion of people who use drugs that have used drug checking services or technologies in the last 12 months (all and M v F and <25 and > 25 y old)
- ✓ The % of last year drug users in different countries who reported using drug checking services / technologies (only for those where more than 100 people answered this question from a country)
- ✓ The average number of times people got their drugs tested in the last year
- ✓ Which methods or services they had used over the last 12 months?
- ✓ Which drugs were tested?
- ✓ What did the results show?
- ✓ The types of information was provided by those using drug checking services (as opposed to self testing technologies)?
- ✓ Satisfaction with the quality of information provided by drug checking service and how easy it was to understand ?
- ✓ Overall assessment of the information provided including whether it added to what you knew or changed your behaviour?

## WHICH (SUSPECTED) DRUGS DID YOU GET TESTED OR CHECKED OVER THE LAST 12 MONTHS



MDMA PILLS

MDMA POWDERS

LSD/OTHER  
PSYCHEDELICS

COCAINE

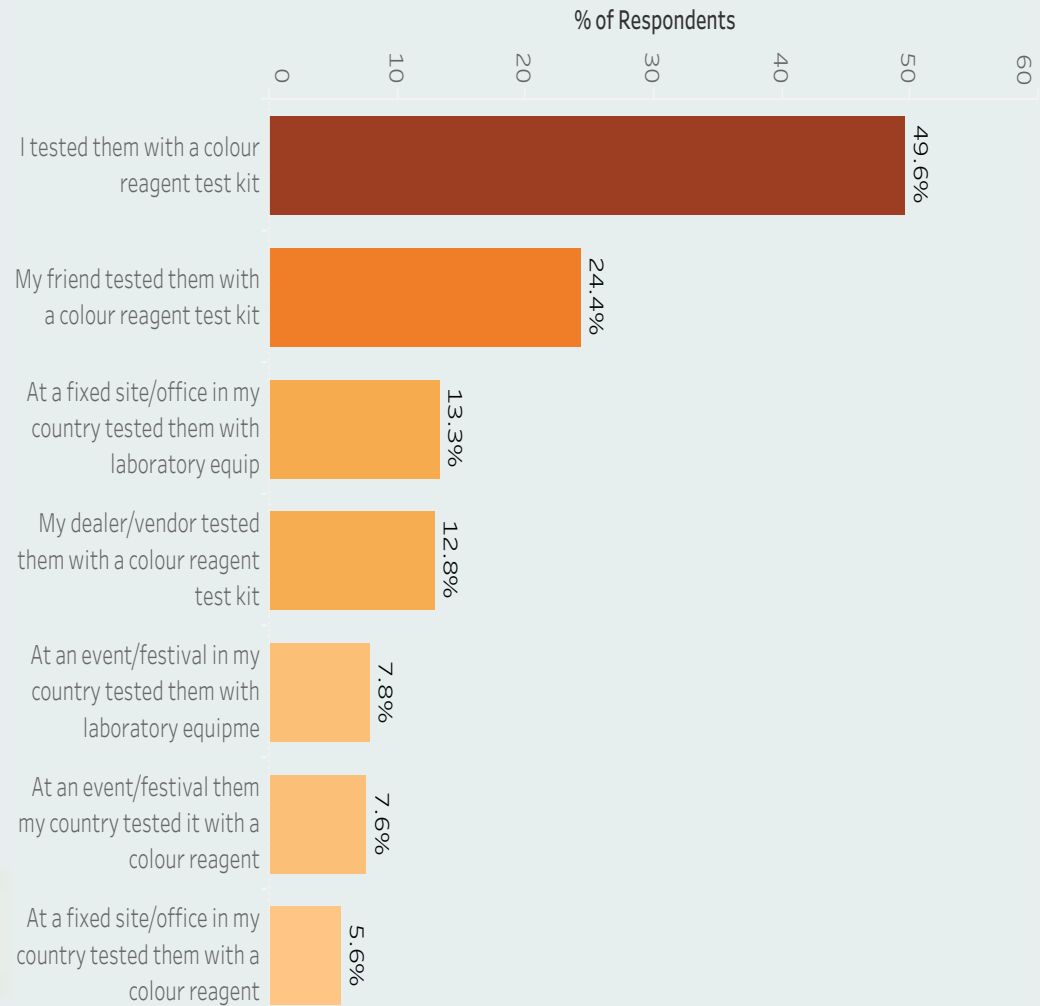
AMPHETAMINES

KETAMINE

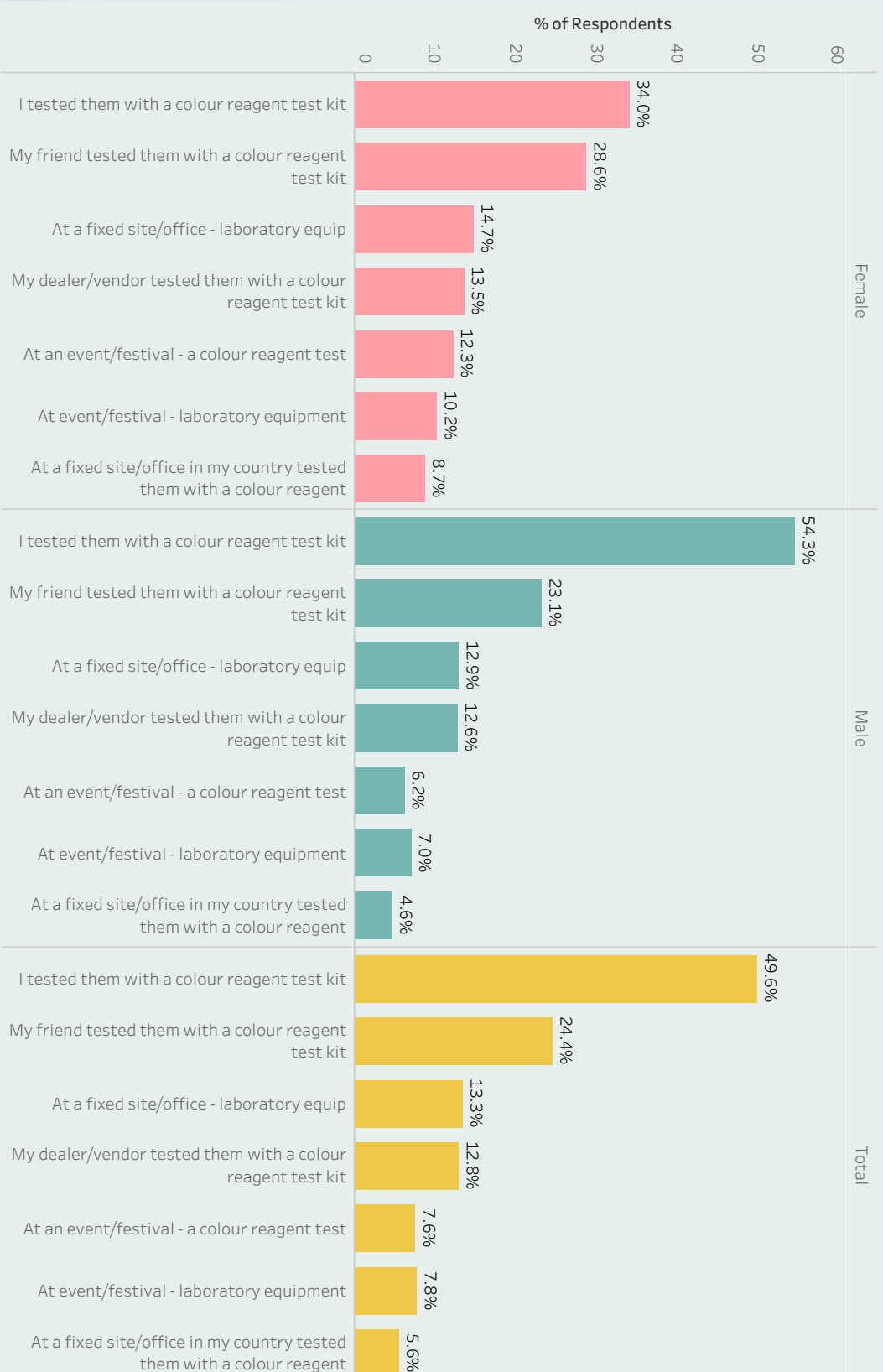
SOMETHING FOUND

GHB/GBL

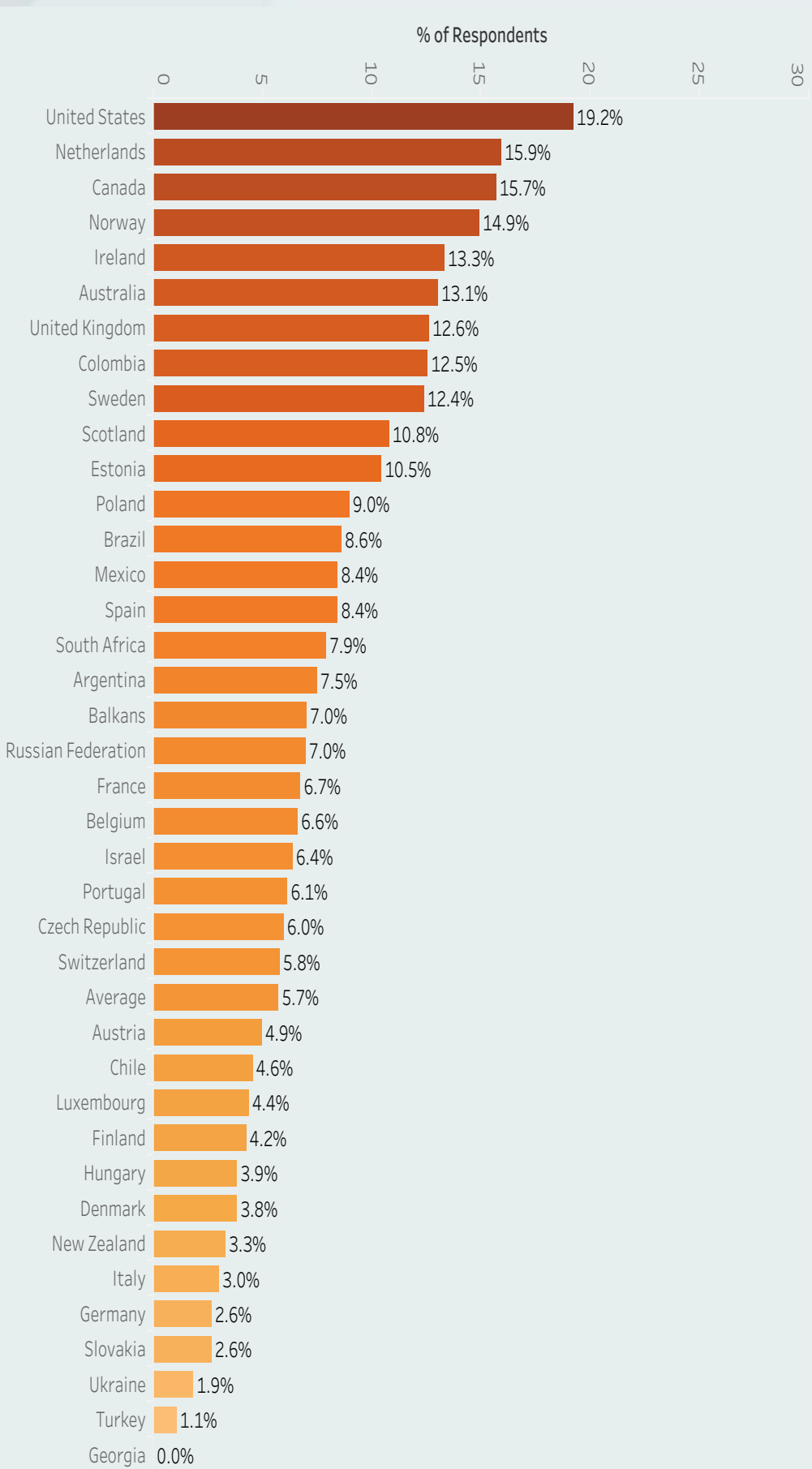
# WHICH TECHNOLOGY / SERVICE DID YOU USE



