GLOBAL DRUG SURVEY 2016

Early results of the headline findings from Colombia

Prepared by By Dr Adam R Winstock,
Dr Jason Ferris, Dr Larissa Maier and Dr Monica Barratt

Global Drug Survey (GDS) runs the world's biggest annual drug survey.

A total of 101,313* people from over 50 countries participated in GDS2016 – of which 2.2% (2,095) were from Colombia.

***Data analysis was conducted on out on 97,000 for these preliminary analyses.**

About

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

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

Mission

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

Our last 3 surveys, run at the end of 2013, 2014 & 2015 received almost 300,000 responses.

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

Resources

For more information and free resources to help you think about drugs and alcohol please here's some helpful links to other Global Drug Survey resources:

www.youtube.com/user/GlobalDrugSurvey
www.globaldrugsurvey.com
www.drinksmeter.com
www.drugsmeter.com
www.saferuselimits.com
www.onetoomany.com
www.globaldrugsurvey.com/brand/the-highway-code/

GDS FREE APPS AND ADVICE

Using and reporting the data

In all copy related to the data provided the study should be referred to as **Global Drug Survey 2016 conducted in partnership with global media partners including** La Revista Semana El Periodico El Tiempo, El Periodico El Espectador ,El Noticiero Caracol TV in Colombia **.** This data report is not to be shared with any other organization, including other news agencies, health services or other government departments.

When reporting the results in print, on-line and on TV we ask all our media partners to place links to our free anonymous, objective web and smart phone apps the **Drinks Meter** and **Drugs Meter.**

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WHERE IN THE WORLD

"Probability based surveys tell you about the size of the drug use problem in your country GDS tells you what to do about it" Dr Adam Winstock

Germany	30.8% (29,866)
Switzerland	8.5% (8,174)
New Zealand	7.9% (7,633)
United Kingdom	6.2% (6,015)
United States	5.5% (5,367)
Netherlands	5.2% (5,058)
Australia	5.1% (4,931)
France	3.9% (3,858)
Italy	3.3% (3,189)
Hungary	3.2% (3,071)
Spain	2.6% (2,520)
Colombia	2.2% (2,095)
Austria	2.1% (2,055)
Norway	1.5% (1,461)
Canada	1.3% (1,297)
Mexico	1.2% (1,203)
Belgium	1.1% (1,027)
Brazil	1.0% (1,012)
Portugal	1.0% (1,008)
Sweden	0.7% (706)
Scotland	0.7% (647)
Republic of Ireland	0.7% (707)
Denmark	0.3% (296)

GLOBAL DRUG SURVEY

COUNTRY BREAKDOWN

2016

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GDS2016.5 A 5 min launch survey

On the back of our global media report release on June 14th we will be running a 5 minute survey exploring 4 areas that we will cover in depth in GDS2017. These are

1) How have psychedelics changed your life
2) What drug have you ever 'vaped'
3) Would you use drug checking facilities if you had them available
4) What do you do when your mate collapses/passes out
5) Please promote this using your networks and well share the results with you in November the link will go live on June 13th 2016 at www.globaldrugsurvey.com/GDS2016.5

GDS2017 areas of focus – launching November 2016

GDS has invested heavily this year in new design and technology. GDS2017 can be easily competed on phones ands tablets and will also allow continuous date submission. We will have a short core survey that will take 20 minutes to compete and then 4 specialist areas that people can opt in to compete if they chose.
In addition exploring drug trends GDS2017 will focus on 4 areas that are currently receiving huge interest from media, academic and commercial focus.
1) **How psychedelics change people** and are used by different groups for different functions from micro-dosing LSD to the commercialization of Ayahausca.
2) While **vape technology** may be a common way to use nicotine and increasingly cannabis, the interaction between this technology and drugs is only just beginning GDS2017 will explore how 'vaping' changes the drug experience and just what other drugs people are choosing to use this way
3) **How people use MDMA to maximize pleasure and minimize the risk of problems** and how this once archetypal dance drug has left the dance floor for peoples living rooms and dinner parties
4) **Drug tourism** – people travel the world to take drugs – but does their consumption and risk vary when they leave their own backyard.
GDS2017 will tell the real story of drug use abroad.

A selection of recent publications

Kaar, Stephen J., et al. "Up: the rise of nitrous oxide abuse. An international survey of contemporary nitrous oxide use." Journal of Psychopharmacology 1 (2016): 7.

Bellis MA, Quigg Z, Hughes K, Ashton K, Ferris J, Winstock A. Harms from other people's drinking: an international survey of their occurrence, impacts on feeling safe and legislation relating to their control. BMJ Open. 2015;5(12):e010112.

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

Garnett C, Crane D, West R, Michie S, Brown J, Winstock A. Normative misperceptions about alcohol use in the general population of drinkers: a cross-sectional survey. Addict Behav. 2015;42:203–6.

Shiner M, Winstock A. Drug use and social control: The negotiation of moral ambivalence. Soc Sci Med. 2015;138:248–56.

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

Barratt MJ, Ferris JA, Winstock AR. Use of Silk Road, the online drug marketplace, in the United Kingdom, Australia and the United States. Addiction. 2014;109(5):774–83.

Lawn W, Barratt M, Williams M, Horne A, Winstock A. The NBOMe hallucinogenic drug series: Patterns of use, characteristics of users and self-reported effects in a large international sample. J Psychopharmacol. 2014;28(8):780–8.

Winstock AR, Borschmann R, Bell J. The non-medical use of tramadol in the UK: findings from a large community sample. Int J Clin Pract. 2014;68(9):1147–51.

Winstock AR, Kaar S, Borschmann R. Dimethyltryptamine (DMT): prevalence, user characteristics and abuse liability in a large global sample. J. Psychopharmacol. 2014;28(1):49–54.

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Methodology

Our recruitment strategy is an example of non-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.

Don't look to GDS for national estimates. GDS is designed to answer comparison questions that are not dependent on probability samples. The GDS sample is thus most effectively used to compare population segments, young, old, males, females, gay, straight, clubbers, thin people, obese people, vegetarians, those with a current psychiatric diagnosis, students, northerners, southerners etc. GDS can help add numbers and depth to the findings of more rigorous probability-based, though less detailed and smaller, survey findings.

Thus when judged against traditional epidemiological criteria for monitoring public health, GDS fully acknowledges that our methods have potentially significant limitations. But given 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 full spectrum of users in your country

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

Adam is a Consultant Addiction Psychiatrist and academic researcher based in London. The views presented here are entirely his own and have no relationship to those of his current employers or affiliate academic organizations. No government, regulatory authority, corporate organization or advocacy group has influenced the design of the survey or content of report. He is supported by an international network of individuals and organisations in over 20 countries .

Limitations

This is not a nationally representative sample, but it does represent one of the largest studies of drug use ever conducted in Colombia. Although the findings cannot be said to be representative of the wider Colombian population they do provide a useful snapshot of what drugs are being used and how they are impacting upon people's lives in Colombia

The findings can inform policy, health service development and most importantly provide people who drink and/or take drugs with practical advise on how to keep healthy and minimize the harms associated with the use of substances.

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

Limitations with cross country comparison

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

The results although based on the response of 100s or even thousand of users of drug in you country and across the world do not necessary represent the wider drug using community. Saying that if you ask a 100 people in a country how much a drug costs or a group of 25,000 MDMA users how often they need to seek emergency medical help you can't dismiss the findings as irrelevant and inconsistent with more representative samples.

The limitations in cross country comparisons will be more marked for some results than others.
For countries with small numbers the findings need to be treated with even more caution.

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All data relating to this report is embargoed until Tuesday June 14th 2016

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El Periodico El Tiempo,
El Periodico El Espectador ,El Noticiero Caracol TV in **Colombia.** This data report is not to be shared with any other organization, including other news agencies, health services or other government departments.

This report covers:

Demographics
Drug use prevalence
Alcohol
Seeking EMT
Cannabis
The internet and drugs
New drugs
Value for money

A separate report on

MDMA
Cocaine
And a series of other global stories of interest

will follow next week

GLOBAL DRUG SURVEY

CONTENTS

2016

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DEMOGRAPHICS

data on 2,095* participants from Colombia have been used for this analysis. This number varies for each section of survey.

Topics Covered:

- Gender
- Age
- Sexual orientation
- Ethnicity
- Educational attainment
- Employment/ studying
- Who they live with
- Geographical location
- Body Mass Index
- Other recreational activities (clubbing and exercise)

GLOBAL DRUG SURVEY

WHO TOOK PART IN GDS 2016

2016

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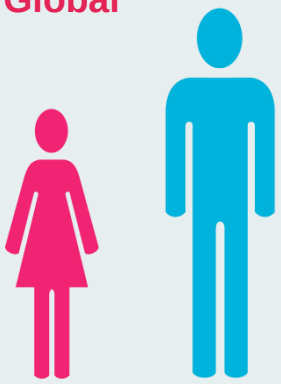
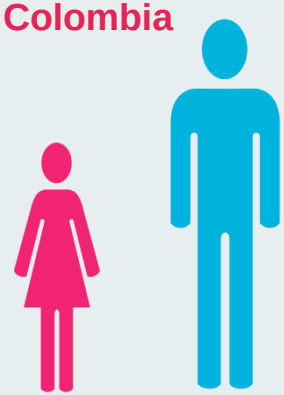
Global



34.1% 65.5%

Heterosexual	82.5%
Bisexual	9.9%
Homosexual	5.0%
Prefer not to say	2.6%

Colombia



25.9% 73.8%

Female: 532 Male: 1,518

Heterosexual	81.0%
Bisexual	9.5%
Homosexual	7.8%
Prefer not to say	1.7%

Age

Age	Global	Colombian
Mean age	28.7	25.01
<24 years	46.7%	58.9%
25-34 years	30.6%	31.4%
35+ years	22.7%	9.7%

Education and Employment

Employment status

Paid Employment	53.4%
Unemployed (looking for work)	11.0%
Unemployed (not looking for work)	35.7%

Studying (N=2,060)

Yes full time	42.3%
Yes, part time	20.4%
No	37.2%

Highest Academic Qualification (global)

High School/Secondary School	22.1%
Technical or trade certificate	5.2%
College certificate/diploma	32.5%
Undergraduate degree	18.4%
Postgraduate degree	17.7%

Ethnicity

Ethnicity	Global	Colombian
White	89.%	13.9%
Mixed	3.2%	4.4%
Asian (Pakistani, Indian, Bangladeshi)	0.5%	-
Black African/Black Caribbean	0.4%	0.2%
Black American	0.1%	0.5%
Hispanic Latino	4.5%	79.7%
SE Asian	0.5%	-
Other	1.5%	0.9%
Aboriginal	0.3%	
Native American	0.1%	0.3%

GLOBAL DRUG SURVEY

DEMOGRAPHICS

2016

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Leisure Activities

	Global	Colombian
How often did you play sport/exercise in 2015?		
Never	7.4%	5.0%
Less than once/3 months	4.9%	5.8%
Once every 3 months	5.2%	6.7%
Once a month	9.9%	11.0%
Once every fortnight	12.1%	8.5%
Once or twice a week	31.6%	25.8%
3 to 4 times a week	18.5%	19.1%
More than 4 times a week	10.2%	18.1%

74% of the Colombian GDS2016 sample reported going clubbing at least once every 3 months compared to 61.9% of the whole GDS2016 sample

Living Circumstances

Living with (N=2,095)

Partner	13.3%
Friends	7.1%
Alone	10.7%
Parent(s)	55.1%
Housemates	4.1%
Siblings	22.7%
Other family	14.1%
Other	2.1%

Geographical Location (N=2,075)

City/Urban	97.3%
Regional	2.6%
Remote	0.1%

Diet

Vegetarian	6.3%
Not Vegetarian	93.7%

How Healthy Is Your Weight?

- Body Mass Index is calculated by weight in kg divided by (height in metres)^2
- It represents a measure of how healthy your weight is
- The mean BMI for all GDS2016 participants was 24.2
- **The mean BMI for the Colombian sample is 22.93**

BMI category (BMI score)	Colombian (%)	Global (%)
Extremely underweight (<18)	5.4	3.6
Underweight (20)	16.1	12.1
Normal /healthy range (20-25)	57.1	52.2
Overweight (>25)	18.1	22.0
Obese (>30)	3.4	10.0

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DRUG USE PREVALENCE

Researching drug use prevalence

We asked whether participants had ever used any of the 150 drugs listed in the survey. We then asked whether they had used each drug in the last 12 months and the last 30 days. We provide data here on the rates of use for the 40 most commonly used drugs.

Using this data

- Dot no look to GDS for national prevalence rates
- Our non probability sample is best suited to comparing patterns of use between subsamples and detecting emerging trends among sentinel drug using populations
- We asked what drugs they had ever used, used in the year and the last month
- NOTE: This is not a general population survey so the findings cannot be said to reflect wider drug use patterns but they do give some insight into new drugs trends, price and patterns of use and purchase among a large number of current users
- GDS suggest you look your own country's national household data and other trend data for comparison and our trend data if we have it for your country

Lifetime and current drug use experience

Lifetime:
12.3% had only ever taken legal drugs, 87.7% had taken at least one illegal drug. 0% had not used any drug at all

Last 12 months:
17.3% report only having used legal drugs, 81.1% had taken at least one illegal drug. 1.6% had not used any drug at all

Last month:
25.3% report only having used legal drugs, 69.5% had taken at least one illegal drug, 5.2% had not used any drug at all

2.9% had ever injected a drug:
1.1% had injected a drug in the last 12 months, with another 1.8% having ever injected as drug but not in the last year

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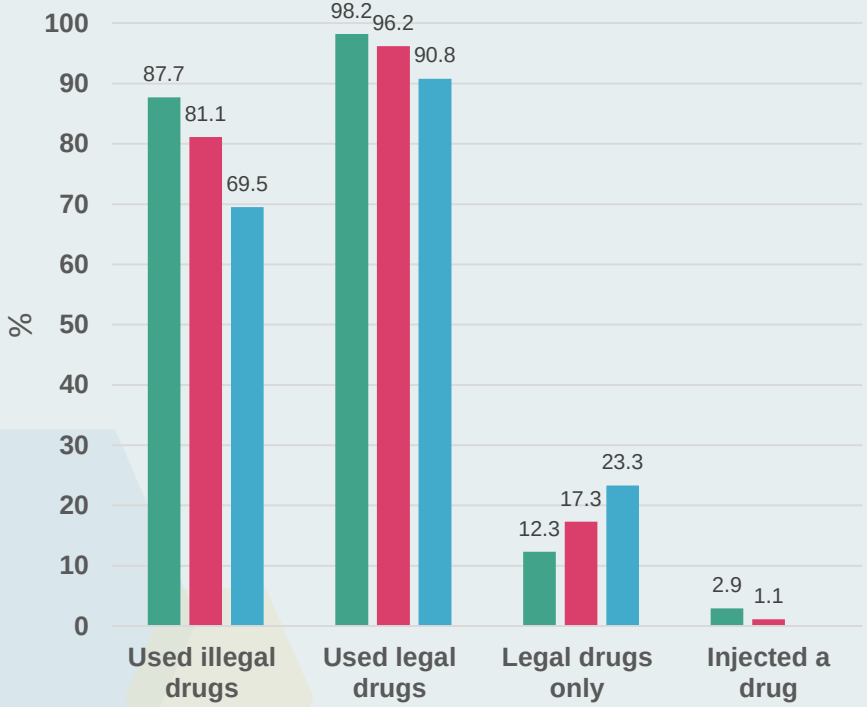
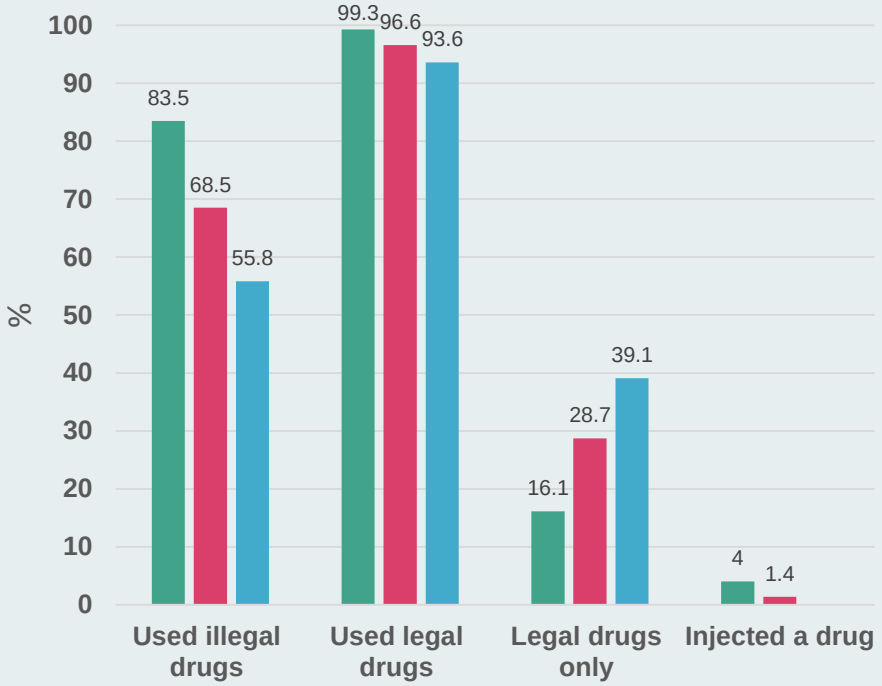
Summary of ever and last year drug experience by legal status and IV use (Colombian GDS2016)



Summary of ever and last year drug experience by legal status and IV use (global sample M+F)



Ever Last 12 months Last month

GLOBAL DRUG SURVEY

DRUG USE IN COLOMBIA AND WORLDWIDE

2016

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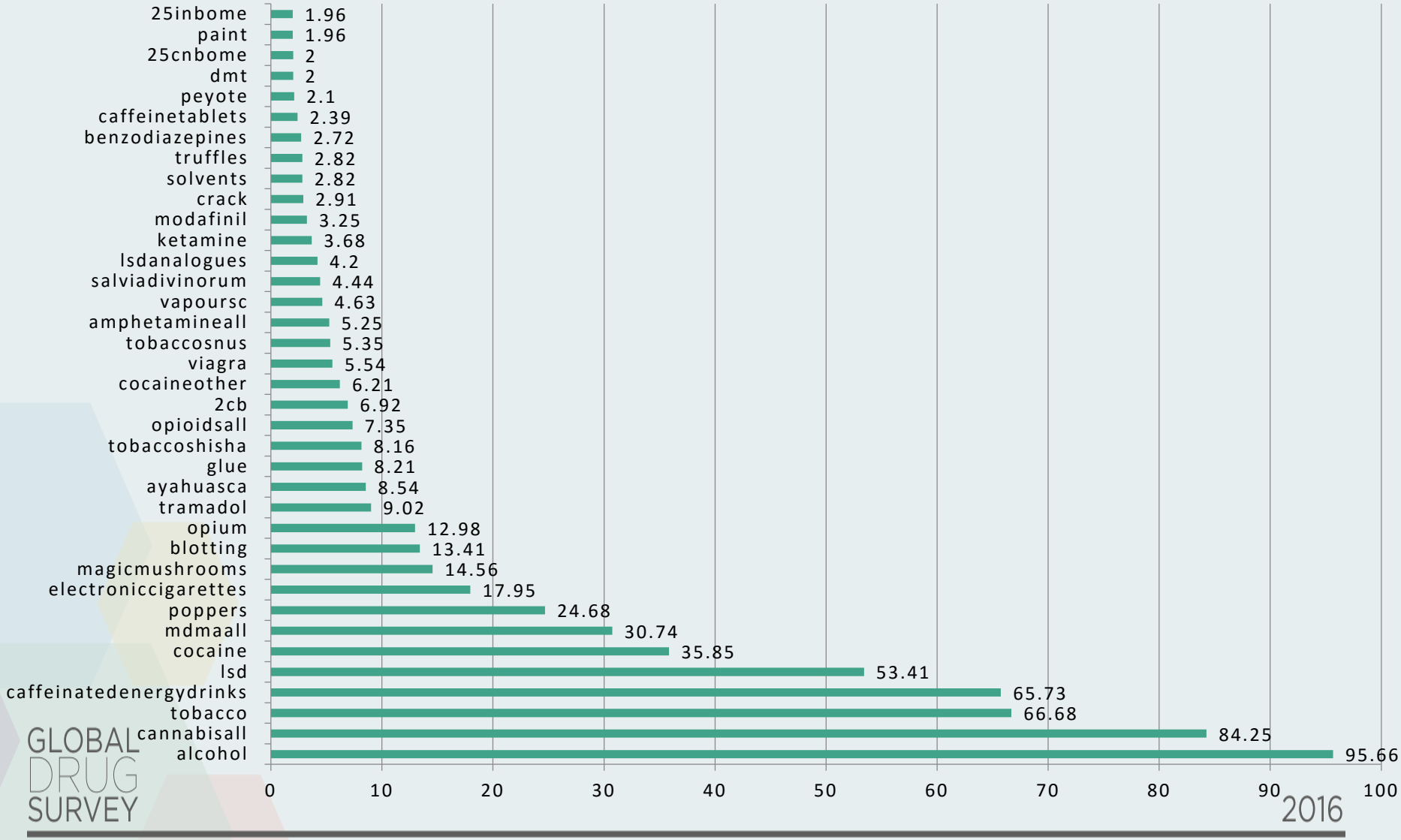
Lifetime Drug Use Prevalence Colombia > 2,000



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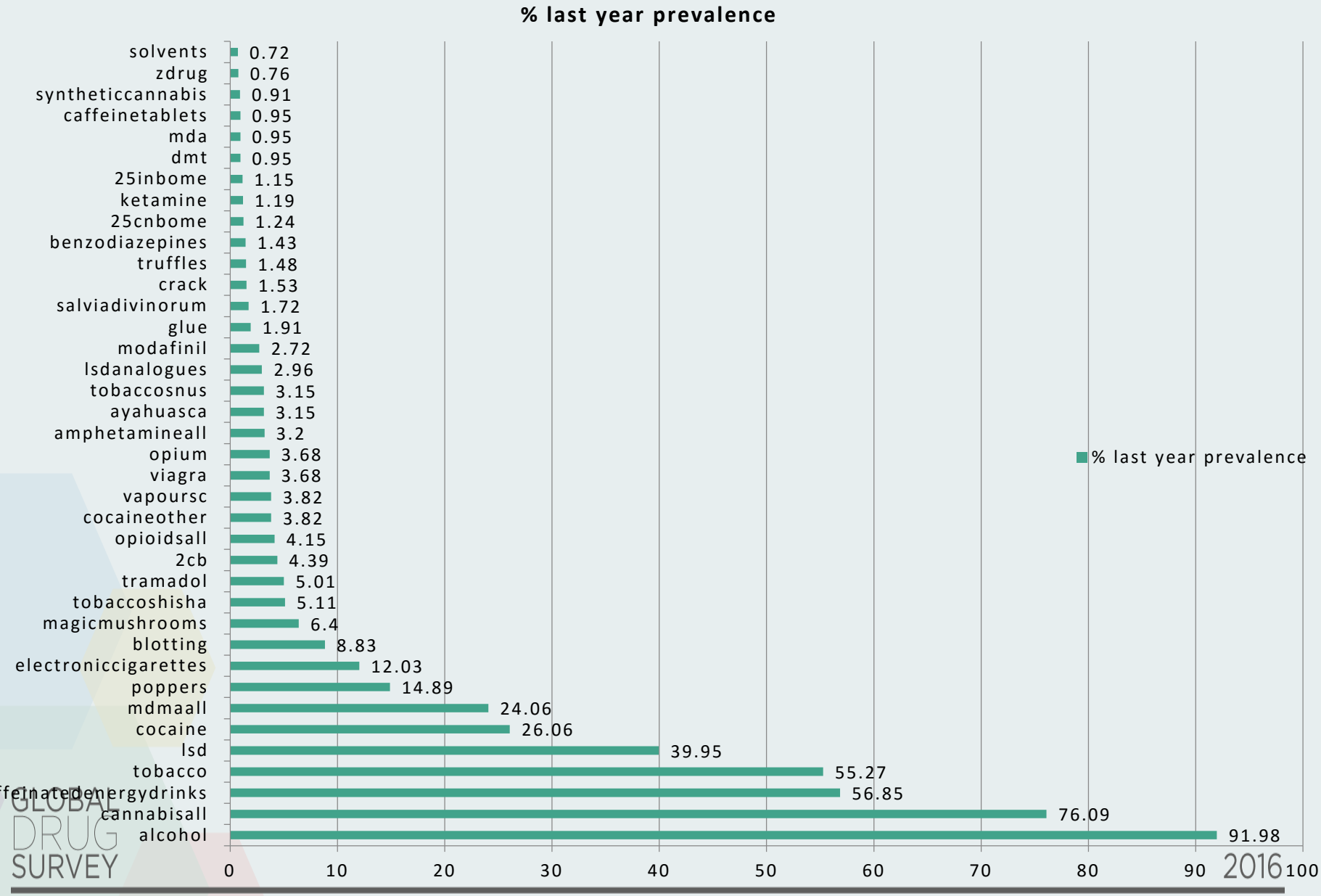
Last Year Drug Use Prevalence Colombia N > 2,000



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ALCOHOL

BASED ON DATA FROM 1,890 COLOMBIAN DRINKERS AND 87,925 GLOBAL DRINKERS

Researching alcohol

In order to understand overall what levels of harm the respondents were placing themselves at however started the alcohol section with Alcohol Use Disorders Identification Test (AUDIT) a World Health Organisation questionnaire to ascertain harmful drinking levels and dependence. This includes how often individuals drank alcohol and how many drinks they would have on a typical days use.

We also asked people what type of beverage they drank most commonly and how they thought different types of beverages effected their moods and behaviours; and whether individuals had sought emergency medical treatment due to alcohol use, for what reasons, how much they had drunk and the impact this had on future behaviour.

Alcohol AUDIT

The WHO Alcohol Use Disorders Identification test (AUDIT) is widely used for screening and the delivery of brief interventions for alcohol problems. In its full from it consists of 10 items. Some summary statements regarding its interpretation are provided below from the WHO 2006 document Babor et al. It lists 4 sets of scores 0-7,8-15,16-19,20 and above**.**

Total scores of 8 or more are recommended as indicators of hazardous and harmful alcohol use, as well as possible alcohol dependence.

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

18% of Colombian men scored 16+ on the AUDIT compared to 13.5% of men globally. 15.4% of Colombian women scored 16+ on the AUDIT compared to 10.4% of women globally.

AUDIT SCORE	0-7	8-15	16-19	20+
Colombian males	38.7%	43.3%	10.4%	7.6%
Colombian females	40.6%	44.1%	8.8%	6.6%

AUDIT screening questions

1. How often do you have drink containing alcohol?
Never =0 monthly/less=1 2-4/month = 2 2-3/wk = 3 4 or more/wk=4
2. How many std drinks do you have on a day when you drink?
1 or 2 =0 3 or 4 = 1 5 or 6 =2 7-9=3 10 or more =4
3. How often do you have 6 (F) / 8 (M) or more drinks on one occasion?
Never =1 less than monthly =1 monthly =2 weekly =3 daily/almost daily =4
4. How often during the last year have you found that you were not able to stop drinking once you had started?
Never =1less than monthly =1 monthly =2 weekly =3 daily/almost daily =4
5. How often during the last year have you failed to do what was normally expected of you because of your drinking?
Never =1 less than monthly =1 monthly =2 weekly =3 daily/almost daily =4
6. How often during the last year have you needed a drink in the morning to get you going after a heavy drinking session?
Never =1 less than monthly =1 monthly =2 weekly =3 daily/almost daily =4
7. How often during the past year have you had a feeling of regret or guilt after drinking?
Never =1 less than monthly =1 monthly =2 weekly =3 daily/almost daily =4
8. How often during the last year have you been unable to remember what appended the night before because you had been drinking?
Never =1 less than monthly =1 monthly =2 weekly =3 daily/almost daily =4
9. Have you or someone else been injured as a result of your drinking
No=0 Yes , but not in the last year =2 Yes, during the last year=4
10. Has a friend, relative , Dr or other health worker been concerned about your drinking or suggested you cut down?

