



GLOBAL
DRUG
SURVEY

2016

Early results of the headline findings from Belgium P2

Prepared exclusively for The Guardian Australia

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The image features a dark background with a glowing network of lines and nodes. The lines are primarily green and yellow, with some orange and red. The nodes are represented by small white dots. Overlaid on this network are several large, semi-transparent hexagonal shapes in various colors: blue, yellow, purple, red, and grey. The background also shows a faint world map with some areas highlighted in yellow and red. In the bottom left corner, there is a dark red rectangular box containing white text.

**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.

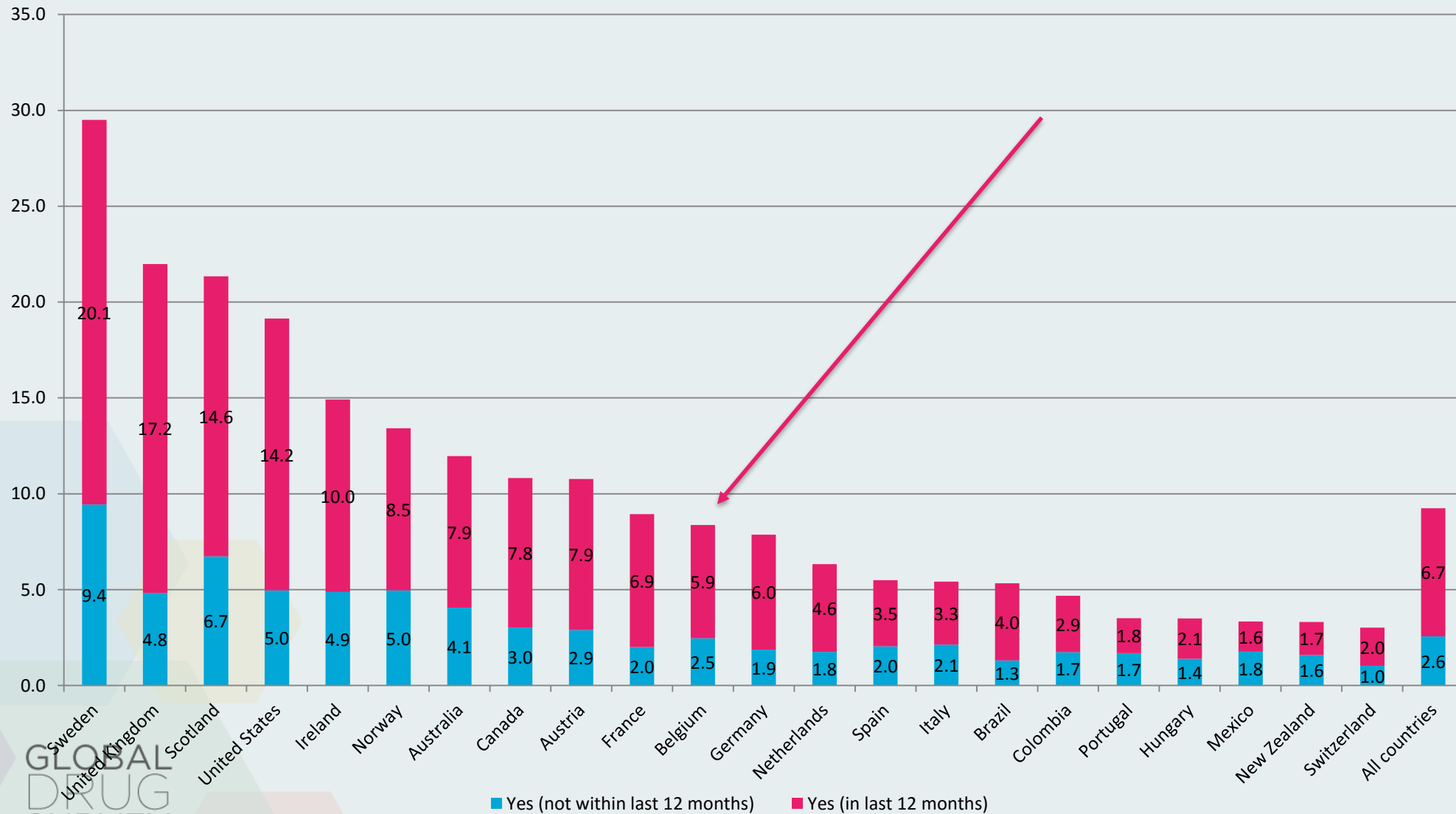
GDS has once again conducted the biggest survey of darknet involvement ever done and our findings suggest that like other areas of e-commerce it is here to stay.

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

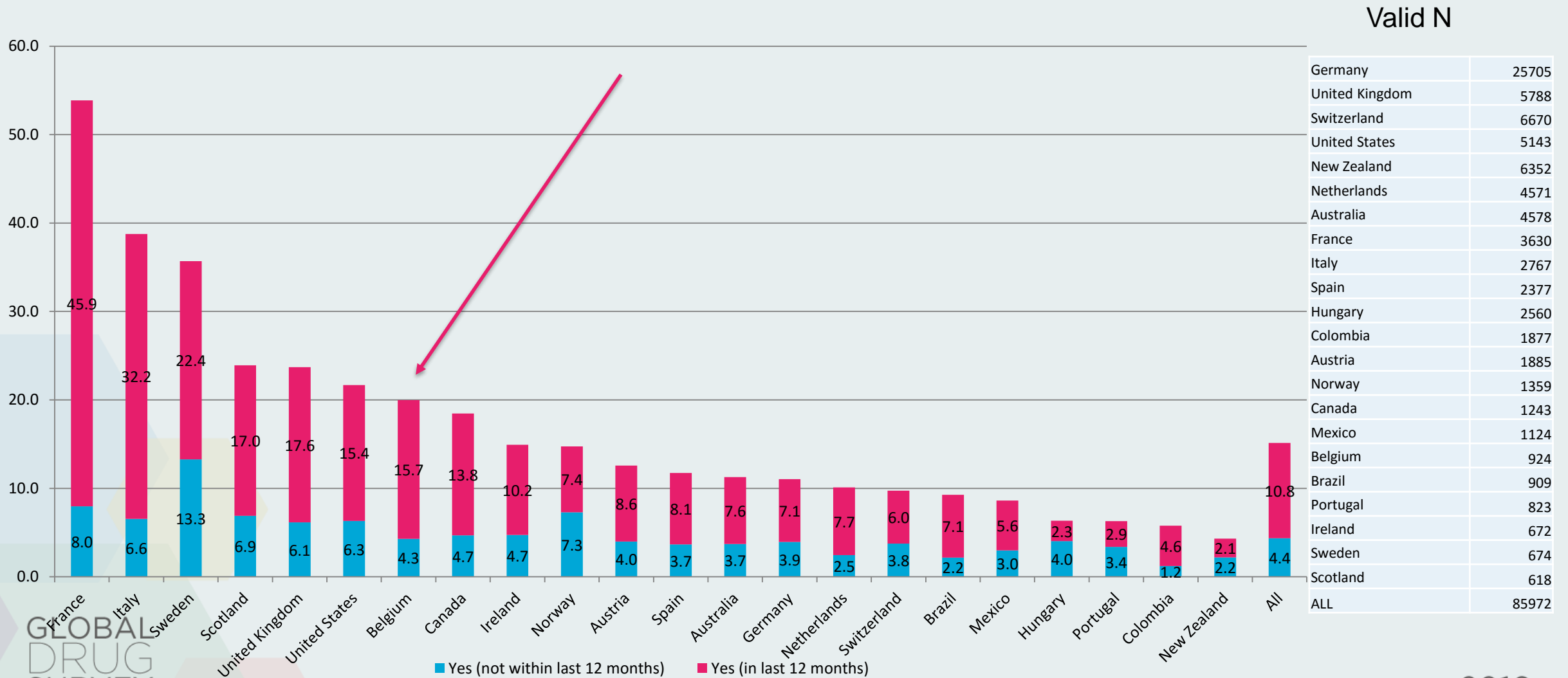
2016

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

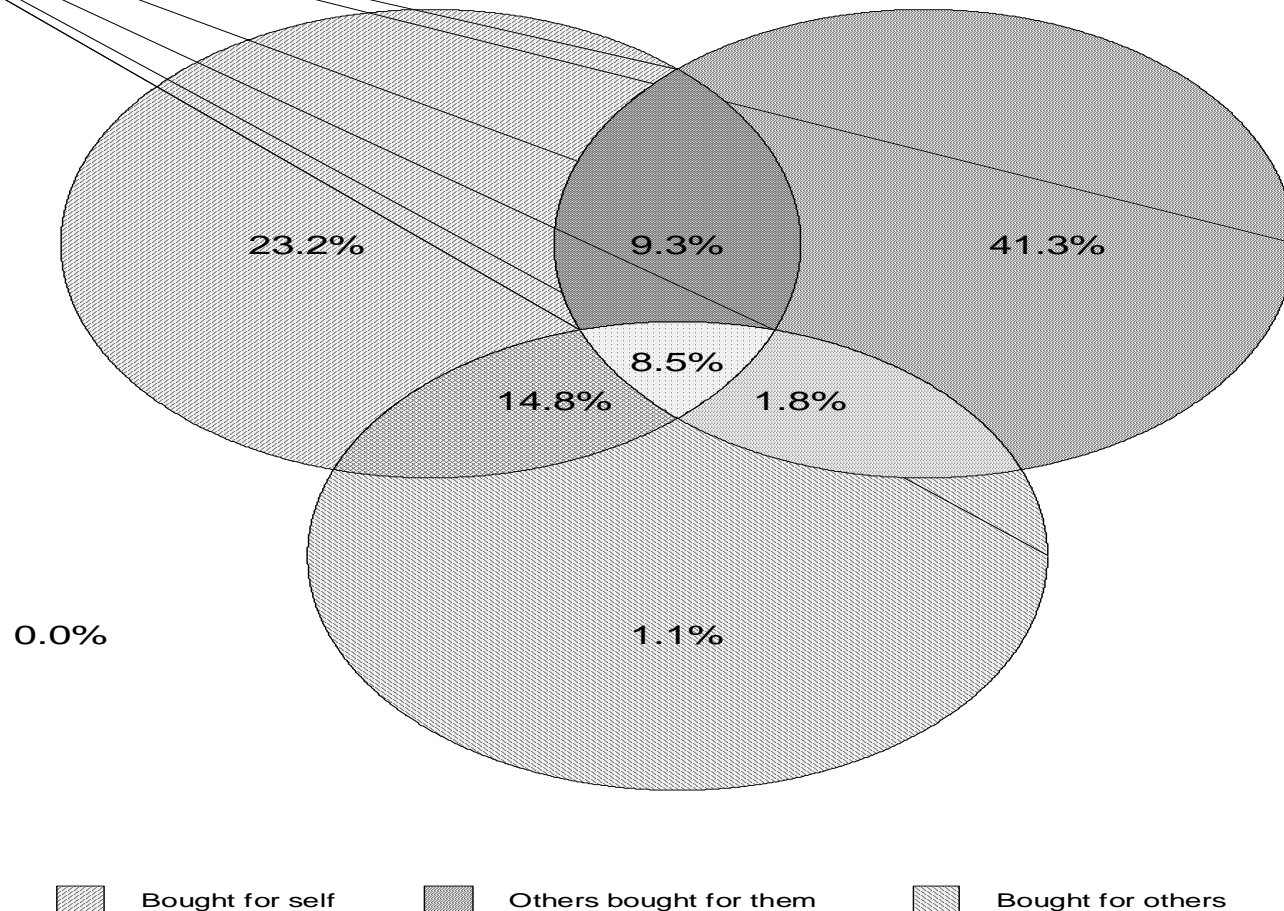
Base sample: All respondents excluding those who reported use of only alcohol/tobacco/caffeine.

* While not specified, the internet includes the dark net.

Only countries with over N=500 are shown.