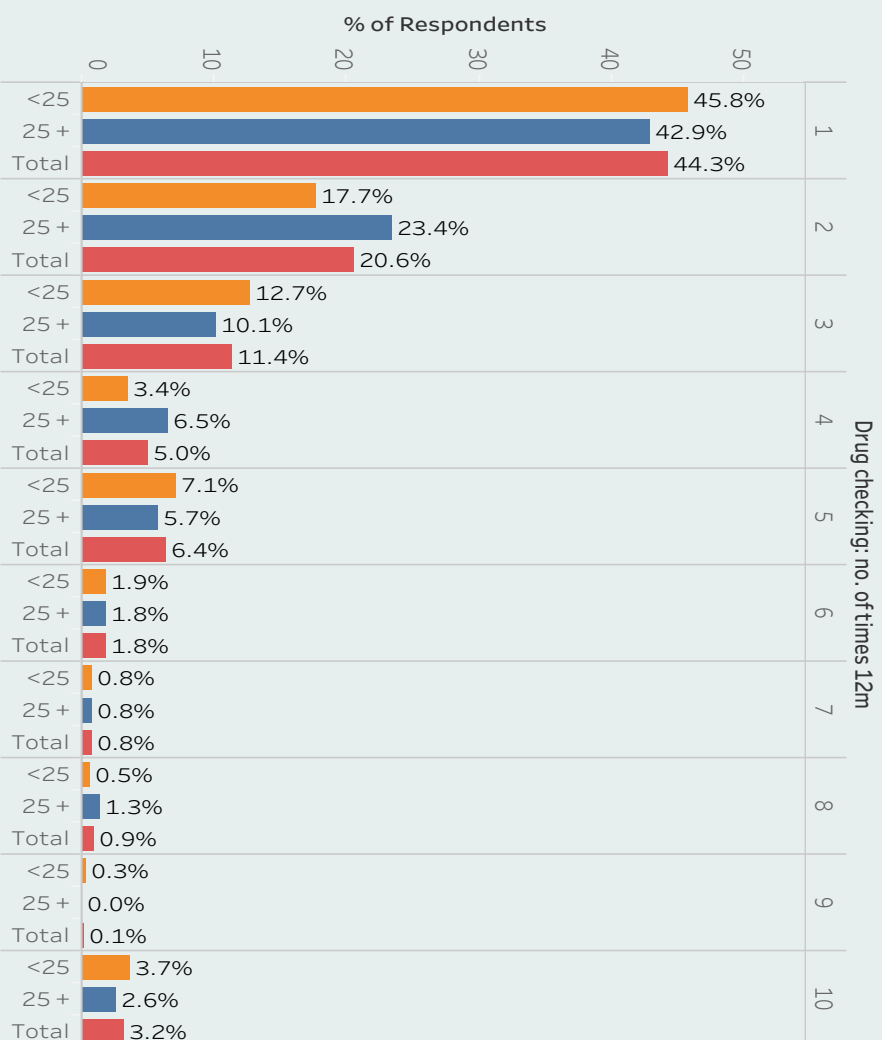
# WHICH TECHNOLOGY / SERVICE DID YOU USE BY GENDER



