



GDS2021 Executive Summary

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Global Drug Survey is an independent research organisation based in London. We run the largest drug survey in the world. This is our 9th annual report.

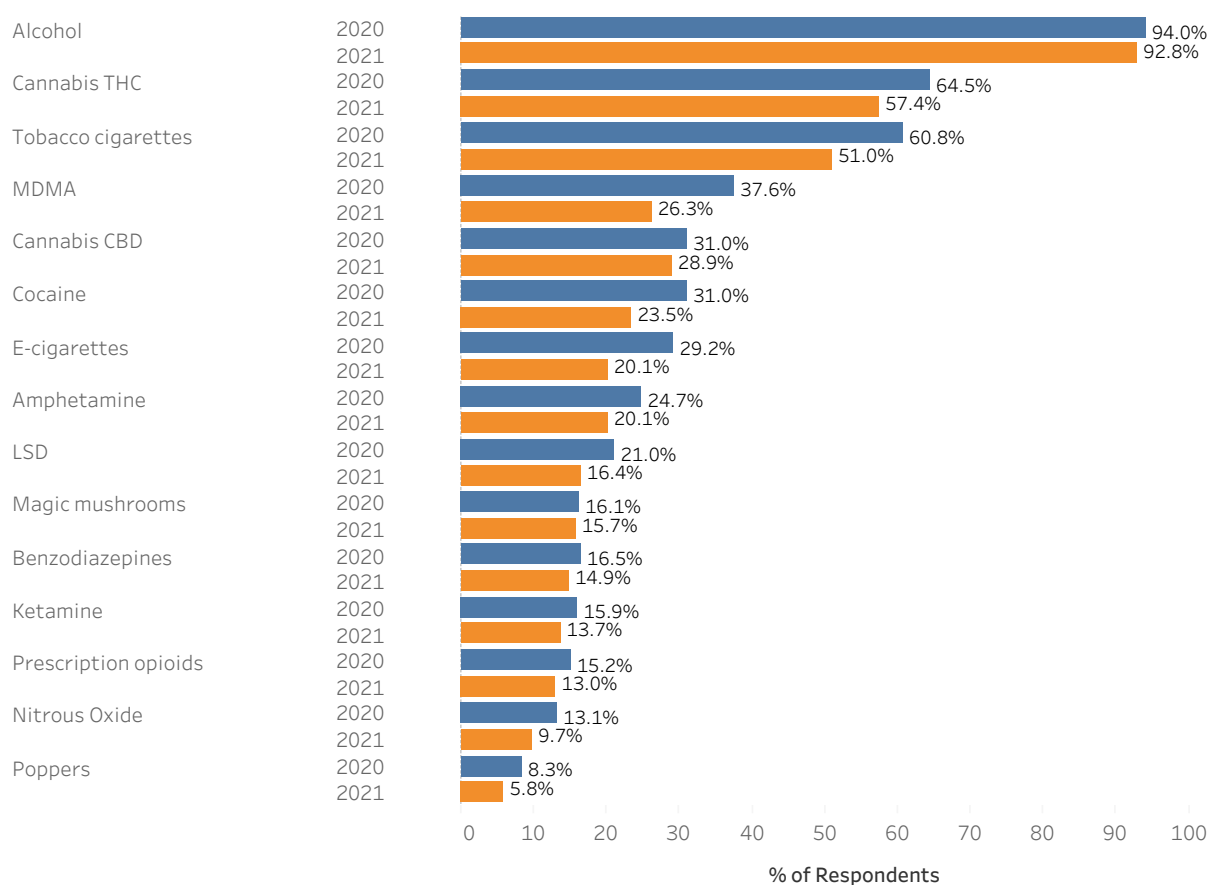
Data collection period

GDS2021 ran between December 2020 and March 2021

Sample Characteristics Global Drug Survey 2021 (GDS2021)

Data from over 32,000 people from over 20 countries were used in the preparation of this report. 62% were cisgender men, 34% were cisgender women, and 3.5% were either transgender, non-binary, or intersex. 30% were aged under 25 years (the sample was older than GDS2020, where 52% were aged 25 years and younger) with 38.5% aged 35 years or older (compared to 22% in GDS2020). 86% of the sample identified as white. 47% had at least an undergraduate degree as their highest level of educational attainment. 40% reported a lifetime diagnosis of any mental health or neurodevelopmental condition.

