

THE HIGH-WAY CODE THE GUIDE TO SAFER, MORE ENJOYABLE DRUG USE



WHAT IS IT?

The first guide to safer drug use voted for by people who take drugs.

HOW WAS IT WAS DEVELOPED?

GDS asked loads of people who take drugs, as well as other experts, what strategies they thought would reduce the risk of harm when taking some commonly used drugs. As part of GDS2014, we asked people from around the world who had used those drugs in the last year to vote on these strategies. For each strategy we asked:

- 1. if they usually (i.e. more than 50% of the time) did it
- 2. to rate how important it is in reducing the risk of harm (10 being the max reduction of risk)
- 3. to tell us whether using that strategy increased, decreased or had no effect on the pleasure they got from the drug.

WHO DEVELOPED IT?

The guys and gals at Global Drug Survey—a nice bunch of smart people who know a bit about drugs and, with people's help everywhere, will continue to learn more and share what they find out.

ANYTHING ELSE?

Yep follow us on twitter @globaldrusurvy @drugsmeter, like us on Facebook and check out our free apps the drinks meter: www.drinksmeter.com and the app stores, and the drugs meter: www.drugsmeter.com and google play store.

For more interesting info on drugs check out our drugs meter minutes videos on the Global Drug Survey YouTube channel. For suggestions on how to improve GDS, email: adam@globaldrugsurvey.com

KNOW YOUR DRUG EFFECT, THE DOSE, TIME TO ONSET, TIME TO PEAK AND HOW LONG IT LASTS



All drug effects are dose related. Usually the more drugs you take the stronger and longer lasting the effects (and the greater the risk of harm).

Because drug purity and potency varies so much you need to treat every new batch as a new drug. This means 'test dosing' each new batch. Knowing how strong your drug is can help you titrate (adjust/measure) how much you take so hopefully you get the effect you want and avoid overdosing. By knowing how long it takes for a drug to come on and how long it lasts, you reduce your risk of taking too much. People also vary widely in how they respond to drugs and how much they need to take. Everyone has to find their own 'right dose'.

Not all drugs suit all people so if you get anxious or paranoid on a drug don't use it.

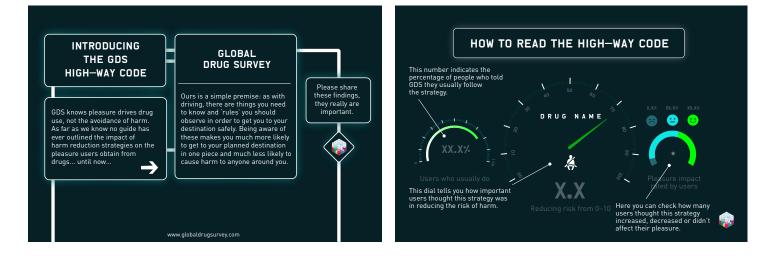
Remember being greedy is not good for you. Less is more.

Don't ever be worried about calling for an ambulance if you're worried about the state of a mate.

GDS does not condone or promote the use of illegal drugs. GDS does promote the use of common sense when going about one's daily activities. Drugs and alcohol can be very dangerous. They can kill you. Using drugs when you are young can have a lasting negative impact on your cognitive and emotional well-being. The only way to avoid to these harms is not to take drugs. This document represents the views of those who responded to the GDS. Please note: no amount of planning and care can ensure you will have either a safe or enjoyable experience when you take drugs. GDS is simply reporting

designed by: Off-White

take drugs. GDS is simply reporting the results of the survey which may provide some guidance in reducing the risk of harm only. The best way to avoid drug related harm is to not use drugs.



ALCOHOL OVER 70.000 USERS Other than drink less, don't mix your drinks (especially brown spirits and red wine) and don't take loads of stimulant drugs (or caffeinated energy drinks) when you drink, there were not many other strategies we could ask about.

We will also give you an idea of the World Health Organisation's guidelines on safer drinking. GDS suggest you try the Drinks Meter (app stores and www.drinksmeter.com) which lets you compare your drinking to other people, tells you how many cheeseburgers you drank last week and also offers some useful cutting-down strategies.