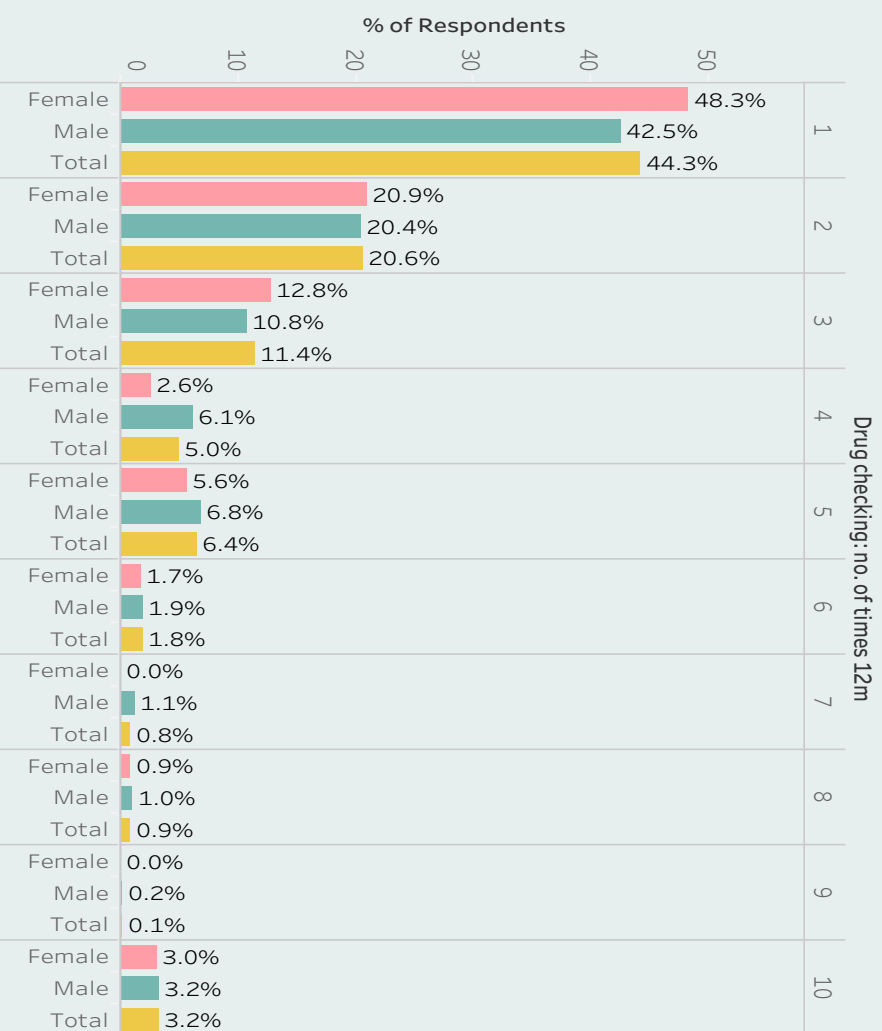
# THE USE OF ANY FORM OF DRUG CHECKING TECHNOLOGY COUNTRY COMPARISON



# NUMBER OF TIMES IN LAST YEAR USED DRUG CHECKING SERVICES / TECHNOLOGIES BY AGE GROUP

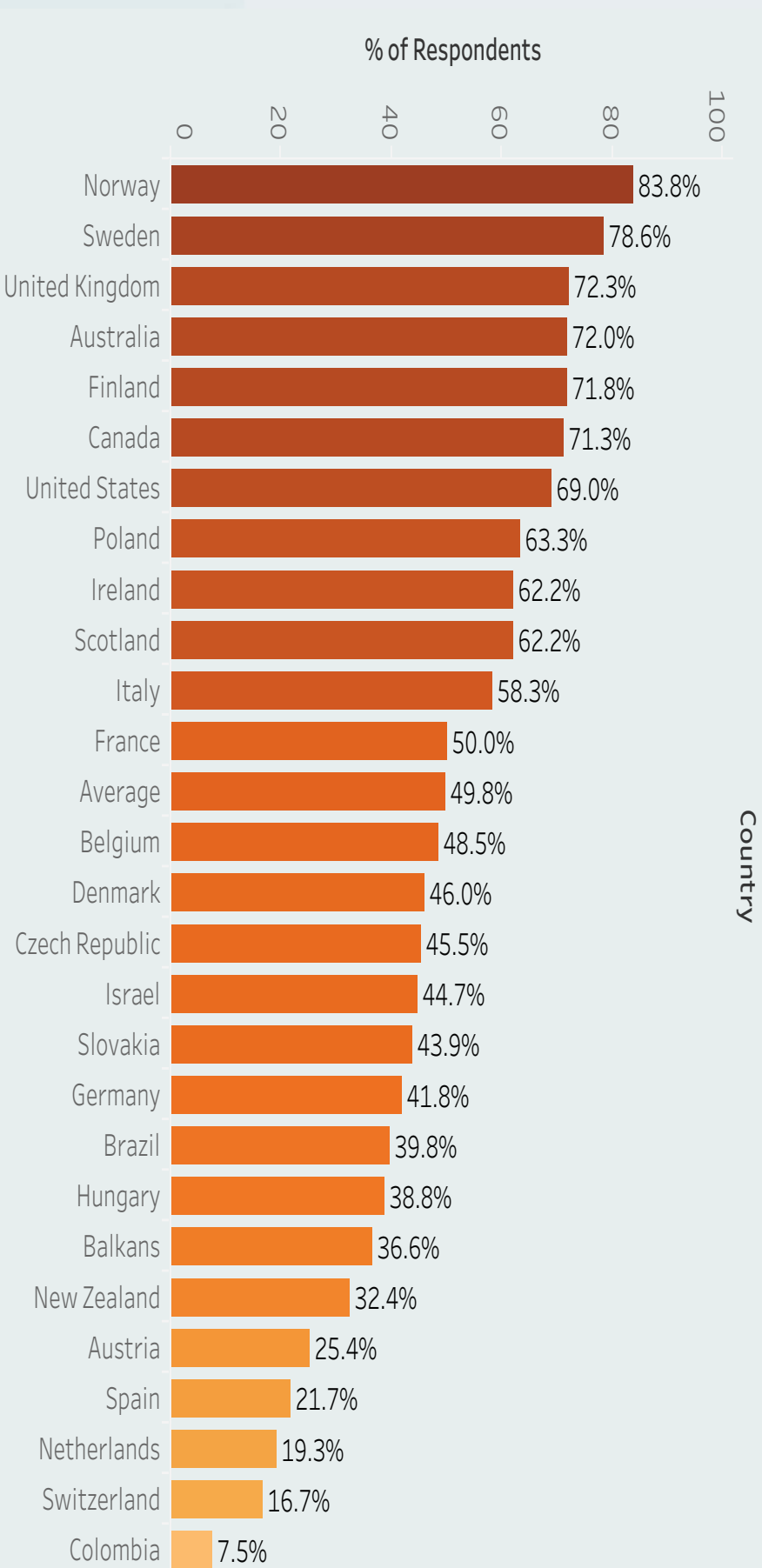


# NUMBER OF TIMES IN LAST YEAR USED DRUG CHECKING SERVICES / TECHNOLOGIES M V F





OF THOSE REPORTING THE USE OF ANY DRUG CHECKING TECHNOLOGY IN THE LAST 12 MONTHS WHAT PERCENTAGE REPORTED THE USE OF USE OF COLOUR REAGENT SELF - TESTING COUNTRY COMPARISON



GLOBAL GDS 2018 SAMPLE :  
USE LESS DRUG NEXT YEAR & WANTING HELP TO USE LESS

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GLOBAL  
DRUG  
SURVEY

---

2018

We ask every person who completes a specialist drug section whether they would like to use less of that drug in the coming 12 months and whether they would help to use less. These are the global findings.