Darknet market engagement (ever)

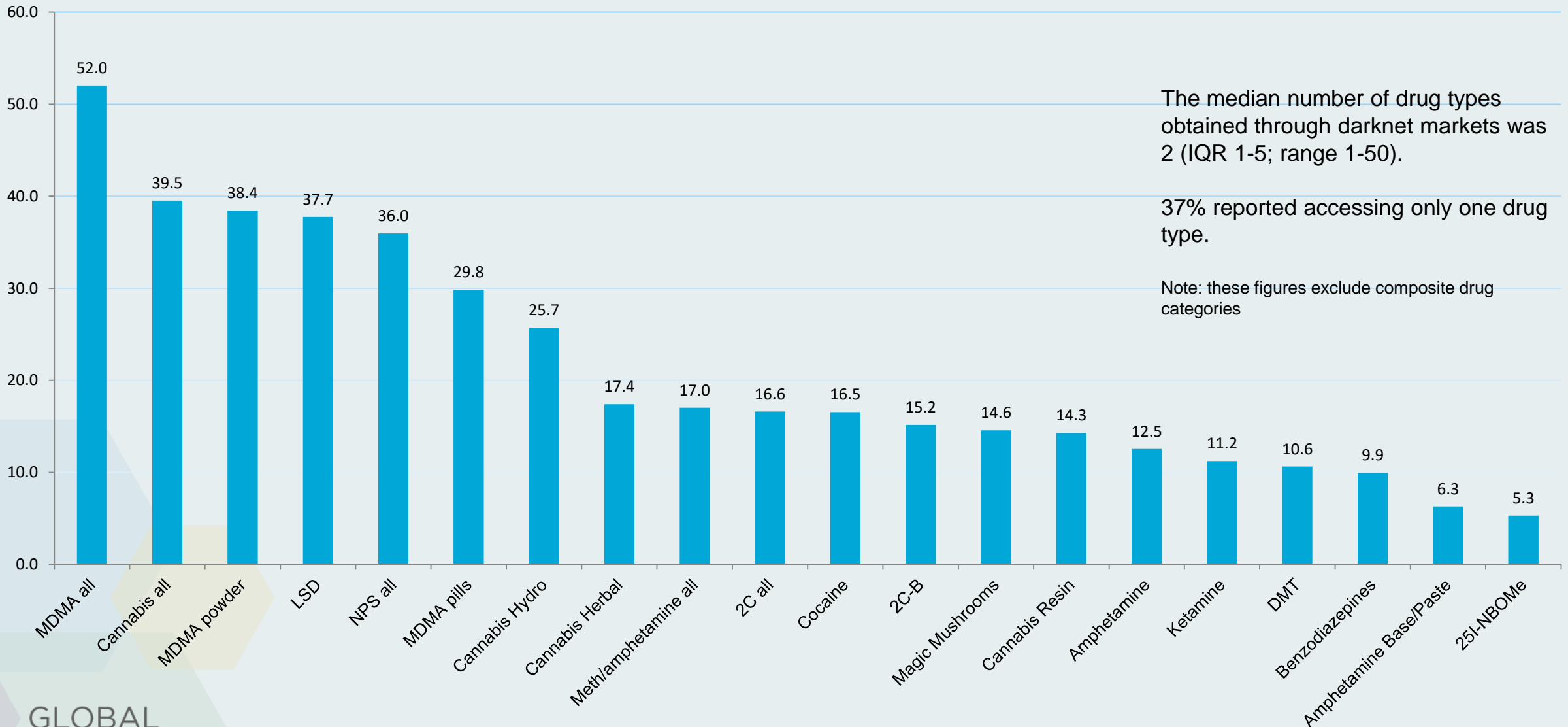


This data provides an overview of global dark-net use not any country in particular

Base sample: ever bought or arranged to obtain drugs through darknet (N=8058)

- 56% reported buying drugs for their own consumption (23% ONLY did this)
- 61% reported arranging for someone else to purchase drugs for them (41% ONLY did this)
- 26% reported buying drugs on behalf of others or with intention to supply to others (1% ONLY did this)
- 8.5% did all three!

Which drugs were bought through darknet markets? (%)

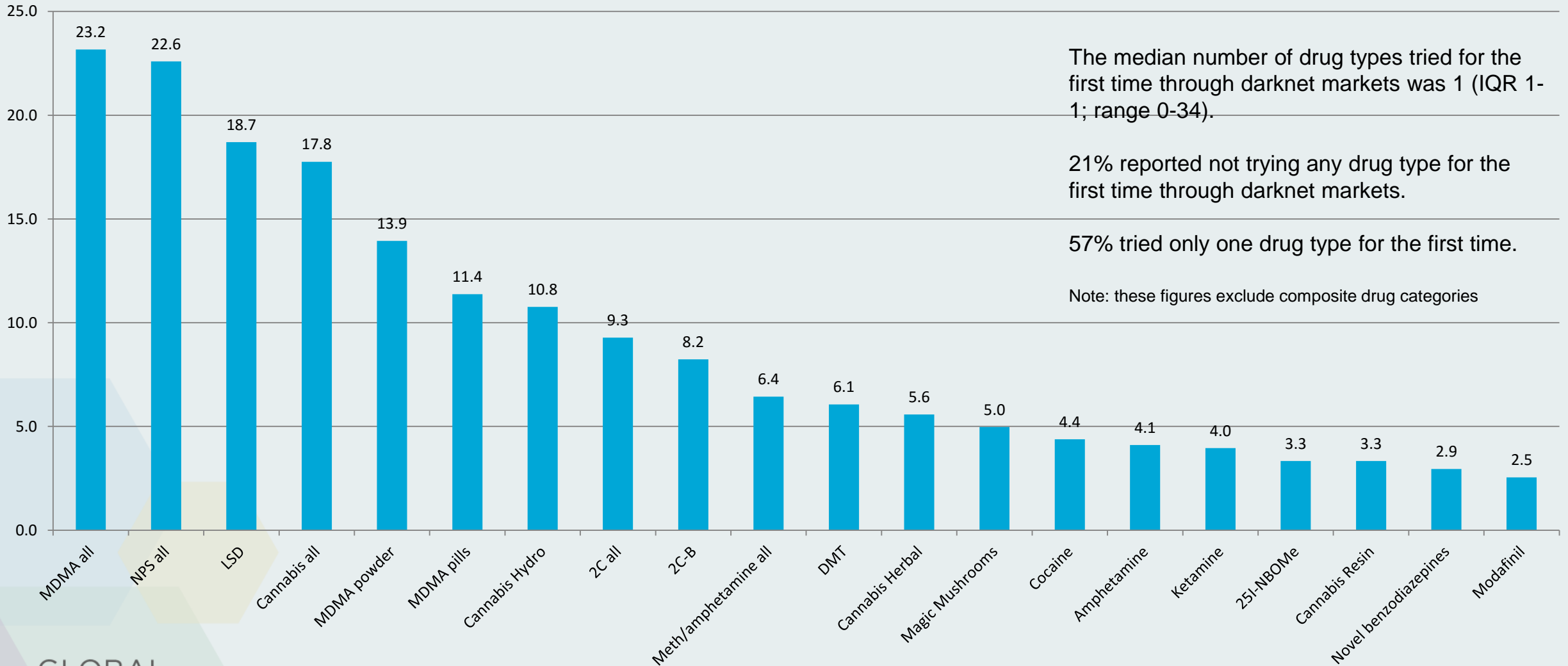


The median number of drug types obtained through darknet markets was 2 (IQR 1-5; range 1-50).

37% reported accessing only one drug type.

Note: these figures exclude composite drug categories

Of the drugs purchased through darknet markets, which did you try for the first time?



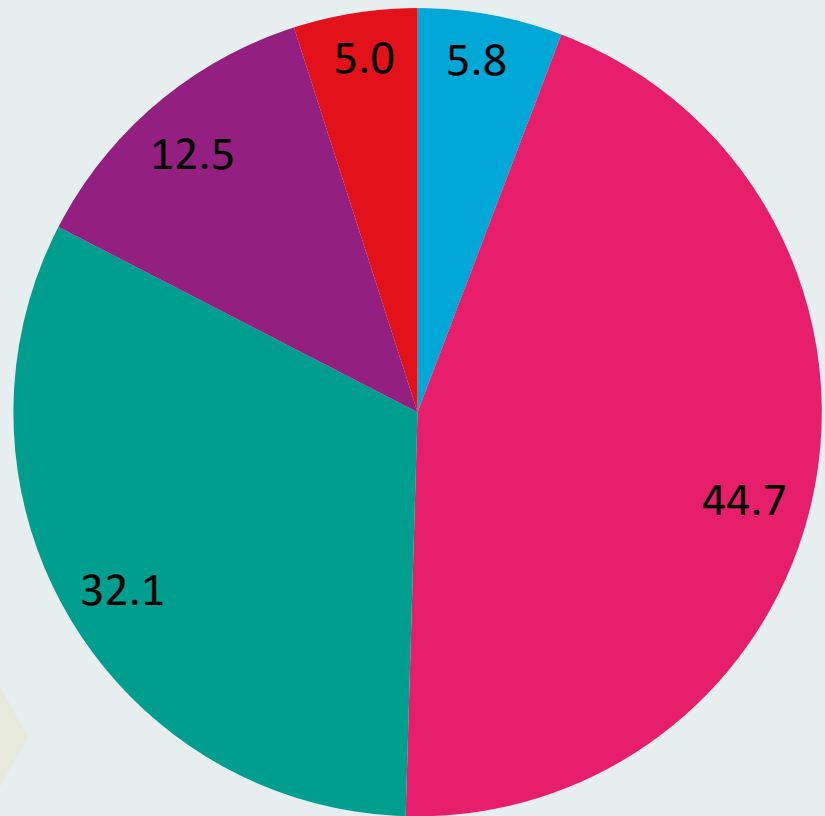
The median number of drug types tried for the first time through darknet markets was 1 (IQR 1-1; range 0-34).

21% reported not trying any drug type for the first time through darknet markets.

57% tried only one drug type for the first time.

Note: these figures exclude composite drug categories

How has accessing drugs through darknet markets affected the range of drugs you have consumed? (%)



- I have consumed a smaller range of drugs than previously
- I have consumed the same range of drugs as previously
- I have consumed a wider range of drugs than previously
- I have consumed a different class of drugs than previously
- I did not consume drugs prior to accessing them through darknet markets

Of 8058 who reported ever use of darknet markets, 7459 provided a valid response to this question.

Who is using darknet markets?

These results are looking at the demographics and drug use characteristics of people who report accessing drugs through darknet markets *in the last 12 months* (N=5,701). The BASE group for this analysis is people reporting use of illicit/NPS/prescription drugs in the last 12 months (N=74,804).

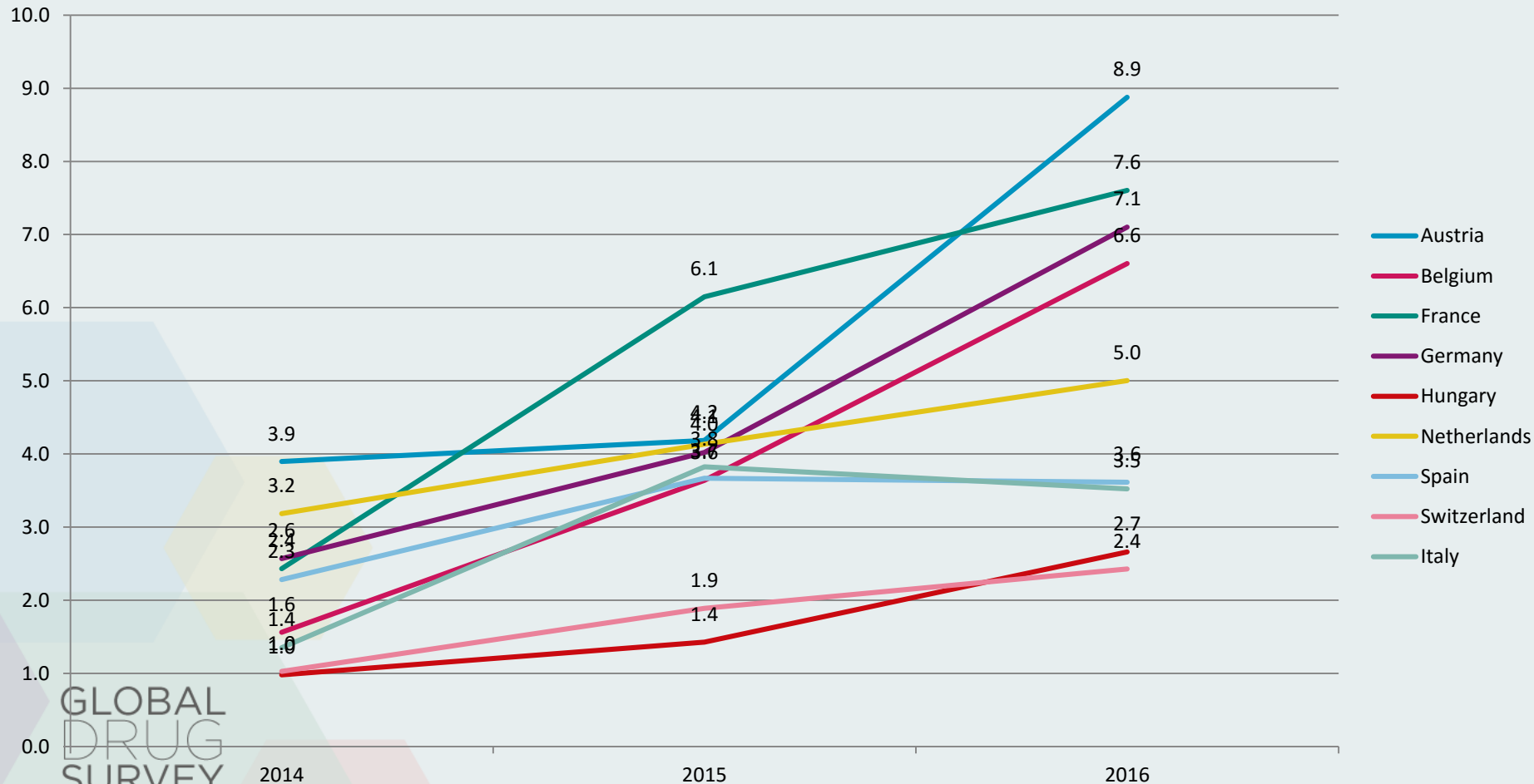
- Darknet market users were **younger** than other recent drug users (median age 22 vs 24, mean age 23.5 vs 27.7). ***
- Darknet market users were more often **male** than other recent drug users (82% vs 66%). ***
- Darknet market users were **less likely** to hold a university degree (32% vs 36%) or to be employed (54% vs 61%) than other recent drug users. ***
- Darknet market users were **more likely to live in a regional area** than other recent drug users (26% vs 24%). **
- Darknet market users were **more likely to report going clubbing** monthly+ than other recent drug users (57% vs 53%). ***
- **In a logistic regression, younger age, being male, holding a university degree, and clubbing less than monthly uniquely predicted darknet market use.**

*** p<.001, ** p<.01

Three year trends: recent darknet market use

Recent darknet market use includes purchasing their own and getting someone to purchase on their behalf in the last 12 months. Base: respondents reporting use of illicit/NPS/prescription drugs in the last 12 months.

