GLOBAL DRUG SURVEY

2016

Early results of the headline findings from Belgium

Prepared exclusively DE STANDAARD

Prepared by By Dr Adam R Winstock,
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Global Drug Survey (GDS) runs the world's biggest annual drug survey.

A total of 97,313* people from over 50 countries participated in GDS2016 – of which 1.1% (1,027) were from Belgium.

*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/

GET FREE APPS AND ADVICE
TO MAKE DRUG USE SAFER

REGARDLESS OF THE LEGAL STATUS
OF THE DRUG

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 De Standaard.** This data report is not to be shared with any other organisation, 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.**

GLOBAL
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BACKGROUND

2016

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)

"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

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

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.

GLOBAL DRUG SURVEY

GDS 2017 AND PUBLICATIONS

2016

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.

Limitations

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

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.

GLOBAL DRUG SURVEY

METHODOLOGY AND LIMITATIONS 2016

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

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 De Standaard.** 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
Cannabis
MDMA
Cocaine
Mystery white powders
Seeking emergency medical treatment
Drugs and the internet
Novel Psychoactive Substances

Additional data will be made available on the following topics in a separate global report:

Darknet
Novel psychoactive Substances
Synthetic cannabinoids

GLOBAL DRUG SURVEY

CONTENTS

2016

DEMOGRAPHICS

data on 1,027* participants from Belgium 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)

WHO TOOK PART IN GDS 2016

2016

Global

34.1% (Female) **65.5%** (Male)

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

Belgium

34.5% (Female) **65.4%** (Male)
Female: 351   Male: 664

Heterosexual 84.3%
Bisexual 8.4%
Homosexual 5.9%
Prefer not to say 1.3%

Age

	Global	Belgian
Mean age	28.7	27.11
<24 years	46.7%	55.1%
25-34 years	30.6%	25.4%
35+ years	22.7%	19.5%

Education and Employment

Employment status

Paid Employment	47.4%
Unemployed (looking for work)	7.2%
Unemployed (not looking for work)	45.4%

Studying (N=1,005)

Yes full time	43.4%
Yes, part time	6.7%
No	50.0%

Highest Academic Qualification (global)

High School/Secondary School	28.3%
Technical or trade certificate	10.5%
College certificate/diploma	23.0%
Undergraduate degree	18.4%
Postgraduate degree	10.2%

Ethnicity

	Global	Belgian
White	89.%	93.8%
Mixed	3.2%	3.0%
Asian (Pakistani, Indian, Bangladeshi)	0.5%	-
Black African/Black Caribbean	0.4%	0.2%
Hispanic Latino	4.5%	1.4%
SE Asian	0.5%	0.1%
Other	1.5%	1.6%
Aboriginal	0.3%	-
Native American	0.1%	-

DEMOGRAPHICS

Leisure Activities | Global | Belgian

How often did you play sport/exercise in 2015?

	Global	Belgian
Never	7.4%	9.8%
Less than once/3 months	4.9%	5.3%
Once every 3 months	5.2%	4.7%
Once a month	9.9%	10.5%
Once every fortnight	12.1%	13.9%
Once or twice a week	31.6%	32.4%
3 to 4 times a week	18.5%	15.7%
More than 4 times a week	10.2%	7.7%

81.4% of the Belgian 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=1,027)

Partner	29.6%
Friends	7.6%
Alone	18.0%
Parent(s)	35.0%
Housemates	12.2%
Siblings	12.9%
Other family	4.4%
Other	1.2%

Geographical Location (N=1,022)

City/Urban	56.8%
Regional	27.4%
Remote	15.8%

Diet

Vegetarian	8.9%
Not Vegetarian	91.1%

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 Belgian sample is 22.88**

BMI category (BMI score)	Belgian (%)	Global (%)
Extremely underweight (<18)	5.0	3.6
Underweight (20)	14.9	12.1
Normal /healthy range (20-25)	58.0	52.2
Overweight (>25)	17.6	22.0
Obese (>30)	4.4	10.0