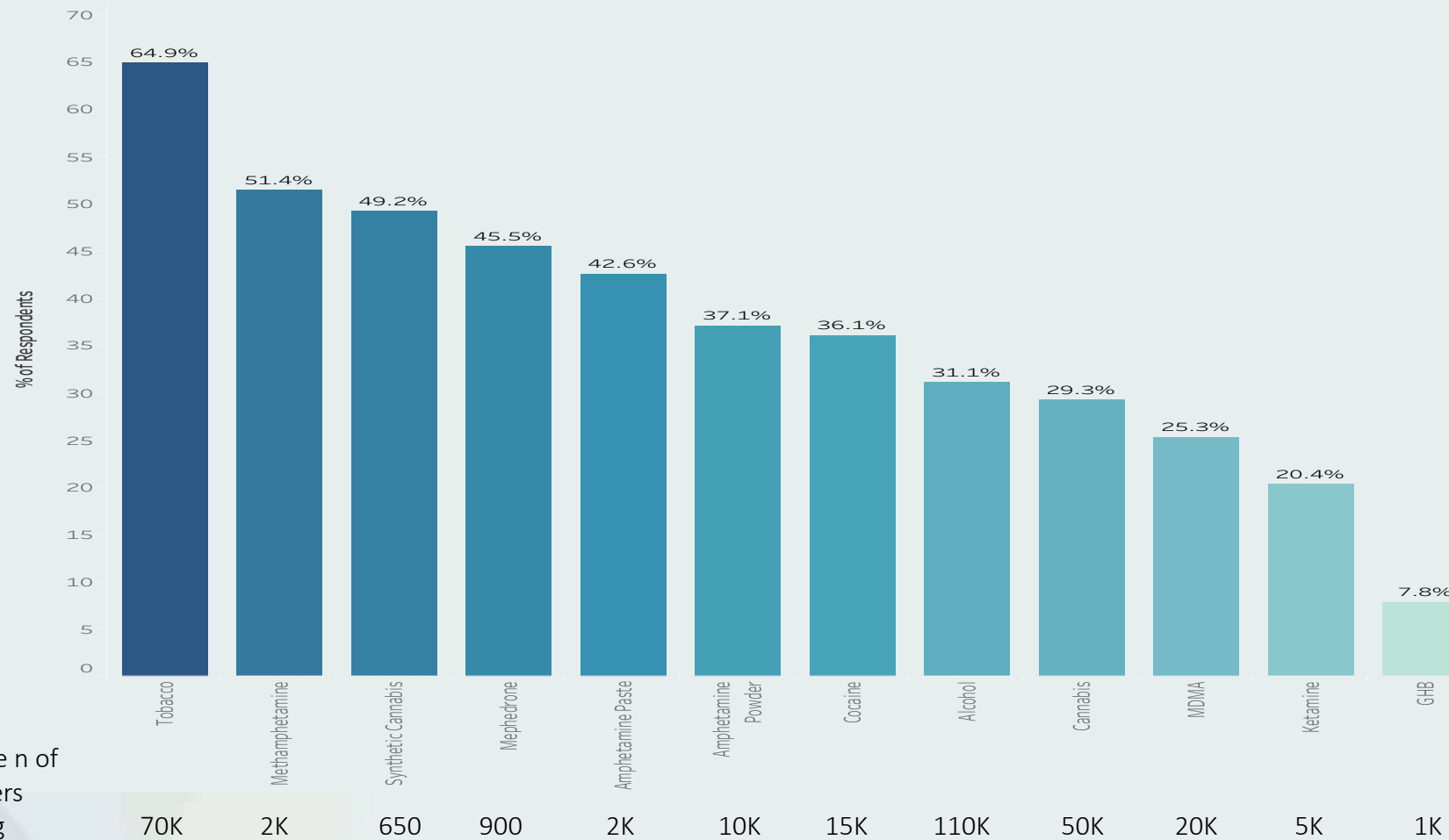
## BACKGROUND

- This year GDS explored the rates of problematic drug use in the community in a variety of way.
- We looked at the rates of people seeking emergency medical treatment after using drug as well asking people if they thought they should seek EMT after using a drug but did not.
- We also used a measure of problem drug use called the Severity of Dependence Scale (SDS) a brief measure that does not diagnose dependence must gives a measure of individual worry or concern over use that correlates well with frequency of use amount used and treatment seeking.
- In this section we report on perhaps the simplest measure of all measures that might indicate that people recognise use that their use in some way of impacting negatively on their health and well being – that asking whether they would like to use less of a substance in the following 12 month. This question is then supplemented by a asking people who indicate they would like to use less in the following year whether or not they would like help to cut down or stop. This latter measure gives some idea of treatment need within the community and the public health impact of upon treatment services of a particular drug.