Usual dose	20-40 * g	
Time to onset	15-30 min	
Time to peak	1-2 hrs	
Duration of action	3-6 hrs	

ALCOHOL GUIDELINES

Most Governments and the World Health Organization with a lower risk of longer term alcohol related harm. (WHO) have guidelines that set out the recommended guard terms in the standard alcohol unit fit varies upper limits of daily and weekly alcohol consumption. From 8 g of pure alcohol in the UK to 20 g in Japan), Many stress that these are not safe drinking what we will give you below is an average of the guidelines, just limits that if followed, are associated world's drinking guidelines.

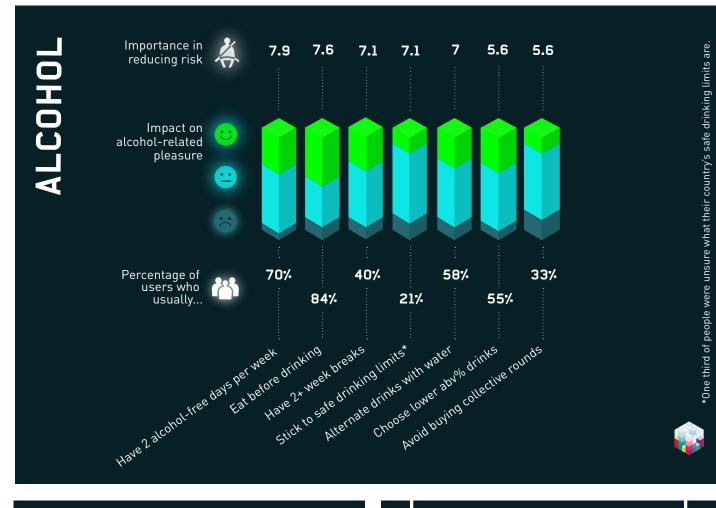


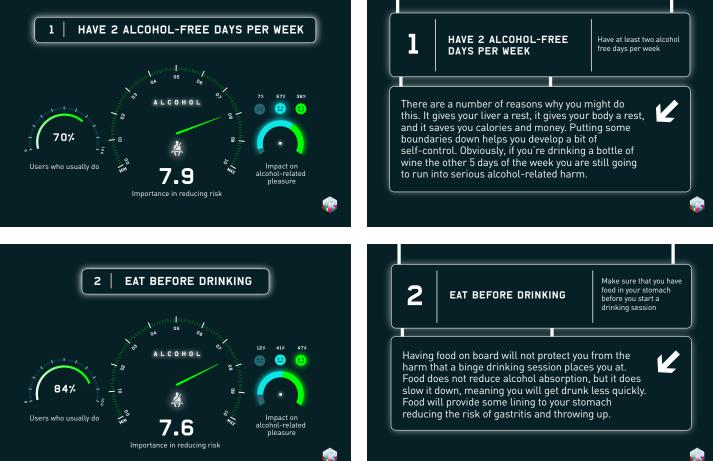
	Average daily max (range)	Average weekly max (range)	What's a binge	Alcohol free days X week
MALE*	2 – 3 units	10 – 15 units	6 units	2 days
FEMALE*	1 – 2 units	5 – 10 units	4 units	2 days