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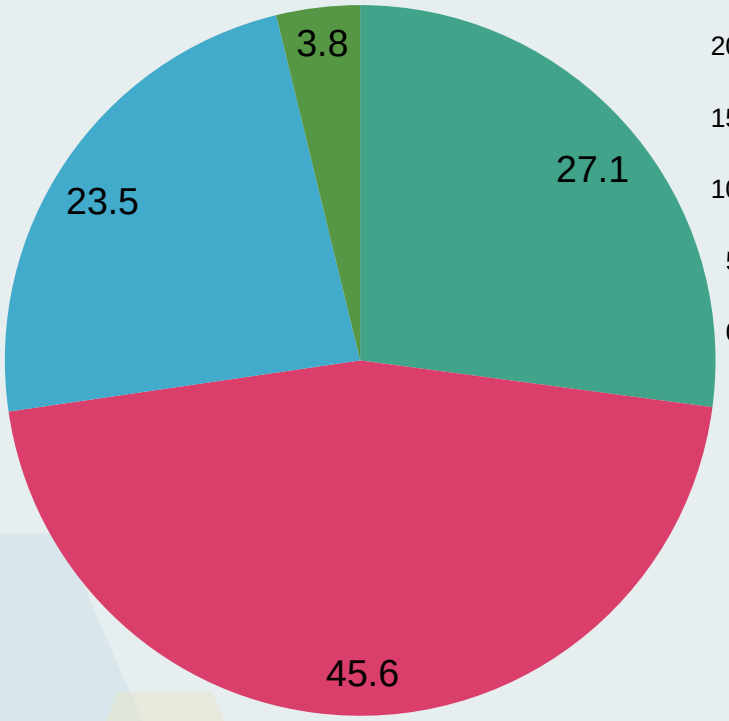
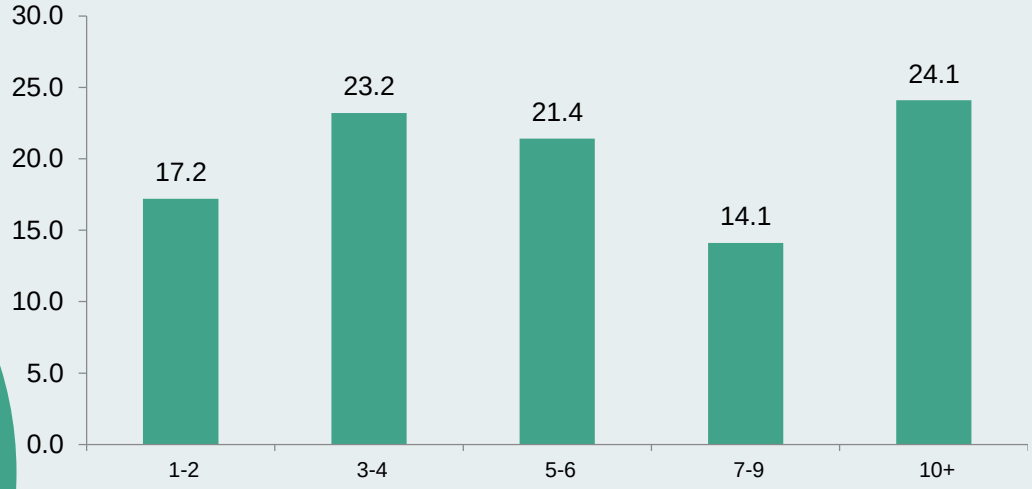
How often do you have an alcoholic drink?

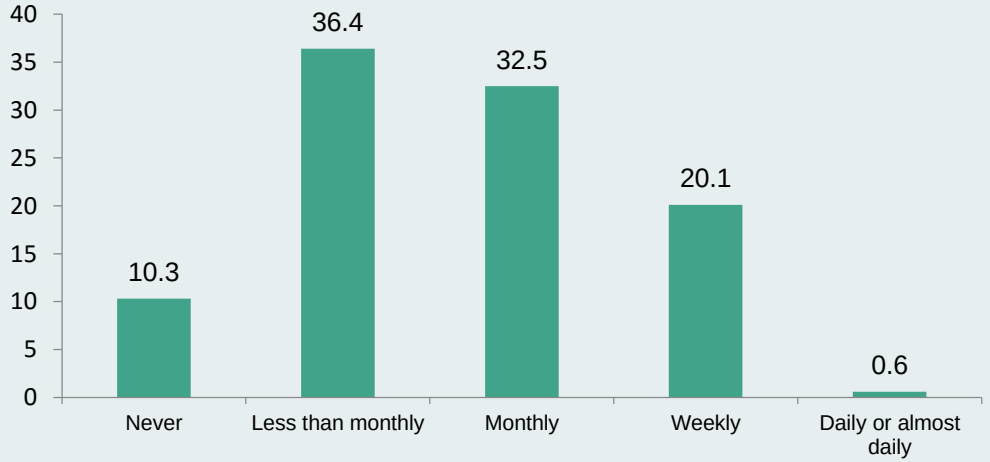
Those who had used alcohol in the last year



How many drinks do you have on a day when you consume alcohol?



How often do you have 6/8* or more drinks?



GLOBAL DRUG SURVEY

FREQUENCY OF DRINKING

2016

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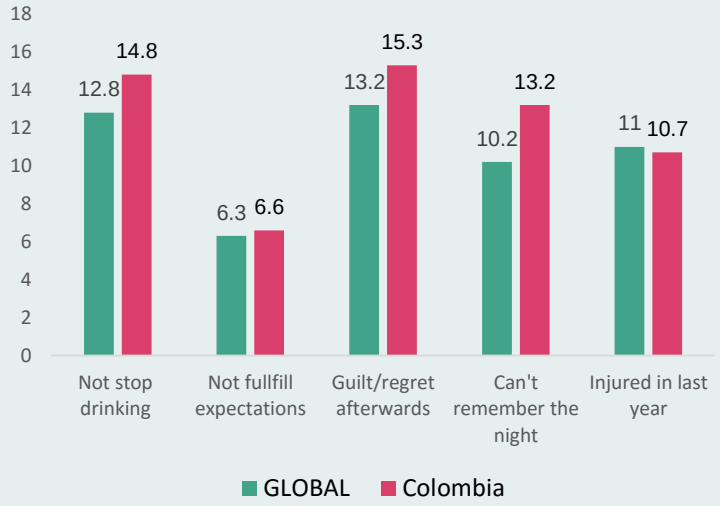
Selected AUDIT responses

Those who had used alcohol in the last year

- **14.8% stated that they could not stop drinking** once they had started at least monthly over the last year.
- 6.6% stated that they had not been able to do what was normally expected of them at least monthly over the last year.
- 3.5% stated they needed a drink in the morning following a heavy drinking session at least monthly over the last year.
- **15.3% reported feelings of guilt or regret** after drinking at least monthly over the last year.
- 13.2% had been unable to remember events of the night before at least monthly over the last year.
- 10.7% said that they or others had been injured as a result of their drinking over the last year.
- A further **21.8% reported injury to self or others as a result of their drinking at some point not in the last year.**
- 14.5% said that others had expressed concern about their drinking over the last 12 months. A further 11.8% said others had expressed concern, but not in the last year.



39% of Colombian drinkers indicated they would like to drink less over the next 12 months. Of these 19.3% reported they would like help to drink less, whilst 4.4% indicated they planned to seek help to cut down on their drinking.

GLOBAL DRUG SURVEY

DRINKING CONCERNS

2016

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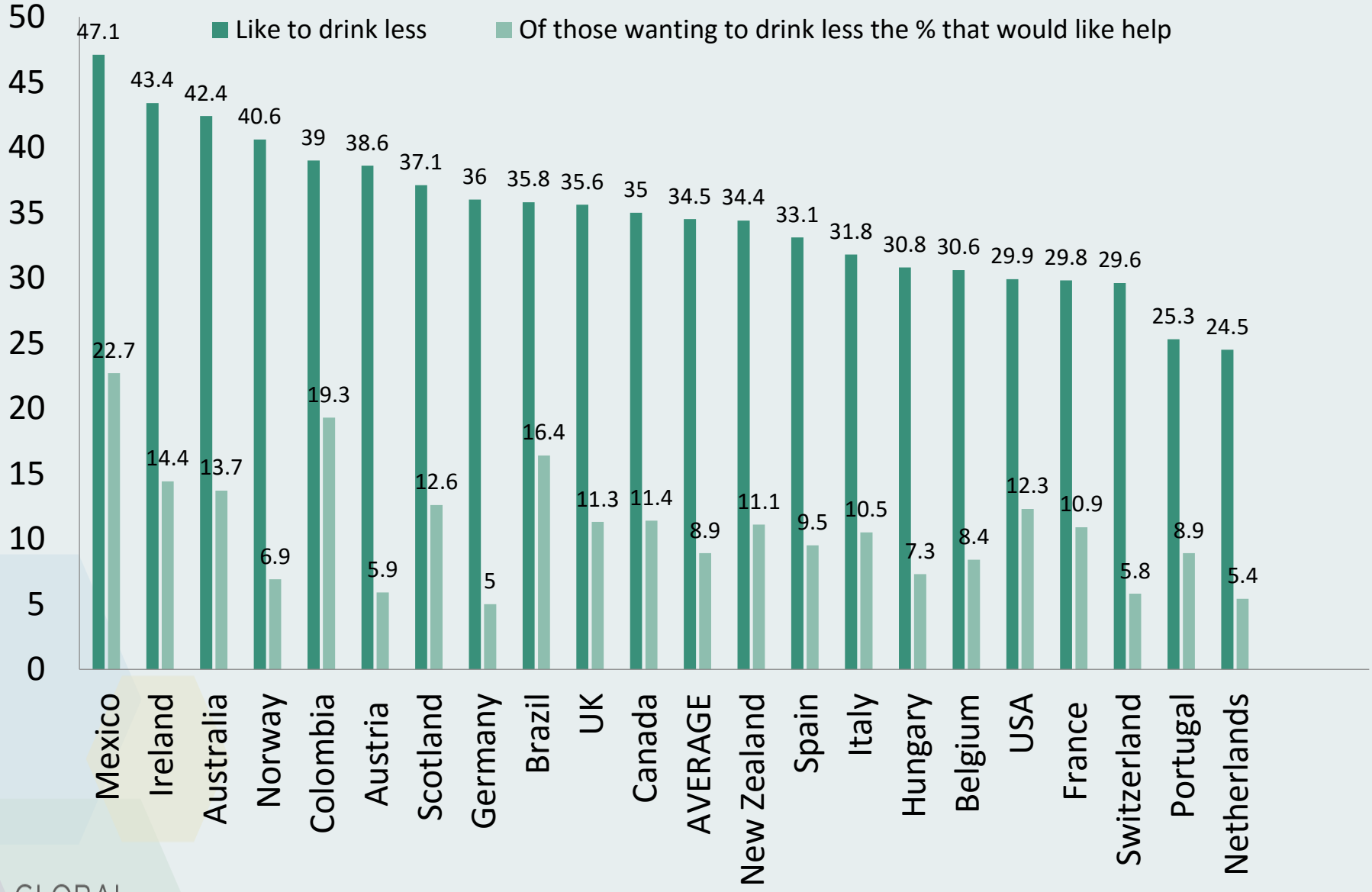

GLOBAL DRUG SURVEY

DRINKING LESS AND SEEKING HELP GLOBALLY

2016

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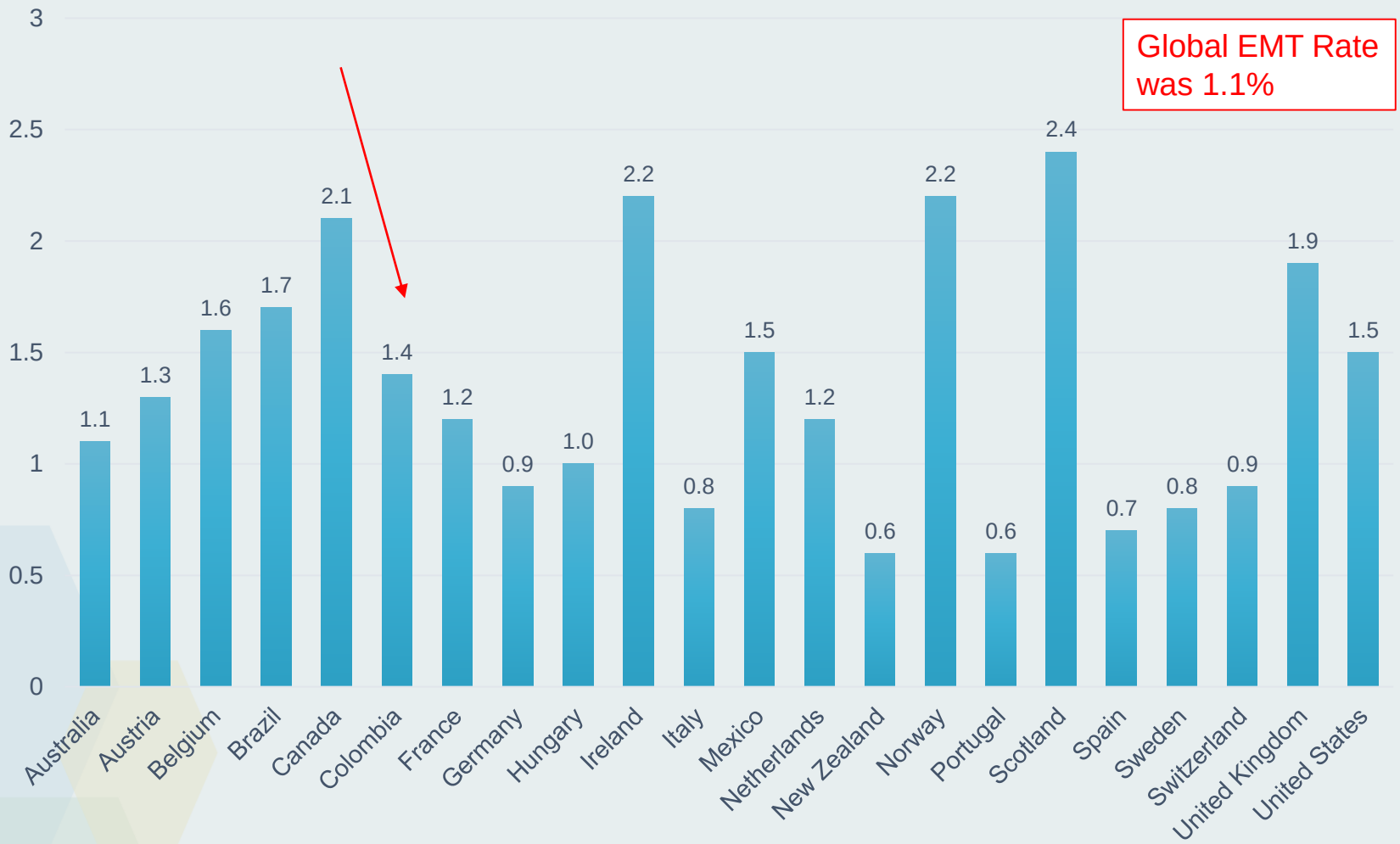
% of individuals who had sought emergency treatment after consuming alcohol



GLOBAL DRUG SURVEY

ALCOHOL - SOUGHT EMERGENCY MEDICAL TREATMENT IN LAST 12 MONTHS (MIN NUMBER OF USERS IS 500/COUNTRY)

2016

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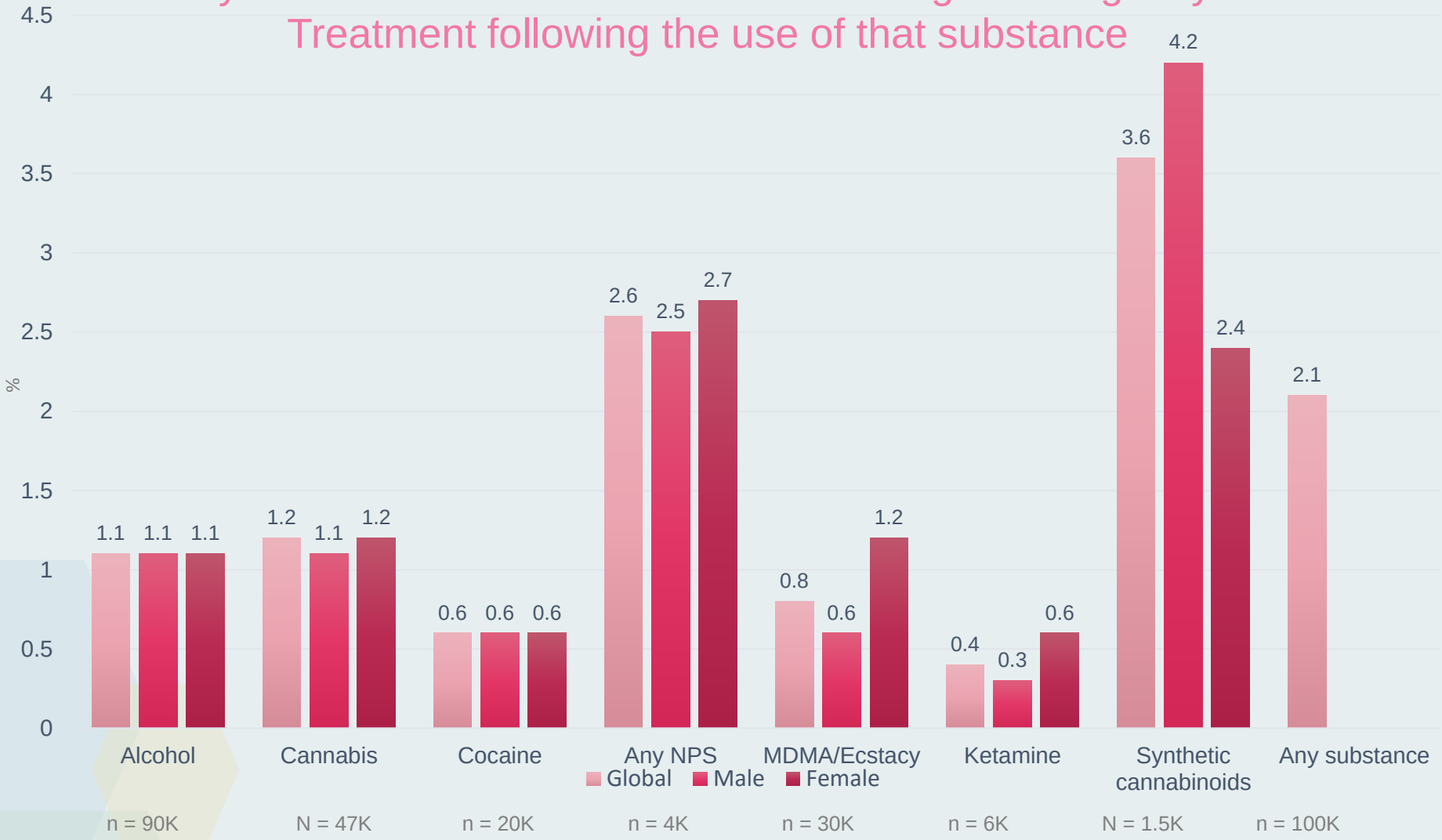
% of last year users of each substance who sought Emergency Medical Treatment following the use of that substance



GLOBAL DRUG SURVEY

ALL DRUGS - SOUGHT EMERGENCY MEDICAL TREATMENT (EMT) IN LAST 12 MONTHS (MIN NUMBER OF USERS IS 500/COUNTRY)

2016

Global Drug Survey GDS2016 © Not to be reproduced without authors permission

Are all alcoholic beverages the same?

The concept that different types of alcohol have diverse or 'special' qualities is nothing new. Many countries have beverage mythologies right at their cultural core. Scientifically speaking these myths have no basis in scientific fact. Alcohol is always the same no matter how you make it. From a chemist's perspective alcohol is a naturally occurring group of organic compounds, predominantly in the form of ethyl alcohol or ethanol. Ethanol increases the influence of a chemical transmitter in the brain called GABA that slows down or quietens down brain activity hence we call alcohol a depressant. While alcohol also has a host of other subtle effects on the brain, the active ingredient is always ethyl alcohol. So no matter how you make your alcohol, it its always ethyl alcohol that gets you drunk. While the choice of source product and the difference between fermentation and distillation determine whether you end up with beer, cider, wine or spirits the variation in beverage taste and smell is largely due to the contribution of various congeners - chemicals which include acetone, acetaldehyde, esters, fusel alcohols and aldehydes.

These congeners may be where part of the difference in possible effects sits. Acetaldehyde is a breakdown product of alcohol that contributes to hangovers and darker beverages like dark rum, red wine, scotch and brandy contain a higher percentage of congeners. Studies are inconsistent, but many report that the darker the drink, the worse the hangover.

GDS2016 aimed to find out whether different drinks affect people differently in a consistent manner around the world. Before we take a look at the results let's quickly look at the possible scientific explanations for differences we might find.

- It might be that certain drinks tend to get drunk in different ways meaning that its easier to drink more alcohol in some forms than another.
- It might be some drinks are more likely to be drunk in certain environments or occasions
- It might be some people drink certain drinks when they are feeling in particular moods
- It might be that might certain drinks are more likely be drunk by certain people
- It might be that some drinks are drunk with certain mixers that alter mood or behavior (e.g. energy drinks)
- It might be something called 'effort after meaning' a way that people try to make sense of
- what happened after the event ('I ended up with that turd in my pocket because of the brandy, you know what it does to me...), i.e. its an excuse that people can pull out that might avoid them admitting they just drunk too much
- It might be all be nonsense

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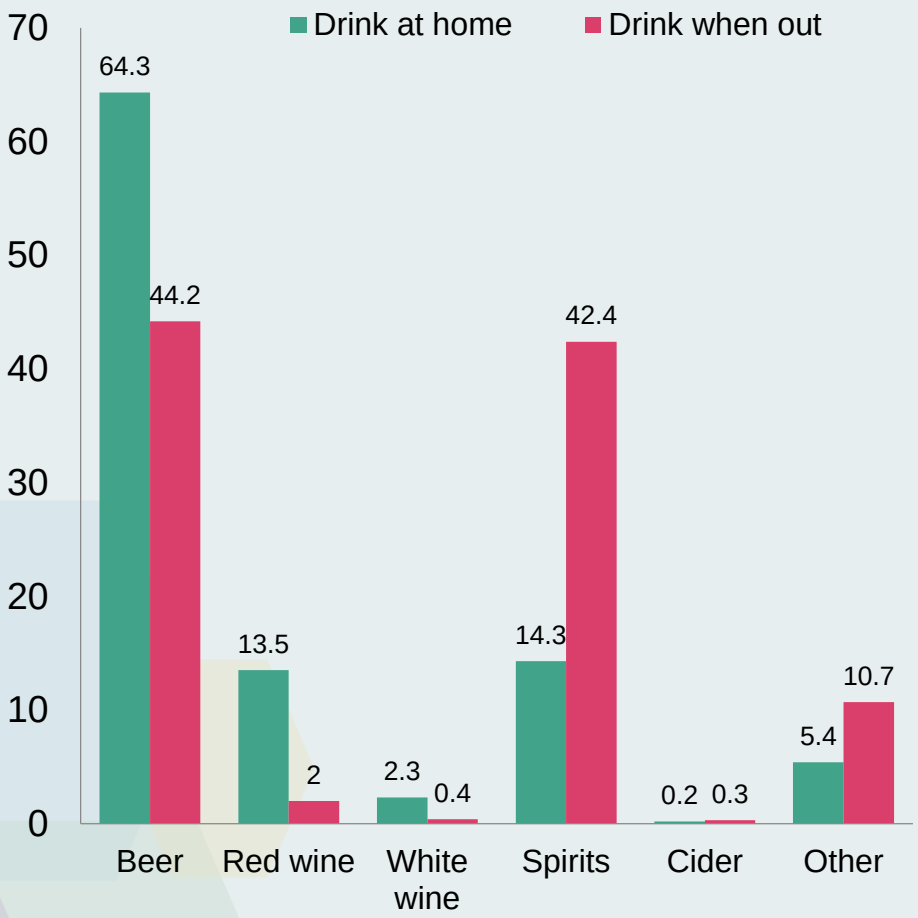
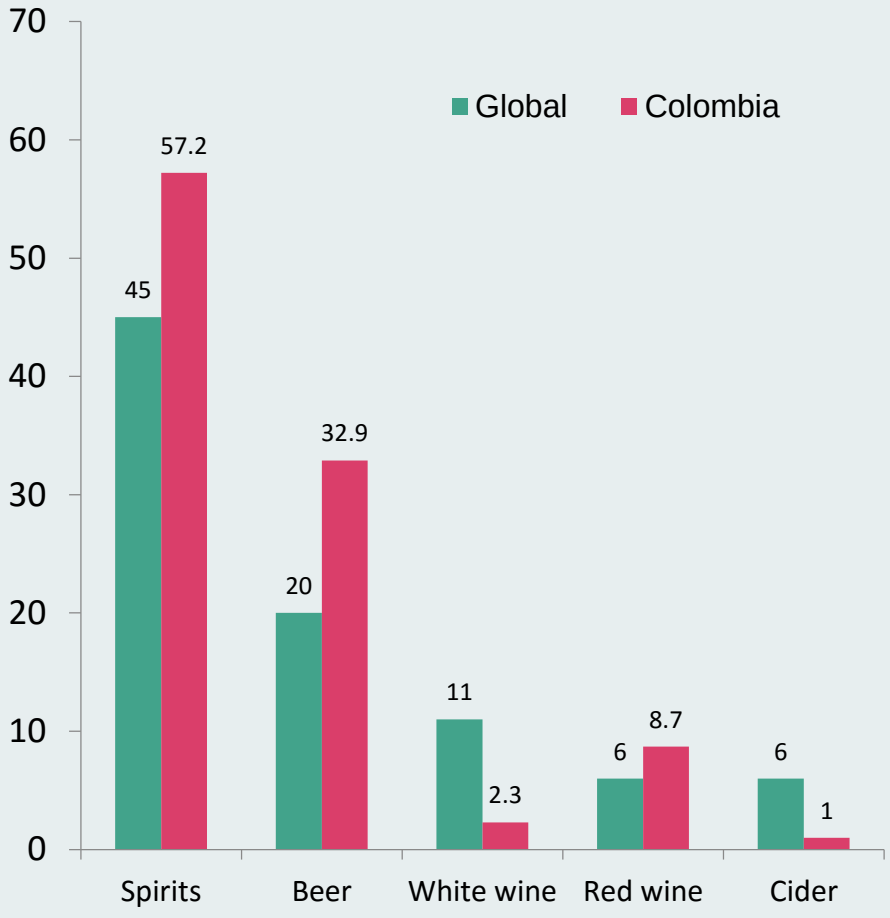
Type of alcohol most likely to be drunk on a night out or at home : Colombia (%)



Type of drink/s most likely to make you feel energised (%)

*could chose more than one



GLOBAL DRUG SURVEY

BEVERAGE TYPE – MOODS & BEHAVIOURS

2016

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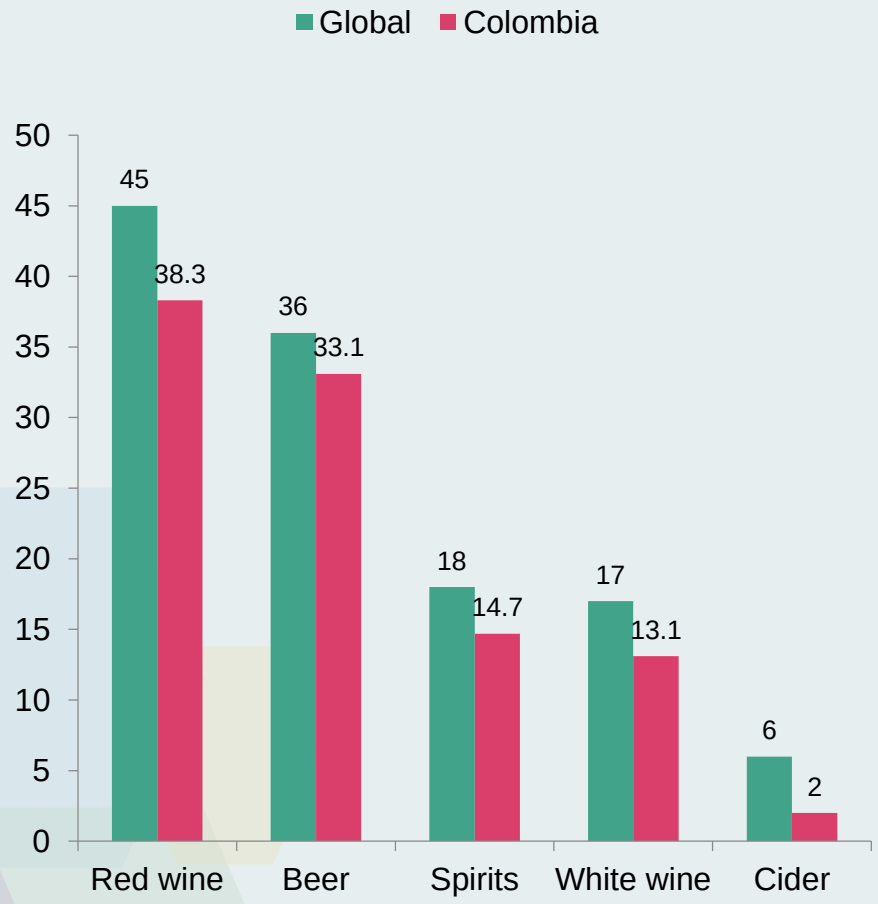
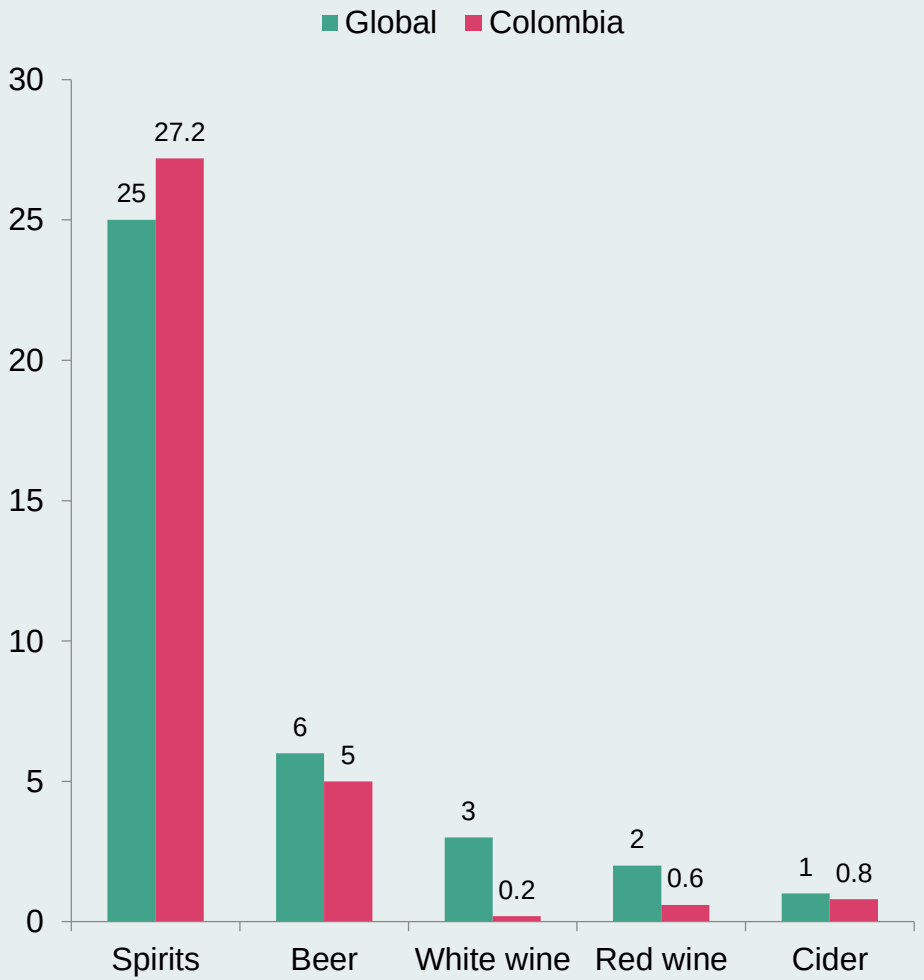
Type of drink/s most likely to make you feel tired (%) *could chose more than one