## KEY RESULTS PRESENTED IN THIS SECTION

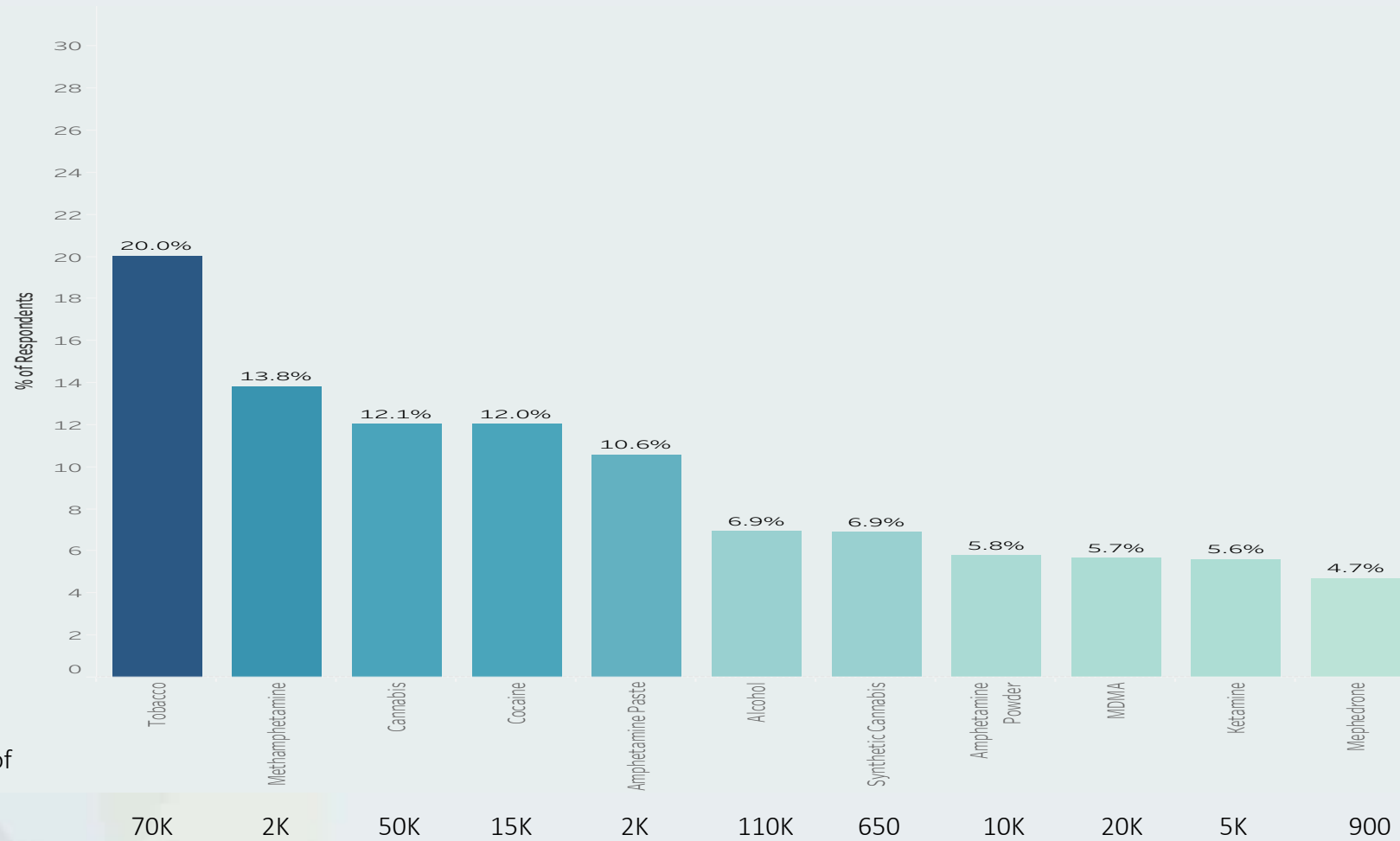
- ☑ The % of last year users of different drugs who report they would like to use less in the following 12 months
- ☑ The % of those indicating they wish to use less who indicate they would help to do so.

# THE % OF LAST YEAR USERS OF DIFFERENT DRUGS WHO REPORT THEY WOULD LIKE TO USE LESS IN THE FOLLOWING 12 MONTHS



Approximate n of last year users of each drug

# THE % OF THOSE INDICATING THEY WISH TO USE LESS WHO INDICATE THEY WOULD HELP TO DO SO.



Approximate n of last year users of each drug