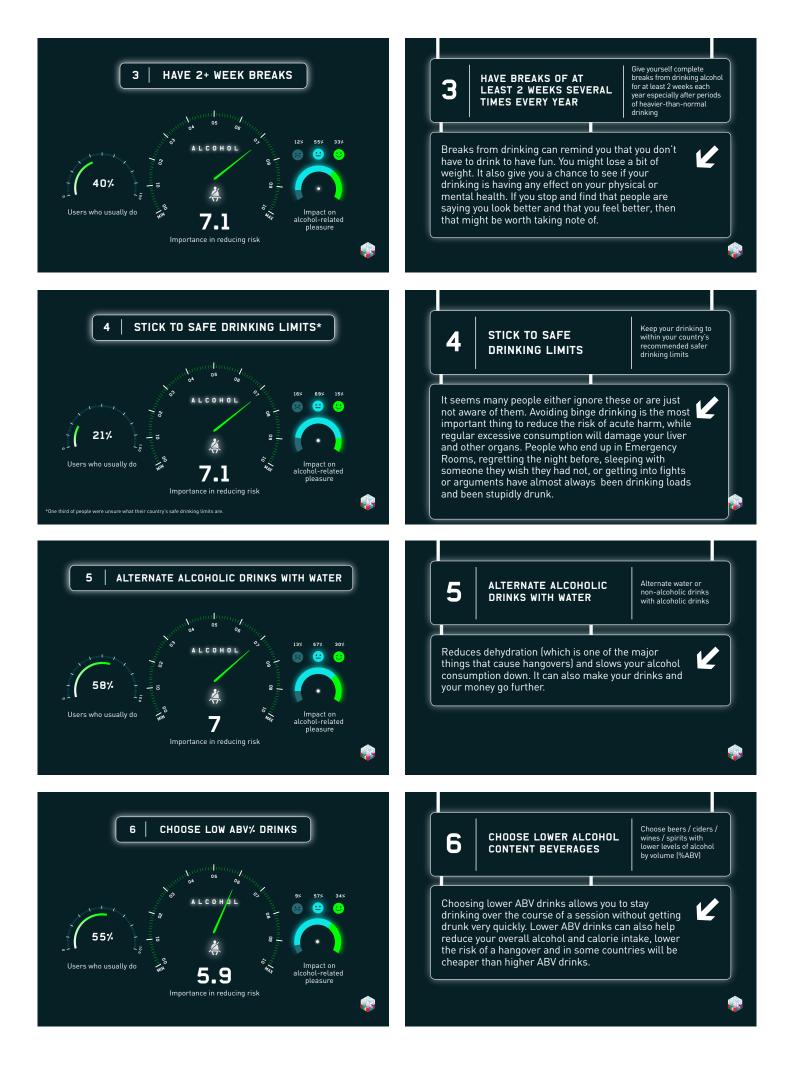
SO HOW MANY UNITS IN YOUR DRINK?

To work out the number of standard drinks/units (standard drink = 10 g pure alcohol) in what you're drinking use this formula:









AVOID BUYING COLLECTIVE ROUNDS

7





i.e. a collection of friends who take it in turns to buy drinks for the whole group

Buying collective rounds can be expensive and means that you are drinking at another person's rate not your own. We know on special occasions rounds are attractive, but they should not be the norm.