Only countries with N=500+ *in all 3 years* are included (except Italy which had <500 in 2014 and 2015)



European countries:

- Increases can be seen for most countries.
- Changes in rates across years and differences in rates between countries could be explained by sampling differences

GDS2016 was the biggest ever study of darknet drug involvement

Despite numerous state led efforts to police, close down or otherwise disrupt darknet markets, data from GDS show these markets are not only resilient but appear to be thriving in many countries. Even the existence of scam sites and sudden market closures with loss of funds appear not to have dented the enthusiasm that shopping away from prying eyes offers people. With range of product, quality, convenience and increased personal safety remaining the main attractions it is difficult to see anything but ongoing growth for darknet sales.

In terms of who is most likely to use the darknet to obtain drugs, in a multivariable logistic regression, younger age, being male, holding a university degree, and clubbing less than monthly uniquely predicted darknet market use. Our findings also demonstrate how a country's existing drug laws and market may influence the attractiveness of buying drugs online. The low but stable level of darknet involvement in Portugal, where people can access cheap, good-quality drugs with nil criminal penalty risk, sits in sharp contrast to the stable but high rates of involvement in Sweden, which boasts restrictive drug policies. The escalating trends across most of the EU, Australia and North America continue to challenge enforcement agencies and national drug policies. While darknet markets seem to increase some people's drug using repertoire and offer people the chance to try something new what is most telling is how mundane and traditional the most commonly purchased drugs are, with MDMA and cannabis accounting for the vast majority of purchases.

The high rates of NPS purchase may reflect increasing national regulation and closure of head shops. They also suggest that local attempts at regulating new drugs may be largely ineffective if any NPS appeared on the market that actually offered users a particularly desirable effect.

Darknet markets may increasingly challenge existing dealing networks and cartels (although no doubt some will already be exploiting this new distribution strategy) and may ultimately lead to a model of regulated access.

GDS2017 will explore what the impact of darknet market access is in on patterns of drug use and drug related harm



NPS MOTIVATIONS FOR USE

The Novel Psychoactive Market / Research Chemical market appeared in the late 2000s on the back of a decline in purity of traditional stimulants (MDMA in particular).

4 years ago when we asked about motivations for their use – the non-availability of other drugs and their poor quality was cited as the major factor. As the quality of traditional drugs has improved in recent years the motivators have changed and now perhaps there is greater importance on perceived value for money and ease of access online.

What is clear from all the GDS surveys and publications is that NPS generally do not have an effect profile that is preferred to traditional drugs by the vast majority of users and very importantly they are not seen as safer than traditional drugs. So the media narrative suggesting that most people think just because drugs are legal they are safe – is not true – it is not supported by the evidence.

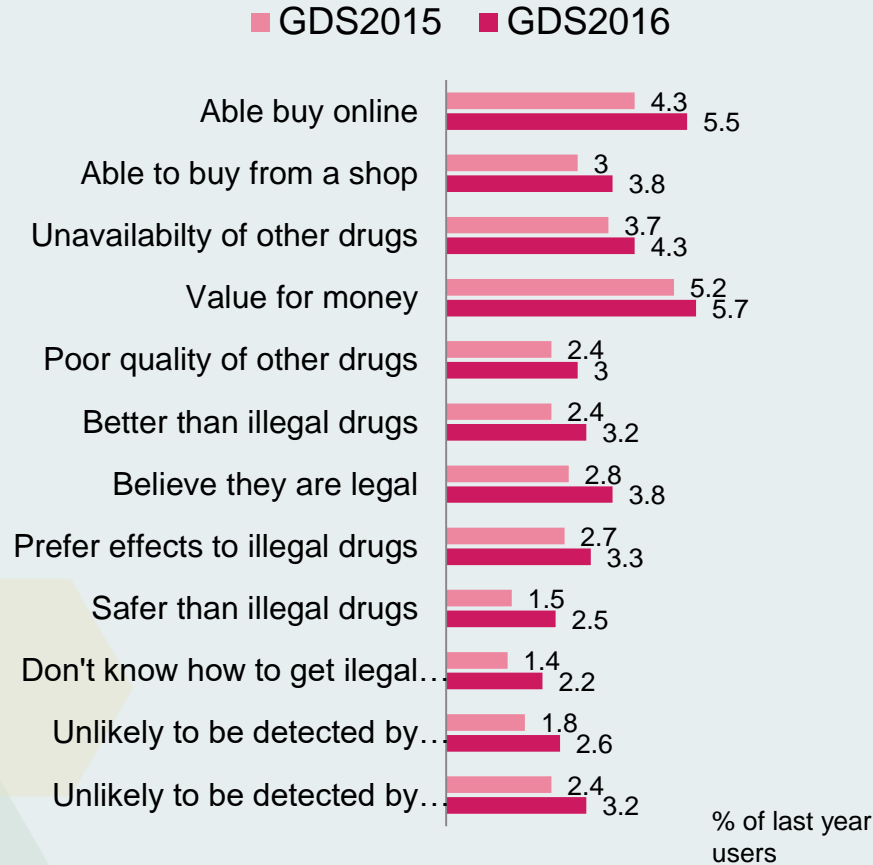
This year we asked over 4500 people who had used a variety of NPS in the 12 months prior to the survey how important various factors were in motivating their decision to use what their main motivations for using these drugs were. Alongside findings from GDS2016 we also provide the results from GDS2015.

In the coming months we will start exploring how motivations vary across age, gender and culture.



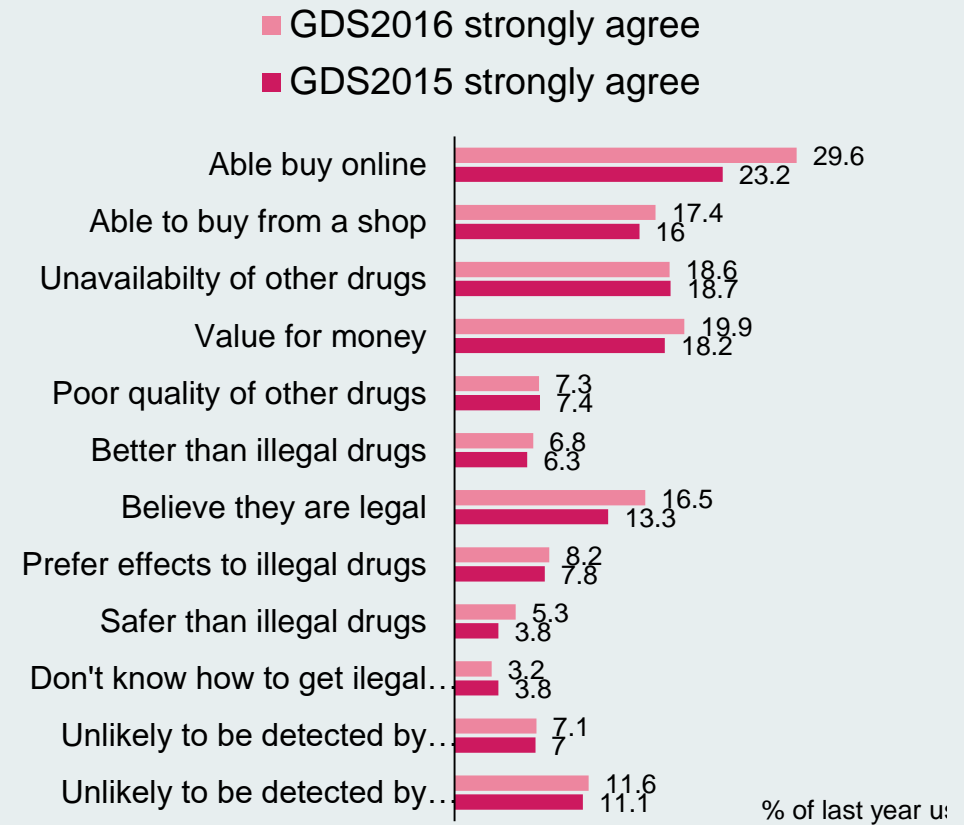
Mean scores from global last year users
(GDS2016 n > 4500, GDS2015 n > 4000)

Last year users of NPS were asked to rank each motivation for use on a scale of 1-10 (1 = completely disagree, 10 = totally agree). The mean scores for each motivation are presented below.



% strongly agreeing v disagreeing
(GDS2016 n > 4500, GDS2015 n > 4000)

Last year users who ranked a motivation for use of 9-10 were considered to strongly agree and those scoring 1-2 to strongly disagree. The % agreeing / disagreeing strongly is presented below



Reflecting upon the motivations for use of NPS by those who have used them in the last 12 months.

As the quality of traditional drugs has improved in recent years the motivators have changed. Last year (GDS2015) value for money was rated as the most important motivator for people using these drug as well as their ability to purchase them on line. These same factors top the list again in GDS2016. **What is very importantly highlighted however is that these drugs are not seen as after compared to traditional drugs.** The increase in mean ratings for the avoidance of drug tests and sniffer dogs raises the concern that people may be using more dangerous drugs as the result of law enforcement in the community and the workplace.

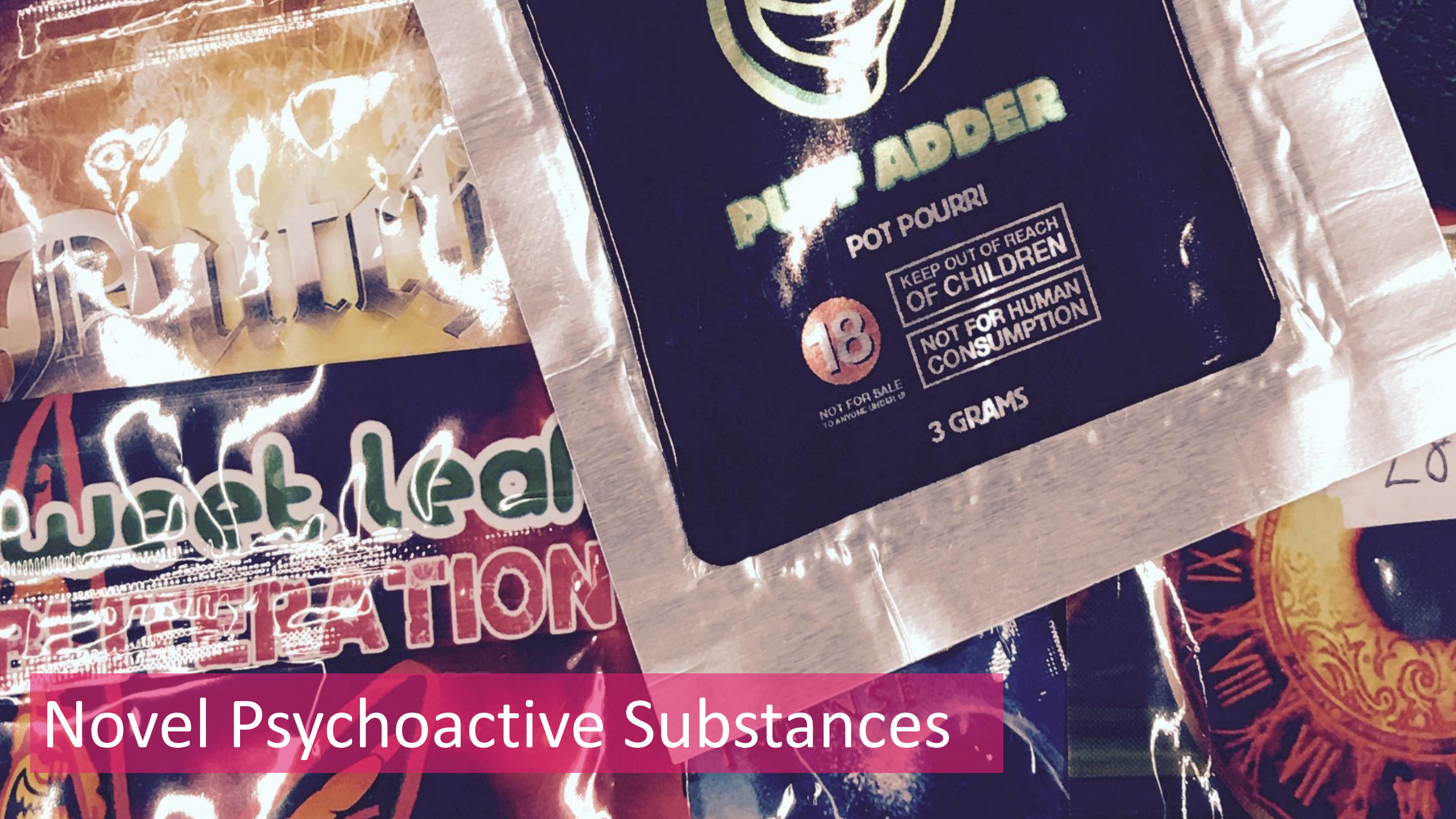
People who use drugs are, for the most part, not idiots. For new drugs to become successful they will need to attract naïve drug users or offer something to displace existing users from an old product.

