

**Results of the world's biggest drug survey
launching on Tuesday June 14th in 20 countries**



GLOBAL DRUG SURVEY

www.globaldrugsurvey.com

EMBARGOED UNTIL 9am TUESDAY JUNE 14th 9AM BST

For media requests contact Claire on 00447568186525

Or info@globaldrugsurvey.com or claire@globaldrugsurvey.com

Please note Dr Winstock already has a heavy TV and radio schedule on Tuesday so please contact us early so we can accommodate your requests.

Global Drug Survey (GDS) 2016 Findings Released

NPS trends and harms around the world- synthetic cannabinoids riskier than ever, the rise and rise of dark-net drug markets around the world, big increase in cocaine, MDMA and nitrous use among clubbers, better quality MDMA leading to more A&E admissions, nitrous oxide and nerve damage and why people should avoid drinking spirits key themes of GDS2016

Global Drug Survey (GDS) runs the world's biggest drug survey and provides invaluable insight into the world's drug taking habits. For the second year running, more than 100,000 people from over 50 countries were surveyed. GDS has a proven track record in being able to track trends over time, profile new drugs and identify key issues of relevance and importance to people who use drugs and those who craft public health and drug policy. GDS aims to help people and communities reduce the harm associated with drug use by sharing credible information.

Key findings from the Global Drug Survey 2016 (data collected Nov 15-Jan 16)

More people shopping on the dark net, more people using MDMA & experiencing harm, synthetic cannabinoids the most dangerous drugs in the world.

Excluding alcohol, tobacco and caffeine products the top 10 drugs used across the world were

Cannabis / MDMA / Cocaine / Amphetamines / LSD / Magic mushrooms / Prescribed / non prescribed opioid medications / Nitrous Oxide / Ketamine / Poppers

Novel Psychoactive Substances (NPS) Trends in the UK - most people buy NPS on-line

- UK has highest rate of last year NPS purchase of any GDS country (11.6% of UK sample)
- GDS2016 reports increase in UK last year purchase of NPS after falling rates over last 4 years
- Decline in high street NPS purchases from 46.3% in GDS2014 to 34.6% in GDS2016.
- 58% of those reporting buying NPS last year did so on-line.
- 3 times more likely end up seeking emergency medical treatment with NPS than traditional drugs

Synthetic Cannabinoids (SCs) and A&E

- Synthetic cannabinoids more likely to lead to emergency medical treatment than any other drug
- 1 in 8 of those using weekly or more often reported seeking emergency medical treatment (3.5% of all users)
- Overall risk of seeking emergency medical treatment when using SCs is 30 times greater than skunk
- Over half of those using more than 50 times in last year who tried to stop reported withdrawal symptoms

The dark-net rising

- Globally almost in 1 in 10 participants (9.3%) reported ever buying drugs off the dark-net with those reporting last year dark-net purchase rising from 4.5% to 6.7%.
- MDMA, cannabis, new or novel substances (including 2C-B and DMT) and LSD are the drugs most commonly bought
- 5% of respondents stated that they did not consume drugs prior to accessing them through dark-net markets

The worst time to be using MDMA in a generation

- Increase in use of both MDMA and cocaine over the last 3 years.
- Concerns over high dose MDMA pills leading to increased risk of acute harm
- 4-fold increase in British female clubbers seeking emergency medical treatment in last 3 years. Women 2-3 more likely to seek emergency treatment than men
- UK users take more MDMA in a night than anyone else (almost half a gram)
- Most people use less than 10 times per year

- Less is more (more fun with less MDMA)

No Laughing Matter

- Biggest study of nitrous oxide use ever
- Increasing rates of use in the UK and globally nitrous oxide is now ranked the 7th most popular drug in the world.
- 10% of users worried about impact of mental / physical health
- 4% reporting symptoms of nerve damage due to vitamin B12 deficiency