Type of drink/s most likely to make you feel aggressive (%) *could chose more than one



GLOBAL DRUG SURVEY

BEVERAGE TYPE – MOODS & BEHAVIOURS

2016

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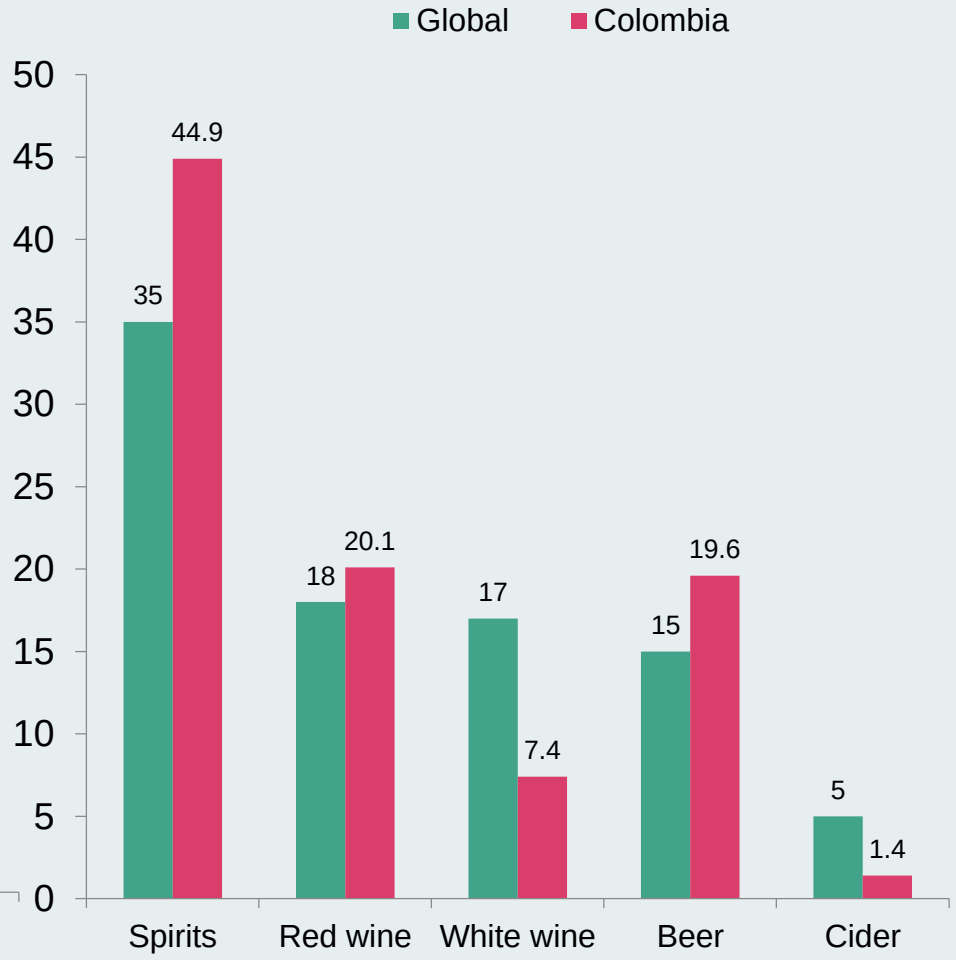
Type of drink/s most likely to make you feel relaxed (%) *could chose more than one

Type of drink/s most likely to make you feel sexy (%) *could chose more than one



GLOBAL DRUG SURVEY

BEVERAGE TYPE – MOODS & BEHAVIOURS

2016

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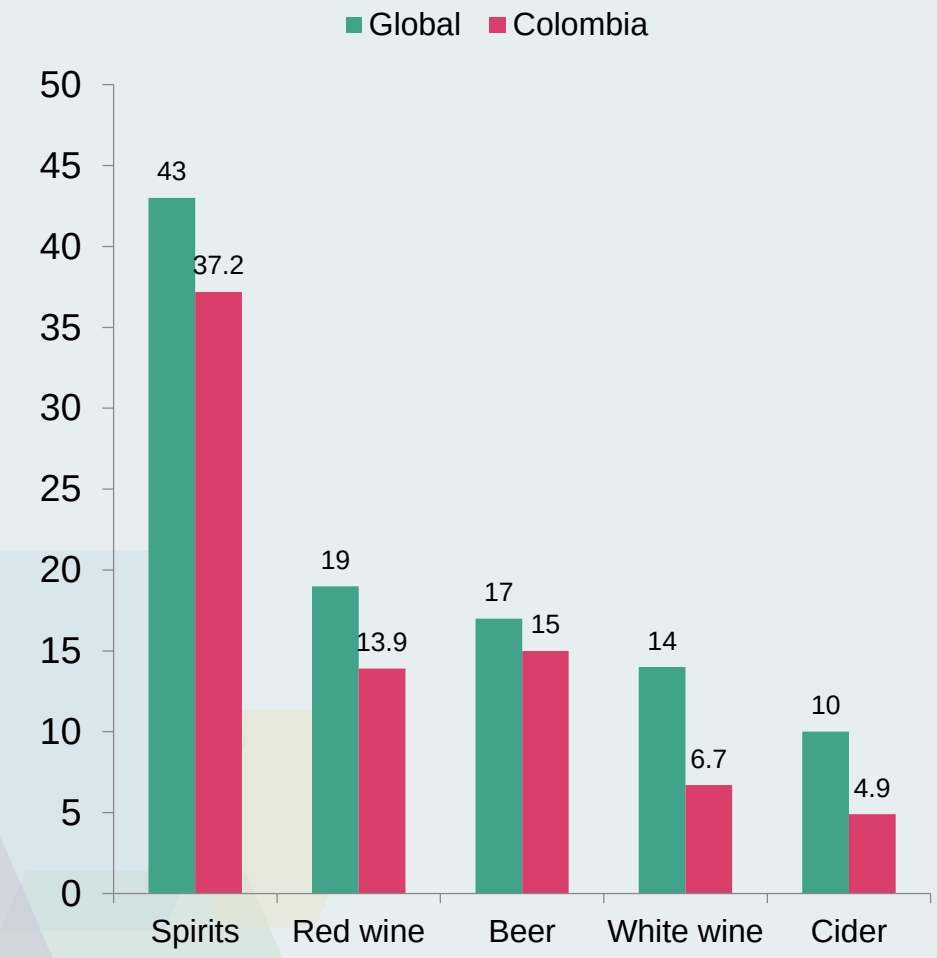
Type of drink/s most likely to make you feel ill (%) *could chose more than one



Type of drink/s most likely to make you feel confident (%) *could chose more than one

GLOBAL DRUG SURVEY

BEVERAGE TYPE – MOODS & BEHAVIOURS

2016

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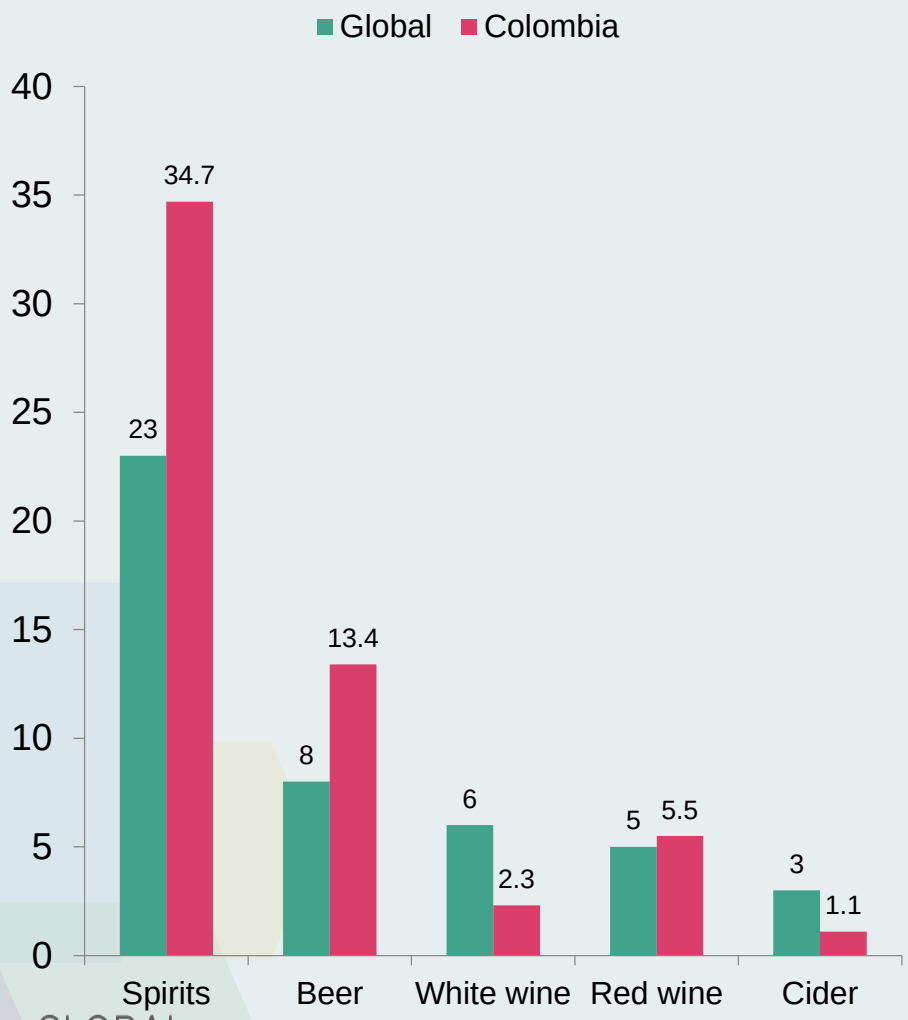
Type of drink/s most likely to make you feel restless (%) *could chose more than one



Type of drink/s most likely to make you feel tearful (%) *could chose more than one

GLOBAL DRUG SURVEY

BEVERAGE TYPE – MOODS & BEHAVIOURS

2016

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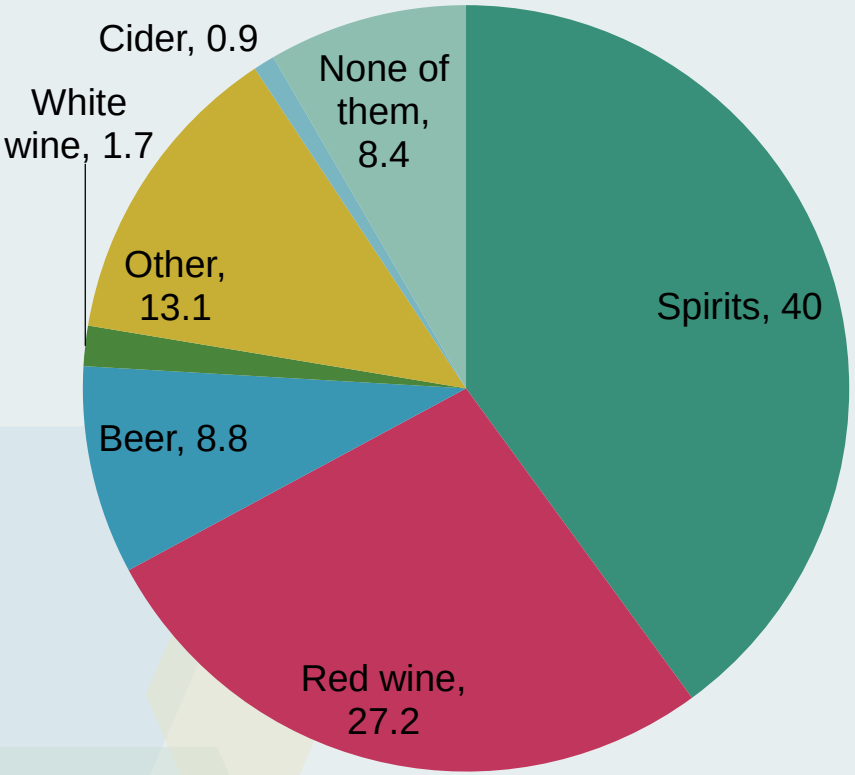
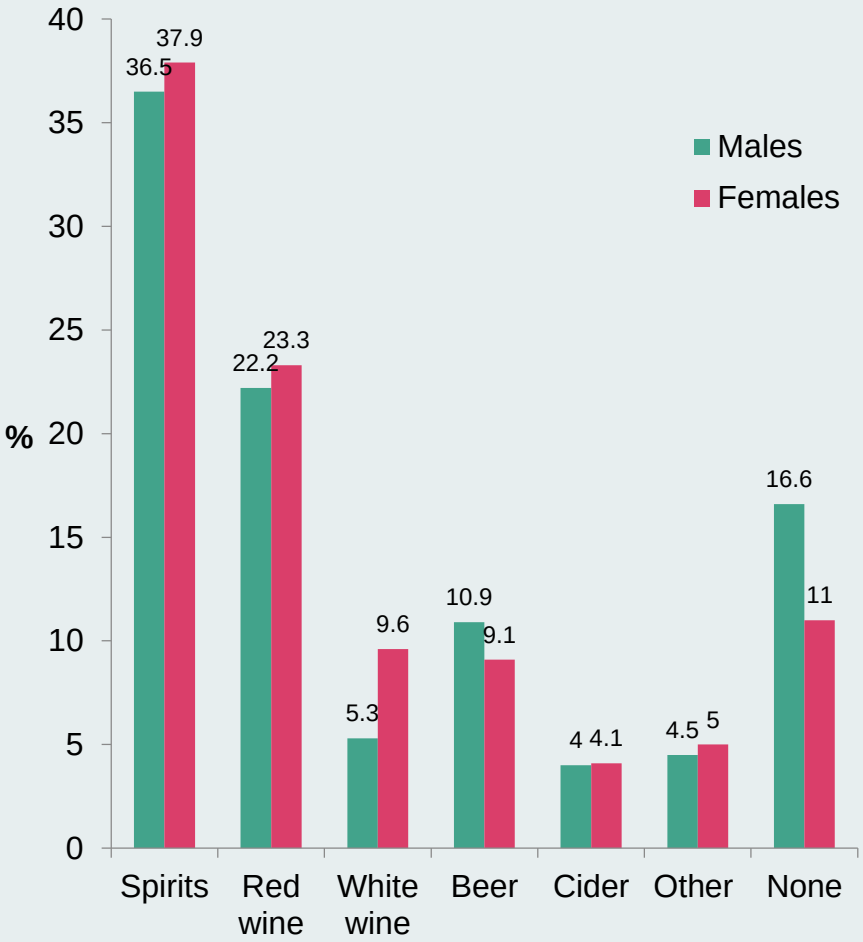
Type of drink that gives the worst hangover (%) Colombia



Type of drink that gives the worst hangover by gender (%) Colombia



GLOBAL DRUG SURVEY

BEVERAGE TYPE – MOODS & BEHAVIOURS

2016

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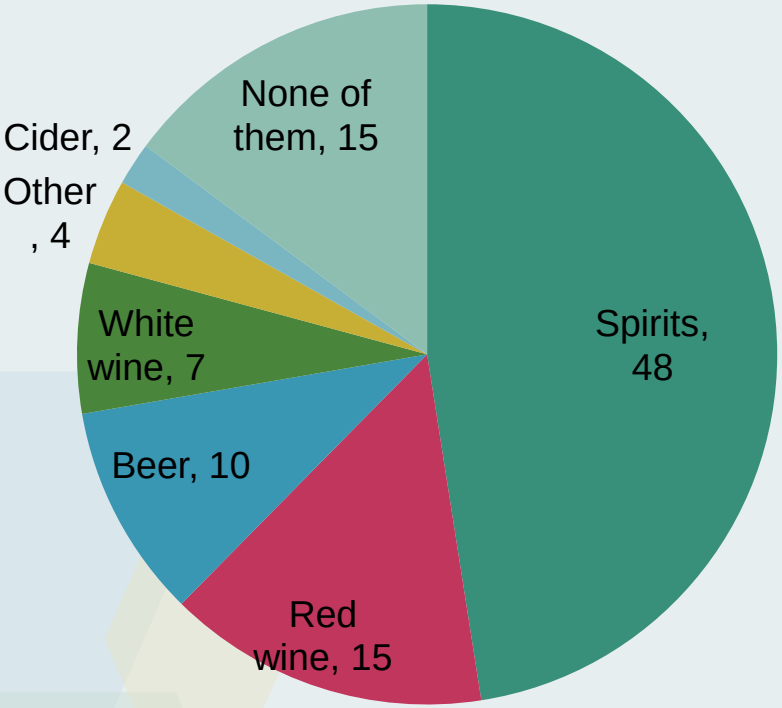
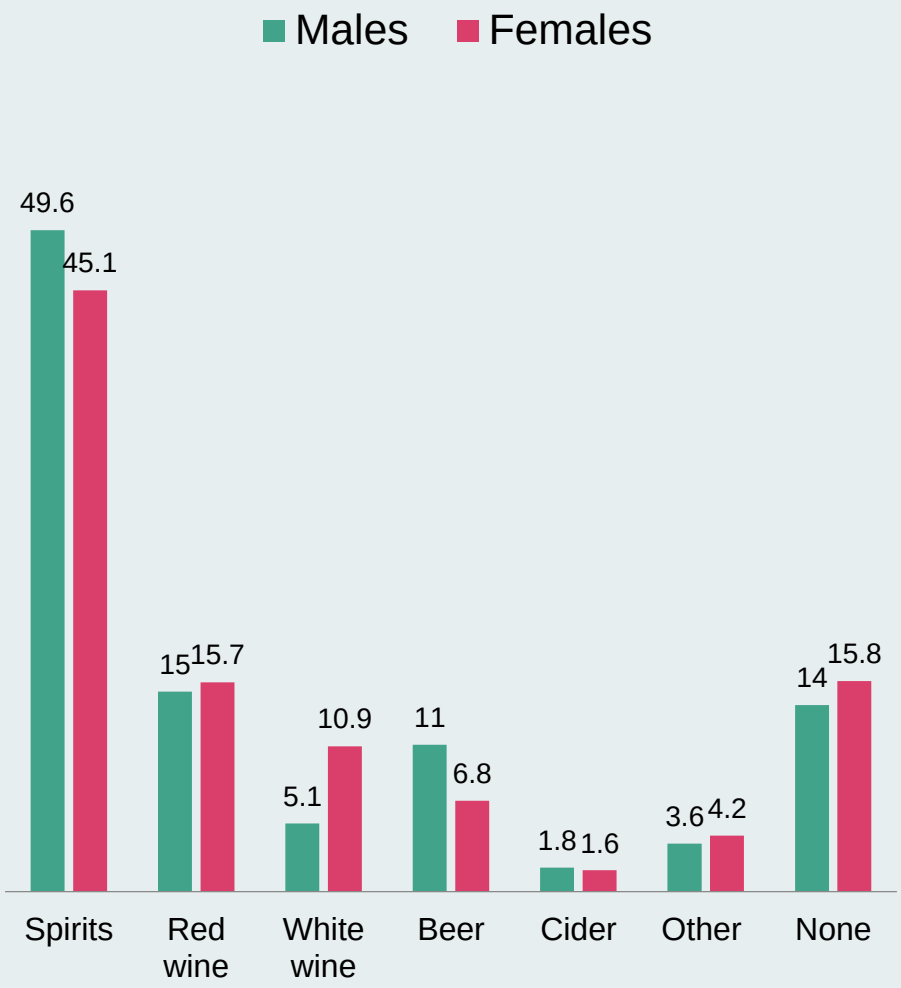
Type of drink that gives the worst hangover (%) (GLOBAL)



Type of drink that gives the worst hangover by gender (%) (GLOBAL)



GLOBAL DRUG SURVEY

BEVERAGE TYPE – MOODS & BEHAVIOURS

2016

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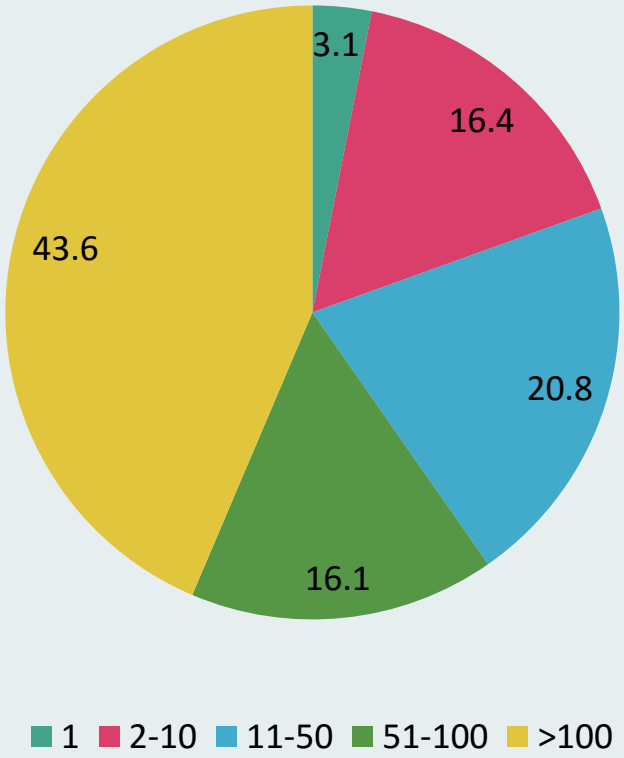
CANNABIS

CANNABIS IN COLOMBIA – LAST YEARS USERS – 90.3% OF RESPONDENTS (N=1,594)

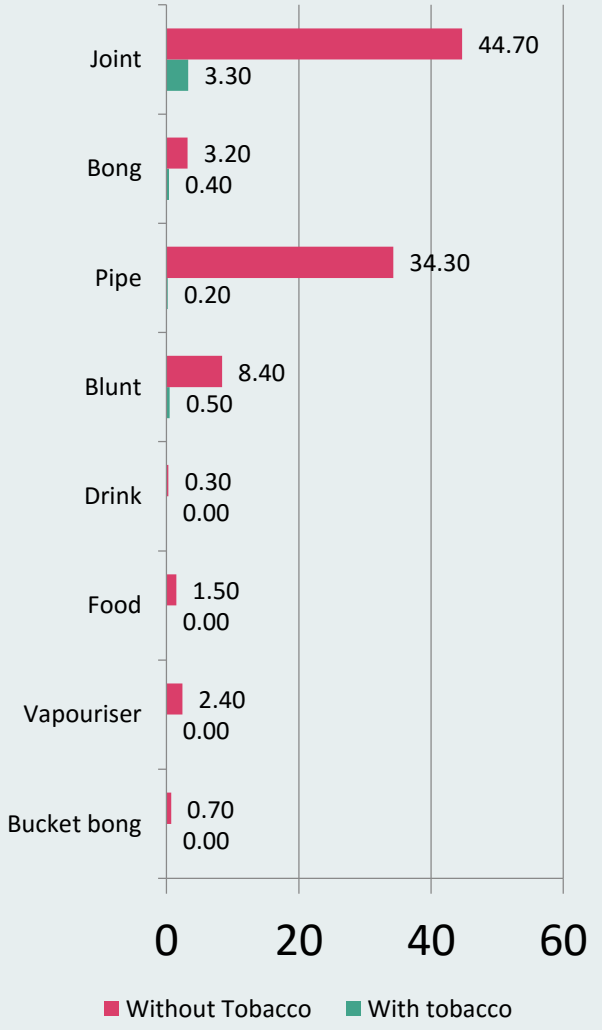
What this section covers

- How often people who smoked cannabis has used in the last year
- Data on the key motivations for using cannabis (pleasure or self medication or both)
- What types of cannabis are used most commonly in different countries
- The most common methods of use adopted in your country including what percentage of users mix with tobacco and how many joints or bongs people usually get from a gram
- **Prevalence of different types and cannabis and the cost per gram of the most common type (with global price comparisons)*
- Information on where people get their cannabis from and if they pay how much they usually pay for one gram
- Admissions to hospital for emergency medical treatment
- The risk and experience of violence associated with getting hold of cannabis

Days used in the last 12 months



Method of use



GLOBAL DRUG SURVEY

CANNABIS USE PREVALENCE

2016

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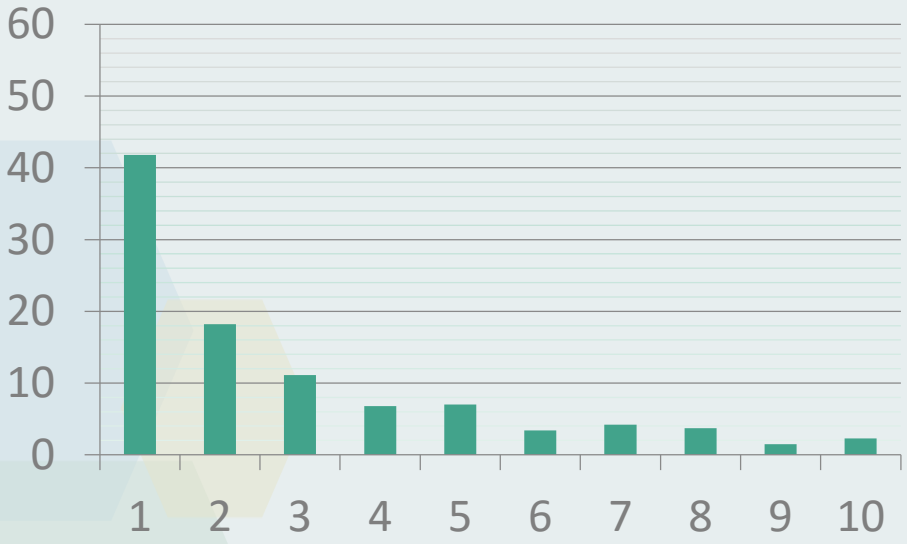
COLOMBIA Last Year Cannabis Users – 90.3% (N=1,594)

Reasons for use

- 84.0% use exclusively for recreational / pleasure
- 14.3% use mostly for pleasure, but sometimes for medical reasons
- 1.4% use mostly for medical reasons, but sometimes recreationally
- 0.3% used cannabis exclusively for medical reasons

Risk of violence

On a scale of 1 (almost none) to 10 (very high), the risk of violence when acquiring cannabis in Colombia was rated by last year users. 78.9% last year cannabis users had never been exposed to violence when buying cannabis. 14.2% had once, and 6.9% had on two or more occasions.