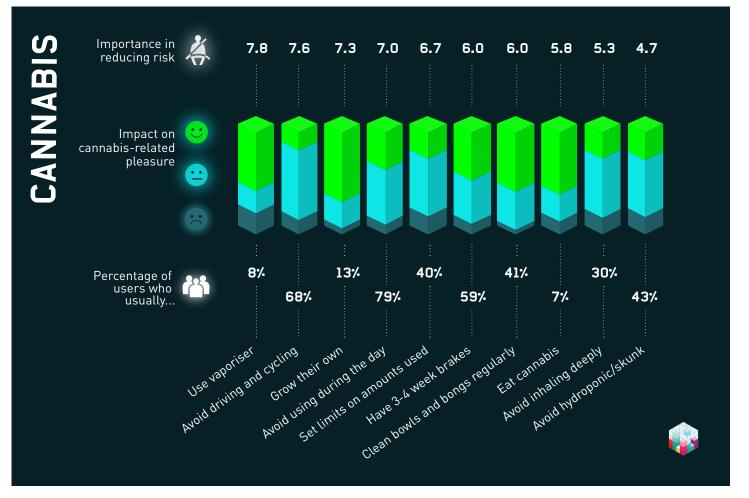
CANNABIS 38,000 USERS

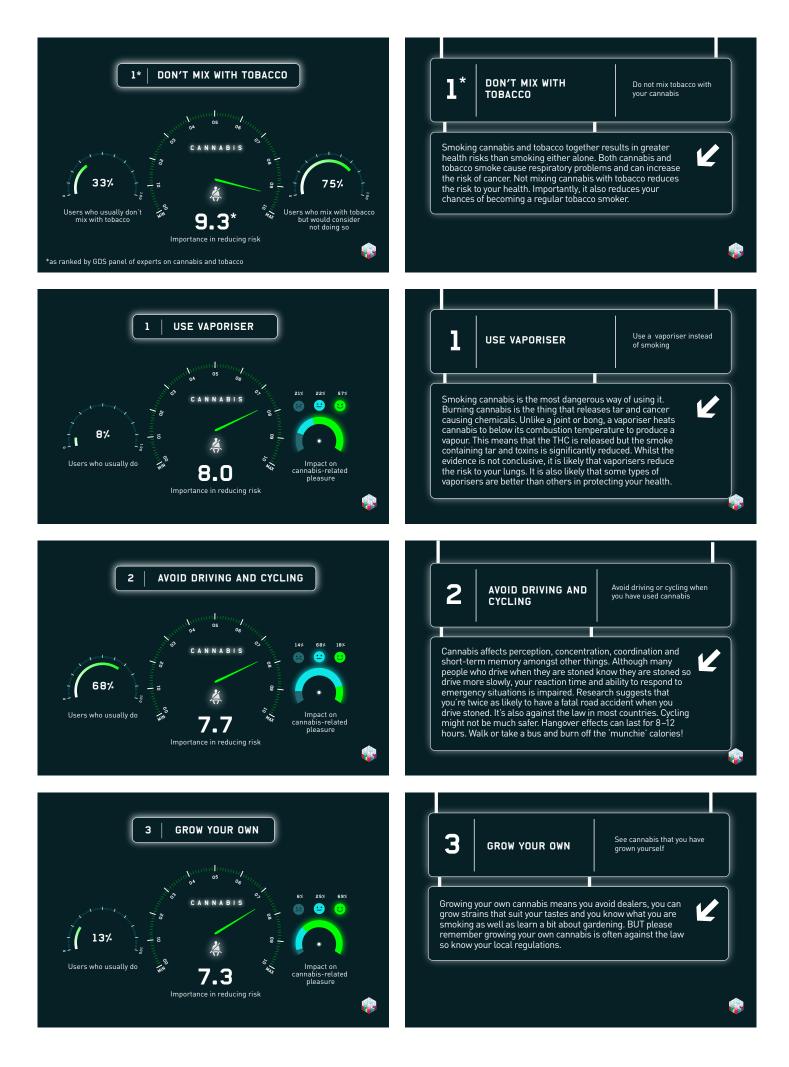
There are many forms of cannabis. Regardless of whether you use herbal, oil or resin the things that increase the risks of harm most are smoking and mixing with tobacco. Work done by GDS suggests that most people would prefer a stronger but more balanced weed than the high THC potency forms that seem to dominate the market.

CANNABIS

Usual dose Time to onset Time to peak Duration of action

50-250 mg 2-10 min I 20-60 min **-**2-8 hrs **-**









STIMULANTS

STIMULANTS

(COCAINE, AMPHETAMINE AND MEPHEDRONE)

OVER 17,000 USERS

GDS know these drugs are different but the basic risks and principles of safer use are the same. The Highway Code also assumes that people know that both injecting and smoking stimulant drugs are associated with greater risk of harm—related to the more intense effects of the drug and the complications associated with the route of use. Snorting and oral use can minimize these risks, lead to a longer lalbeit less intense) effect and can make your drugs last longer.