Drinkers

- One third of drinkers would like to drink less in the coming year yet only 10% on average would like help to do so. www.drinksmeter.com and www.onetoomany.co might help people drink less.
- Spirits best avoided on night out

DETAILED FINDINGS at www.globaldrugsurvey.com from 9am BST June 14th

NPS Trends in the UK and globally

After a year on year decline in UK participants reporting buying any NPS in the last year from a high of 20% in GDS2012 to a low of 8.6% in GDS2015, this year the UK saw a rise in last year purchase to 11.6%, the highest rate of any country assessed. The next highest rates were found in the USA, Canada and surprisingly the Netherlands with the lowest rates in Switzerland. Globally the mean rate was 4.8%.

58% of UK participants reporting buying NPS last year did so on-line. Prior to the passing of the NPs Bill in May 2016, there had been increasing local efforts often spear headed by Trading Standards to close high street shops selling NPS products. Over the last 3 years GDS has reported a decline in high street purchase from 46.3% in GDS2014, 44.9% in GDS2015 to 34.6% in GDS2016. Over the same time frame there has been an increase in buying them from a 'dealer' from 8.5% to 12.7%.

Globally the top motivations for using NPS reflected the advantages of these products being legal - easy access to them on-line and price. Thinking these drugs were safer than illicit drugs was the lowest ranked factor - and indicates that people are not stupid and media myths of people think legal = safe is untrue.

NITROUS OXIDE IS NO LAUGHING MATTER

Discounting alcohol, caffeine and tobacco, nitrous oxide was ranked the 7th most popular drug in the world and the 4th most commonly used drug by UK clubbers

where rates among UK clubber have gone up from 34% to 39% to 48 % over the last 3 years.

More commonly known as laughing gas, nitrous oxide continues to be popular worldwide. The UK had the highest rates of nitrous oxide use, with over a third (34%) of all UK respondents reporting they had used laughing gas in the last year, The Netherlands came a close second. GDS2016 confirms findings from GDS2015 that heavy users of nitrous oxide were at serious risk of adverse mental and physical health problems. Findings showed 4% of users reported symptoms consistent with peripheral neuropathy, a serious disease due to inactivation of Vitamin B12 by nitrous oxide that affects the nerves, causing persistent numbness or tingling in their hands, feet or around their face or mouth.

DRUGS AND THE DARK NET

The dark net is booming with our 3 year trends showing increased rates of people buying drugs on the dark-net in virtually every country. Exit scams, where market owners close the market unexpectedly and steal the funds, have also become commonplace. Despite these disruptions, we have obtained a record sample of dark-net drug buyers in GDS2016 (n=8058).

Globally almost in 1 in 10 participants (9.3%) reported ever buying drug off the dark-net with those reporting last year dark net purchase rising from 4.5% to 6.7%. Drug policy and local drug markets exert significant influence over levels of dark-net involvement, with static low rates of less than 2% in Portugal and Switzerland to stable high rates above 20% in Sweden.

This year we were also able to report trends in which drugs were bought through the dark-net. The results from 2016 were remarkably similar to 2015: with MDMA, cannabis, new or novel substances (including 2C-B and DMT) and LSD topping the list. As in previous years, while many people claimed that the range of drugs they used remained the same, around a third of dark-net drug buyers reported that they consumed a wider range than previously.

This year, 5% of respondents stated that they did not consume drugs prior to accessing them through dark-net markets. Of the drugs purchased through dark-net markets the drugs most commonly reported as being used for the first time were MDMA followed by any NPS. Among recent drug users, people who used the dark-net were younger, more likely to be male, more educated and less likely to be a regular clubber, than those who did not report using the dark-net.

SYNTHETIC CANNABINOIDS (SCs) MORE DANGEROUS THAN ANY OTHER DRUG

Over the past 5 years the Global Drug Survey has conducted the largest studies in the world on synthetic cannabinoid products. These remain a changing and very diverse group of drugs both in terms of risks and preparations. While smoking herbal preparations remained the most common form the drug used, 10% reported the use of powder, 7.5% resin and 3% oil/liquid.