Top drugs used in the last 12 months in GDS2020 v GDS2021

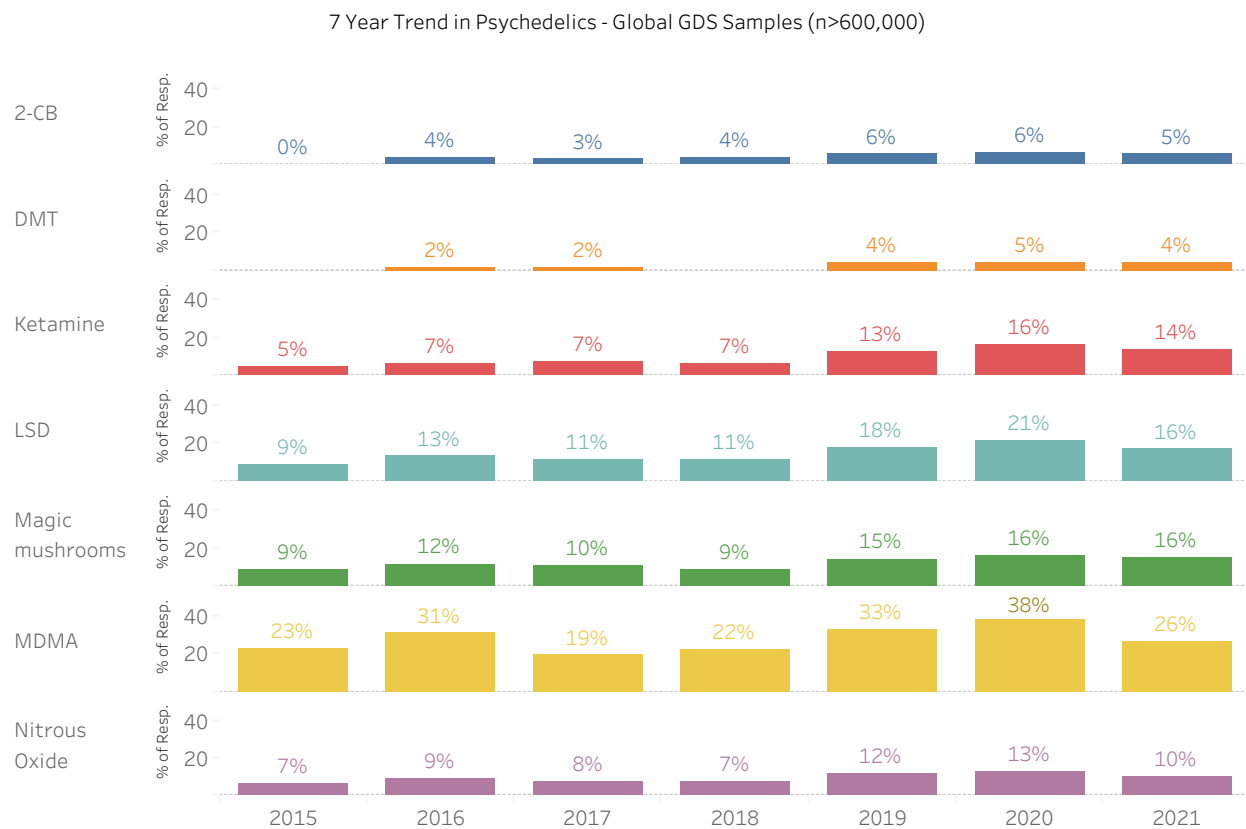


Compared to GDS2020, there were falls in the rates of almost all drug classes. This might reflect the older age of the GDS2021 sample or reflect the trend we have seen in most drugs (most notably stimulants) being used less frequently during the COVID-19 pandemic. The data also confirm the widespread use of CBD products globally with CBD being used by more people in the last 12 months than any other drug except alcohol, tobacco and THC containing cannabis.

1 in 4 who had used psychedelics in the last 12 months reported microdosing. Three-quarters reported no side effects. Of those who 'microdosed' and were in receipt of medications for their mental health almost half reported reducing or stopping their medications.