See our drugs meter minute on cocaine and find out why it's been voted the worst value drug in the world two years running (GDS2013 and GDS2014): https://www.youtube.com/watch?v=wyOanzI-WFs

COCAINE & MEPHEDRONE

Usual dose Time to onset Time to peak Duration of action 40-100

5-15

1-3

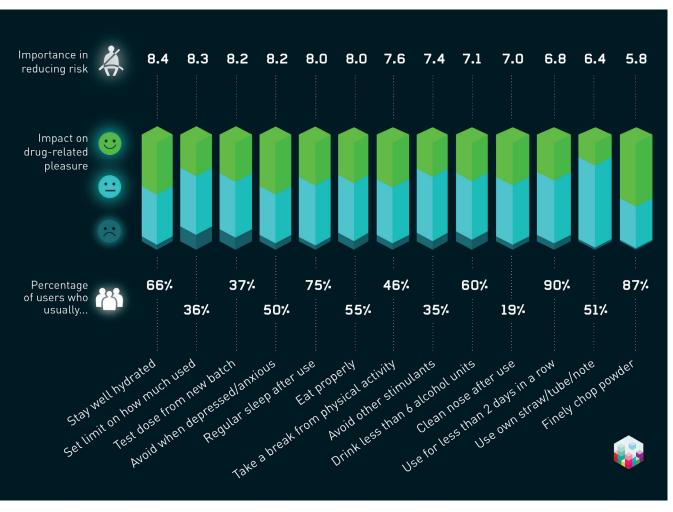
15-30

	(taken by snortin
min	1
min	-
hrs	

AMPHETAMINE

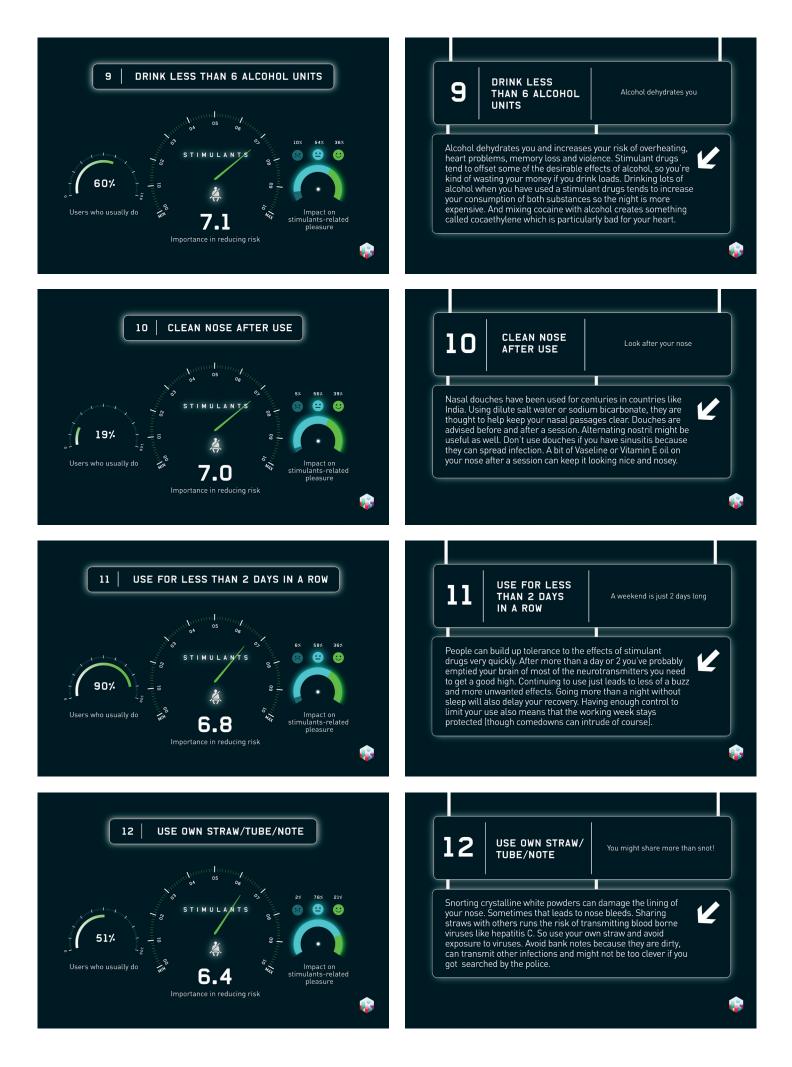
Doses, duration of the effect, time to onset and time to peak vary very widely depending on the type, purity and route of administration. Crystal meth lasts much longer than dexamphetamine. Injecting and smoking have quicker onsets of action with more intense highs. Remember to always test a small dose.