GLOBAL DRUG SURVEY

LIFESTYLE

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:
13.9% had only ever taken legal drugs, 86.1% had taken at least one illegal drug. 0% had not used any drug at all

Last 12 months:
23.6% report only having used legal drugs, 74.2% had taken at least one illegal drug. 2.2% had not used any drug at all
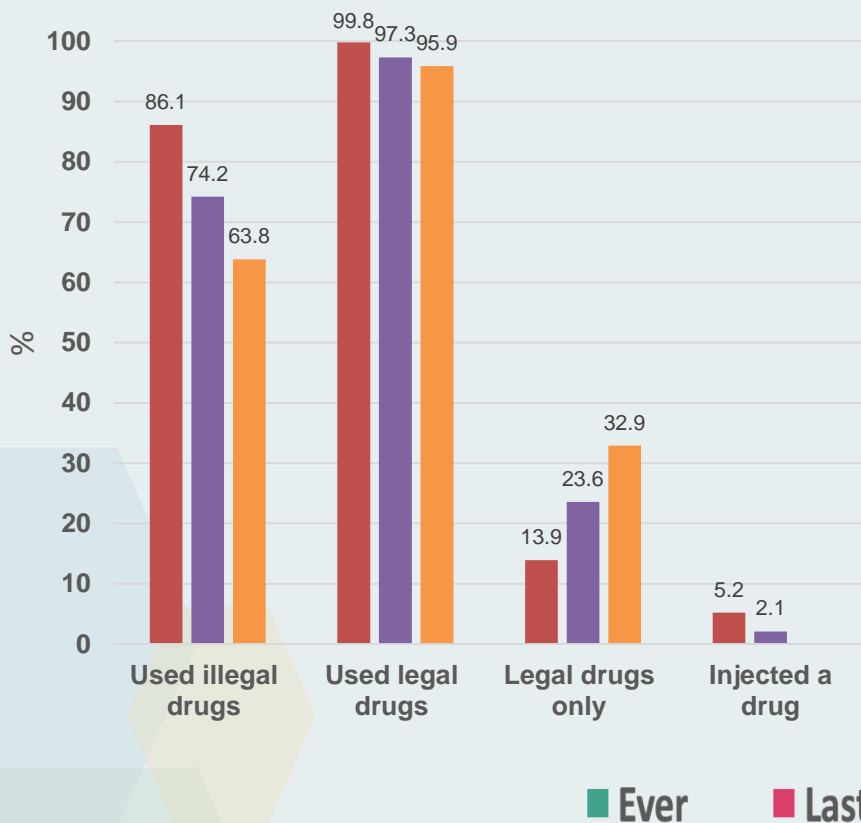
Last month:
32.9% report only having used legal drugs, 63.8% had taken at least one illegal drug, 3.3% had not used any drug at all
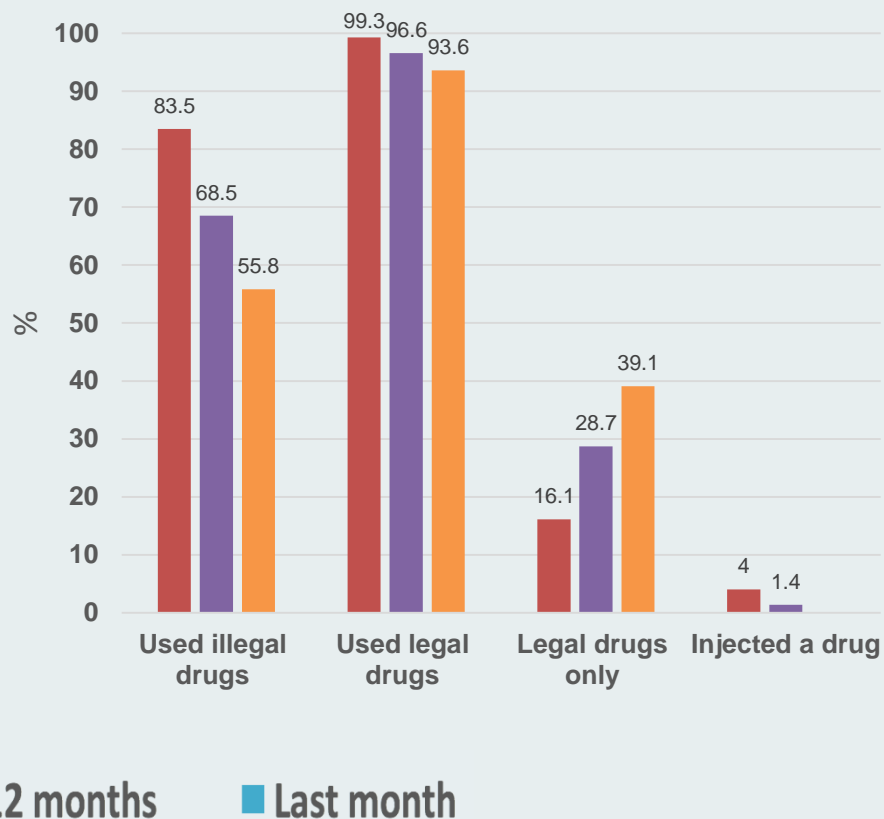
5.2% had ever injected a drug:
2.1% had injected a drug in the last 12 months, with another 3.1% having ever injected as drug but not in the last year