Of those using LSD and magic mushrooms in the last 12 months (~3000 respondents for each substance), ~22% reported having 'microdosed' either substance in the last year. Of these 50% had only micro-dosed, while the other 50% had also taken full doses. Side effects were most commonly attributable to taking too much with approximately 10% reporting unwanted mental effects and 8% physical effects. Of those experiencing side effects 10% reported stopping microdosing altogether. Of the approximately 20% of microdosers who were in receipt of medications for their mental health, approximately one quarter reported stopping their medications altogether and another quarter reducing their dose or frequency of use. While these findings may indicate that some people with mental health issues gain significant relief from microdosing psychedelics, it is important to note that suddenly stopping psychiatric medications can lead to worsening of mental health and withdrawal and should not be done without medical supervision. Clinical trials are yet to determine whether microdosing psychedelics for mental health treatment is indeed effective, but we look forward to such future trials - both of normal and of micro-doses.

Psychedelics are on the rise globally



Cannabis dependence is not a major issue for those using cannabis-based medicines

Over 14,000 people completed the GDS section on cannabis. Of these 11% reported use for medical purposes (1.9% exclusively medical, 72% mostly medical; sometimes recreational). Problems with thinking clearly or memory at least weekly were reported by 11%. Just over half reported using their cannabis-based medicines at least weekly to relax. 85% reported having no worries about stopping their cannabis-based medicines, even if they wanted to. Prescribed cannabis carries far less risk of harm and dependence than prescription opioids. The focus should be on encouraging non-smoking routes and identification of optimal dosing schedules for different conditions. Doctors need to have non-judgmental conversations with their patients and learn from their experiences.

Almost half of those who used cannabis and cocaine reported changes in their use and sharing behaviours to reduce the risk of COVID-19 transmission

For cannabis the data show that the most common change in behaviour from before to during the pandemic was to share a joint/vape/pipe/bong less often with other people (42%). Further decreases in risk from COVID-19 were reported by 25% of the sample who shared their loose cannabis with other people less often, and 24% who reported only using joints/bongs prepared by themselves more often. 20% reported refusing to share joints/bongs with others more often than before COVID-19.

For cocaine our findings suggest that while many people did not adjust their behaviours, where they did it was overwhelmingly in the direction of reducing risk. The most commonly adopted behaviour changes were the easy and obvious ones: not sharing snorters, using your own cocaine and using cocaine prepared by yourself. Whether sharing joints or straws will fade into history or return once COVID-19 becomes less prominent in our lives we just don't know. But our data suggest many people adapted their drug use practices to reduce the risk of COVID-19 transmission.

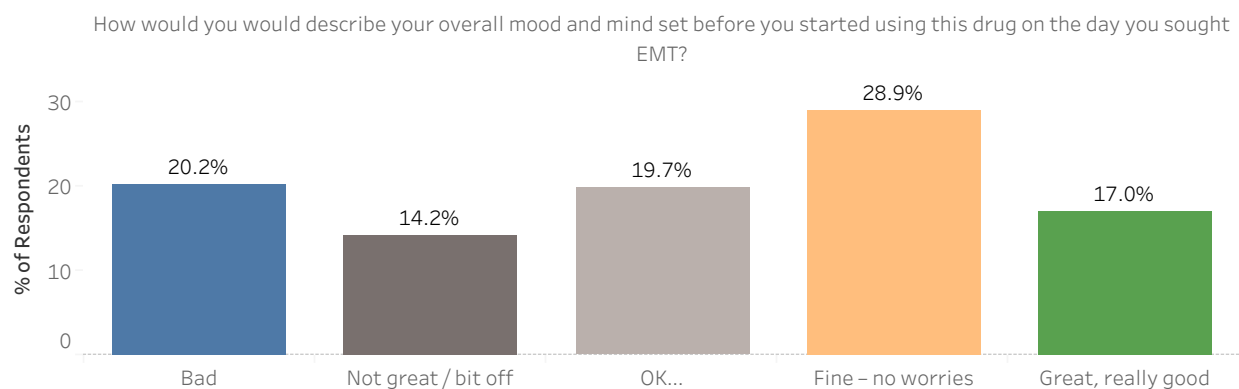
People got drunk less often during lockdown and on average participants regretted getting drunk 25% of the time with the biggest predictors of getting drunk being drinking too quickly, mixing their drinks and hanging out with people who drink heavily.

On average respondents to GDS2021 reported regretting getting drunk on 21% of occasions (compared to 30% in GDS2020). Regret was highest among respondents from countries reporting getting drunk least often. The highest rates of regret were reported in Ireland (28.4%) and lowest in Denmark and Finland (17%). On average women regretted getting drunk on 25% more occasions than men (global mean 19.4% M v 24.5% F). The top drinking behaviours associated with getting drunk and regretting it were once again drinking too much too quickly, mixing drinks and being with people who engage in heavy drinking. COVID-19 specific reasons were also cited as why people had gotten drunk and regretted it including feeling anxious about and not having drunk for ages due to pandemic restrictions.