Given the choice, most people will opt for a drug (or form of a drug) with the nicest effects and the smallest risk of harm. Not having much money limits that choice. Where the variety of drugs are limited, cost will influence the quality or type of preparation that one uses: think crack versus cocaine, or cask wine versus a posh bottle. Or, for that matter, natural cannabis versus synthetic cannabinoid products.

There's nothing like poverty to make a serious drug problem harder to deal with. Poverty hampers access to better quality drugs, healthcare and, when needed, expert legal advice.

The findings from GDS and our experience within UK prisons suggests that most novel psychoactive drugs might find their long term relationships with those already marginalized in our society. The drugs that carry the greatest risk have migrated to those most vulnerable to drug-related harm. Continued use will lead them to the emergency room agitated, sweaty, paranoid and psychotic. The solution is not blunt regulation but smarter more honest education.

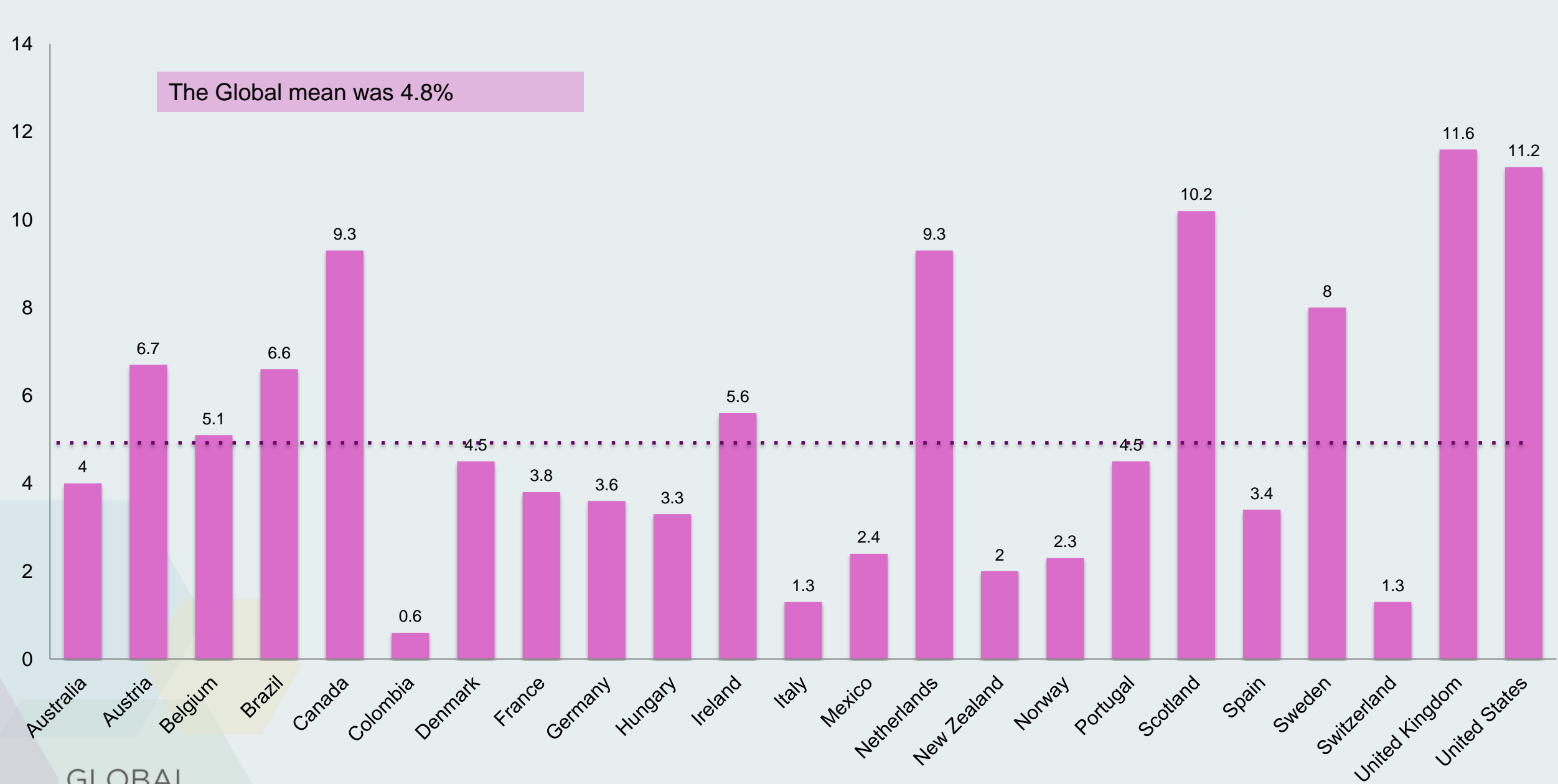
In the next section we explore how attractive NPS might be in situations where there was easy access to good quality traditional drugs.



Novel Psychoactive Substances

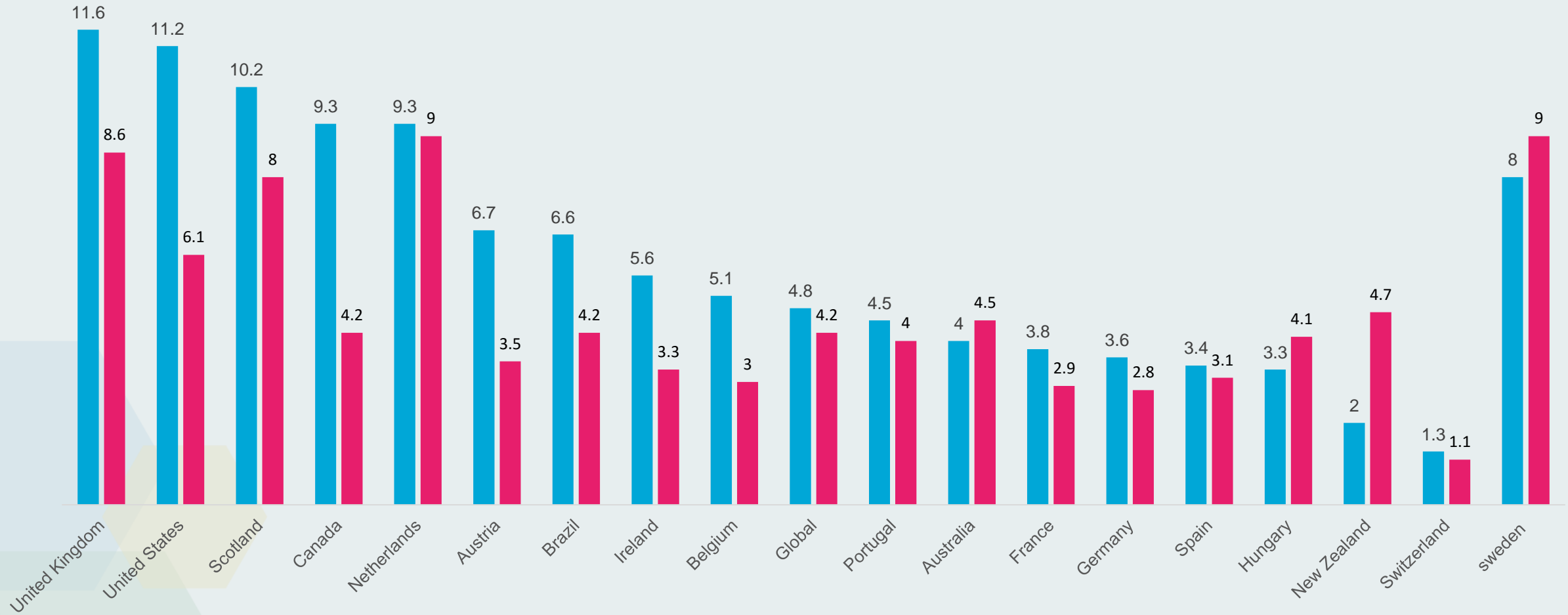
Background

- 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.



TOP 5 GDS 2016 countries UK, USA, Scotland, Canada, Netherlands – general increase in purchase compared to GDS2015

■ GDS2016 % last 12 months ■ GDS2015 % last 12 months





DESERT ISLAND DRUGS

This section focuses on answers of 79,040 study participants who reported illegal drug use and who answered at least one of the four “desert island drugs” questions.

Recent discussions about the motivations for the use of new psychoactive substances (NPS) and increasing NPS use in certain countries who participated in previous Global Drug Surveys made us carry out a thought experience. What would be the preference of recreational drug users if all commonly used drugs were freely available? Would they still be interested in the use of NPS or would they be satisfied with the commonly used drugs? We designed a hypothetical situation and asked the following questions:

Imagine you are shipwrecked on a desert island. Cannabis grows wild and magic mushrooms (not poisonous ones) cover the island. By chance there is also a plentiful supply of high purity MDMA and powder cocaine. Alcohol is easily accessible too.

A genie comes along and says you can exchange any of these for any new synthetic version of these drugs in the world.



The genie asks if they would exchange?