Cannabis – Sought Emergency Medical Treatment in Last 12 Months

GLOBAL DRUG SURVEY

CANNABIS VIOLENCE AND HARM

2016

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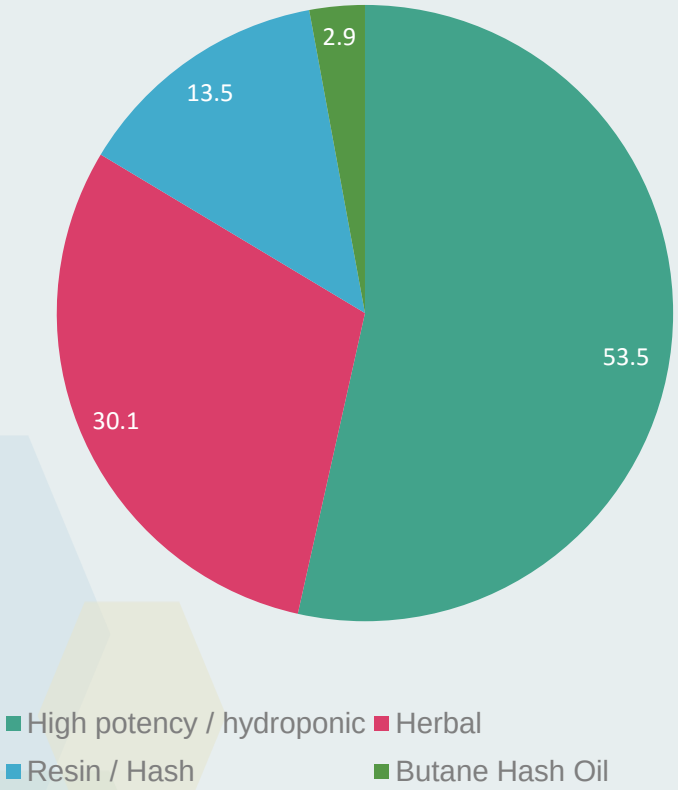
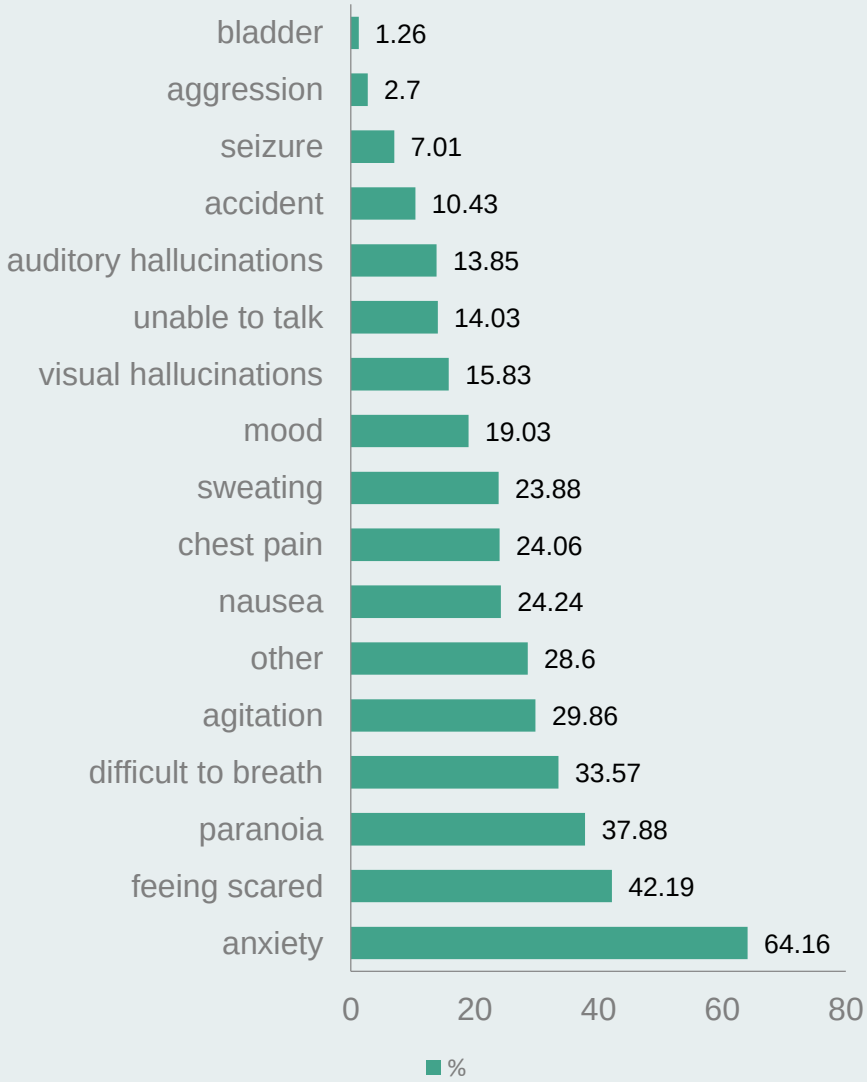
1.2%(n> 550) of last year cannabis users globally sought Emergency Medical Treatment (EMT) Seekers (n> 550)

Preparation of cannabis used (%)



Symptoms presented with:



SEEKING EMT HELP WITH CANNABIS

GLOBAL DRUG SURVEY

2016

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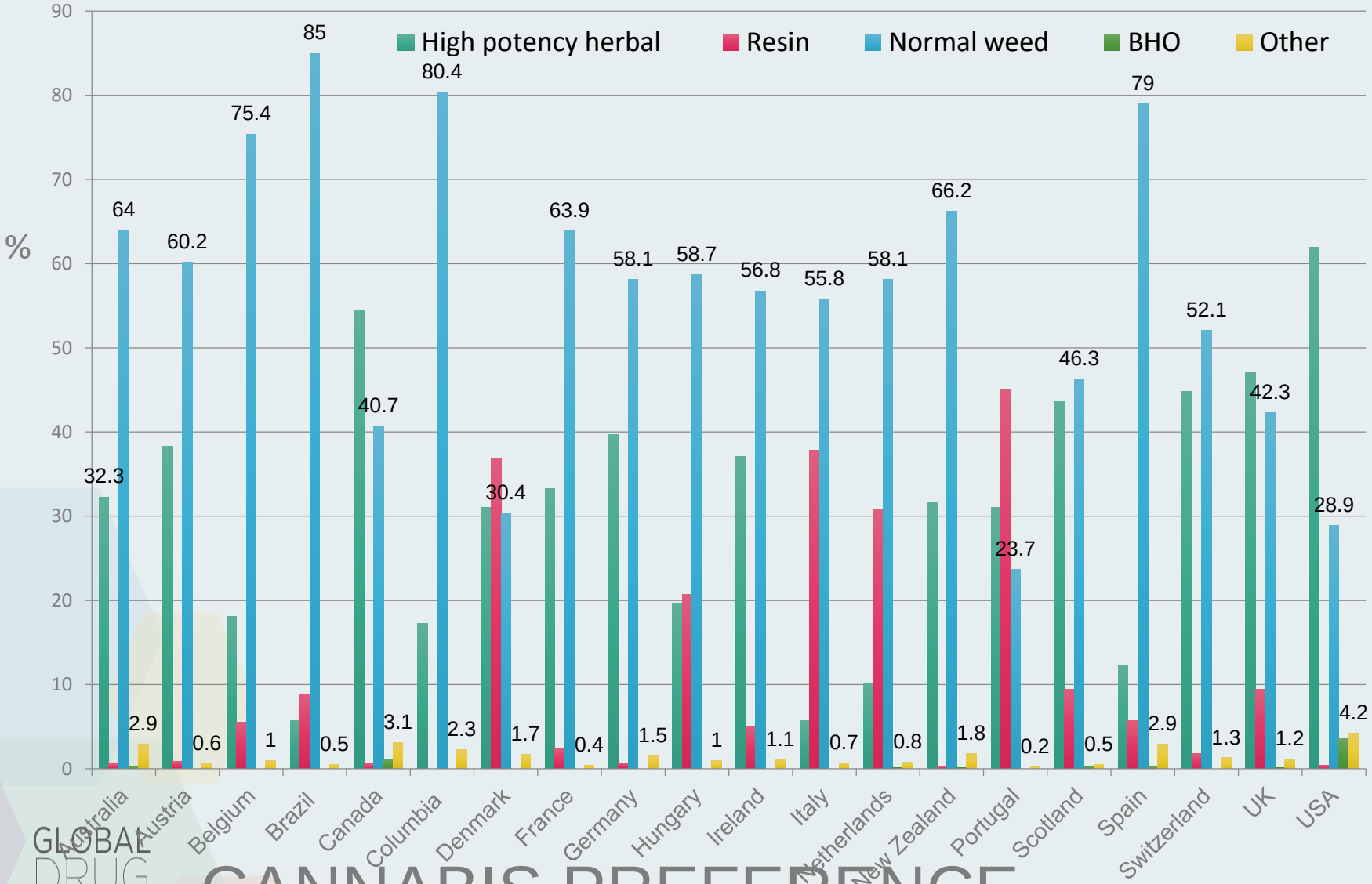
Global comparison of preferred cannabis preparations around the world



GLOBAL DRUG SURVEY

CANNABIS PREFERENCE

2016

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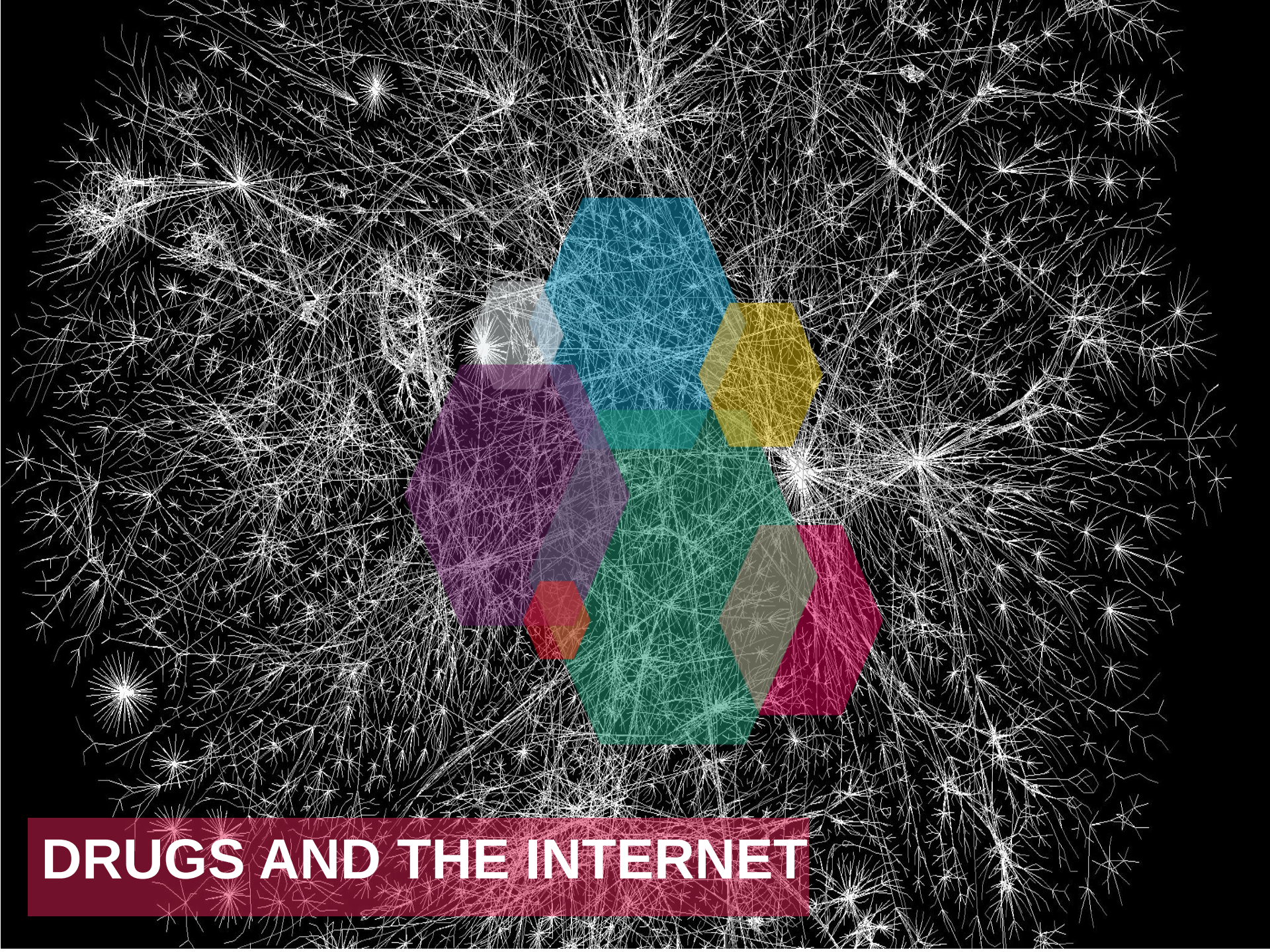
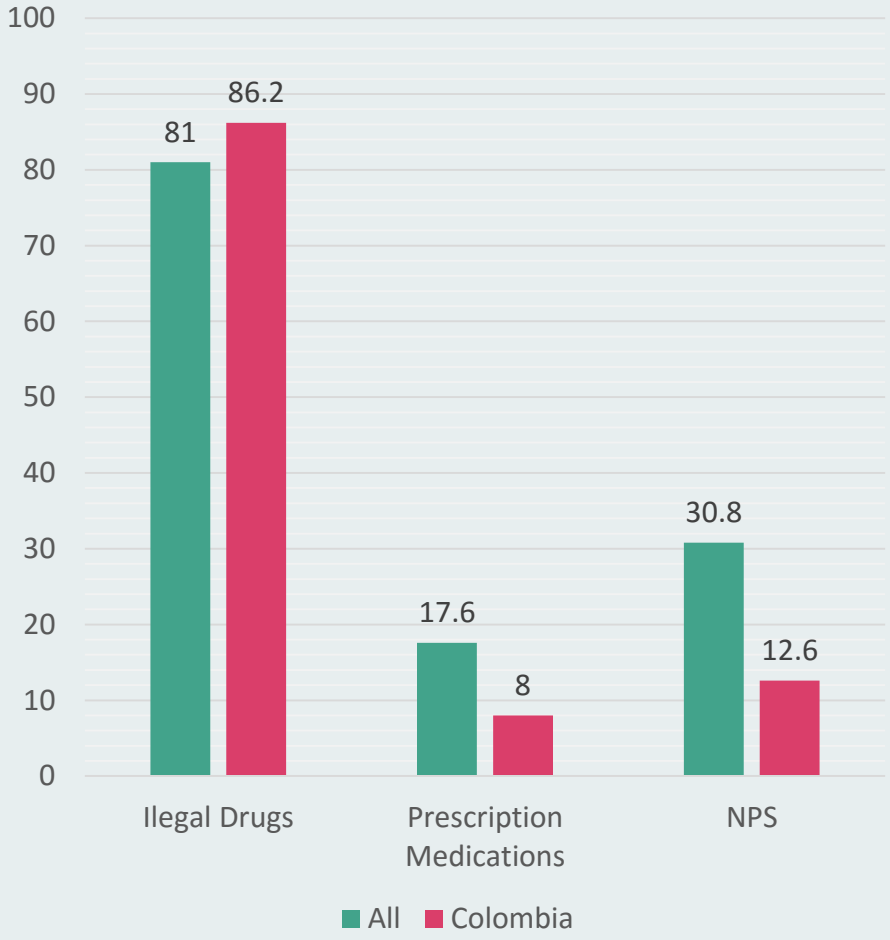

DRUGS AND THE INTERNET

Background to the section

- The internet is the drug market without frontiers (or very often customs). Buying drugs online is a natural extension of e commerce. People buy online because it's convenient, for the range and quality of products and in some cases because it represents value for money. Vendor rating systems were also welcomed by dark net market buyers
- The internet (both open and dark) as a source of psychoactive substances –both medicinal and illicit has grown significantly in the last few years
- While the focus amongst law enforcement, the media and public health has been upon 'legal highs' little work has been conducted to look at the prevalence of using the internet to access drugs amongst the general population nor exploration into what substances were being accessed
- With street dealing remaining a key target for drug squads, doctors being increasing wary of prescribing irresponsibly and the purity and many illicit drugs being comprised through adulteration, the appeal of obtaining drugs online is obvious
- In the following section we investigated both the timing and prevalence of using the 'open' internet to purchase drugs and then specifically the use of 'dark net' markets – Silk Road and those that came after it
- In this section we explore the use of the internet in nay form to but any form of drug whether they be illegal, prescription medications or novel (NPS).

Of those recent Colombian drug users who have bought drugs on-line what did they buy?



Base sample: All respondents excluding those who reported use of only alcohol/tobacco/caffeine, who reported buying drugs online in last 12 months.

GLOBAL DRUG SURVEY

DRUG USE PREVALENCE

2016

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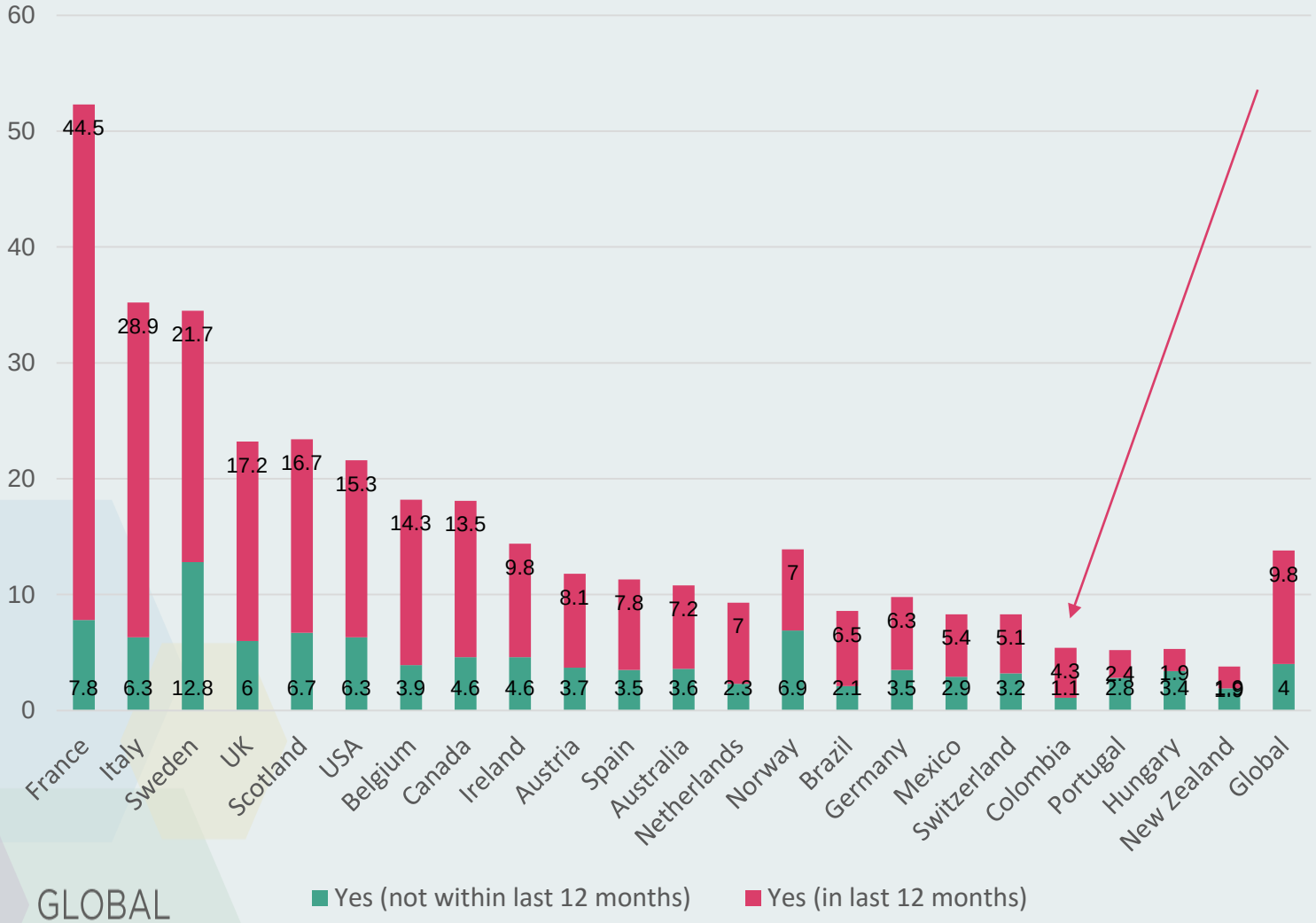
Have you ever bought drugs off the internet*? (%)

Base sample: All respondents excluding those who reported use of only alcohol/tobacco/caffeine.
* While not specified, the internet includes the dark net.
Only countries with over N=500 are shown.



Valid N

Germany	29633
Switzerland	8058
New Zealand	7576
United Kingdom	5962
United States	5267
Netherlands	5017
Australia	4876
France	3804
Italy	3145
Hungary	3054
Spain	2495
Colombia	2066
Austria	2034
Norway	1448
Canada	1283
Mexico	1188
Belgium	1020
Brazil	1001
Portugal	1001
Sweden	702
Ireland	702
Scotland	642
ALL	95966

GLOBAL DRUG SURVEY

2016

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LOCAL DATA ON NOVEL PSYCHOACTIVE SUBSTANCES (NPS) & LEGAL HIGHS

Background

- GDS has been tracking the use of ‘Novel Psychoactive Substances’ legal highs’, ‘research chemicals’ for the last 5 years.
- While there may be many new substances identified each week just because drugs are available on line or in ‘head shops’ it does mean they are being used.
- Overall there was increase in the percentage of Global GDS respondents who reported purchasing NPS in the last 12 months from 4.2% to 4.8%, with many countries seeing a notable increase in use.
- GDS thinks where people have good access to good quality traditional drugs the interest in NPS is generally low (for example in Switzerland). The Desert Island Drugs section and motivations for use will expand on this hypothesis
- The reduction in last year use in countries such as New Zealand suggests closing ‘head shops’ might lead to reduced sales a point that is of importance given that there appears to have been an increase in the proportion of GDS respondents globally of people buying from shops – though this show marked regional variation.
- There also seems to have been increase in the use of pills and powders compared to smoking mixtures though again there are marked regional variations.

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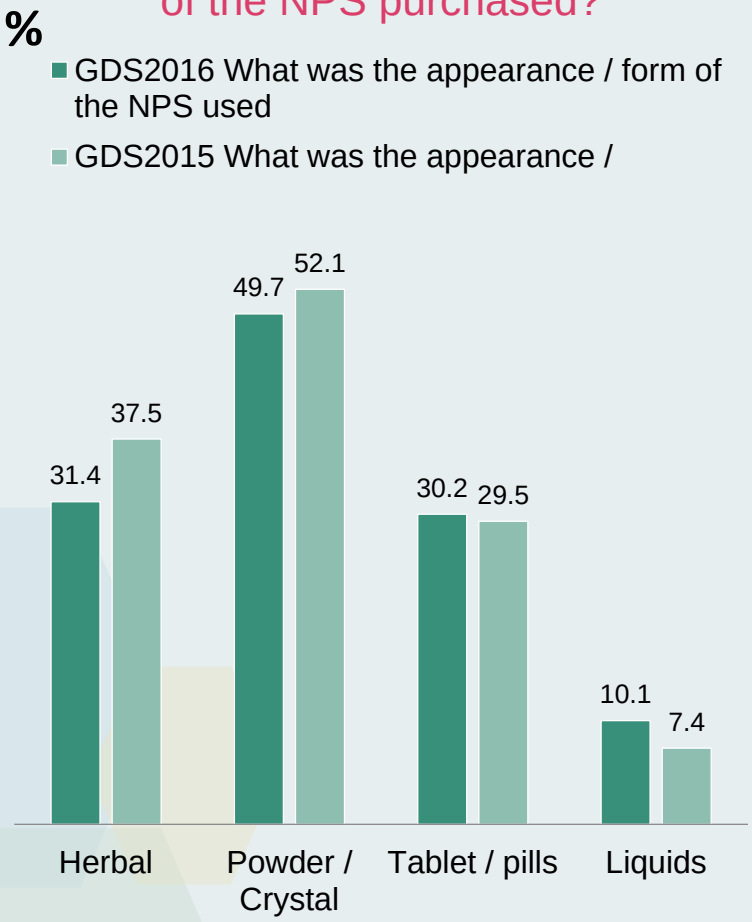
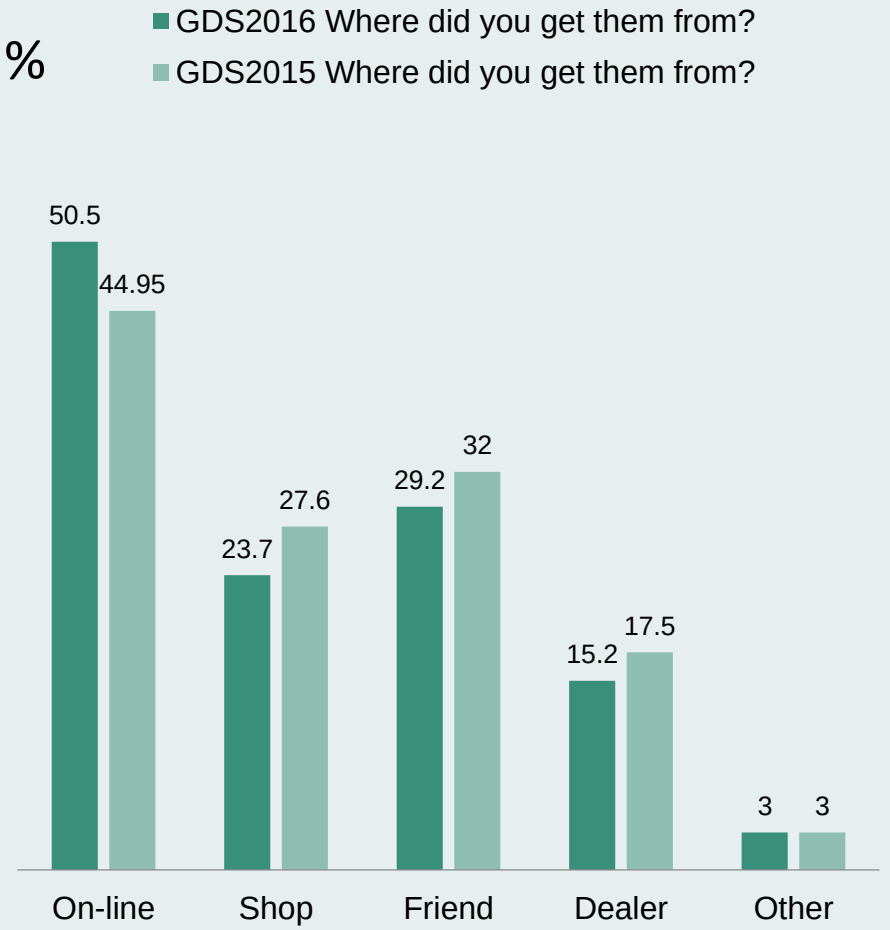
4.8% of the global GDS2016 reported the purchase of NPS in the last 12 month (compared to 4.2% in GDS2015)

What was the appearance / form of the NPS purchased?



Where did you source them from



GLOBAL DRUG SURVEY

GLOBAL – HAVE YOU PURCHASED ANY DRUG PROMOTED AS 'LEGAL HIGHS' OR 'RESEARCH CHEMICALS' OR 'BATH SALTS' IN THE LAST 12 MONTHS? (%)

2016

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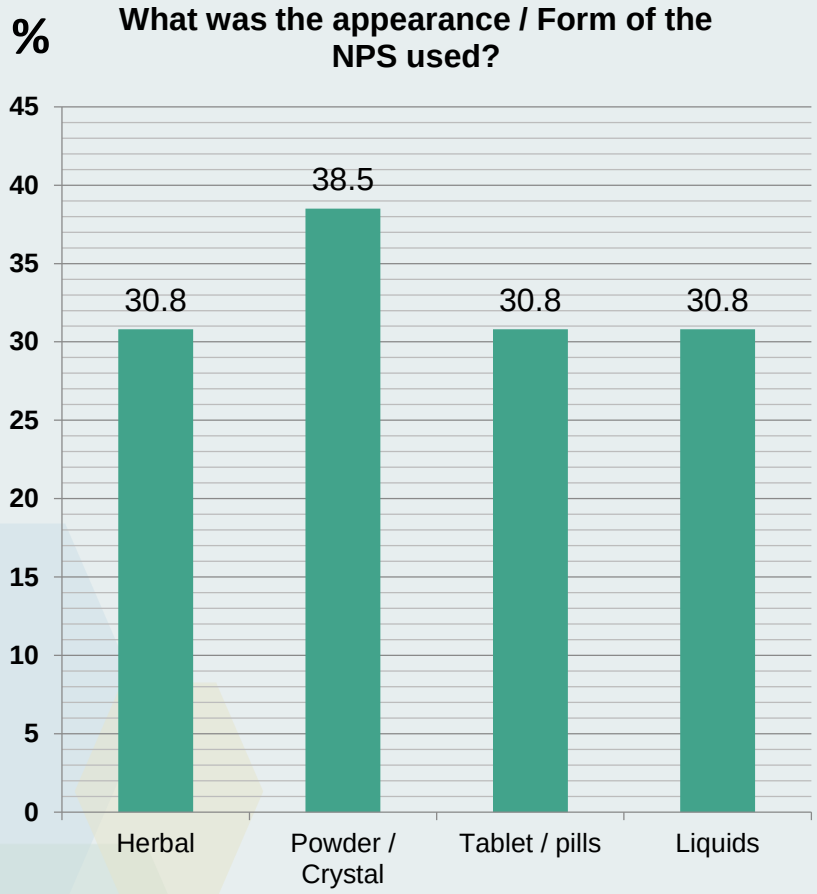
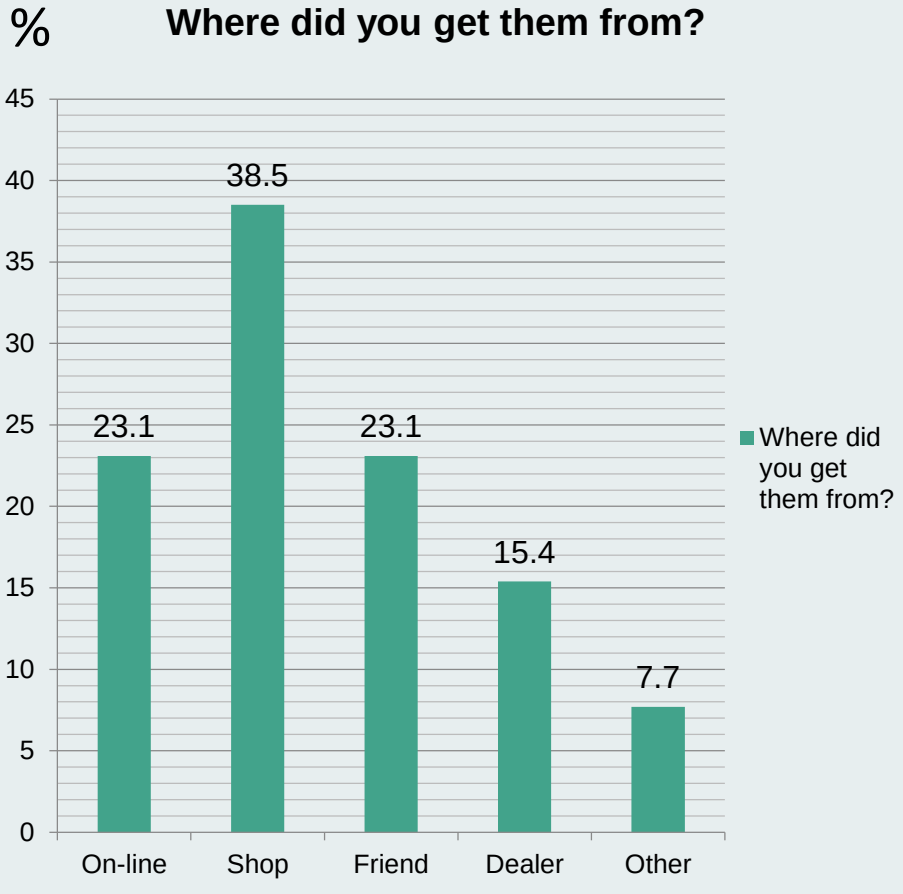
0.6% of the Colombian GDS2016 reported the use of NPS in the last 12 months