There are simple things everyone can do to minimise the risk of harm and increase the pleasure they get when drinking. These include: drinking more slowly, avoiding people who drink heavily and avoiding mixing drinks (or mixing alcohol with other drugs) , as well as not drinking when life is lousy or when you're in a bad mood. If you want to compare your drinking to others and get help drinking less check out the GDS free anonymous Drinks Meter app (also at www.drinksmeter.com) or www.onetoomany.co for more advice and personalised feedback.

Rates of seeking emergency medical treatment (EMT) fell for most drugs – with most people at home/private residence when they called for help. 1 on 4 were on their own. Oh yes and don't use it when you're in a bad mood!

Rates of most drug use fell among our GDS samples between GDS2020 and GDS2021 and we would expect rates of acute harm to fall as well. Compared to GDS2020, all rates for seeking EMT fell across almost all drug types. For example, 1.2% of the whole sample reported EMT following alcohol, compared with 2.0% pre-pandemic. MDMA rates fell by 50%, from 1.0% to 0.5%. Cocaine EMT rates were stable, whereas for methamphetamine and new/novel drugs, EMT rates increased from GDS2020 to GDS2021. It is possible people using less often in bars and clubs led to more constrained use. Of course, it is possible that using a private hom..



About a third indicated they reported being in a bad or not great mindset before they started using alcohol/other drugs the day they sought EMT. It's unfortunate that for many people intoxication becomes more attractive when they are feeling miserable or distressed. But the reality is that most drugs (even depressants like alcohol) will tend to exacerbate the mood you are in (and can often leave you feeling more anxious and stressed the next day). And when your use is driven by a desire to remove negative feelings more cautious patterns of consumption and behaviour may be discarded resulting in greater risks of acute harms.

People who use drugs think about minimising risk almost as much as they do about maximising pleasure and enhancing pleasure with friends.

GDS2021 asked people to think about the different drugs they had used in the last 12 months and to tell us overall using a scale of 1 – 10 (10=very important).

*How important is maximising the pleasure you get?

*How important is avoiding harm associated with your use?

*How important is the amount of fun you have with other people?

Our findings suggest that while pleasure maximisation trumped harm avoidance for cannabis, MDMA, cocaine, heroin, crystal methamphetamine, ketamine, and nitrous oxide, avoiding harm was not far behind. Harm avoidance was only rated as more important than pleasure for alcohol (a good thing), GHB and Synthetic Cannabinoid Receptor Agonists (SCRAs), while for LSD and magic mushrooms (MM), ratings for pleasure and harm avoidance were almost identical. Because of their potency, with small differences in dose leading to big differences in effect and the risk of harm including hospitalisation, such caution with GHB, and SCRAs is warranted. And oddly, pleasure as a driver for alcohol use was pretty low, particularly among people who drink less frequently. This is explained by many people consuming alcohol at a level at which they obtain little or no subjective effect, unlike most other drugs.

The other striking finding was just how important enhancing fun with others was for MDMA and cocaine. Now this is not surprising for pro-social drugs but it reminds us that a prerequisite for having fun is not getting so intoxicated that you fall sick, get aggressive, seriously annoying or need paramedics, which ruins the night for your mates. Since the risk of harm increases with dose, people who enjoy taking MDMA are reminded larger doses are not more fun either. Sometimes moderation ain't so bad!

	Maximising pleasure	Fun with others	Avoiding harm
MDMA	8.5	9.0	7.7
Heroin	8.0	3.8	6.8
LSD	7.9	7.3	8.0
Ketamine	7.6	6.9	7.2
Mushrooms	7.6	6.9	7.7
Cocaine	7.5	8.2	6.8
Nitrous	7.4	6.8	6.9
GHB	7.4	7.3	7.9
Cannabis	7.4	6.7	6.9
Methamphetamine	7.4	6.1	6.9
Alcohol	6.2	7.4	7.3
SCRAs	6.2	5.4	7.5

Clearly this is just a first pass on our analysis, but the takeaway message is clear. People who use alcohol and other drugs are concerned about their health and seek to balance pleasure, the risk of harm and social enhancement. Better drug policy, smarter public health education and greater respect for pleasure as a driver for the use of substances are some of the many things we can do to help people achieve the optimal balance between pleasure and the risk of harm.