For the fourth year running they topped the list of drugs most likely to leave you needing emergency medical treatment, with over 1 in 30 last year users reporting seeking emergency medical treatment (4.2% of male users versus 2.4% of female users), rising to 1 in 8 of weekly or more frequent users. GDS spotted that the rate of seeking emergency treatment following the use of SCs varies widely between countries, with highest rates (8-9% of all last year users) being seen in Australia and the US while the rates in Austria, Mexico and France were zero. The wide variation almost certainly reflects the different risks posed by the diverse potencies and actions of different SC compounds. Their inconsistent preparation means for most users there is no reliable way to know how much active product they are consuming. That only 3% of cannabis users on a fictional desert island with a good supply of fine natural cannabis said they would switch natural for synthetic cannabinoids shows just how unattractive these drugs are.

Dependence and withdrawal are becoming an increasing issue

Our findings suggest that these drugs typically lead to a quicker onset of a more intense but short lived effect compared to natural cannabis leading to the more rapid development of tolerance. This typical effect profile reported by over 1000 users of SCs who took part in GDS2016 explains the higher risks of developing dependence and withdrawal on these drugs, with over half of those who tried to stop reporting withdrawal symptoms.

BETTER QUALITY MDMA IS NOT SAFER AND WHY MORE MDMA IS NOT MORE FUN

2016 might be the worst time to start taking MDMA in a generation. MDMA has never been so plentiful and as GDS trend data shows, more and more people are using it, with last year use among UK clubbers increasing from 68% to 80%. The rising popularity of EDM and dispersion of MDMA from the dance floor to mainstream drug culture has coincided with resurgence of MDMA availability. In many countries high purity MDMA crystal now competes with high dose MDMA pills (in many parts of Europe the average dose of MDMA found in ecstasy pills is now 100-150mg/pill with doses over 300mg having been reported).

GDS has concerns that high dose pills and high purity MDMA powder across the EU is making it easy for people to take too much increasing the risk of harm and reducing enjoyment.

GDS has recorded a 4-fold increase in British female clubbers seeking emergency medical treatment over the last 3 years from 0.4% to 1.6% with younger women most at risk. 90% of those seeking emergency medical treatment report the use of alcohol and other drugs in addition to MDMA

Women 2-3 more likely to seek emergency treatment than men

UK users take more MDMA (almost half a gram compared to a quarter of gram elsewhere) in a night than anyone else

Most people use less than 10 times per year

Please support our safer MDMA use campaign launching June 14 **Don't Be Daft Start With Half** #StartWithHalf. We will send through a link to an animated health promotion video on Tuesday AM if you request it.

Different beverage and different behaviours

Despite some considerable national variation, it seems that spirits are the type of alcohol most commonly drunk when away from home and also rated most likely to make you feel energised, confident and sexy. Inconsistently, spirits were also rated as most likely to make you feel restless, tearful and ill (including most likely to give you a hangover). Beer was voted as most likely to make you feel relaxed and red wine topped the list for making you sleepy. The polarizing effects of spirits are most likely a consequence of dose and it's more difficult to dose right with spirits.

You can end up cool and sexy or pathetic and passed out on any form of alcohol. But if all the above is true then there appear to be advantages to avoiding spirits. Not because of the 'alcohol' necessarily having different effects but because spirits are highly concentrated, hard to titrate and keep track of and they can fool your body into thinking you have not yet drunk 'enough' when actually it is already sitting there waiting to be absorbed. All good reasons GDS would have thought to avoid shorts.