Cannabis for synthetic cannabis

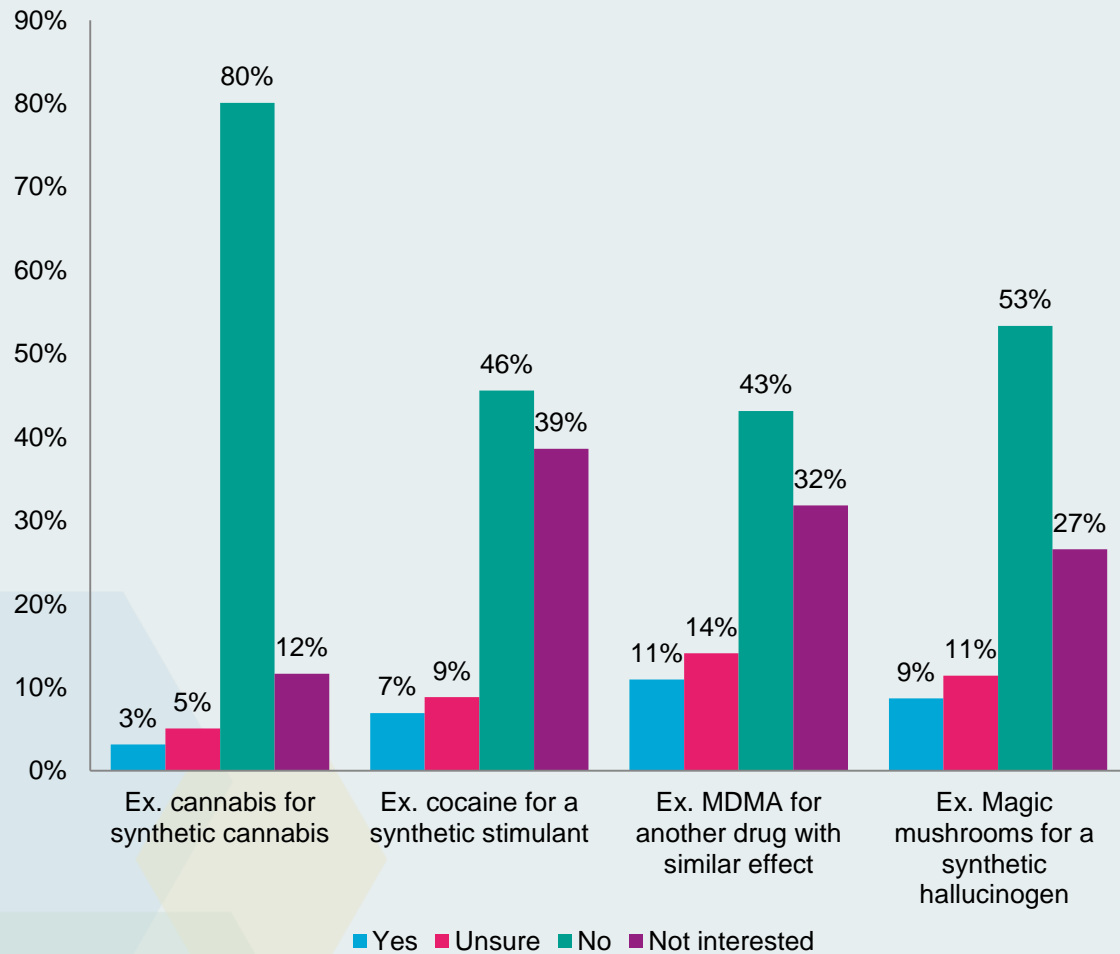
Cocaine for a synthetic stimulant

MDMA for a another synthetic drug with similar effect

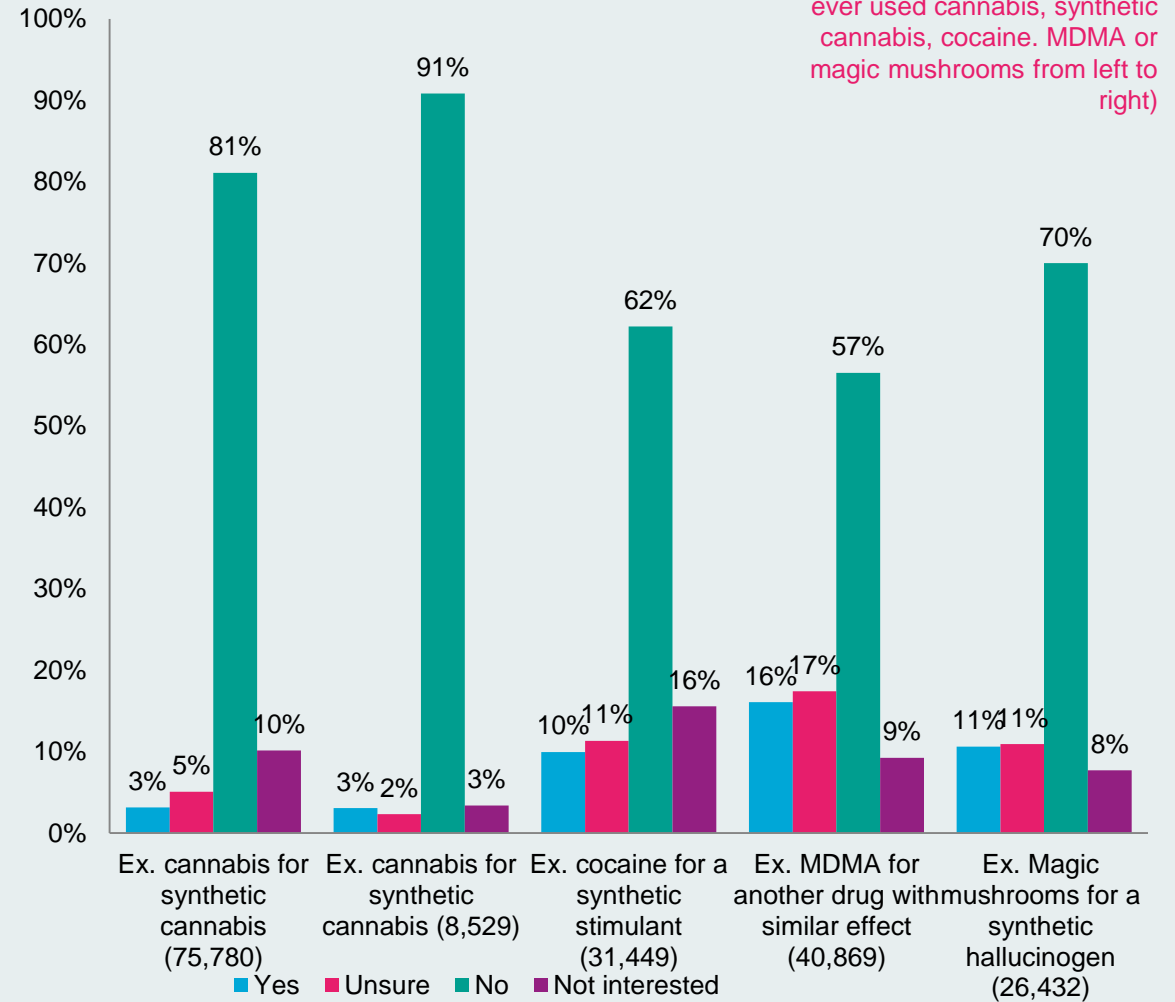
Magic mushrooms (excluding LSD) for a synthetic hallucinogenics

Options: *yes no unsure don't care/not interested in this drug*

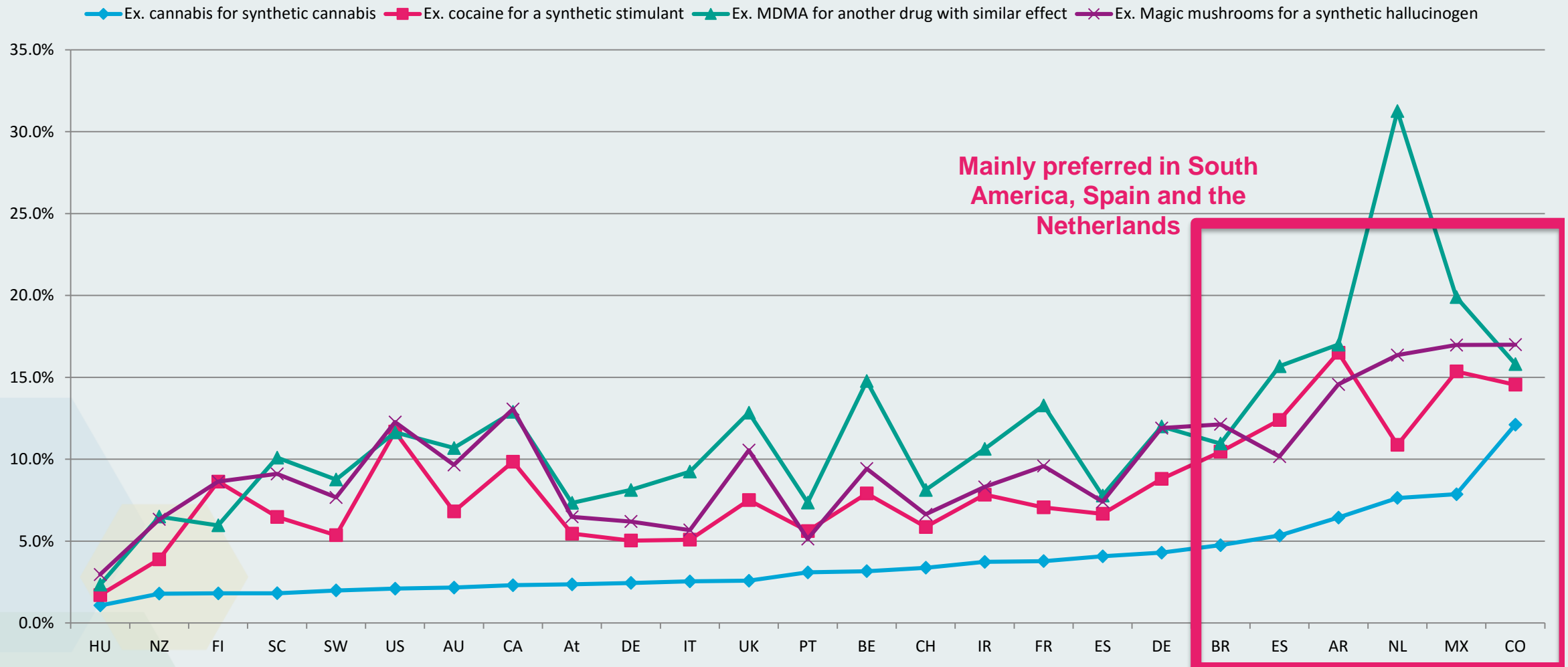
Preference to exchange available illicit drugs with new synthetic forms by those with any illicit drug use experience (n=79,040)



Preference to exchange available illicit drugs with new synthetic forms (answered only by those who had ever used cannabis, synthetic cannabis, cocaine, MDMA or magic mushrooms from left to right)



Preference to exchange available illicit drugs with new synthetic forms (by country)



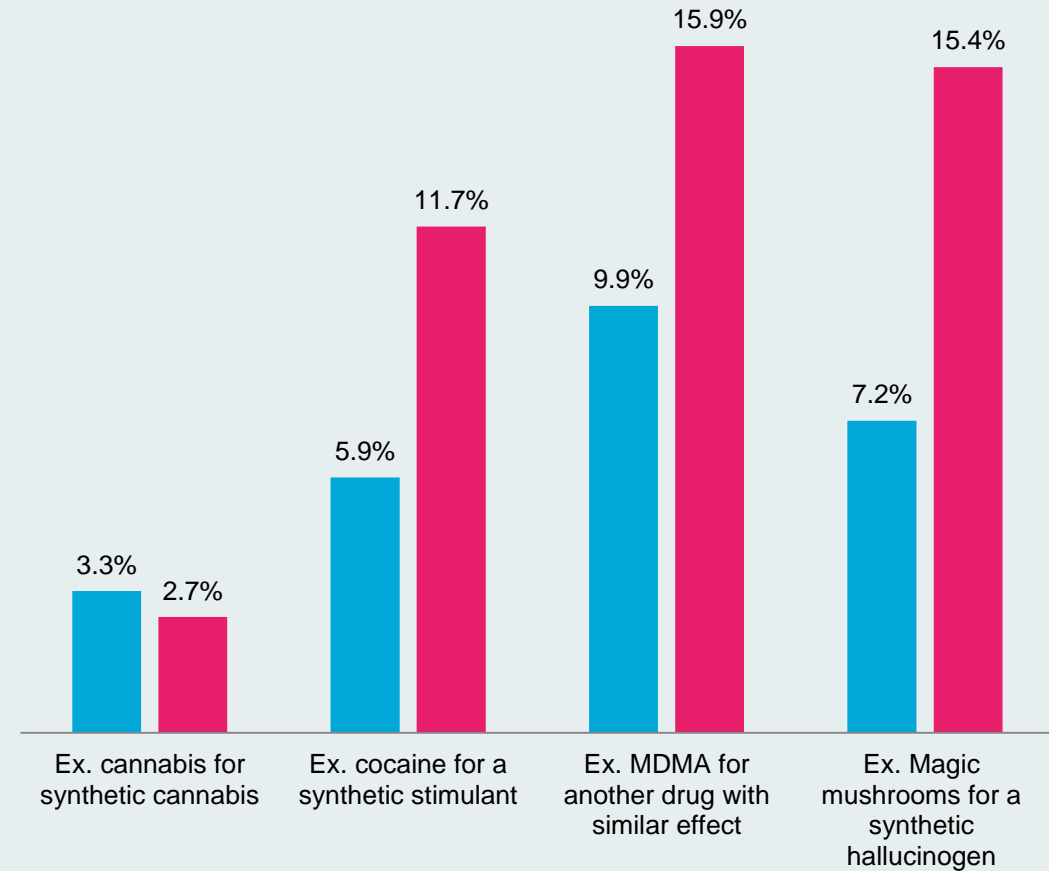
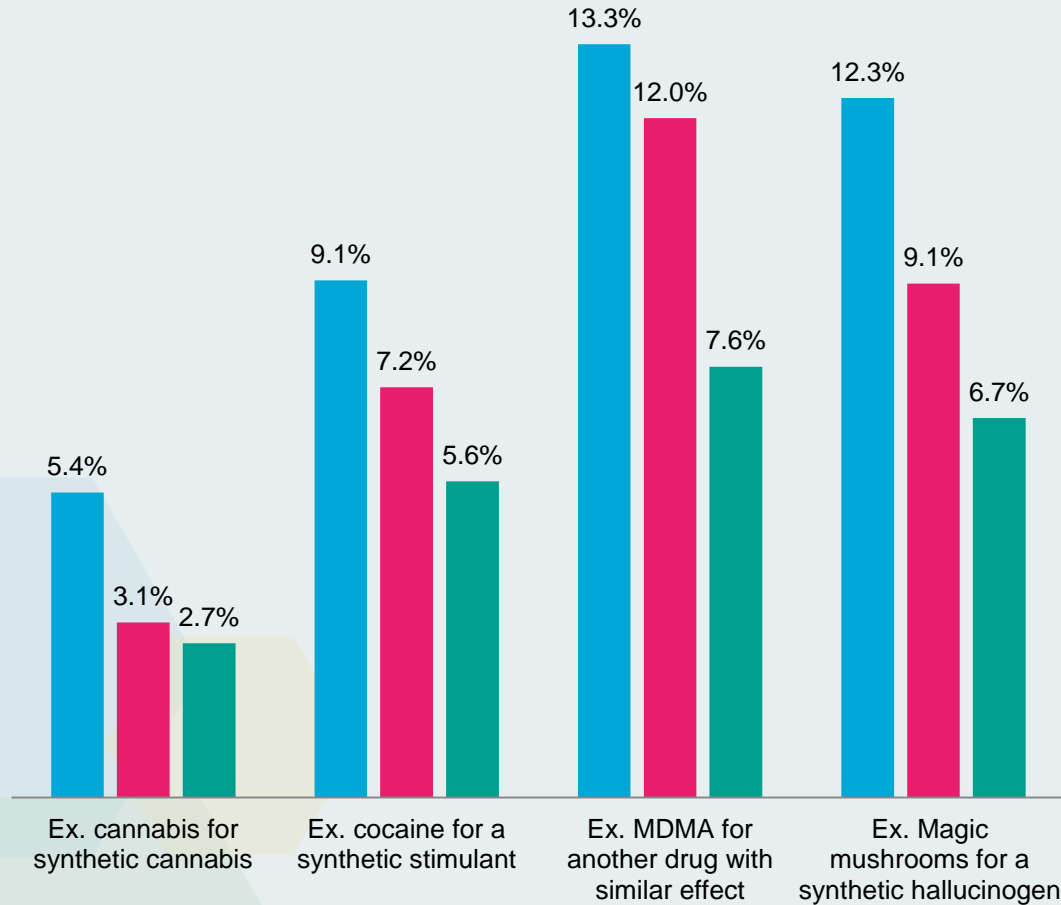
Preference to exchange available illicit drugs with new synthetic forms (by age) / NPS use

Use preference by age

Use preference by NPS experience

■ 16-17 years old (4,716) ■ 18-30 years old (51,837) ■ 31-95 years old (21,156)

■ Used NPS at least once (13,953) ■ Never used NPS (64,595)



Reflecting the response behaviours of GDS participants on the desert island drugs question.