STIMULANTS











MDMA



MDMA OVER 18,000 USERS

MDMA comes as pills/tablets or crystal (powder). According to GDS2012 most people seem to prefer crystal MDMA to tablets because it is easier to titrate the dose. The variations and uncertainty about what's in your tablet or powder remain, however, regardless of preparation. Crystal MDMA can visually be almost identical to methylone or crystal methamphetamine.

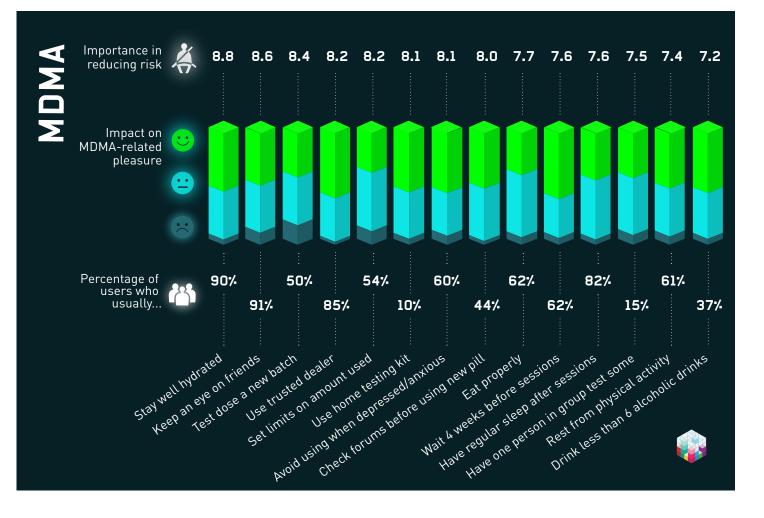
See our drugs meter minute of MDMA pills and powders at: http://youtu.be/GzQzdE4qE4w

Usual dose Time to onset Time to peak Duration of action
 80-100
 mg

 30-60
 min

 2-3
 hrs

 6-8
 hrs











LSD/MAGIC MUSHROOMS

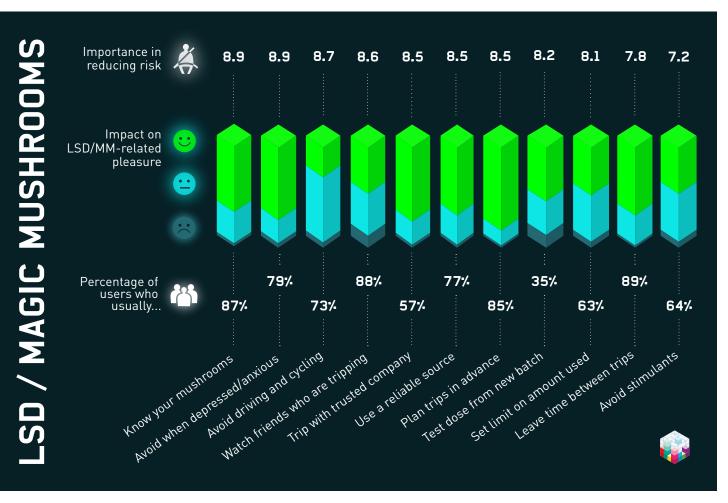


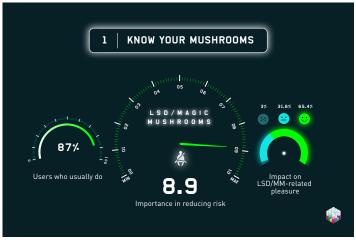
Durat

AKA: Psychedelics Although diverse in origin and source, these drugs are similar enough in effect for the High–way Code to treat them as a single group. They do differ in peak-time, effect and duration. Tripping with trusted company and being somewhere you feel safe are important.