GLOBAL DRUG SURVEY

COLOMBIA – HAVE YOU PURCHASED ANY DRUG PROMOTED AS 'LEGAL HIGHS' OR 'RESEARCH CHEMICALS' OR 'BATH SALTS' IN THE LAST 12 MONTHS? (%)

2016

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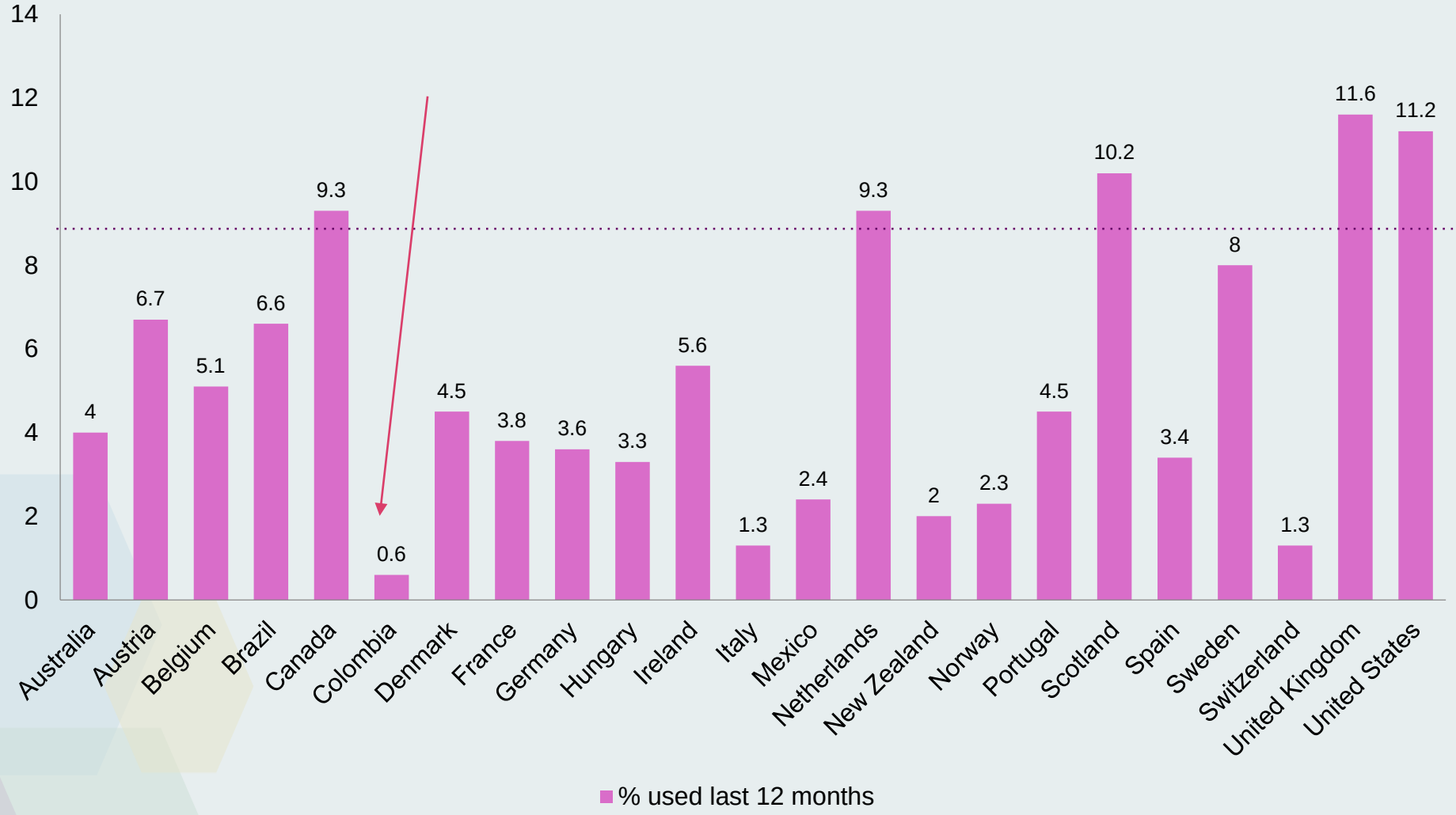
The Global mean was 4.8%



GLOBAL DRUG SURVEY

LAST 12 MONTH NPS PURCHASE BY COUNTRY 2016

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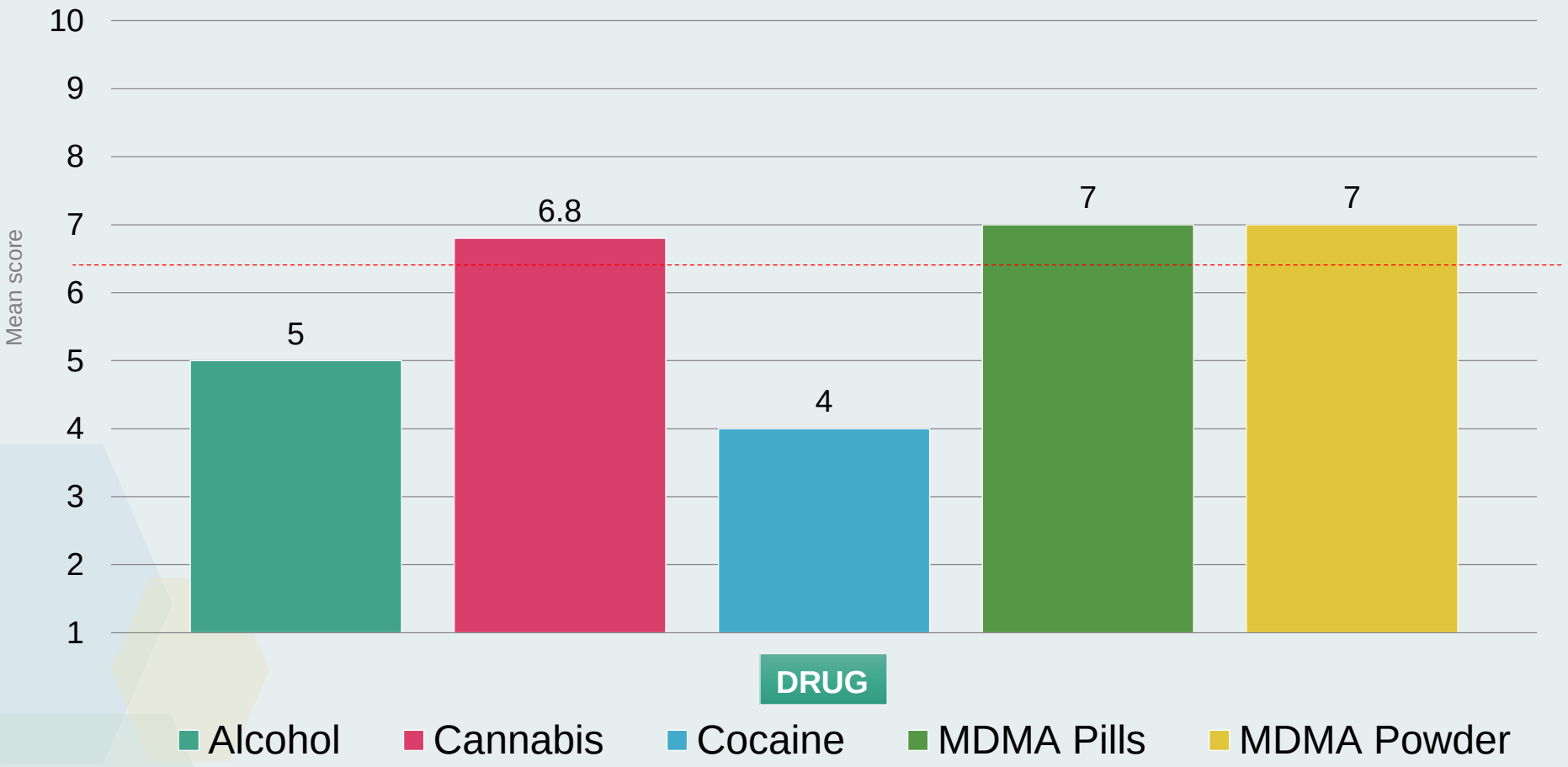
VALUE FOR MONEY

GDS2016 asked participants to rate drugs based on their value for money from 1-10 (1=poor value for money 10=excellent value for money). The Global mean scores are shown below.



VALUE FOR MONEY – GLOBAL MEANS FOT MAJOR DRUGS

GLOBAL DRUG SURVEY 2016

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GDS2016 asked participants to alcohol based on its value for money from 1-10 (1=poor value for money 10=excellent value for money). The mean scores for each country are shown below.

VALUE FOR MONEY – ALCOHOL ALL GDS2016 COUNTRIES

GLOBAL DRUG SURVEY

2016

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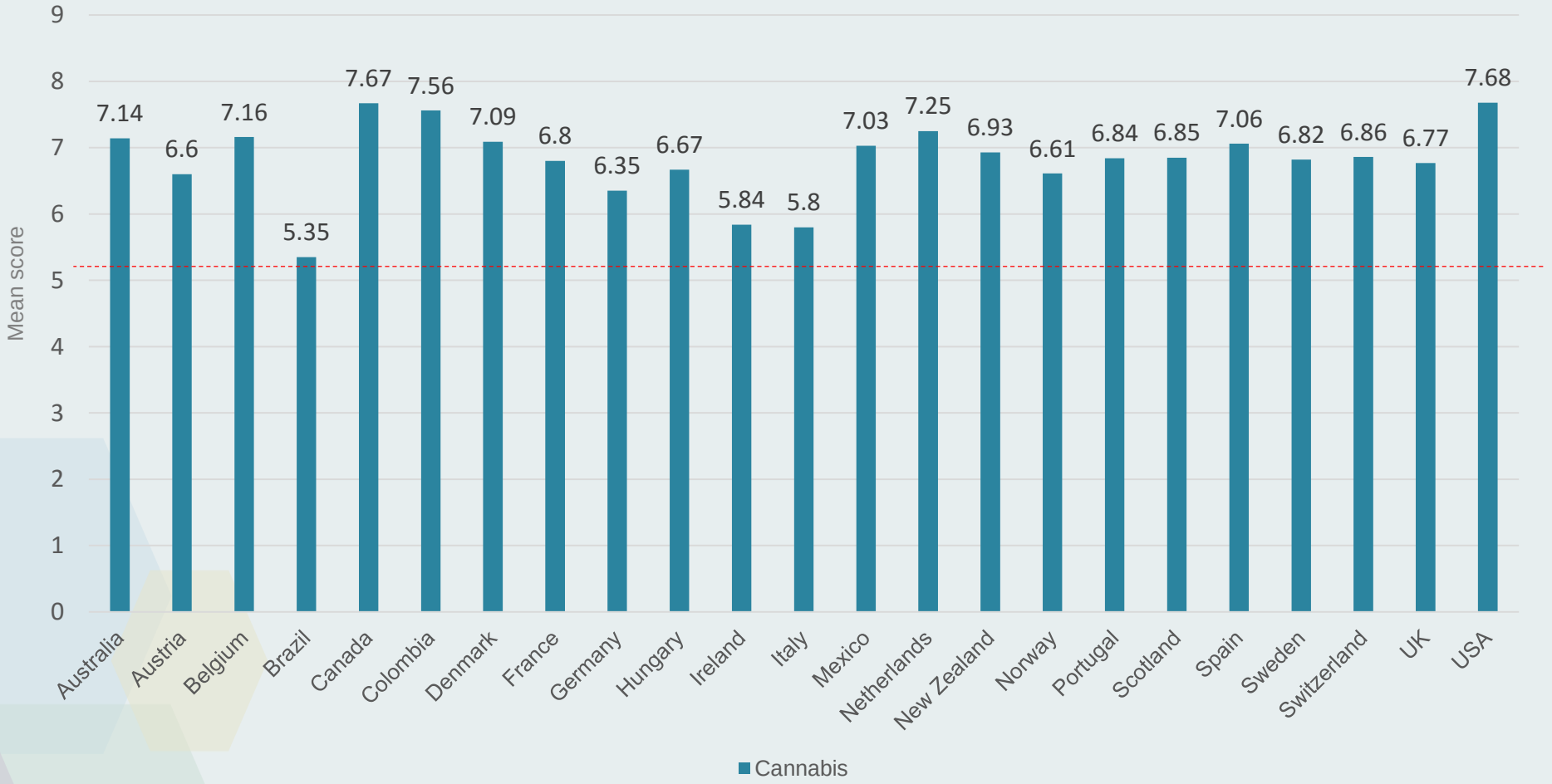
GDS2016 asked participants to rate cannabis based on its value for money from 1-10 (1=poor value for money 10=excellent value for money). The mean scores for each top country are shown below.



GLOBAL DRUG SURVEY

VALUE FOR MONEY – CANNABIS ALL GDS2016 COUNTRIES

2016

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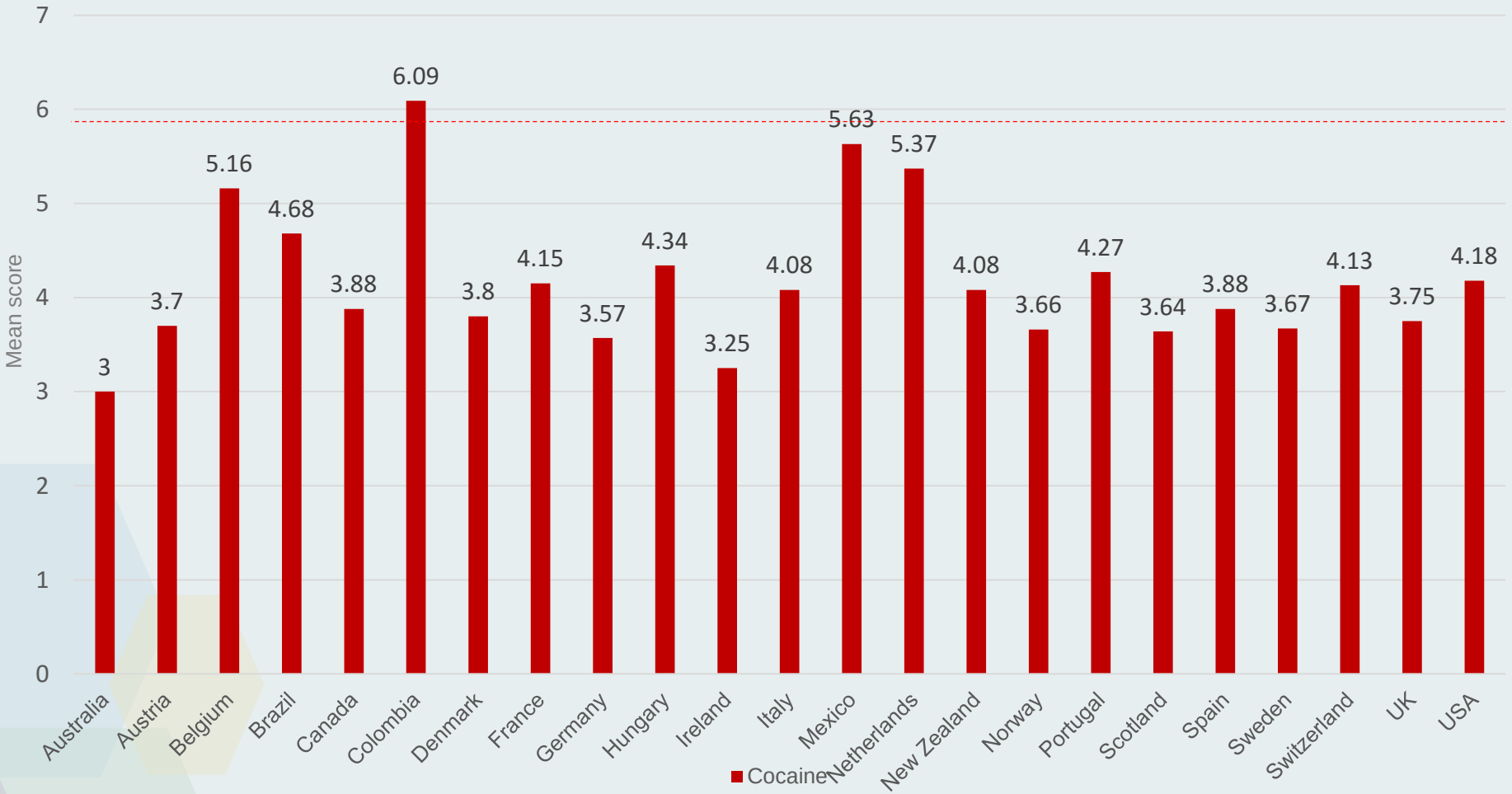
GDS2016 asked participants to cocaine based on its value for money from 1-10 (1=poor value for money 10=excellent value for money). The mean scores for each country are shown below.



GLOBAL DRUG SURVEY

VALUE FOR MONEY – COCAINE ALL GDS2016 COUNTRIES

2016

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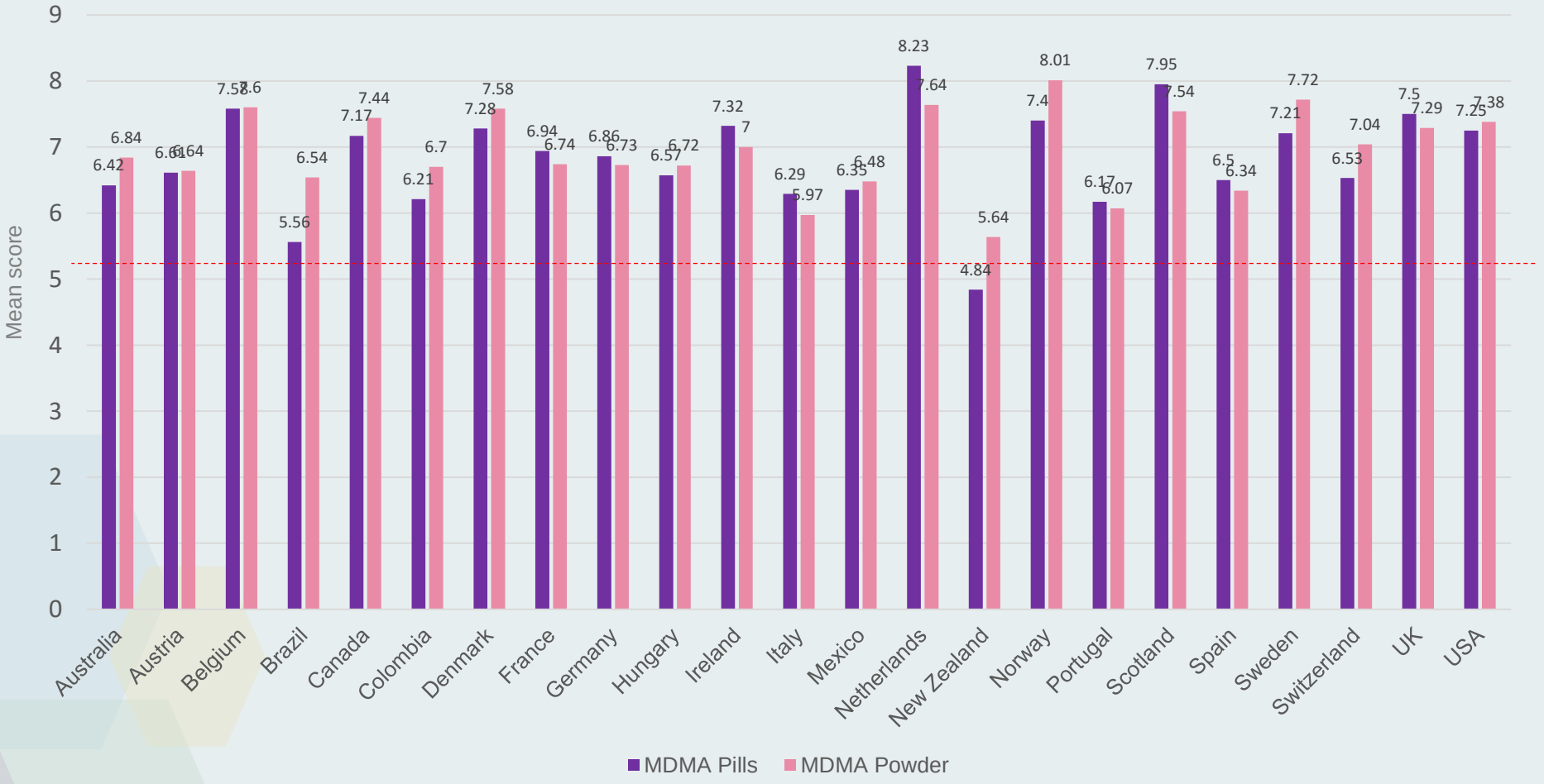
GDS2016 asked participants to rate MDMA Pills and MDMA Powder based on its value for money from 1-10 (1=poor value for money 10=excellent value for money). The mean scores for each country are shown below.



GLOBAL DRUG SURVEY

VALUE FOR MONEY – MDMA (PILLS AND POWDER) ALL COUNTRIES 2016

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GLOBAL DRUG SURVEY 2016

Early results of the headline findings from Colombia P2

Prepared by By Dr Adam R Winstock,
Dr Jason Ferris, Dr Larissa Maier and Dr Monica Barratt

MYSTERY WHITE POWDERS

Background

- With the rise in myriad novel psychoactive substances many of them crystalline white powders whose composition gives little or no clue as to their composition, the possibility that people will be ingesting a substance whichis totally unknown to them is reality
- The risks consequent upon taking unknown drugs, with widely varying effect profiles, potencies and time to onset are potentially serious
- Over the last 2 years Global Drug Survey has spotted that between 5-15% of GDS respondents admit to having taken a mystery white powder in the preceding 12 months
- This year we repeated that question and present comparison and the global picture of what state people are in when they take a mystery white powder and what happens.
- The important message is don't take unknown pills/powders when you are intoxicated and be aware of the risk of taking drugs from strangers – the issues of sexual assault whilst under the influence is something GDS highlighted 3 years ago

What we asked and what is presented here

- We asked **"In the last twelve months, have you snorted or ingested any powder without knowing what it was, or what it was originally sold as?"**
- We compare the percentage of respondents who had consumed a powder without knowing what it was or what it was sold as in the last year from GDS2016 countries
- We report on the use of drugs / alcohol prior to consumption of the MWP and what the effect was among the 5000+ GDS2016 respondents who took a MWP.

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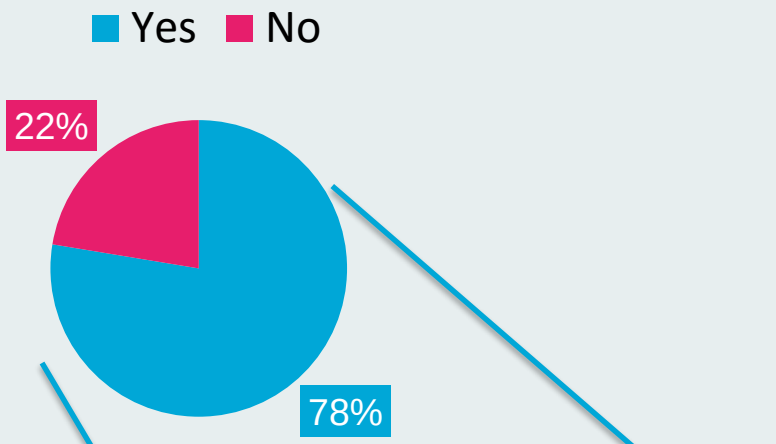
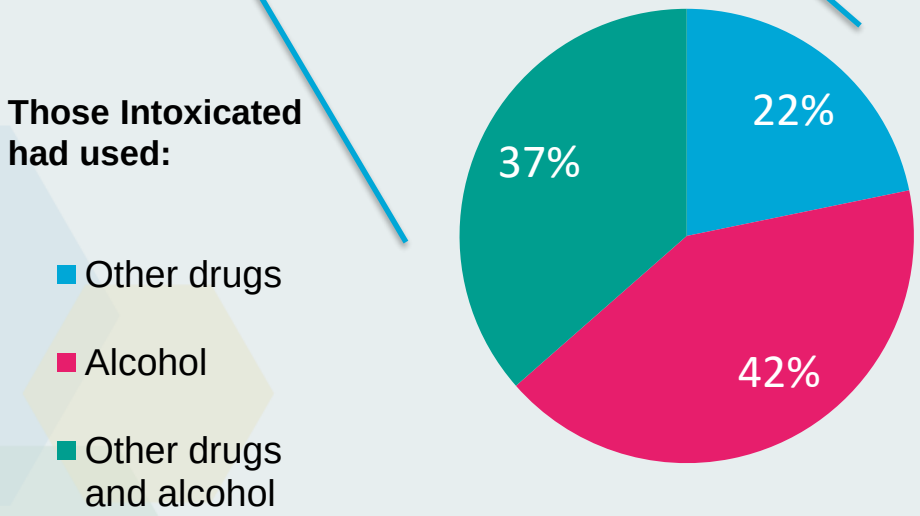
Intoxicated at time of use?

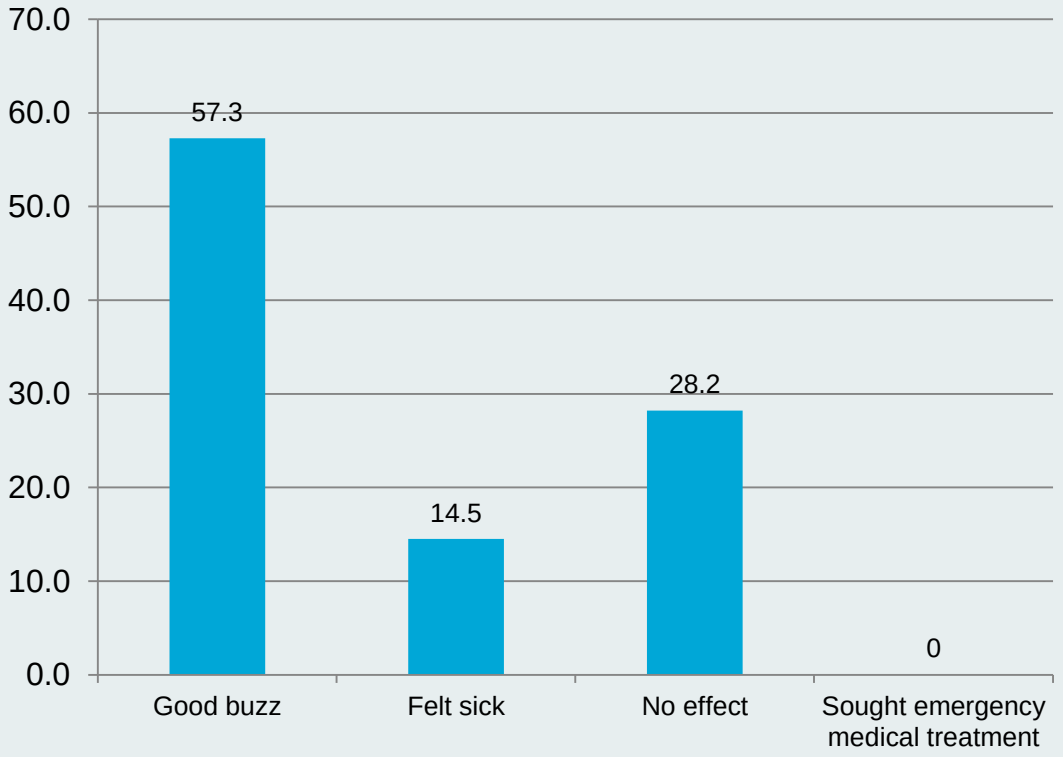


Those Intoxicated had used:



Of all respondents to the survey, 10.7% (N=2059) stated that they had used a mystery white powder within the last 12 months.