Headline result summary

- Only 20.5% (n=16,147) could imagine exchanging at least one available commonly used drugs for a (new) synthetic drug with similar effects
- No noteworthy gender differences were found globally
- Adolescents and young adults were more likely to exchange the available illicit drugs for new synthetic versions of these drugs
- People who were experienced with NPS use were less likely to prefer the synthetic variants of drugs if they had the choice
- Young people and people who never used NPS before were most likely to exchange the commonly used drugs with new synthetic versions of these drugs
- Whether or not this is because they have been put off the 'risks' or illicit drugs and consider NPS to be a safer choice is something we will look into in the coming months

Explaining the findings that young people may be more likely to exchange old for new drugs

It may be that higher risk-taking behaviours and limited experience with and access to traditional illegal drugs is another reason why younger users may be more likely to select new drugs over old. The fact that these drugs carry more risk, compounds the risks of inexperience when using any type of drug.

Country differences may be explained by four factors

- 1) In countries with poor quality traditional illicit drugs interest in synthetics make sense in terms of seeking an alternative substance with the potential for offering a preferable high
- 2) In countries with easy access to a wide range of 'good quality NPS' there be an opportunity for some users to have identified an novel substance with a more desirable effect profile than the traditional illicit drugs (e.g. the Netherlands)
- 3) In countries with a stable good quality illicit market, new drugs may be seen as preferable by some users who are 'bored' by their traditional drug of choice. In the Netherlands it may also be that high dose MDMA are leading users to be wary of MDMA since higher doses are associated with a less desirable high and more negative effects.
- 4) In countries with access to cheap good quality cocaine but where use may be seen to carry the risk of violence or health harms, new drugs may be seen as a safer alternative (in S American countries there may be something about the GDS sample that means the sample is not representative of wider drug use patterns)

Implications for policy and health promotion

Governments need to focus on educating younger people about the elevated risks of using NPS and will need to accept that this may mean they need to engage in a more honest discussion of the risks associated with traditional drugs as part of that discussion.

GDS thinks this more honest narrative will be more effective in engaging younger users and can sit alongside health promotion seeking to delay the onset of illicit use by young people.



NITROUS OXIDE GLOBAL PATTERNS

Nitrous oxide is a colourless, non-flammable gas with a slightly sweet odour. While it's still commonly used in medical practice – most commonly when pulling teeth and childbirth, the last decade has seen a gradual increase its popularity among young people who use drugs.

It is widely available in supermarkets and kitchens where it is used to help make cream light and whippy. In recent years its use at festivals and parties has increased.

GDS2014 started its investigation into the possible risks associated with nitrous oxide use and this year we follow up on our work to determine just what the risks to the average and not so average user

Over 17,000 people who took part in GDS2016 reported having ever used nitrous oxide with 8500 reporting use in the last year, making this the biggest study ever of the patterns of use and risks associated with its use.

This also represents an increase in last year use from 6.5% in GDS2015 to 8.8% in GDS2016.

What this section covers:

- The reported use of nitrous oxide among the sample from your country compared to other GDS2016 countries
- The most common methods of consumption around the world
- Adverse experiences including accidents and symptoms suggestive of peripheral neuropathy (nerve damage indicated by the experience of persistent numbness and tingling around the fingers, toes, mouth and lips +/- painful sensations / weakness in the arms and legs) due to inactivation of vitamin B12
- Once again, we also asked whether users were concerned about longer term impacts on their physical and mental health and whether they thought their use was out of control
- Please note the data on patterns of use and harms are from the total global sample

18% of the total sample reported using nitrous oxide with over 48.7% (n =8,511people) reporting use in the last 12 months. This was up from 16% and 6.5% respectively in GDS2015.

Inhaling from a balloon was the most common method (>85%), followed by directly from a whipped cream dispenser (13%) . 0.6% inhaled from a plastic bag and another 0.8% directly from the gas bulbs – both are very risky – the first due the risk of asphyxiation and the latter due to the possibility of cryo-burns since the gas is ejected at super cold temperatures.

Most people source nitrous from whipped cream bulbs (70%), but 5.7% reported sourcing from bigger tanks.

The most common place last year users got nitrous from was from supermarkets (39%), followed by friends (36.8%) and the internet (27%) and festivals (22%).

The most common place of use was at house parties (72%), festivals (48%), at home (50%) and clubs (28%).

Days used in last year

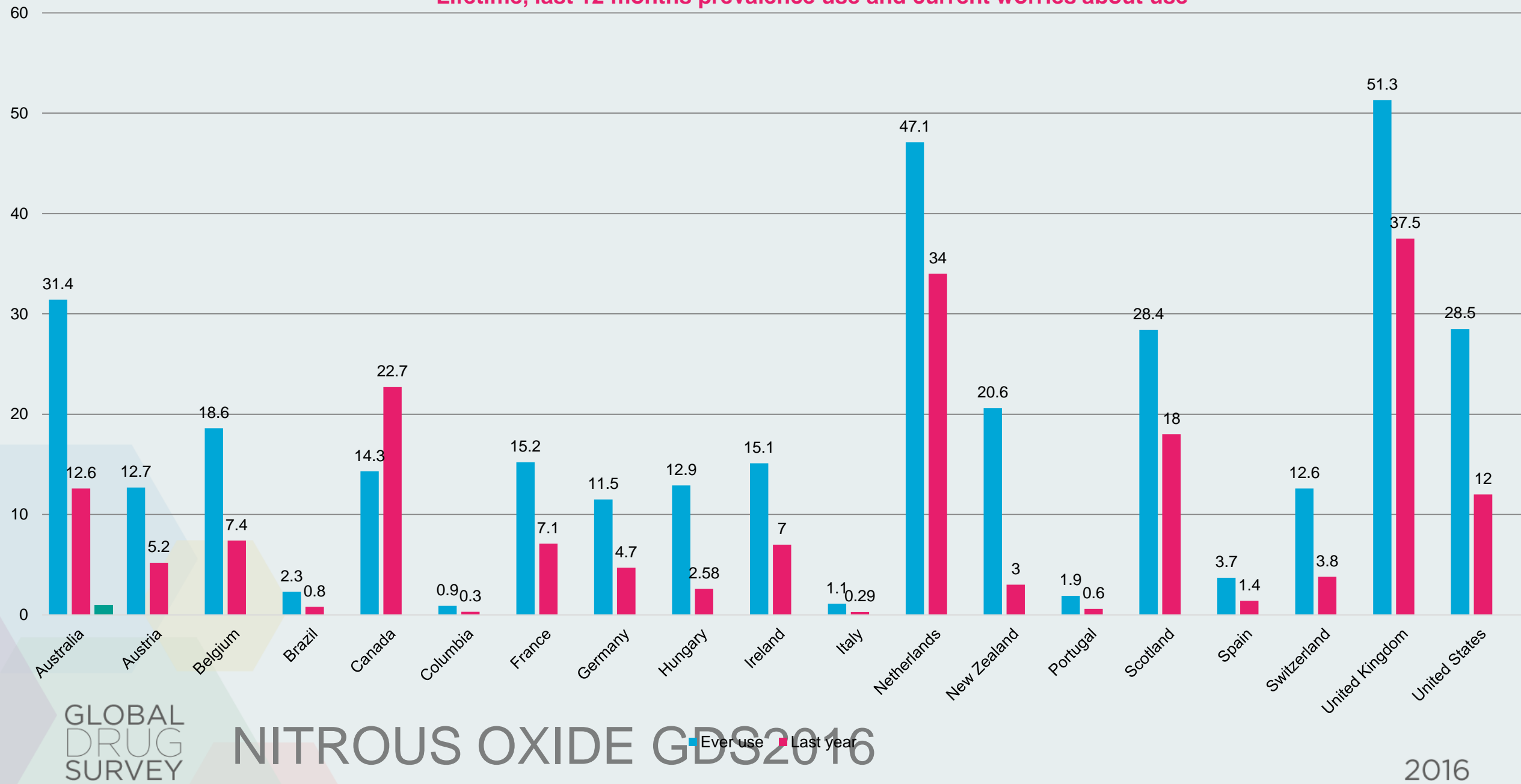
24% had used just once, 50% 2-10 times 1% had used > 100 days

Balloons used on day

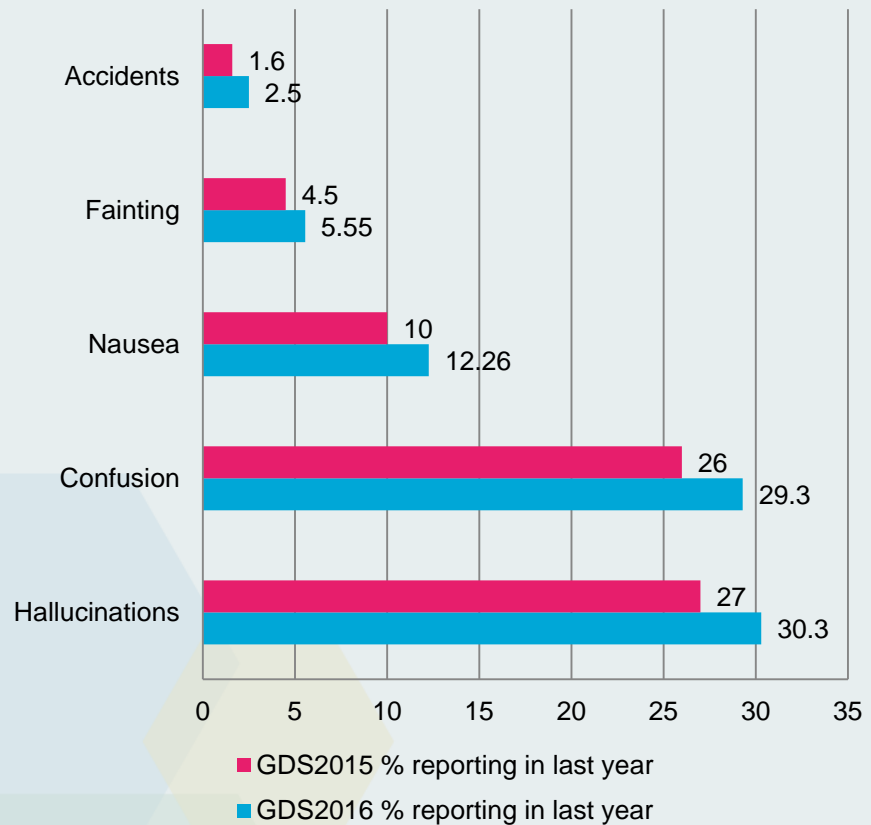
Mean 8.6 . Median 5



Lifetime, last 12 months prevalence use and current worries about use



Short term effects following the use of nitrous oxide (GD2016 vs. GDS2015)