Check our drugs meter minute on mushrooms at: http://youtu.be/6fxdhU9HCFc

	LSD		MAGIC MUS	HROOMS	
Usual dose	100-200	mcg	Depends on m	ushroom	
ime to onset	30-60	min	30-60	min	
Time to peak	2-3	hrs	1.5-2	hrs	
tion of action	8-12	hrs	6-8	hrs	













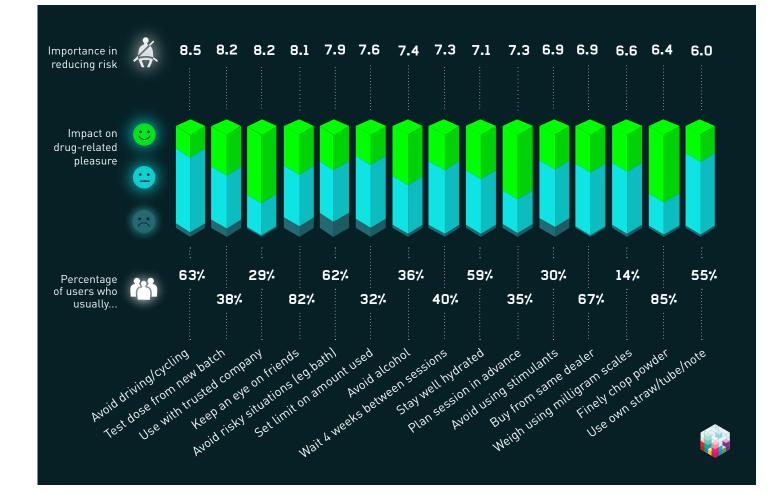
KETAMINE

With 1 in 4 users of K reporting urinary symptoms the most important thing GDS has to say is that if you are needing to urinate very frequently, get pain or burning when you wee, have pain in the lower abdomen or blood in urine—stop using K immediately and go see your doctor. K can cause irreversible bladder damage. The sooner you stop, the quicker and more likely your bladder will recover.

KETAMINE



50–100 mg (snorted) 5–10 min 1 15–30 min 1 1–2 hrs 1











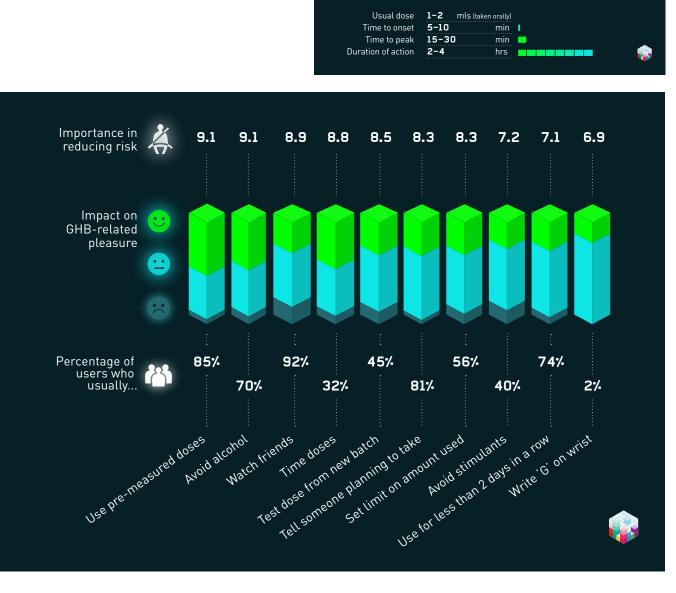


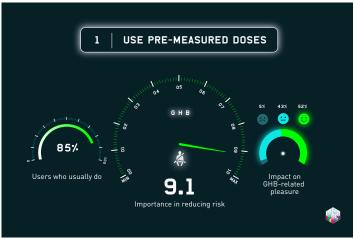


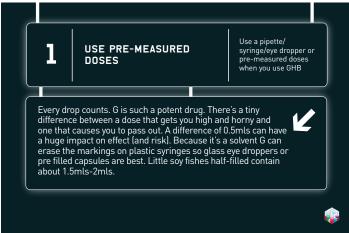
Although G preparations vary in potency, typical dose, speed to onset and duration of effect Global Drug Survey is treating GHB/GBL/1,4 butanediol as a single drug, collectively referred to as G or GHB in this part of the High–way Code.