Overall effect



GLOBAL DRUG SURVEY

MYSTERY WHITE POWDERS COLOMBIA 2016

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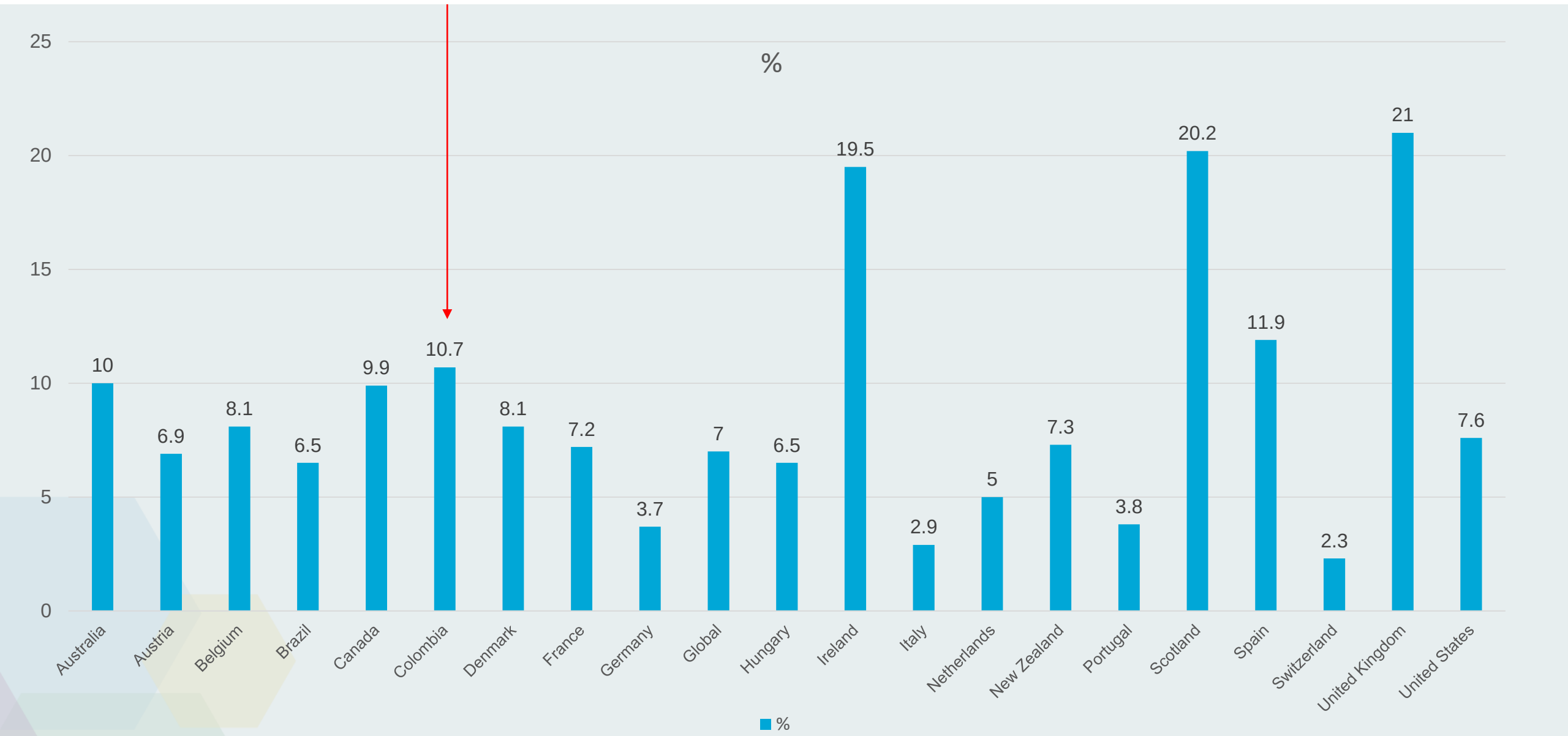

GLOBAL DRUG SURVEY

LAST YEAR PREVALENCE OF MYSTERY WHITE POWDER ACROSS GDS2015 COUNTRIES

2016

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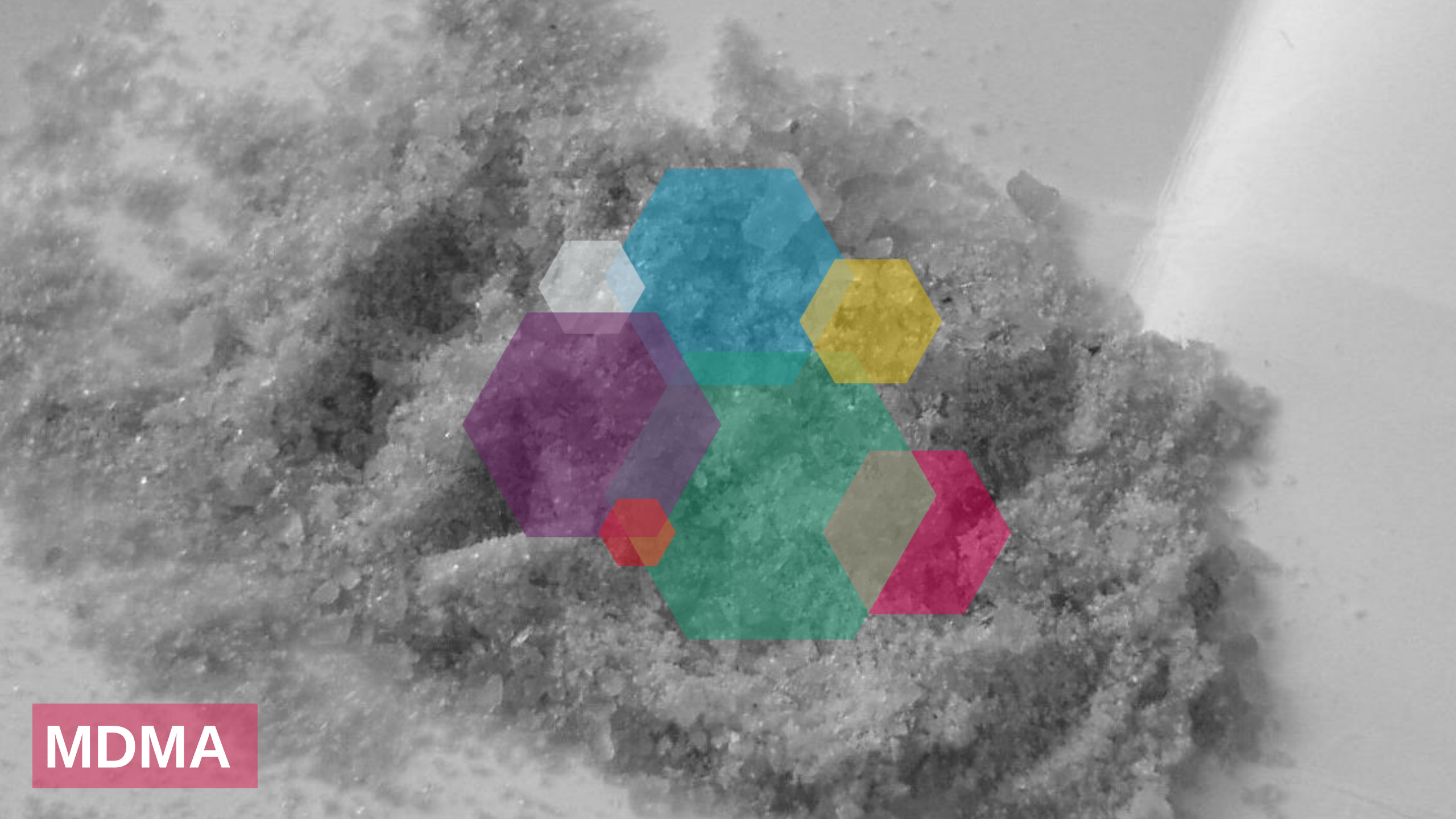
MDMA

GDS has been tracking the use of MDMA (ecstasy. Molly, Mandy, E) for over a decade. While patterns of use, typical consumption patterns and cost vary widely across the world, it is clear that over the last 30 years MDMA has sustained its mass appeal by consistently remaining a staple in most illicit drug markets. Significant changes since its first appearance in the 1980s include a rise in its use in combination with other drugs especially alcohol, which increase the risks of unwanted effects (as well as diminishing the desirable effects of the drug) and an expansion in its use beyond the dance music / rave scene.

After a 3-year period of dissatisfaction in MDMA (from 2007/8) and restricted access to precursors led to a decline in use due to poor quality and uncertain composition, MDMA is confidently back thanks to new precursors and synthetic pathways for production. The current dominance of MDMA crystal over pills represents smart remarketing and is yet another example of an old drug finding new life with a new preparation. That users prefer powder to pills because of the ease of titration and flexibility over route of use may also have other benefits including supporting' test dosing' a small amount of new batch to avoid inadvertent overdose or ingestion of a large amount of a dangerous contaminant such as PMMA. It also may open the way for injecting which of course would not be so good.

GLOBAL DRUG SURVEY

MDMA BACKGROUND

2016

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Ẇhile data from GDS2012 however showed that almost **1 in 3 users** of MDMA could be experiencing significant problems with their use, GDS2013 showed MDMA as the highest ranked drug using the Net Pleasure Index. Thus, it would seem that the overall pleasure and positive experiences associated with the use of the drug, lead few to seek treatment for their use. In line with other expert reviews that tend to suggest that historical fears over long-term use may not be as robust as once thought.

One marked change in the MDMA market has been the rise in popularity of MDMA crystal / powder and the general increase in the quality of the drug due to new precursor availability and routes of synthesis. But better quality MDMA is not without its risks. GDS2015 reported that 0.9% of last year users had sought emergency medical treatment, with rates being being almost twice as high in women (0.7%M v 1.3%F) , with young women being most at risk (2.1%) (from 0.3% in Switzerland to 0.9% in the USA). We estimated that the risk of seeking emergency medical treatment per episode of use was as high as 1 in 575 but may be much much lower. While many users adopt sensible harm reduction strategies we could reduce further by better education. One reason may be the the high purity of MDMA powder available in many countries and the gradually escalating amount of MDMA in a pill (100-150mg range would not be uncommon with some pills having a much as 330mg in them. Whether pill testing would make a difference will be explored in GDS2017.

GLOBAL DRUG SURVEY

MDMA BACKGROUND

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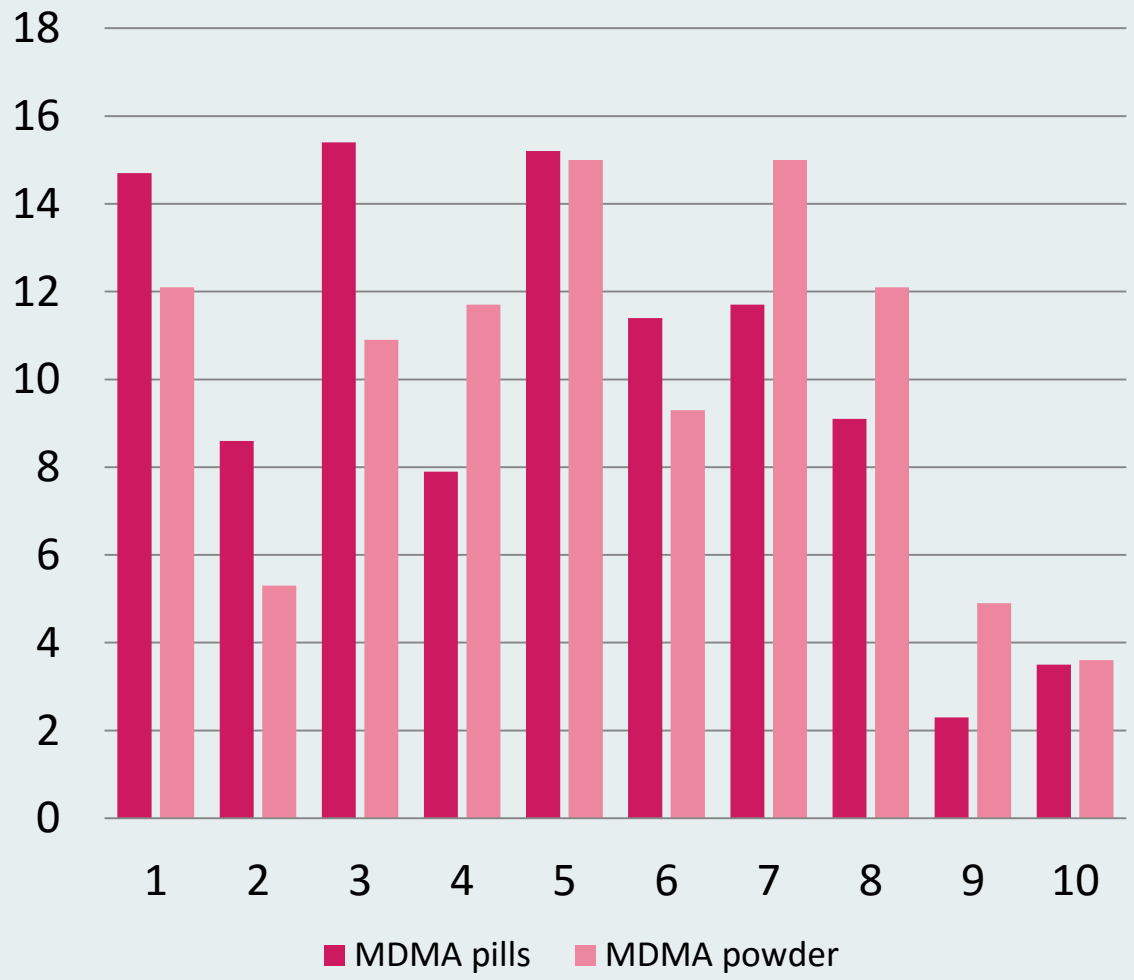
What this section covers:

- The price paid per pill and per gram.
- The most common route of use.
- The mean dose consumed on a day of use.
- Its value for money, changes in quality and ease of access
- The frequency of use combined with alcohol and cocaine
- The risk of violence when you get MDMA and the exposure to violence over the last year.
- Finally, the percentage of last year users who sought emergency medical treatment after using MDMA.

Ease of access (1=very easy, 10=almost impossible):



MDMA IN COLOMBIA

2016

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Last year use of MDMA types

31% (n=644) of the sample had used MDMA in their **lifetime** with **504** (24%) having used in the **last year**)

Thus 78.3% over ever users of MDMA had used within the last 12 month (

Of those using MDMA in last year
86% had used MDMA **pills**
51% had used MDMA **powder**

Price and mean dose

71.5% buy their own Ecstasy
Mean price $7.78 per pill
Mean dose 1.24 pills

58.3% buy own MDMA powder
86.6% buy 1 gram or less
Mean price $33.82 per gram

Average number of lines per gram was 7.65 Average dose 0.25g / session

Route of use

96.8% oral
2.2% snort
0.2% rectal
0.6% smoke

0.2% stated they had ever injected MDMA

Alcohol

4% always drink alcohol,
6.6% drink 50% or 75% of the time,
39.6%% never drink alcohol

Seeking emergency medical treatment

Prevalence 0.6% (n=497) of those reporting the use of MDMA in the last 12 month had sought EMT

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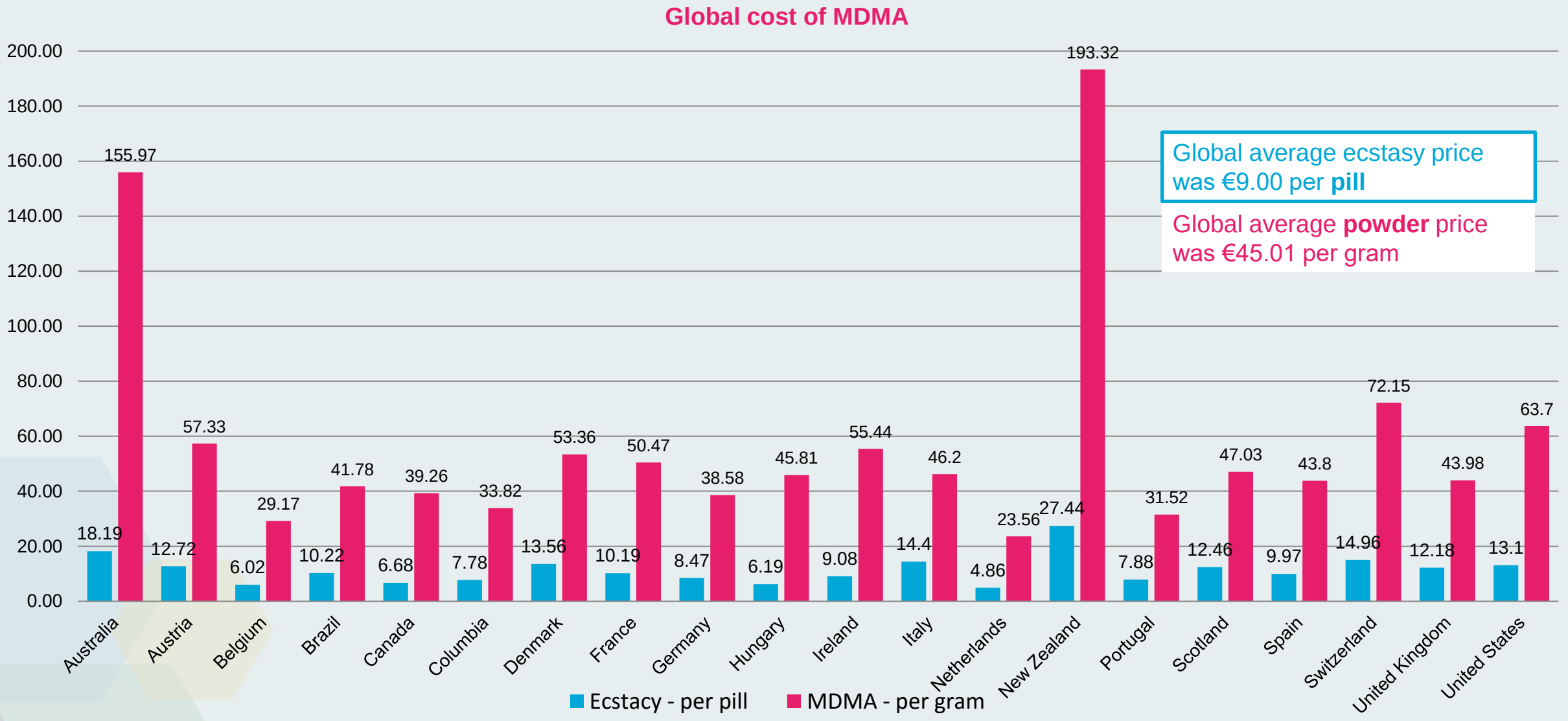

GLOBAL DRUG SURVEY

GLOBAL ECSTASY AND MDMA POWDER PRICES

2016

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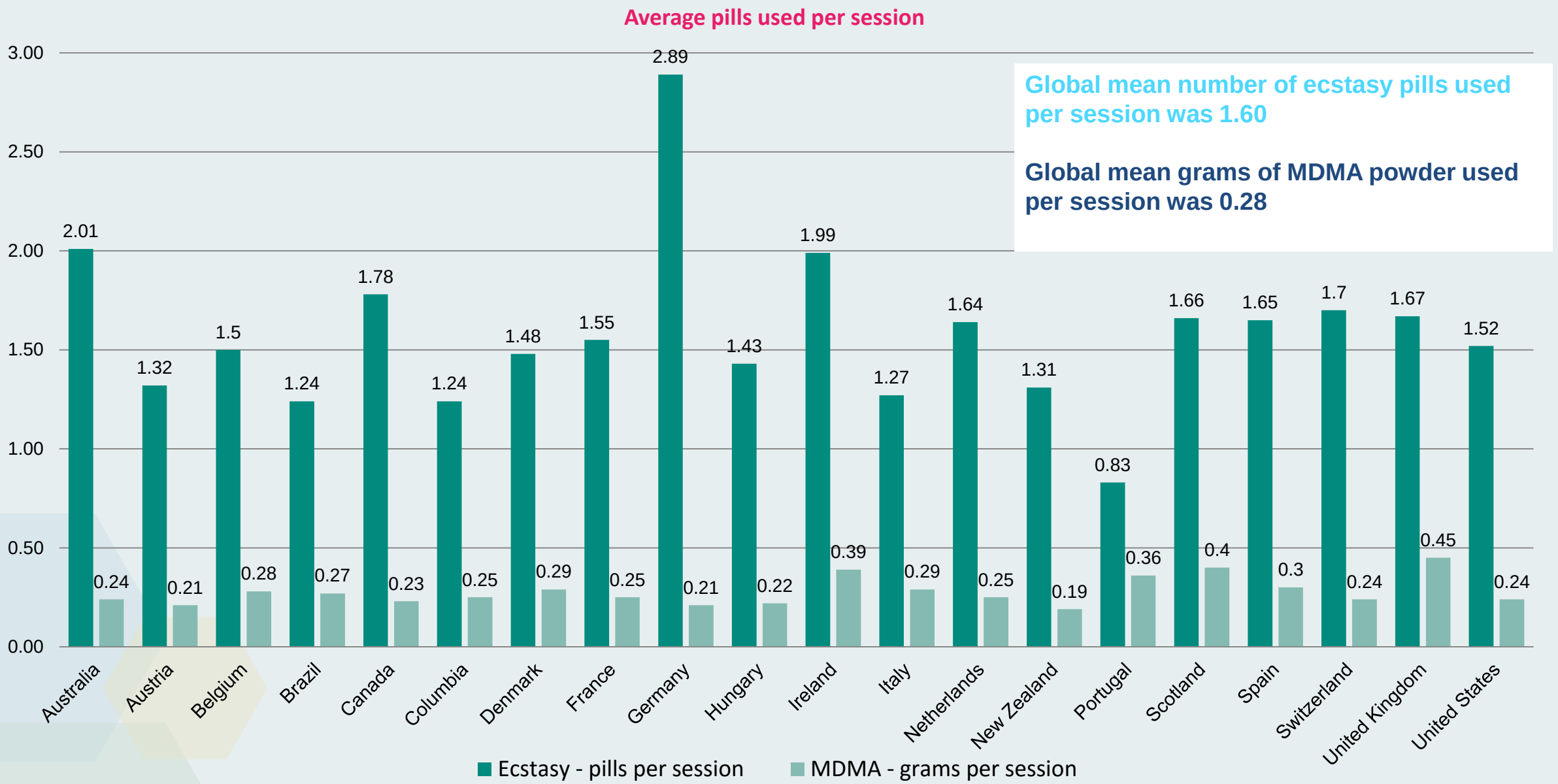

Global mean number of ecstasy pills used per session was 1.60

Global mean grams of MDMA powder used per session was 0.28

GLOBAL DRUG SURVEY

MDMA – AMOUNT USED PER SESSION – GLOBAL COMPARISON

2016

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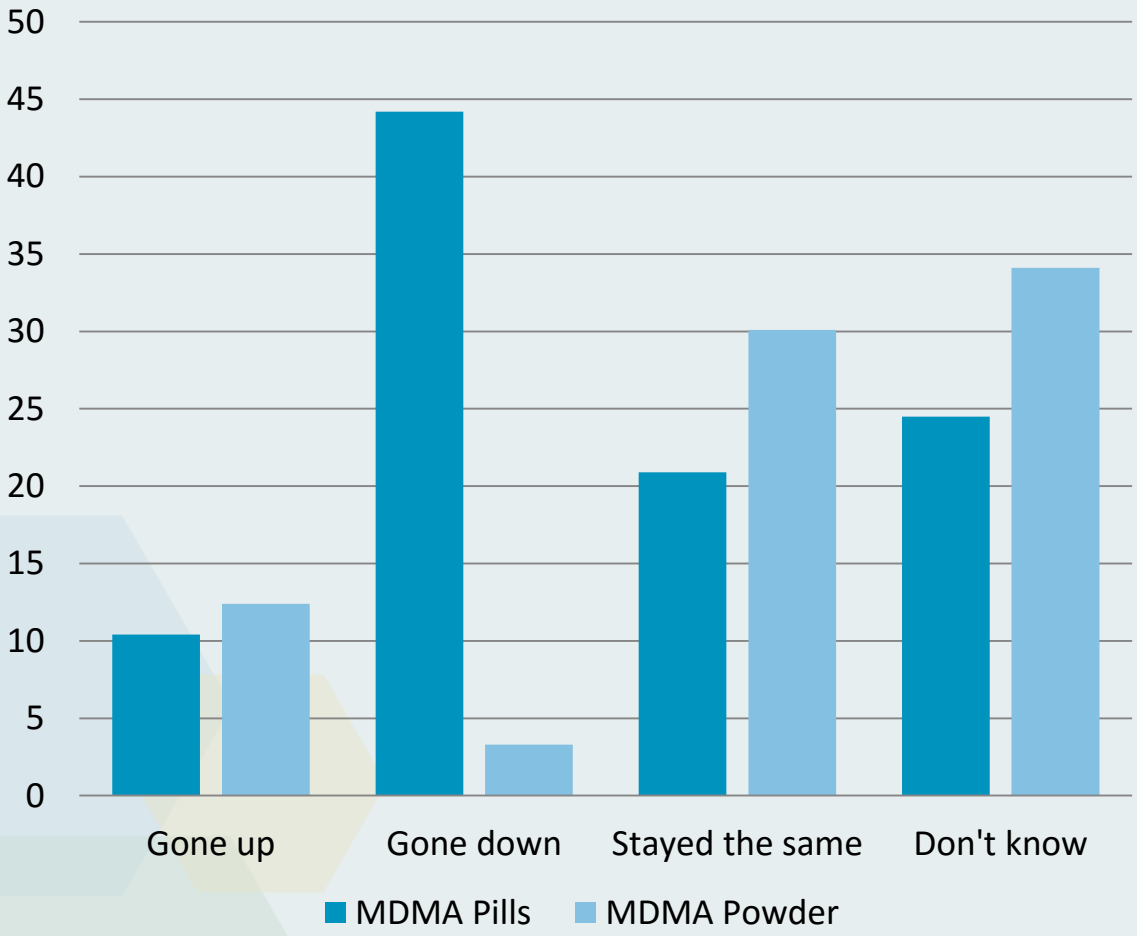
Over the last 12 months do you think the quality of MDMA has:



MDMA & Violence

5% stated that they had been exposed to violence in the last year when attempting to **buy** MDMA.

4.5% on one occasion and 0.5% more than twice

This indicates that a small proportion of those buying MDMA are placing themselves in risky situations.

GLOBAL DRUG SURVEY

MDMA IN COLOMBIA (LAST YEAR USERS N=664)

2016

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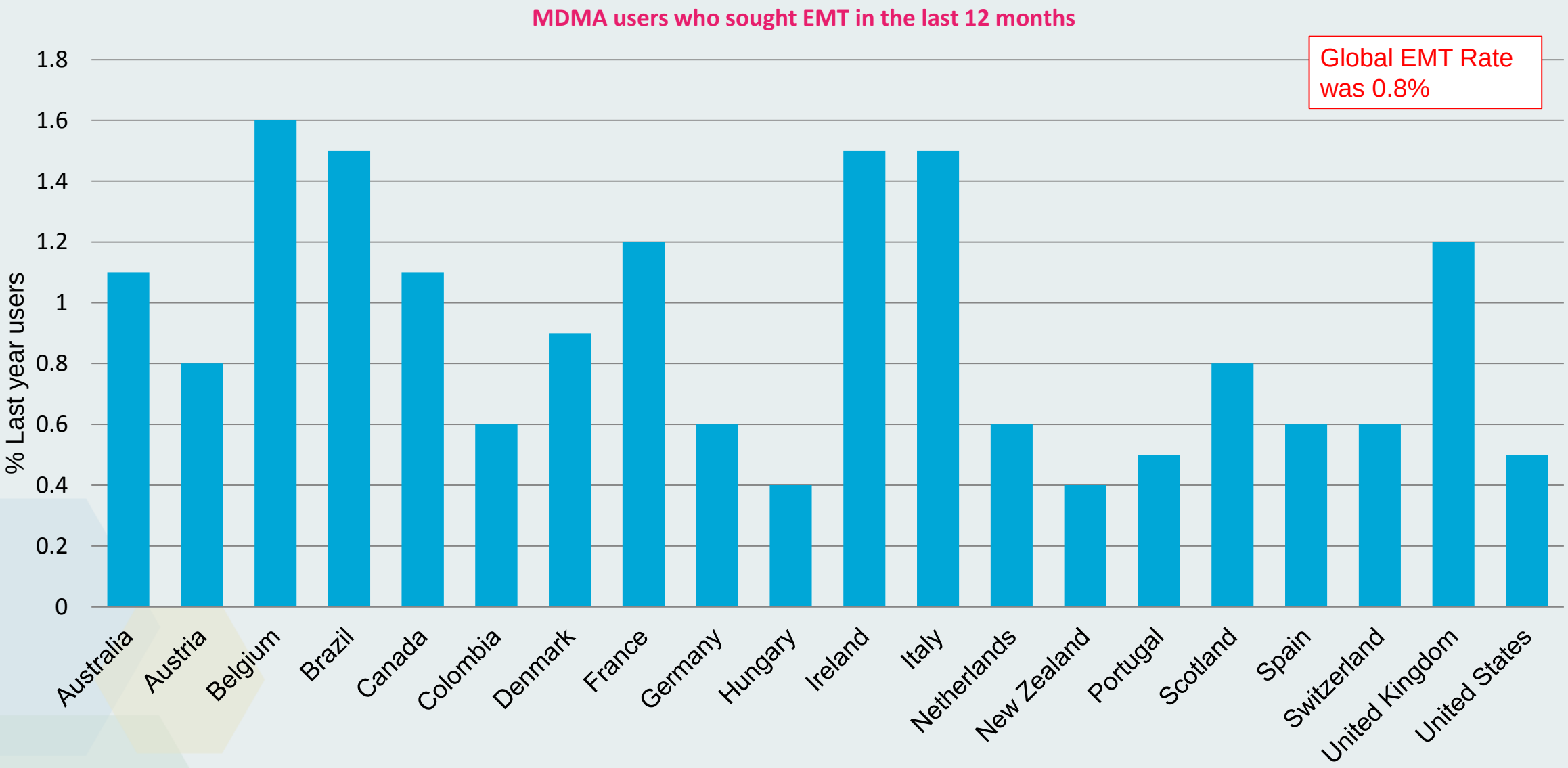
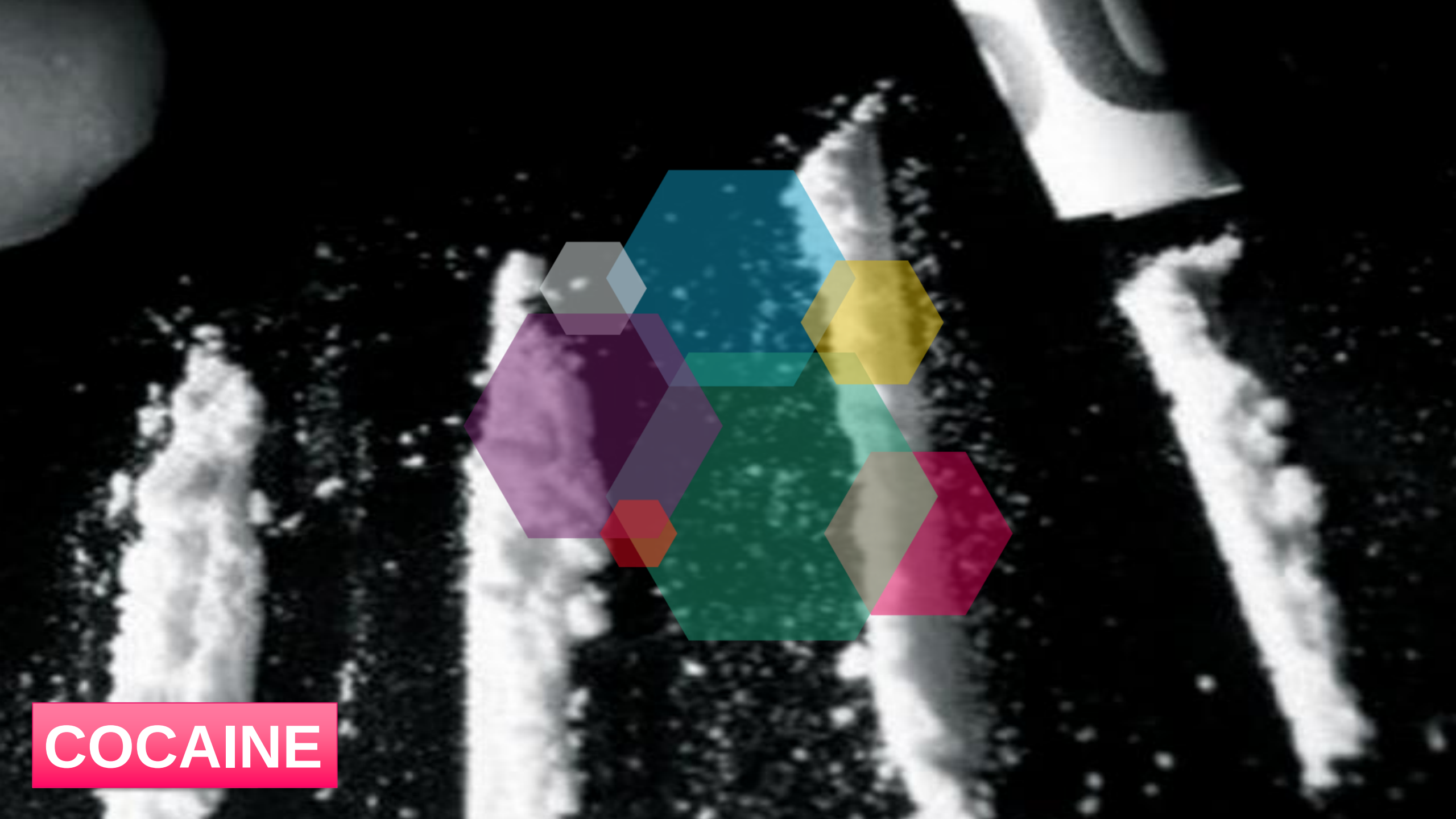


GLOBAL DRUG SURVEY

MDMA - SOUGHT EMERGENCY MEDICAL TREATMENT IN LAST 12 MONTHS (MIN NUMBER OF USERS IS 100/COUNTRY)

2016


COCAINE

Cocaine remains popular as the stimulant drug of choice for those with money. Available in widely different purities, it also varies widely in price across the work from less than €20/gram in South America, €50/gram in parts of Europe to over €400/gram in Australia. Crack cocaine although less commonly used causes significantly more harm due to both its route of use (smoked or injected) and its overwhelming ,association with deprivation, criminality and with heroin use especially in the UK and Europe.