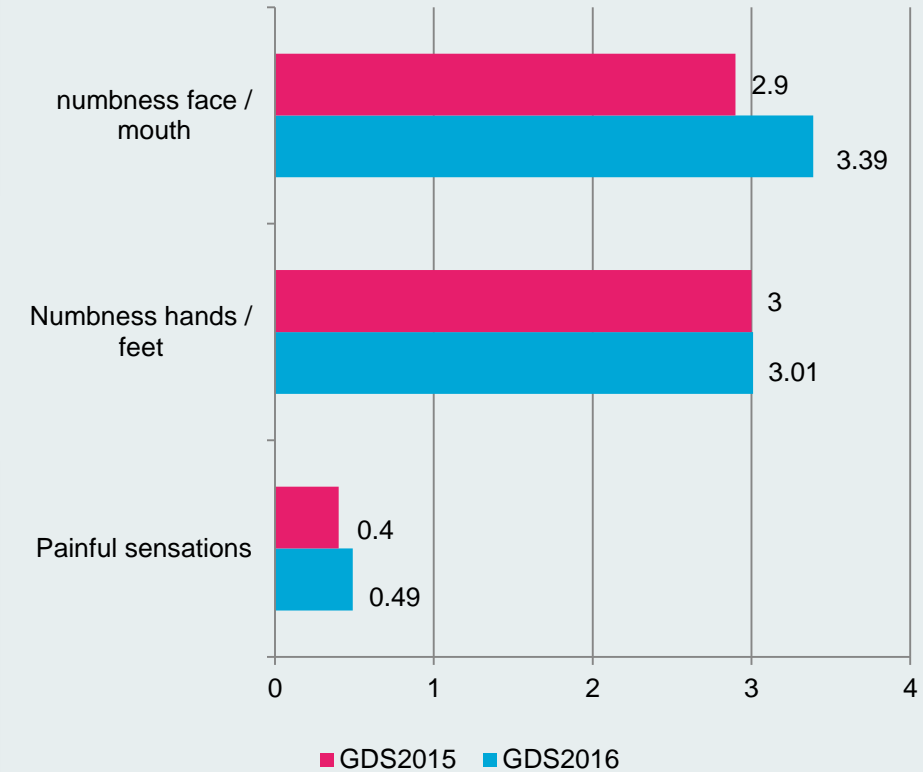


2015 - Overall 7.7% of users said they worried about the effect of nitrous on their mental health and 9.3% on their physical health and 2.0% were worried their use had got out of control



2016 - Overall 7.2% of users said they worried about the effect of nitrous on their mental health and 9.1% on their physical health and 2.5% were worried their use had got out of control

Signs of nerve damage – symptoms persisting for more than 2 weeks after last use (GDS2016 vs. GDS2015)



This is the biggest study of nitrous oxide use in the world withy details on over 8000 last year users

Our previous work has suggested although most people use only a small number of balloons a few times per year, a small minority of heavy users are at risk of developing neurological problems (Kaar et al 2016).

Our findings here based on the combined samples of GDS2015 and GDS2016 (over 14,000 last year users- the largest study of nitrous oxide users ever conducted) support this and build on work from GDS2015

Although only preliminary analyses have been conducted, the findings suggest that use is increasing in many countries and thus any health harms are likely to increase - our data supports this concern.

Almost 1 in 10 users expressed worry about the effects on their mental or physical health and 2.5% thought their use was out of control.

With > 3% reporting persistent numbness or tingling in their hands or feet / around their face or mouth (any over 4.5% reporting any neurological symptom) it is very likely that heavy regular users are at risk of developing a peripheral neuropathy that would be reversible upon cessation of use in most cases.

We are confident we have excluded the possibility that people were reporting short lived drug effect through our questions that asked about symptoms 'that have persisted for at least 2 weeks following your last use of nitrous and that you had not experienced before you started using nitrous'

We stress however that low level infrequent use is unlikely to be associated with any serious risk of harm and that our findings are relevant to a small proportion of users – typically using 25 or more balloons in a session and continuing heavy use over an extended period of harm. Issues relating to quality control and harmful oils being used in the manufacture of the most commonly used gas bulbs remain an uncertain hazard.

We believe that smart education not blunt regulation is the best way to minimize the risks associated with the use of this substance

Safer use tips from GDS to reduce the risks of using nitrous oxide

- Don't inhale directly from the charger
- Avoid mixing in nitrous when you are off your face on other drugs especially alcohol
- Try not to use more than 5 balloons in a session and leave time between them
- Make sure you are sitting down / surrounded by soft ground
- Make sure you got mates around you in case you fall over and hurt yourself
- Make sure any space you are using is well ventilated
- Don't use near roads, canals or other bodies of water
- Leave several minutes between rounds of hits and give yourself breaks between periods of use to refill those vitamin stores. Animal protein (beef and fish in particular), eggs, cheese are good sources of B12. Fortified soy products and supplements can be used by vegetarians. And Marmite!!
- If you experience persistent numbness, tingling or weakness in your fingers, hands or feet, or notice you're having difficulty typing or losing your balance or coordination stop using and go see your doctor. weakness in your arms of legs
- Finally there are reports that cheap whipped cream bulbs imported for China leave an oily residue when the gas evaporates – probably making them unfit to dispense cream let alone to inhale. So if you are going to inhale try accessing your gas from a quality supplier.



EMERGENCY DEPARTMENT



SEEKING EMERGENCY
MEDICAL TREATMENT (EMT)



Why look at rates of seeking emergency medical treatment ?

- Seeking emergency medical treatment can be taken as a proxy measure for the acute harms experienced following the use of alcohol and other drugs
- Emergency medical attendance and admission also represent significant economic burden upon acute medical services
- While the press often highlights attendance at A+E departments as a frequent occurrence among those who drink and take drugs there is little data on the actual prevalence of such treatment seeking among people in the general population
- This year we asked last year users of the most commonly taken substances whether they had sought emergency medical treatment

What this section covers

- Whether participants had needed to seek emergency medical treatment in the last 12 months as a result of using a number of drugs
- This section compares the percentages of those last year users of different drug in the globally seeking emergency medical treatment is followed by drug specific results for Germany

Overall it is clear that that substances that carry the highest risk for needing emergency medical treatment are the RCs/ NPS – one suspects this because of their varied potency and effect profile and the fact there is little guidance on how to minimize the risk associated with their use other than ‘ don’t take them’.

GDS advice on taking a new drug for the first time

The biggest risk is starting off taking lots of an unknown drug before you know how long it takes to come on, peak and starting coming down – so easy does it. Test drive it before putting your foot down.

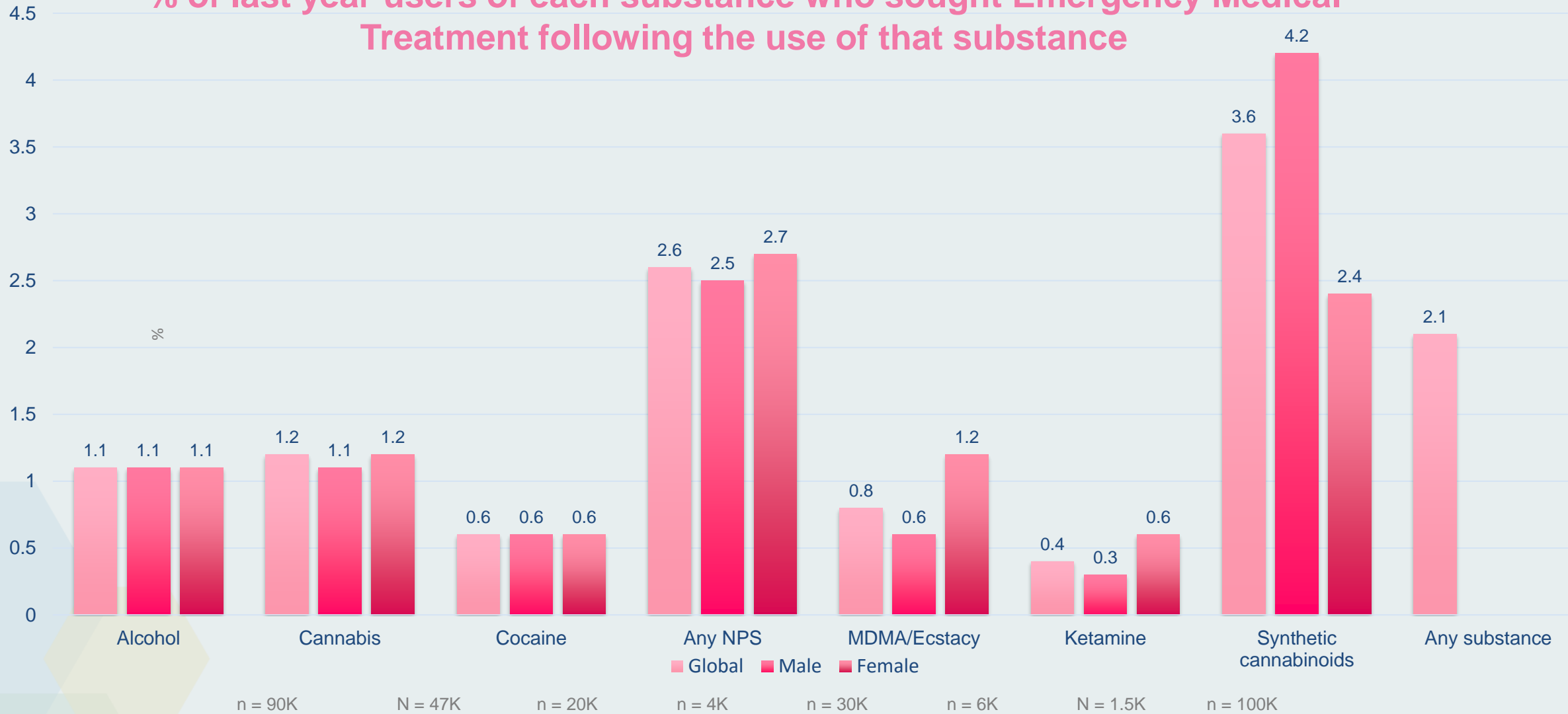
- Wait for at least 90-120 minutes before re-dosing
- Choose your time – don’t be coming down or experiment on the back of a bender
- Don’t have anything else on board/including prescribed medications
- Don’t be on your own
- Plan ahead before you’re too off your head
- Make sure others know what you have taken and that at least one of them is not intoxicated
- If you feel unwell let someone you know and seek help
- Be in a safe place – familiar
- First dose should be at least a quarter of what you think a tiny dose is (or a maximum quarter of a pill)
- Avoid taking other drugs/alcohol after dosing
- Don’t drive/bath/play with knives
- Accept many drugs wont be very good/effective or nice

% of individuals who had sought emergency treatment after consuming alcohol



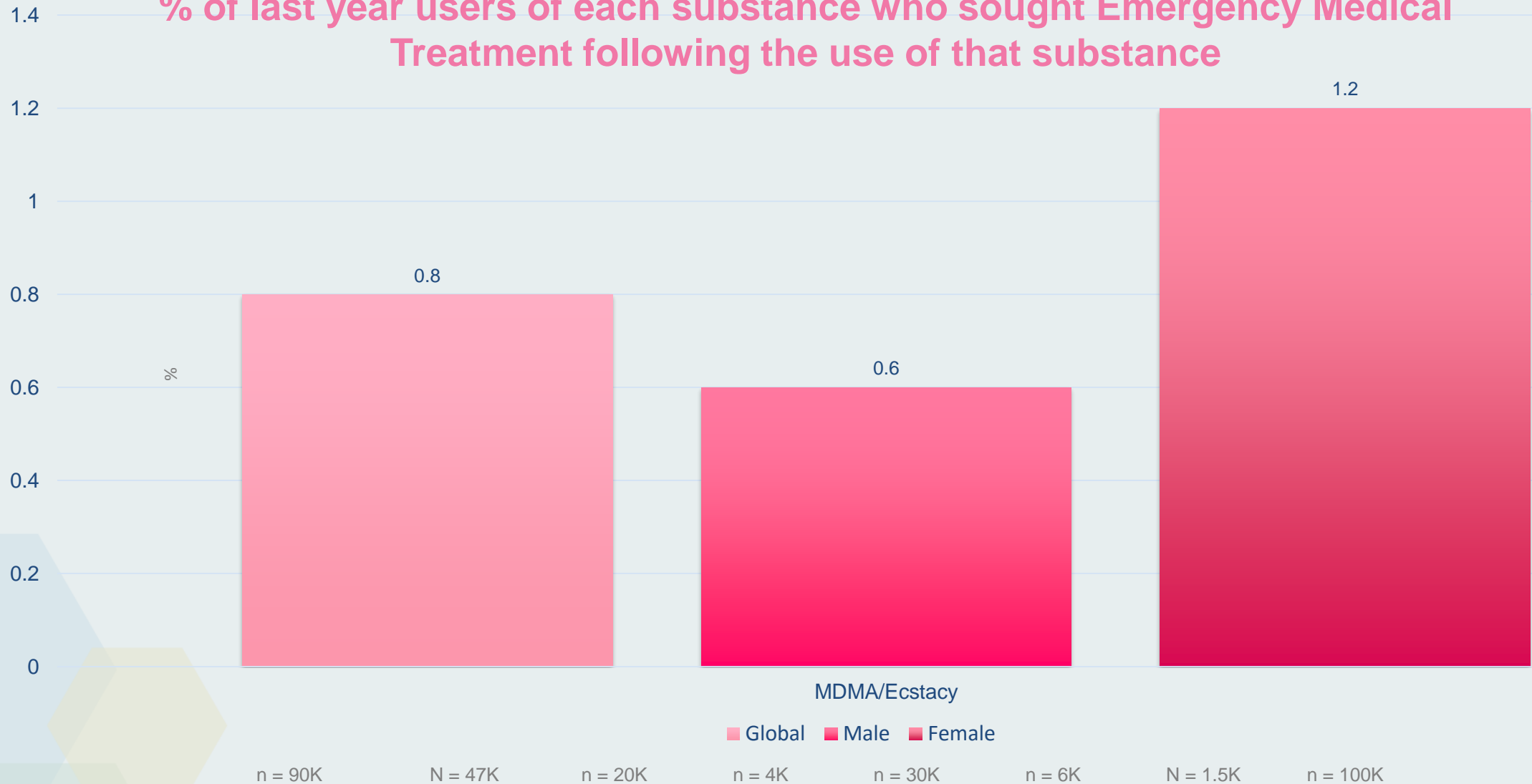
% of last year users of each substance who sought Emergency Medical Treatment following the use of that substance