From the founder of Global Drug Survey

Dr Adam R Winstock, MD MRCP MRCPsychFChAM, Consultant Psychiatrist & Addiction Medicine Specialist and founder of the Global Drug Survey comments: The world of drugs has changed for ever. From what people use and how they use it to where they get it from the landscape has never been so varied and challenging for people who use drugs, health care providers and governments. More than ever ideological rhetoric and moralistic judgments on what substances people choose to use need to be replaced with a more honest narrative. Overall our data suggests that while traditional drugs retain their dominance and appear to carry less risk than their

novel synthetic counterparts, the NPS market continues to evolve. The risks of synthetic cannabinoids including dependence combined with huge profits and almost impossible task of significantly diminishing supply means the most marginalised will remain vulnerable to using them. Credible conversations that treat people as adults who want to stay happy and healthy and that accept that drugs can enhance a person's life are needed. While nothing can ever reduce the risk to zero, people can through their own actions significantly reduce that risk. The right conversation can change people's lives for the better and help keep them safe. Drugs laws increase stigma and make it less likely people will seek help or advice. Making drugs legal will never make them safe, but changing drugs laws may well be part of helping everyone have a more honest conversation. GDS believes honesty is the best drug policy. For more information and advice on safer drug and alcohol use, visit www.drugsmeter.com and www.drinksmeter.com.

- ENDS -

For more information, please email the team at Claire@globaldrugsurvey.com or call her on 00447568186525

Notes to editors

About the Global Drug Survey

Global Drug Survey (GDS) runs the world's biggest drug survey. GDS is an independent global drug use data exchange hub that conducts university ethics approved, anonymous online surveys. We collaborate with global media partners who act as hubs to promote our work. Our last survey, GDS2016, ran for 6 weeks at the end of 2015, was translated into 10 languages and received over 100,000 responses from around the world. Over the last 3 years we have obtained data from over 300,000 people. By the end of 2016 we estimate our global database to be in excess of 600,000.

GDS is comprised of experts from the fields of medicine, toxicology, public health, psychology, chemistry, public policy, criminology, sociology, harm reduction and addiction. We research key issues of relevance and importance to both people who use drugs and those who craft public health and drug policy. We publish 5-10 academic articles per year.

We aim to help people and communities reduce the harm associated with the use of drugs regardless of their legal status use by sharing information in a credible and meaningful way. Identifying new drug trends among sentinel drug using populations allows pre-emptive service planning and informed policy development. Over the last decade these methods have successfully supported the widespread dissemination of

essential information both to people who use drugs through our media partners and to the medical profession through academic papers presentation at international conferences, expert advisory meetings and a range of free resources including www.drugsmeter.com and www.drinksmeter.com

www.saferuselimits.com and www.onetoomany.com

Methodology

Don't look to GDS for national estimates. GDS is designed to answer comparison questions that are not dependent on probability samples meaning our analyses are better suited to highlight differences among user populations and trends among subpopulations. GDS recruits younger, more involved drug using populations. We spot emerging drugs trends before they enter into the general population GDS can help add numbers and depth to the findings of more rigorous, though less detailed and smaller, survey findings GDS is an efficient approach to gain content rich data that explores diverse health outcomes associated with the use of drugs and alcohol across the population of your country.

Our recruitment strategy is an example of purposive sampling. We acknowledge that this has significant limitations, most notably with respect to response bias whereby there will be inherent differences between those who participate and those who do not. 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. Therefore, as participants in our survey may have a greater interest in or experience with drugs, they may not be representative of the wider population. However, purposive sampling that seeks to include a wide cross-section of users and a large overall sample size can result in a sample of drug users that may be considered sufficiently representative to make reasonable inferences for the general population. Importantly our approach accesses sections of the populations that general household surveys do not (e.g. students) and of course we are able to explore drug related in significantly more depth. Our sample size is also considerably bigger than most national household surveys. When judged against traditional epidemiological criteria for monitoring public health, GDS fully acknowledges that our methods have potentially significant limitations. These have been fully discussed in the academic publications that the GDS Academic Network produce each year.

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