In GDS2013 and GDS2014 cocaine was voted the worst value drug for money in the world with an average score of 2.5/10. This year GDS continues to track the use of cocaine and its impact on users health and bank balance and to see if the existence of two and even 3 tier market is leading users to once again invest in a white powder than for many years has been delivering little while costing lots.

.

What this section covers:

- The price paid per gram
- The most common routes of use
- The mean dose consumed on a day of use
- Its value for money, changes in quality over the last year and ease of access
- The frequency of use combined with MDMA and cocaine
- Whether or not there is a premium and economy market and whether paying more for your cocaine is worth it
- The risk of violence when you get cocaine and the exposure to violence over the last year
- The % of last year users who have sought emergency medical treatment after using cocaine

GLOBAL DRUG SURVEY

COCAINE BACKGROUND

2016

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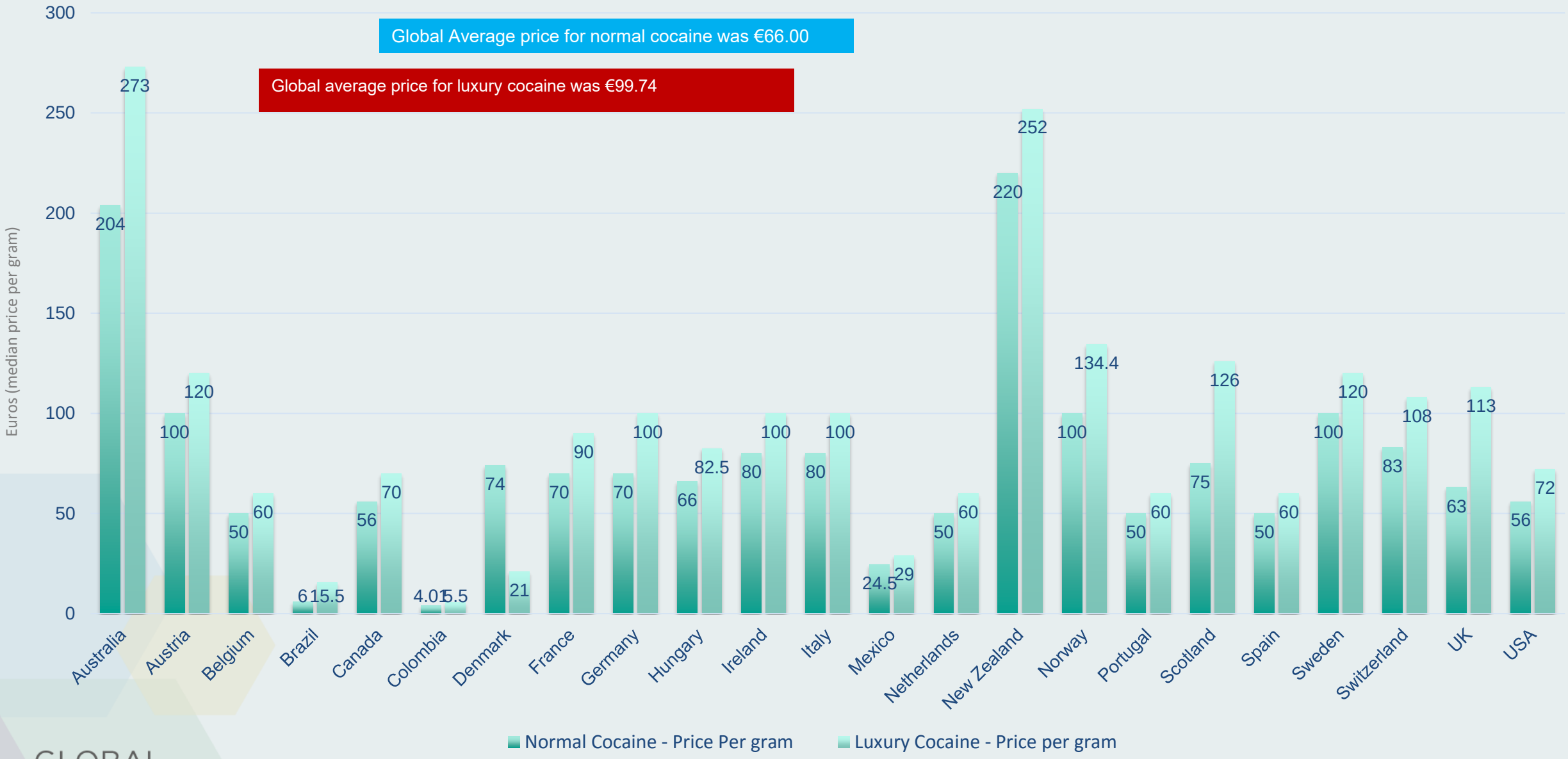

GLOBAL PRICE PER GRAM – COCAINE IN EUROS

GLOBAL DRUG SURVEY

2016

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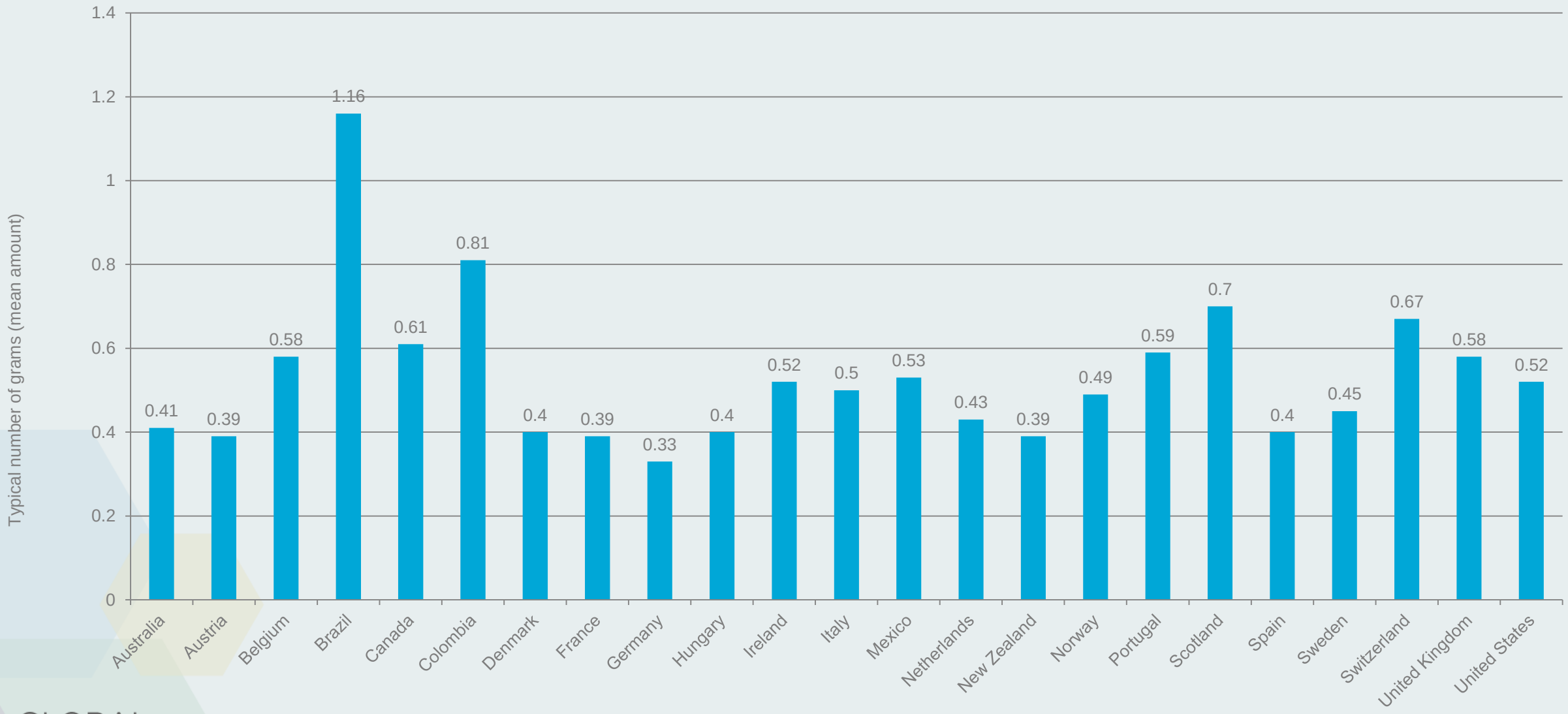
Cocaine – Typical number of grams used per session (mean amount)



GLOBAL DRUG SURVEY

COCAINE NUMBER OF GRAMS PER SESSION

2016

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Last year use of cocaine

72.7% (n=546) had used cocaine last year
61.4% had used on 10 or less occasions
13.4% had used 50 or more times

48.8% always / nearly always drink alcohol when they use cocaine

Price and mean dose

50.2% purchase their own cocaine at the mean price of € **4 /gram**

How much in a typical session?

4.4% used 0.5gm or less in a session
48.8% use 2gm or more in a session
Mean amount used on typical days use was **0.8gm (this is about 2 x more than most other countries but less than Brazil)**

Mean of **8.38 lines per gram was reported**

Route of use

91.6% snort it
5.3% orally
0.6% smoke
0.6% inject
1.9% other

Most used in a session

58.7 % have used 1 gram or more
36.7% have used 2 grams or more
17.3% have used 4 grams or more

Those presenting to emergency medical departments complained of
Sweating
Palpitations
Anxiety
Confusion
Agitation
Difficulty breathing
Visual hallucinations
Aggression
Paranoia

Seeking emergency medical treatment

0.4% reported seeking emergency medical treatment in the previous 12 month

Luxury Cocaine

Of those who bought their own cocaine, 44.7% offered cocaine at higher price with promise that it is better quality in the last 12 months

Mean price € 5.60 per gram
61.7% bought it
31.7% thought it was **much better**

GLOBAL DRUG SURVEY

COCAINE IN COLOMBIA (LAST YEAR USERS N=751)

2016

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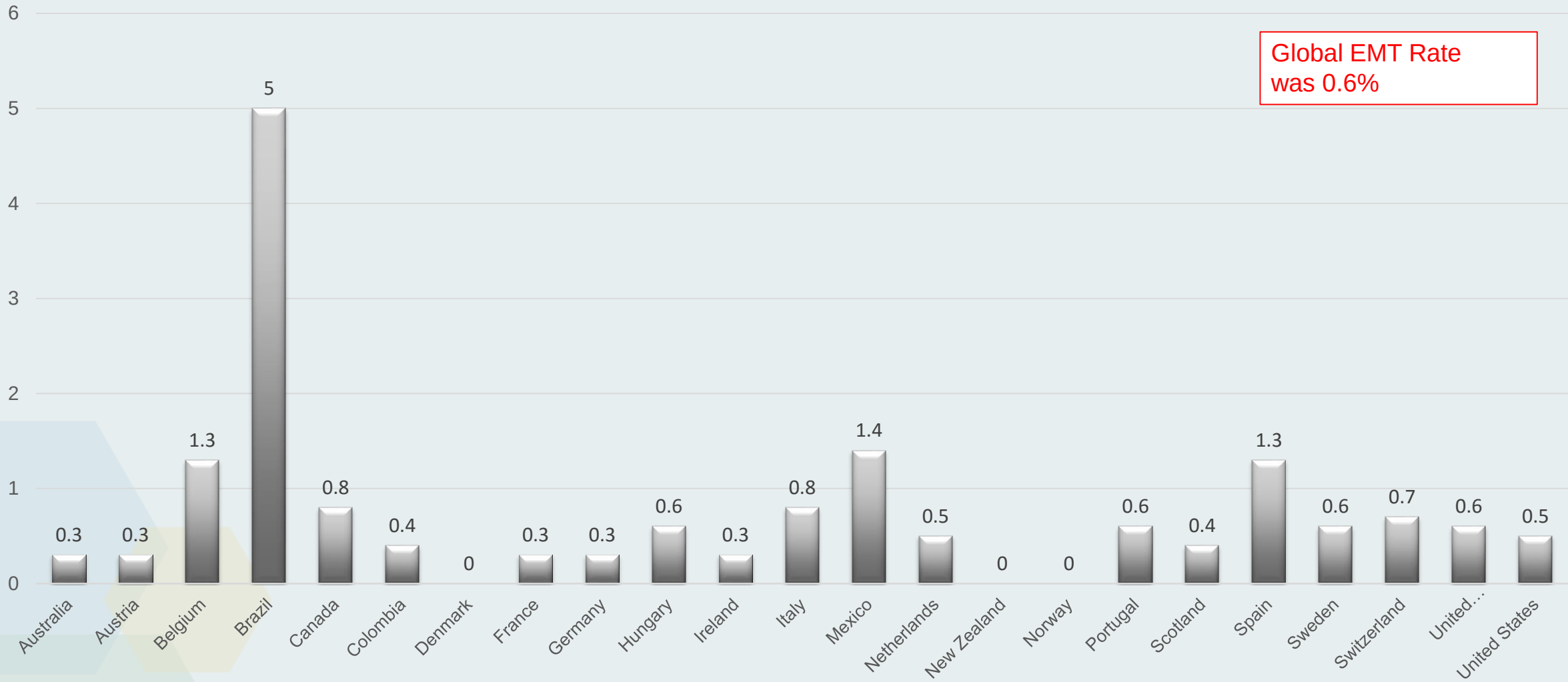
% of individuals who had sought emergency treatment after consuming cocaine



GLOBAL DRUG SURVEY

COCAINE - SOUGHT EMERGENCY MEDICAL TREATMENT IN LAST 12 MONTHS (MIN NUMBER OF USERS IS 100/COUNTRY)

2016

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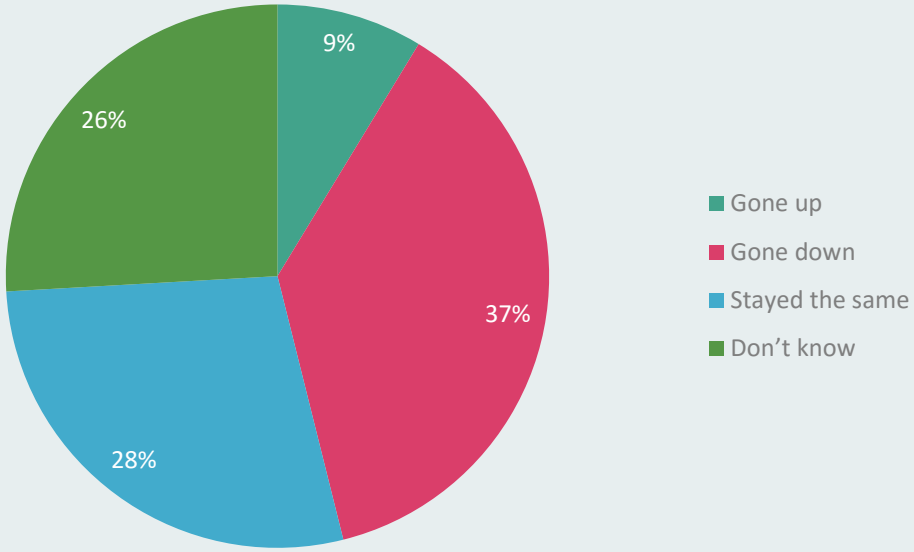
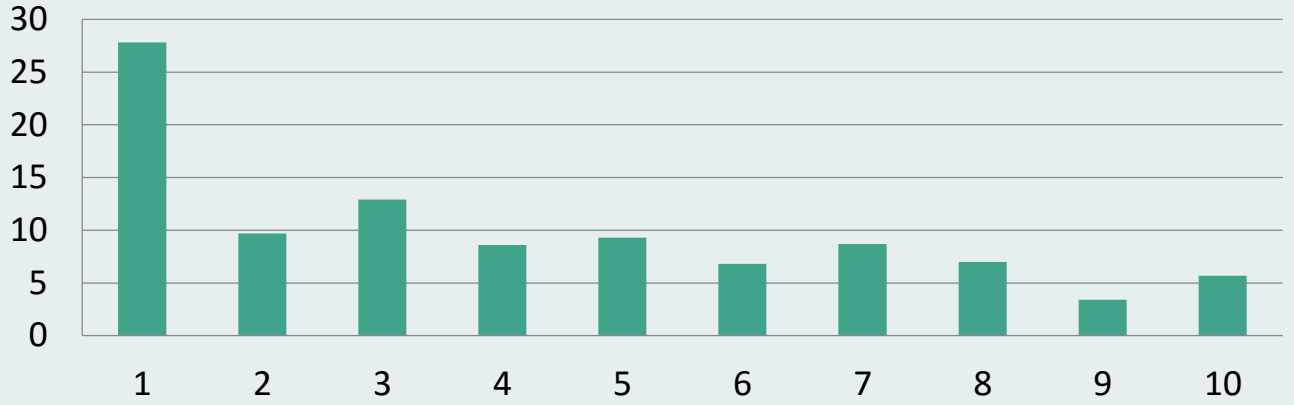
Has the quality of cocaine changed?

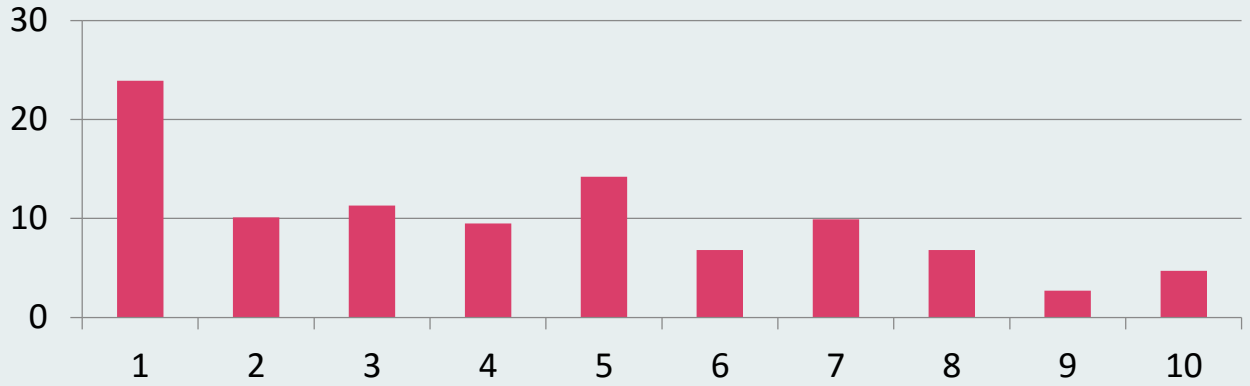


21.2% had been exposed to personal violence in last 12 months at least once when buying cocaine

Ease of availability % (1 = very easy, 10= almost impossible)



Risk of violence % (1=none 10=very high)



GLOBAL DRUG SURVEY

COCAINE IN COLOMBIA

2016

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SYNTHETIC CANNABINOIDS/ CANNABIS

Over the last 4 years GDS has conducted the largest studies in the world on synthetic cannabis products and published some of the most highly cited paper on the topic in the world.

•Winstock AR et al Risk of seeking emergency medical treatment following consumption of cannabis or synthetic cannabinoids in a large global sample. J Psychopharmacology 2015 this highlighted that the risk of seeking emergency medical treatment was 30 times higher in users of SCs than high potency cannabis

•Winstock AR et al A comparison of patterns of use and effect profile with natural cannabis in a large global sample. Drug and Alcohol Dependence. 2013 this highlighted that 93% of users preferred natural cannabis and that SCs had a much less pleasant effect profile than natural cannabis

•Winstock AR et al The 12-month prevalence and nature of adverse experiences resulting in emergency medical presentations associated with the use of synthetic cannabinoid products. Human Psychopharmacology: Clinical and Experimental 2013 this highlighted that almost 1 in 40 last years users had sought emergency medical treatment in the previous 12 months

"I smoke it because it's cheaper than real pot," said Favian Martierra. Vaughn Wallace / Al Jazeera America

Last year we highlighted that the risk of seeking Emergency Medical Treatment was higher following the use of synthetic cannabinoid products than any drug we looked at with over 1 in 30 users seeking EMT in the last year with that figure rising to 1 in 8 of those using more than 50 times. We also identified many users reporting withdrawal symptoms on cessation of use.

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What this section covers

1) What forms of synthetic cannabinoids people are using

1) What the risk is of seeking emergency medical treatment following use and which countries have the highest rates
2) Who gets withdrawal symptoms when they try to stop and what they experience

The following slides are based on the responses from the 1500 or so last year users of synthetic cannabinoids who took part in GDS2016

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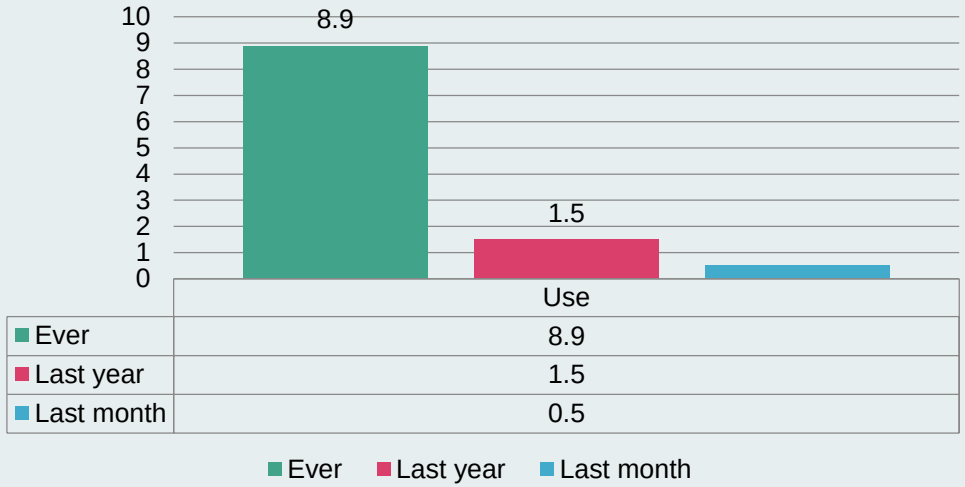
Global prevalence of use



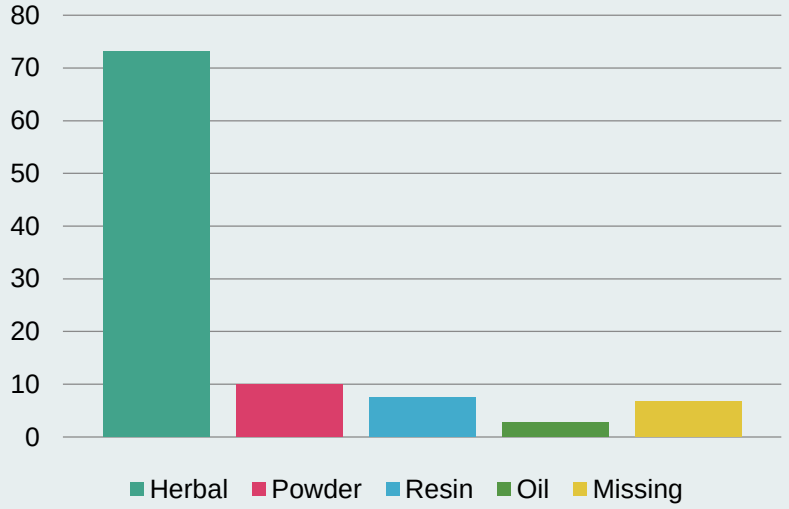
Of the global sample

- 8.9% (n=8600) has ever used SC;
- 1.5% (n=1450) used in the last year
- 0.5% (n=450) used last month

Of those that used SC in the last 12 months they had tried the following preparations:

73.% herbal
10% powder
7.5% (n=109) resin
3% (n=41) oil

Preparations tried last year



GLOBAL DRUG SURVEY

SYNTHETIC CANNABIS GLOBAL PATTERNS

2016

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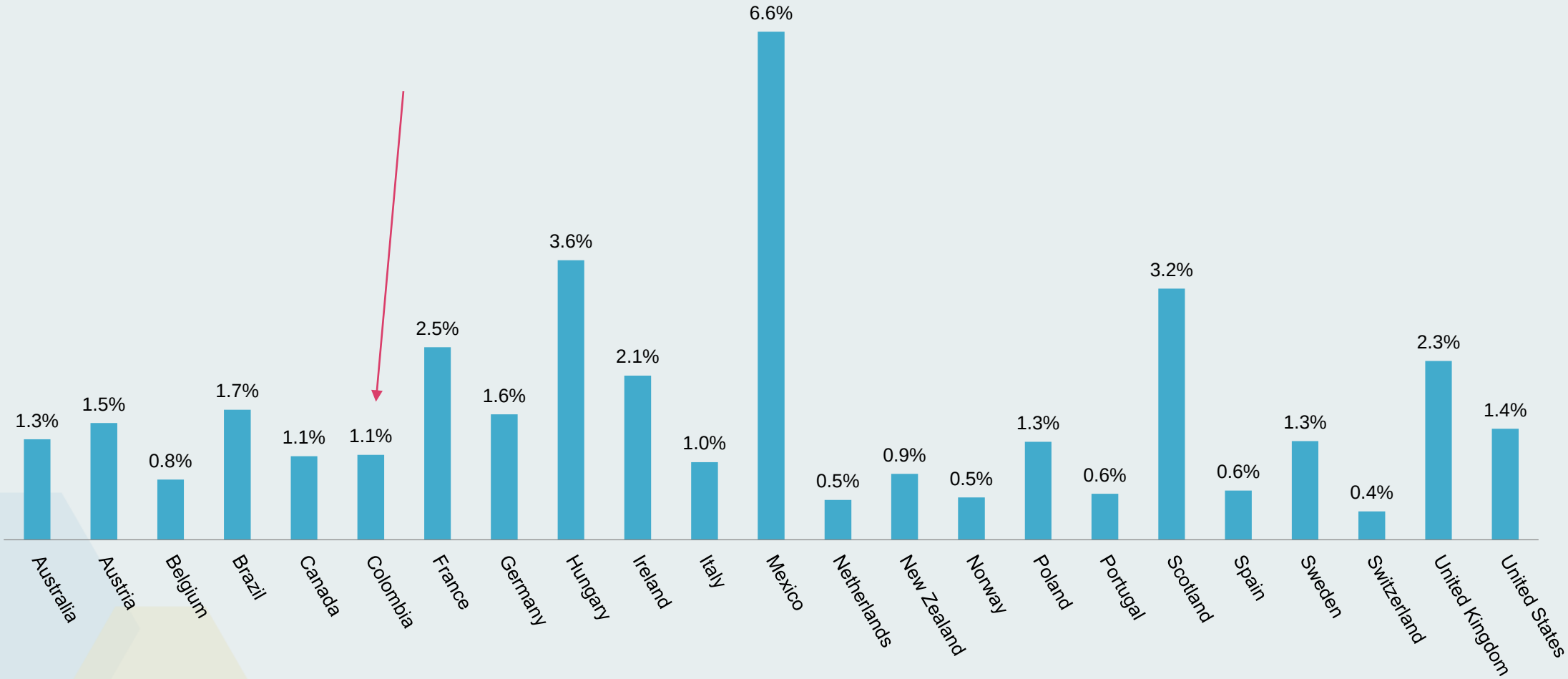
Country based prevalence of synthetic cannabis use in the last 12 months:



Among our sample the prevalence of use was low except in Mexico, Hungary and Scotland.