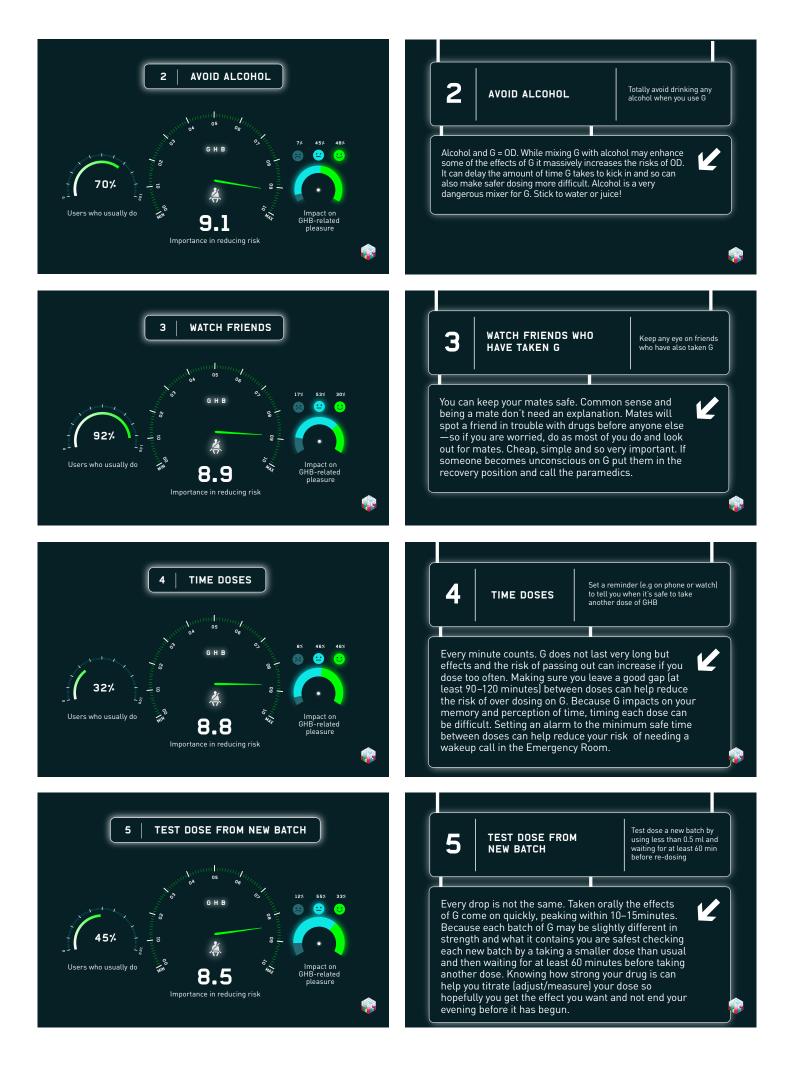
GHB

GHB













NEW DRUGS

WRITE 'G' ON WRIST

Write the letter 'G' on your wrist when you take GHB

Z

Make it easy for others to help. If you pass out and are found unconscious by someone, other than putting you in the recovery position, it can help them and paramedics time to know what you have taken. Having a letter G written on your wrist can help them. If you get stopped by the police—just say it's a reminder to call Gary!

NEW DRUGS

Dura

10

AKA mystery white powders, refer to such diverse groups of compounds that we necessarily asked some very broad questions that may apply to some sorts of drugs more than others. But the principles remain the same: if you don't know how the drug 'drives'—go easy before you put your foot down. No matter what the drug is, if you dozn't know the dose, the time to onset, peak effect and duration of effect, you can do the simplest things to keep yourself from harm. If you feel unwell tell someone.

See our drugs meter minute at http://youtu.be/lSdXZZySxEk

Usual dose	don't know
ime to onset	don't know
lime to peak	don't know
ion of action	don't know

NEW DRUGS