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DRUG USE PREVALENCE

2016

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

Summary of ever and last year drug experience by legal status and IV use (global sample M+F)
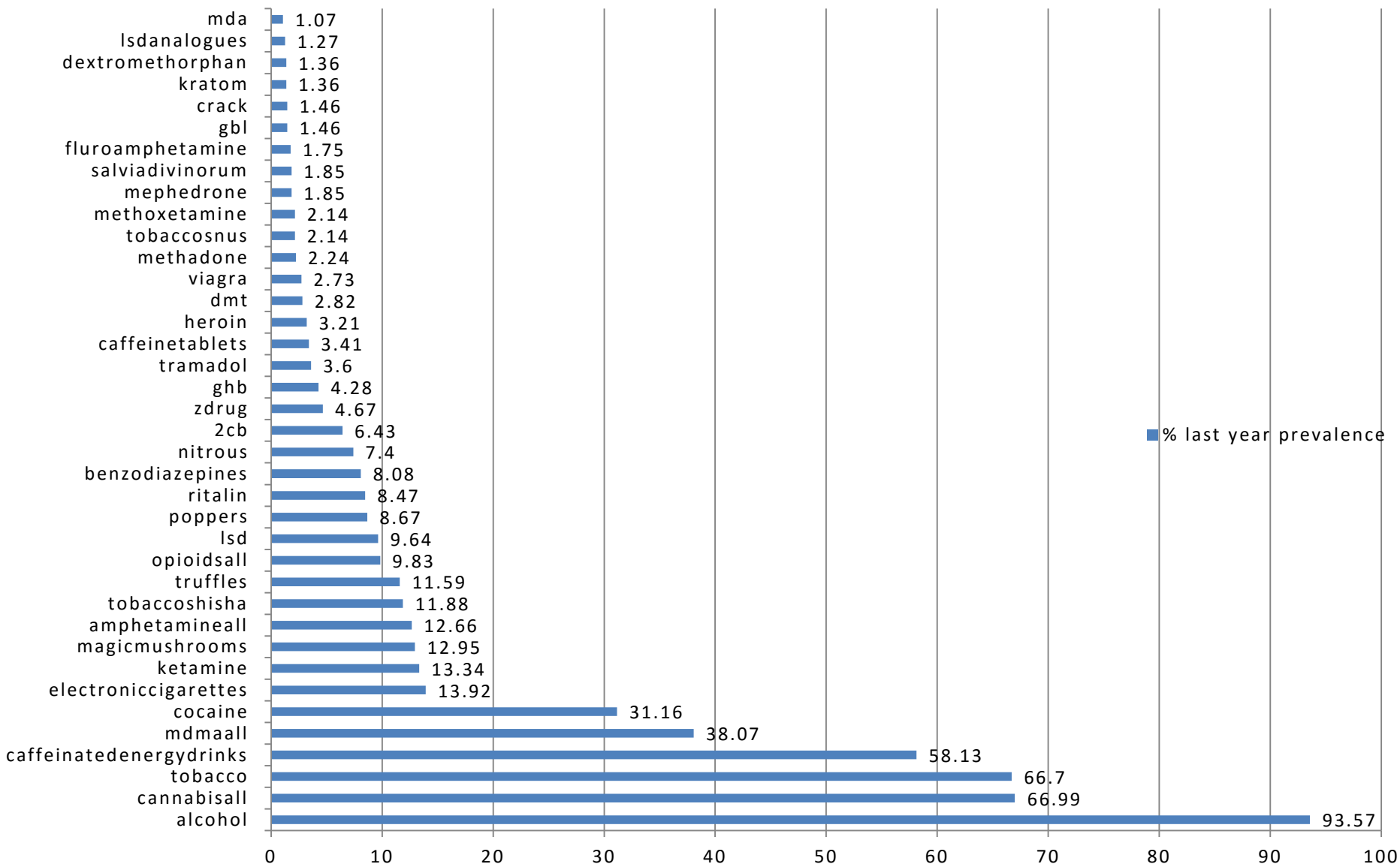
■ Ever ■ Last 12 months ■ Last month