GLOBAL DRUG SURVEY

SYNTHETIC CANNABIS COUNTRY PREVALENCE 2016

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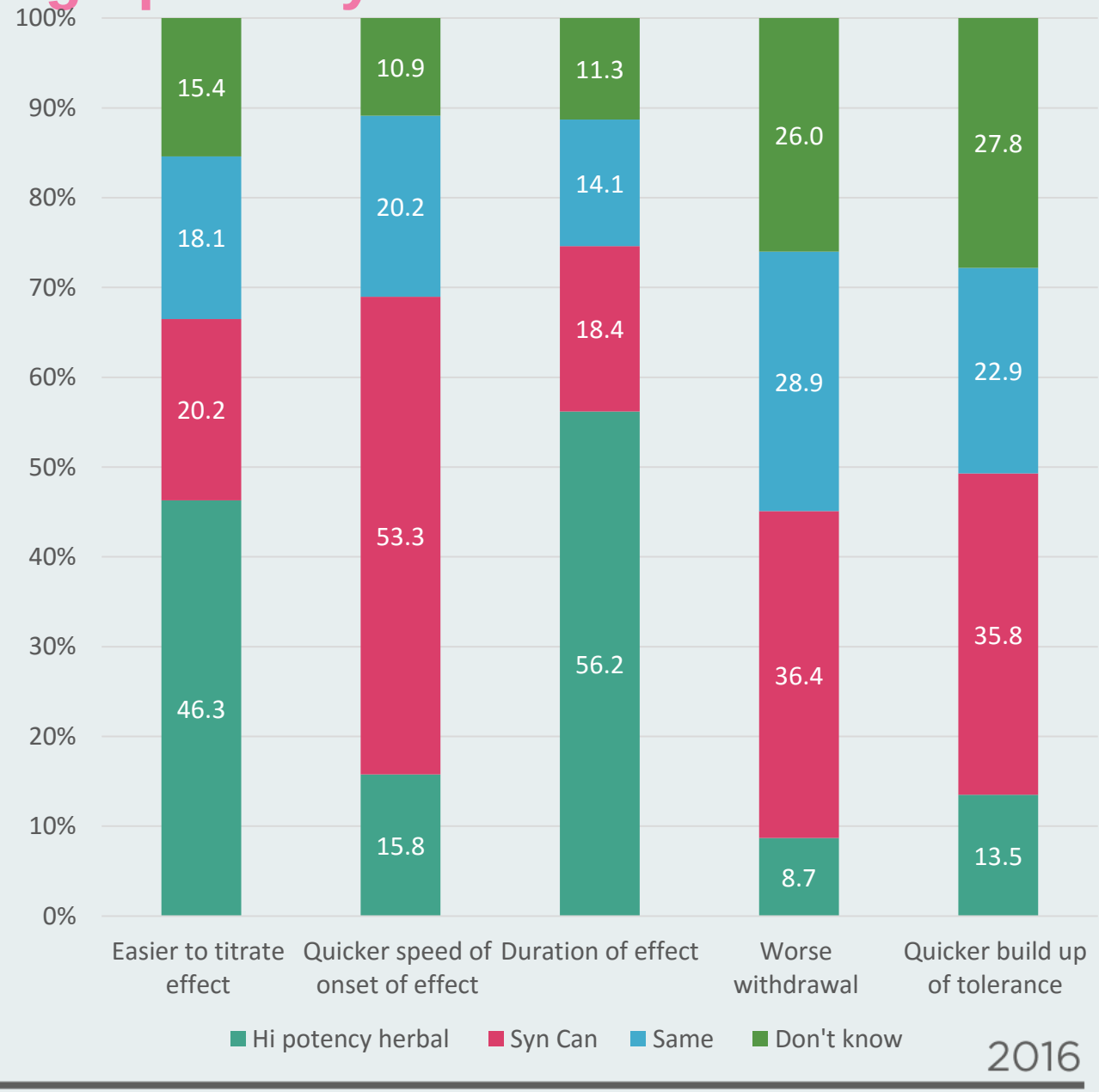
Comparing synthetic cannabis to high potency herbal cannabis

We asked last year users of SCs to compare its effect profile with the most common form of cannabis used across the world – high potency herbal cannabis

The 5 parameters were
Ease of titration to desired effect
Speed of onset of effect after administration
Duration of Effect
Time to build up tolerance
Length of withdrawal

Overall synthetic cannabis can be considered to have a profile that suggest an increased abuse liability compared to natural cannabis with users reporting

- More rapid onset of effects
- Shorter duration of effects
  more rapid development of tolerance
- Longer withdrawal



GLOBAL DRUG SURVEY

2016

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Seeking Emergency Medical Treatment on Synthetic Cannabis

In research published in 2015 GDS has already shown the risk of seeking EMT is at least 30 times greater with SC than high potency herbal cannabis (Winstock et al J Psychopharmacology 2015).

3.6% (n=39) of those reporting the use of synthetic cannabis in the last 12 month had sought EMT (4.2 % of males v 2.4% of females)

32 had used a herbal preparation and 7 had used a powder preparation

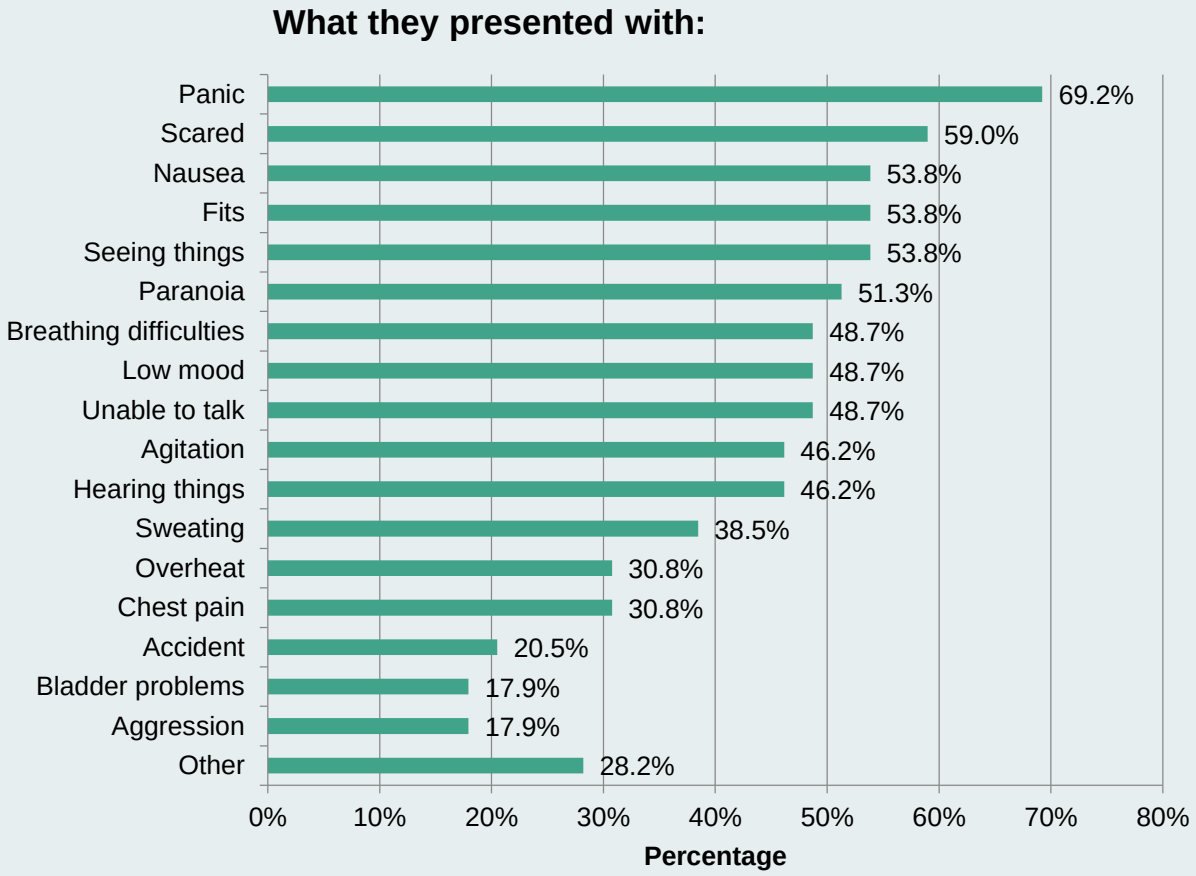
How long before you felt back to normal?

17 people (56.7%) within 6 hours
2 (5.1%) not yet back to normal

How did this effect your use subsequently?

23 (59.0%) reduced synthetic cannabis use
6 (15.4%) cut down on other drugs
2 (5.1%) increased other drug use

Over one in 30 last year users sought emergency medical treatment – the highest of any drug studied by GDS this year



GLOBAL DRUG SURVEY 2016

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The more often used SC the more likely you were you seek EMT
(based on feedback from around 1000 last year users)

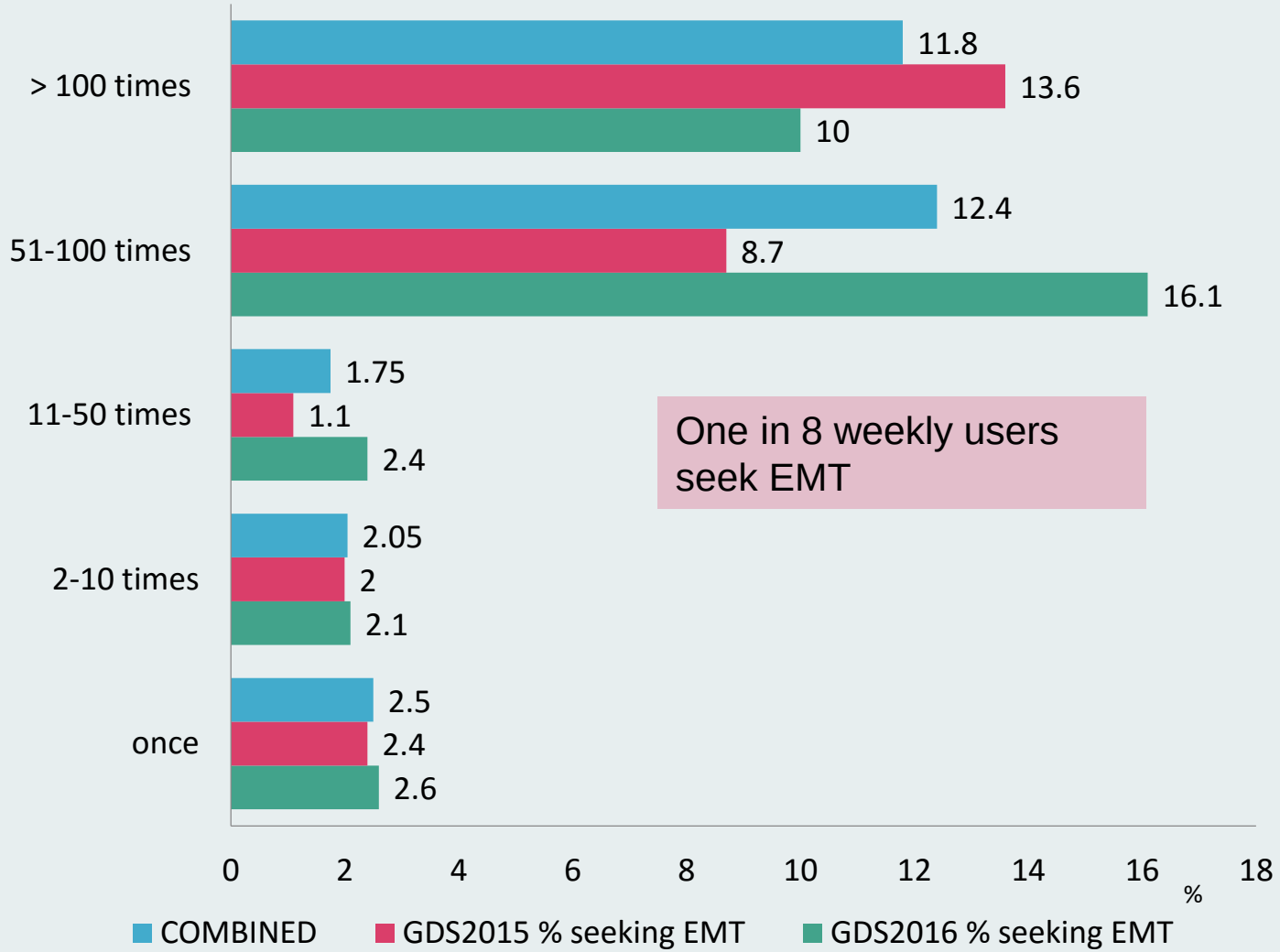
Who uses SCs?

Compared to cannabis users, SC users tend to be be male, younger and less well educated.

Who is most at risk of seeking EMT?

While the ratio of men to women seeking EMT for cannabis is pretty equal (1.3 % F v 1.1% M) it seems even accounting for the fact that most SC users are male (4:1) men are more are risk of seeking EMT than women (4.2% of last year male users v 2.4% of women) with men over the age of 25 y old being more at risk than their younger counterparts.

There is a huge dose response relationship – exactly the same as we see with a drug like methamphetamine – more drug, more often = more risk of running into serious problems



One in 8 weekly users seek EMT

GLOBAL DRUG SURVEY 2016

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Our data from the largest studies of synthetic cannabinoid use in the world suggest that despite numerous attempts at regulating / removing these products from the market there remains a very small group of users for whom they hold some attraction. My experience working within prisons suggests that the huge profit that can be accrued from their sale (2500-5000% mark up) and avoidance of screening positive for drugs drives use among some users. This current GDS data suggests younger, less well educated males may be more at risk of using these drugs. GDS2016 reaffirms the acute risks associated with the use of these products and the diverse range of preparations that are now available

With over in 1 in 7 users reporting use on 50 or more occasions in the 12 months prior to competing the survey seeking EMT , for the third year running these potent cannabinoid agonists remain the most dangerous of all recreational drugs. The wide variation in the risk of seeking EMT between countries is of note and means that we should no longer consider synthetic cannabinoids as a single group of drugs but respect that their diverse potency and effect profiles carry different risks. It is likely that the high rates of harm in the USA and Australia reflect changes in regulation that may have removed relatively more safe SCs from market only to be replaced by more dangerous (more potent) but uncontrolled ones. Of course it is not only what compound is being used but how much of it and to date there is no reliable way for users to know how much active product they are consuming. While vaporizers may allow volumetric dosing of some products and this might potentially reduce dose risk related it is too early to determine whether they can make what appear to be an inherently risky groups of compounds anywhere near safe. At present the best thing to do is avoid them.

The findings also suggest that synthetic cannabinoid products carry a significant and probably greater risk of dependence and withdrawal than natural cannabis products. The patterns of withdrawal symptoms whilst broadly similar to that seen with natural cannabis occurs at lower levels of exposure with more pronounced physical symptoms including sweaty, palpitations and shaking.

The more pronounced withdrawal is probably due to a combination of the SC products being more potent agonists at the THC receptor than THC (the active ingredient in cannabis) and the absence of a synthetic CBD like molecule which we know balances/reduces both the adverse acute effects of THC as well reducing the severity of withdrawal.

More research will need to be done to see if our approaches to managing cannabis withdraw are sufficient / effective to manage these more aroused states.

Our data confirms that natural cannabis products although not safe and free from the risk of any harm carry a significantly lower risk of acute harm, dependence and withdrawal

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DRUGS AND INTERNET, INCLUDING DARKNET MARKETS

Darknet markets or cryptomarkets have now been operating for 5 years (since the launch of Silk Road in February 2011). In the deep web, site owners, vendors and buyers are able to remain relatively anonymous as their IP addresses are masked. Purchases are made using the decentralised virtual currency Bitcoin, which can also be used relatively anonymously.

GDS2016 occurred 2 years after the demise of the original Silk Road and 1 year after Operation Onymous which brought down a number of cryptomarkets that had arisen as replacements. Exit scams, where market owners close the market unexpectedly and steal the funds, have become commonplace. Despite these disruptions, we have obtained a record sample of darknet drug buyers in GDS2016 (n=8058).

Drugs have also increasingly been bought through the internet more generally, including ‘normal’ websites and through social media, as reflected in our annual question about internet drug buying.

GDS has once again conducted the biggest survey of darknet involvement ever done and our findings suggest that like other areas of e-commerce it is here to stay.

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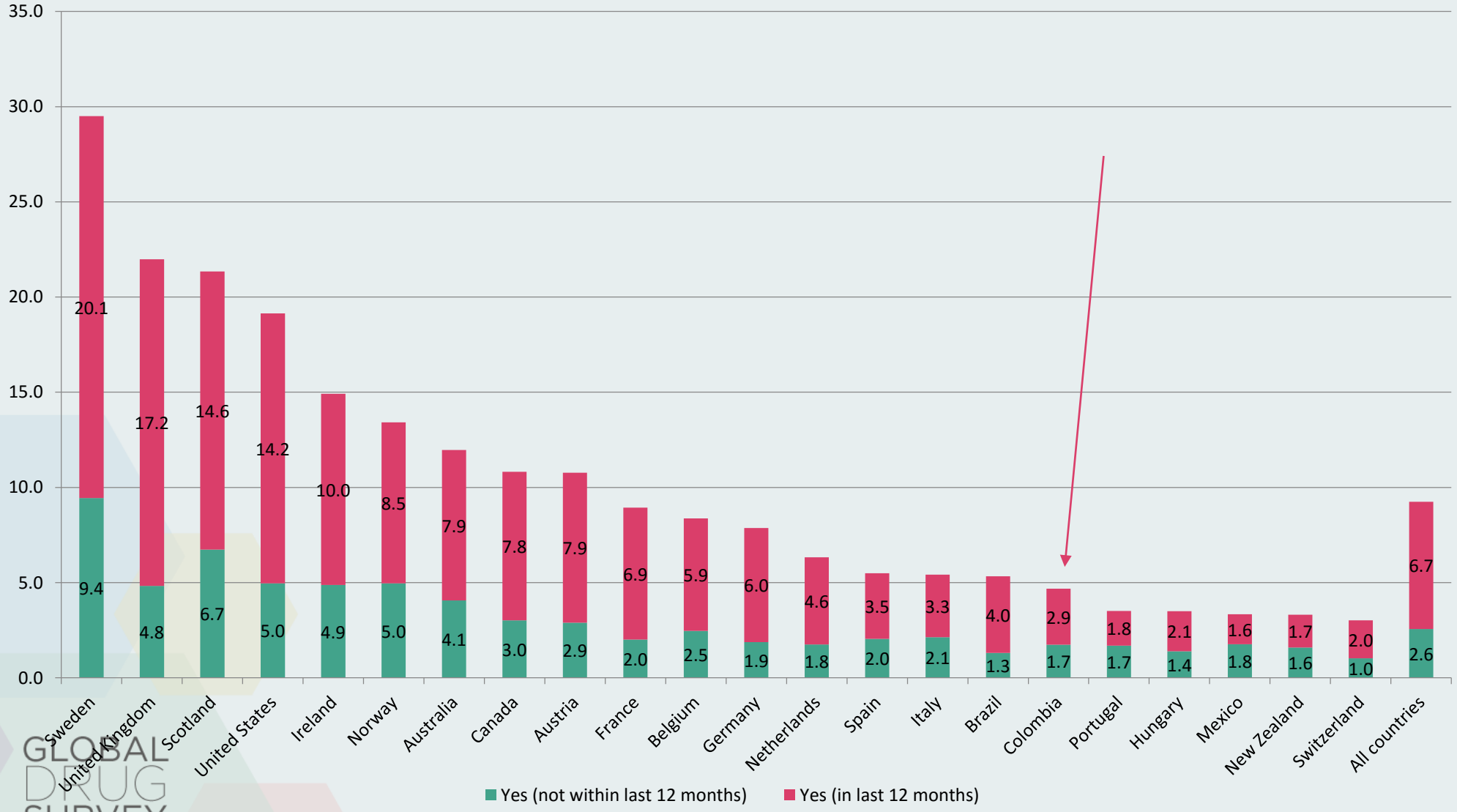
Have you ever bought drugs off the dark net*? (%)

Base sample: Ever used illicit drugs, new psychoactive substances and/or prescription drugs
* Includes those who report personally purchasing drugs, arranging for others to purchase drugs OR purchasing on behalf of others from dark net markets.
Only countries with over N=500 are shown.



Valid N

Germany	25695
United Kingdom	5776
Switzerland	6661
United States	5138
New Zealand	6363
Netherlands	4570
Australia	4595
France	3634
Italy	2774
Spain	2372
Hungary	2544
Colombia	1863
Austria	1889
Norway	1354
Canada	1241
Mexico	1125
Belgium	915
Brazil	910
Portugal	823
Ireland	668
Sweden	669
Scotland	620
ALL	85912

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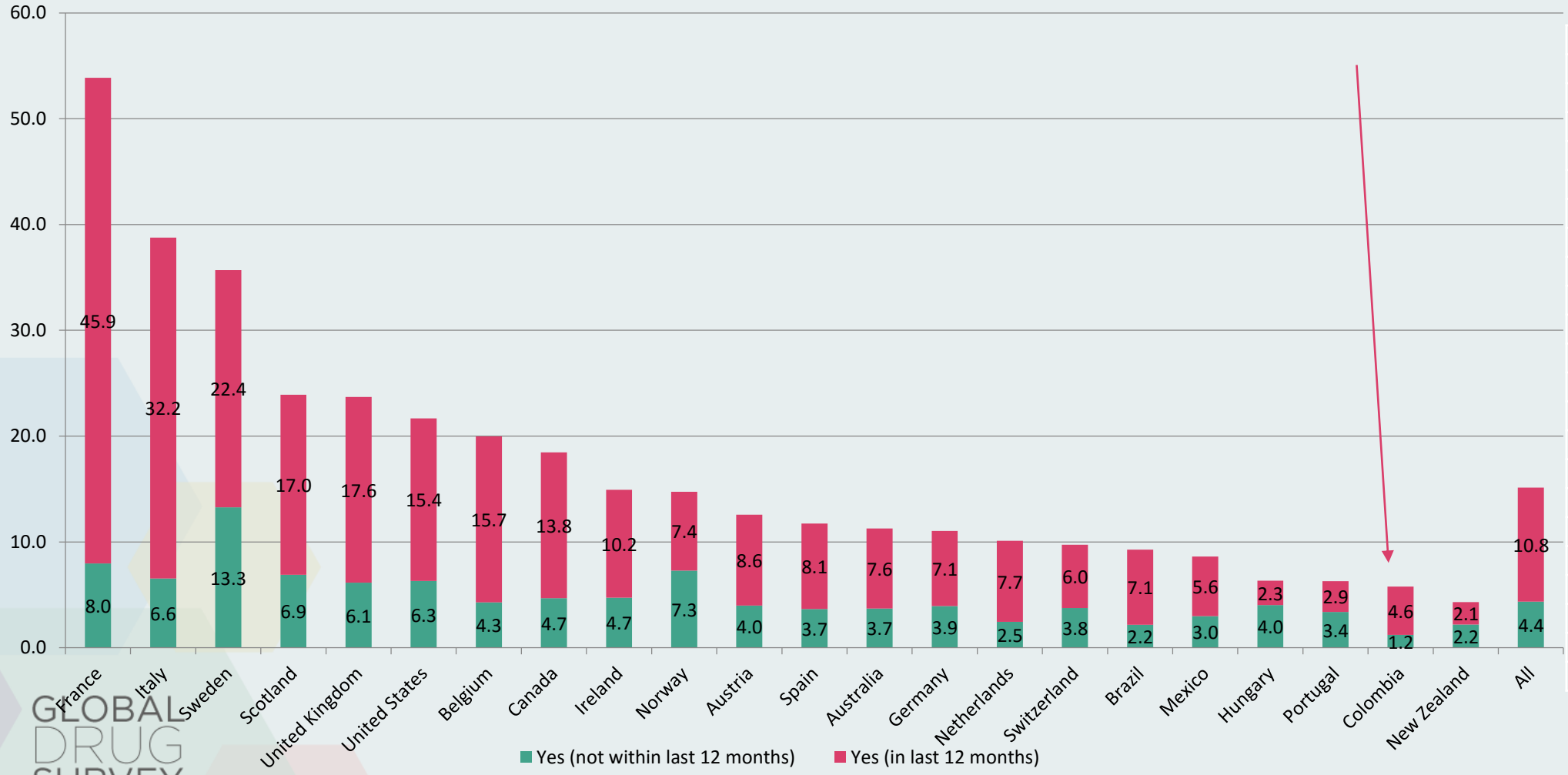
Have you ever bought drugs off the internet*? (%)

Base sample: All respondents excluding those who reported use of only alcohol/tobacco/caffeine.
* While not specified, the internet includes the dark net.
Only countries with over N=500 are shown.



Valid N

Germany	25705
United Kingdom	5788
Switzerland	6670
United States	5143
New Zealand	6352
Netherlands	4571
Australia	4578
France	3630
Italy	2767
Spain	2377
Hungary	2560
Colombia	1877
Austria	1885
Norway	1359
Canada	1243
Mexico	1124
Belgium	924
Brazil	909
Portugal	823
Ireland	672
Sweden	674
Scotland	618
ALL	85972

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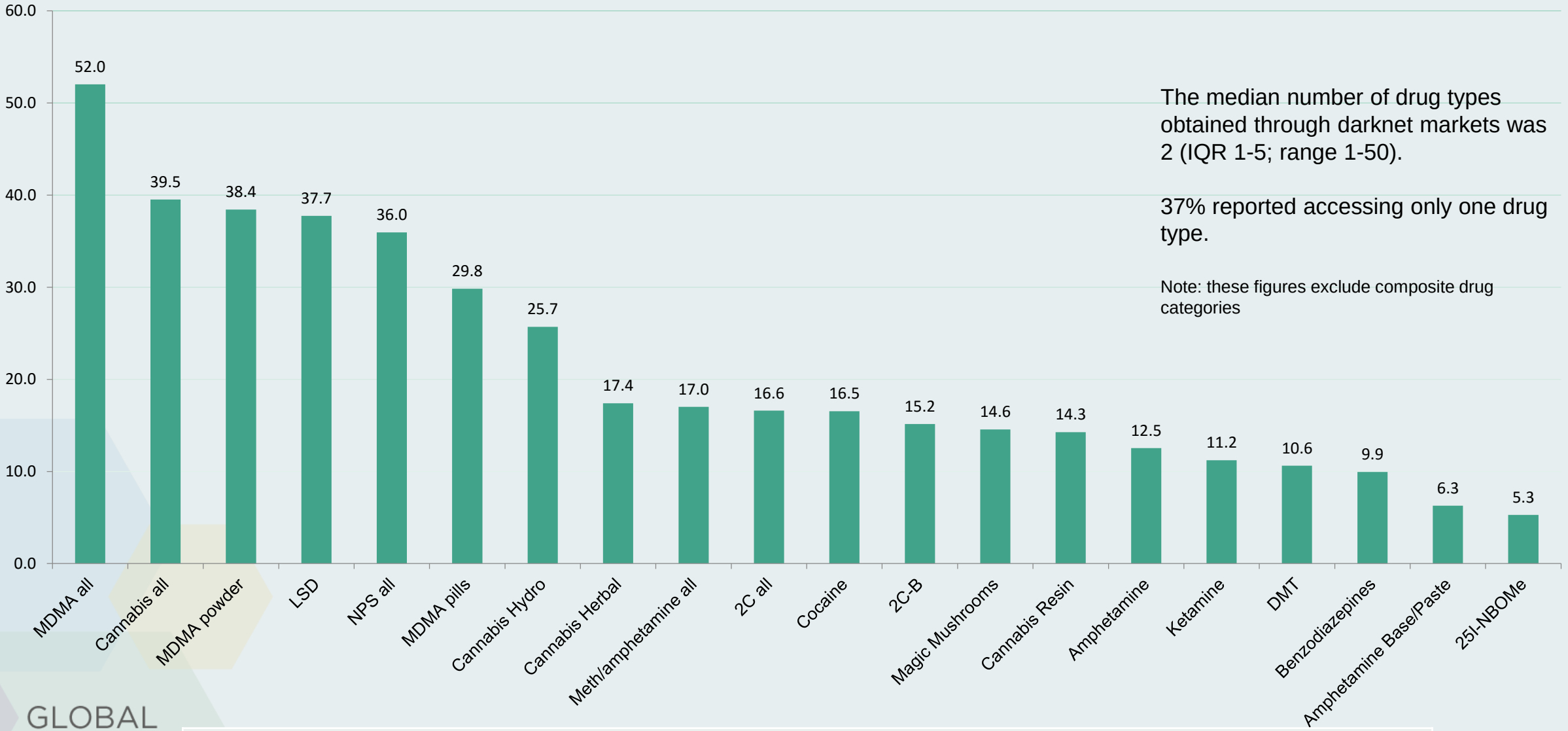
Which drugs were bought through darknet markets? (%)



The median number of drug types obtained through darknet markets was 2 (IQR 1-5; range 1-50).

37% reported accessing only one drug type.

Note: these figures exclude composite drug categories

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Which drugs have you, or someone on your behalf, purchased through darknet markets?
Valid 7310 of total N 8056
Only the 20 most commonly reported drug types /composites are shown.

2016

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