% Last year users

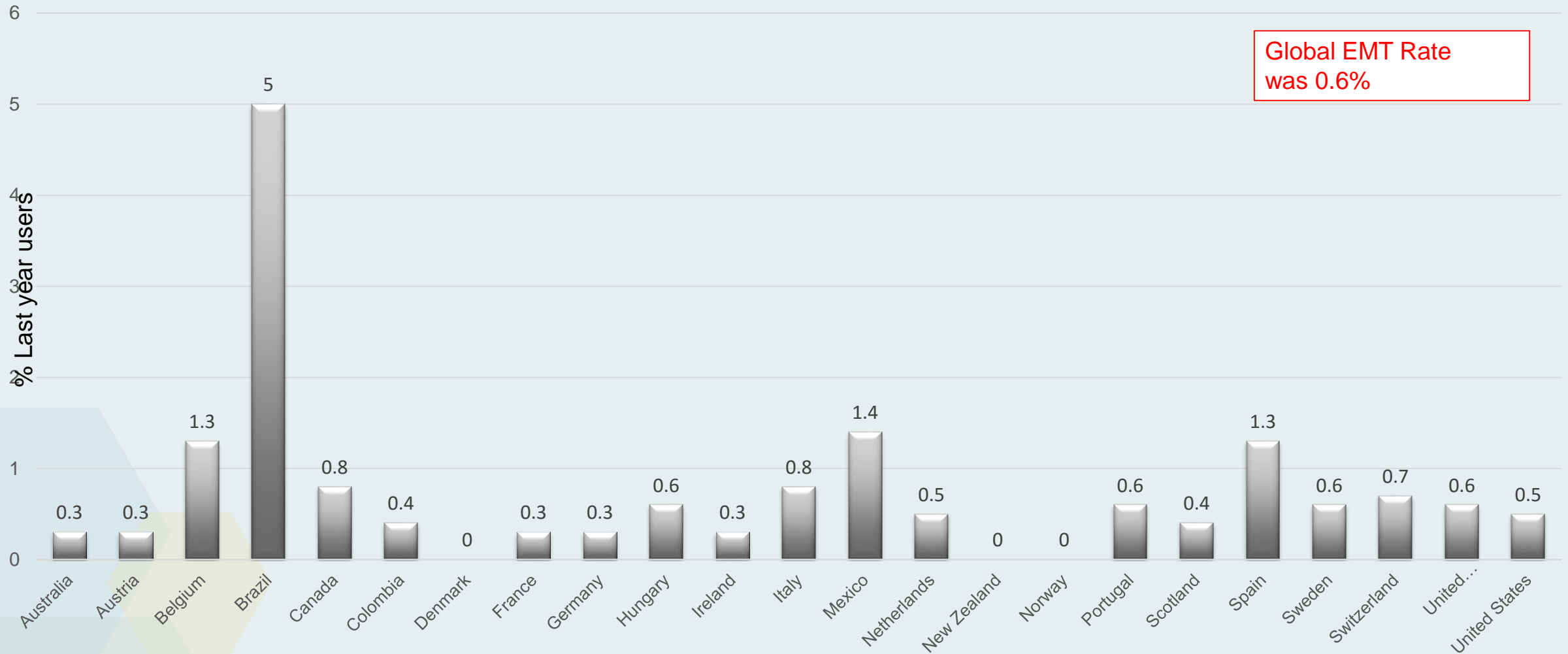


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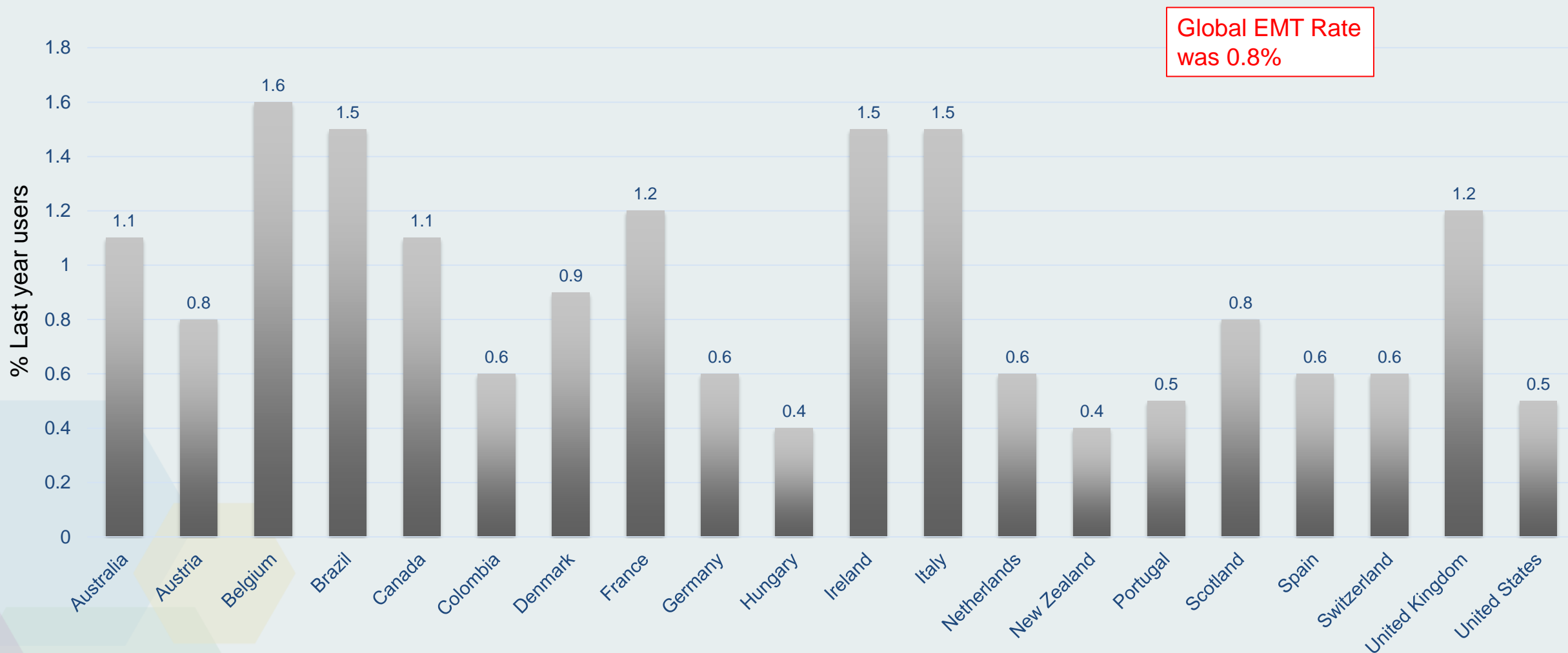
% Last year users



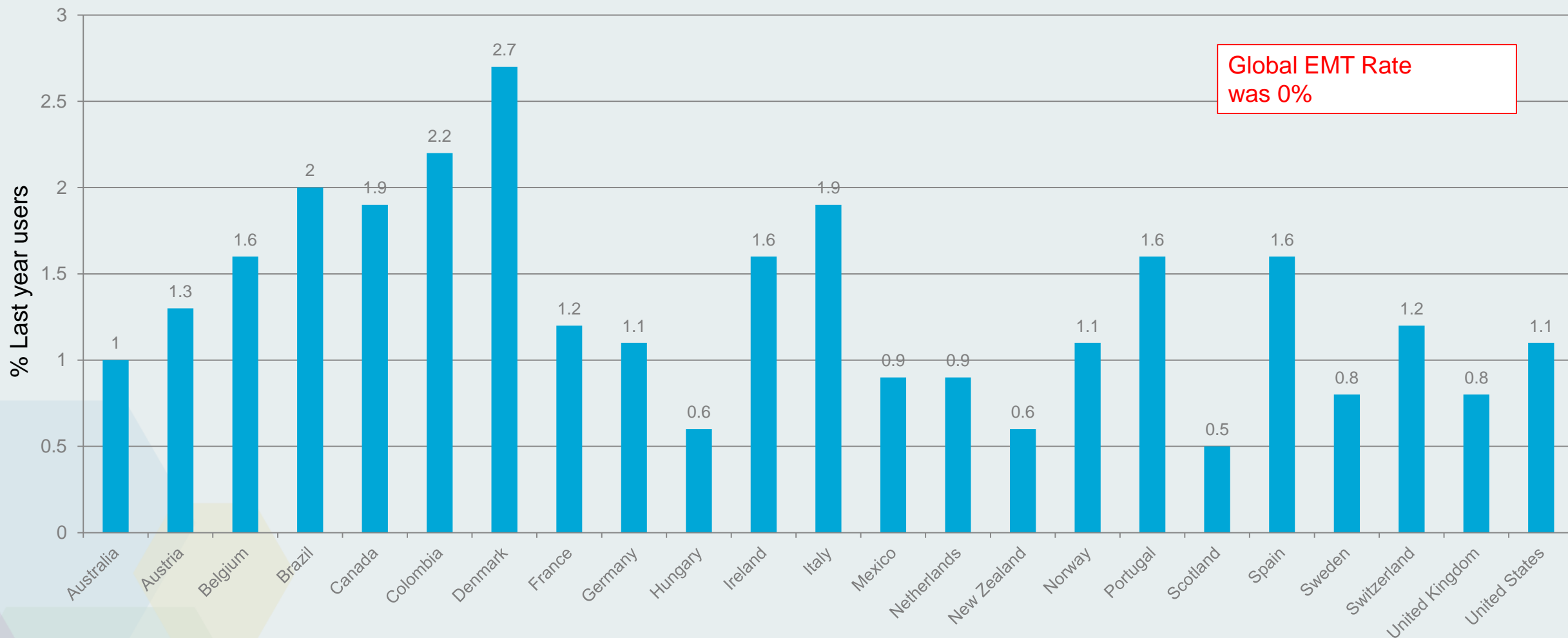
% of individuals who had sought emergency treatment after consuming cocaine



% of individuals who had sought emergency treatment after consuming MDMA



% of individuals who ought emergency treatment after consuming cannabis



For the 4th year running GDS has identified synthetic cannabinoid products as the one most likely to result in a person seeking emergency medical treatment. With presentations characterized by panic, nausea, paranoia, extreme agitation, hallucinations and seizures the impact of their use on both the individuals and the emergency services are huge. The unpredictability of effect largely due to the wide variation in product composition means these are drugs that cannot be taken without risk. Natural cannabis remains a far safer option for those who want to get stoned (and the high is more pleasurable as well). GDS still think that over 1% of cannabis users seeking EMT each year leaves lots of room for safer use education for this most common of drugs.

In fact all NPS carry higher risks of acute harm since inconsistent product composition, unknown potency, effect profile and duration of action make implementing harm reduction strategies difficult.

People may be surprised by the relatively low incidence of people seeking EMT following the use of cocaine, and this is especially surprising given the rising purity of the drug in many countries. One explanation may be that over 70% of the 20,000 last year cocaine users in GDS2016 reported using the drug on 10 or less occasions over the course of the previous 12 months. The escalating price of cocaine may also be acting to limit people's use. With just under 7% of the sample reporting use on 50 or more occasions in last the year – the message for weekly users is that they are in minority and that more regular use will carry a greater risk for both acute harms, the development of dependence, mood and cardiovascular problems.

The marked increase (fourfold) in young women clubbers in the UK seeking EMT following the use of MDMA builds on last year results showing that young women much more vulnerable to the acute MDMA harms than men. While this seems unrelated to weight it is likely that it is related to the increasing quality and average amount of MDMA in a pill. Testing dosing (take a quarter of a pill or a usual powder dose, wait an hour before dosing, and one person in group tries it first) with nothing else on board and keeping an eye on your mates are keys to keeping you safe. Drug testing that only tells you your drug is MDMA won't keep you safe from unpleasant high dose effects (nausea, agitation, panic, excessive sweating/overheating, being too out of it, being high too long)