GLOBAL DRUG SURVEY

DRUG USE IN BELGIUM AND WORLDWIDE

2016

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

Lifetime Drug Use Prevalence Belgium N > 1,000

% lifetime prevalence

Substance	% lifetime prevalence
methadone	2.92
mda	3.02
kratom	3.12
methoxetamine	3.21
babyhawaiian	3.21
crack	3.7
viagra	3.89
dmt	4.38
opium	4.48
mephedrone	4.87
butanelighterrefills	4.97
heroin	5.26
zdrug	6.62
tramadol	6.72
tobaccosnus	7.01
ghb	8.08
caffeinetablets	8.18
salviadivinorum	11.68
benzodiazepines	12.07
2cb	12.27
ritalin	15.19
opioidsall	15.19
nitrous	18.6
lsd	20.93
ketamine	21.03
electroniccigarettes	22.4
amphetamineall	23.37
truffles	23.66
poppers	24.34
tobaccoshisha	26.19
magicmushrooms	31.06
cocaine	42.84
mdmaall	50.54
caffeinatedenergydrinks	74
tobacco	80.23
cannabisall	81.69
alcohol	98.34

■ % lifetime prevalence

Last Year Drug Use Prevalence Belgium N > 1,000

% last year prevalence

Drug	% last year prevalence
mda	1.07
lsdanalogues	1.27
dextromethorphan	1.36
kratom	1.36
crack	1.46
gbl	1.46
fluroamphetamine	1.75
salviadivinorum	1.85
mephedrone	1.85
methoxetamine	2.14
tobaccosnus	2.14
methadone	2.24
viagra	2.73
dmt	2.82
heroin	3.21
caffeinetablets	3.41
tramadol	3.6
ghb	4.28
zdrug	4.67
2cb	6.43
nitrous	7.4
benzodiazepines	8.08
ritalin	8.47
poppers	8.67
lsd	9.64
opioidsall	9.83
truffles	11.59
tobaccoshisha	11.88
amphetamineall	12.66
magicmushrooms	12.95
ketamine	13.34
electroniccigarettes	13.92
cocaine	31.16
mdmaall	38.07
caffeinatedenergydrinks	58.13
tobacco	66.7
cannabisall	66.99
alcohol	93.57

% last year prevalence

ALCOHOL

BASED ON DATA FROM 947 BELGIUM 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.**

21.7% of Belgian men scored 16+ on the AUDIT compared to 13.5% of men globally. 12.5% of Belgian women scored 16+ on the AUDIT compared to 10.4% of women globally.

AUDIT SCORE	0-7	8-15	16-19	20+
Belgian males	33.2%	45.2%	10.5%	11.2%
Belgian females	42.5%	45%	6.7%	5.8%

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?
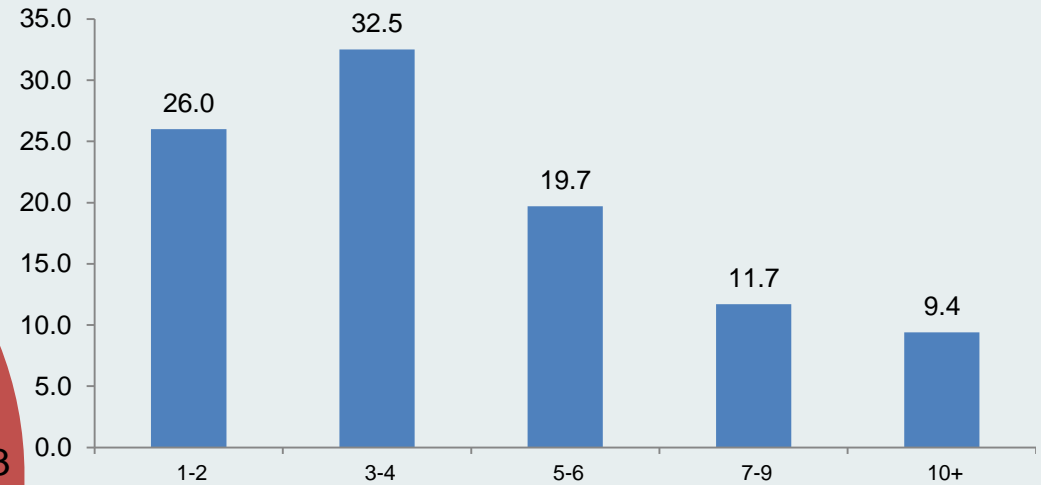
GLOBAL DRUG SURVEY ALCOHOL AND AUDIT 2016

How often do you have an alcoholic drink?

Those who had used alcohol in the last year
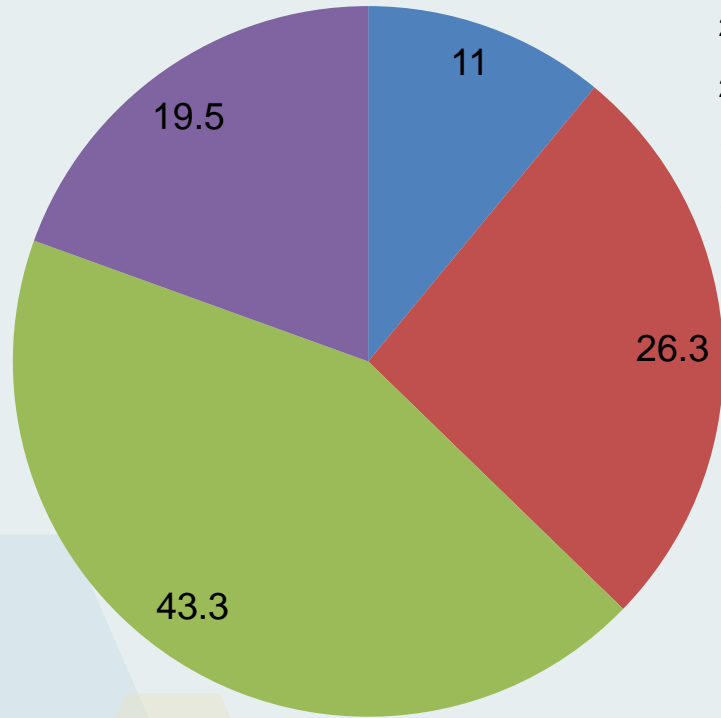
- Monthly or less: 11
- 2-4 times per month: 26.3
- 2-3 times a week: 43.3
- 4 or more times a week: 19.5

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

1-2	3-4	5-6	7-9	10+
26.0	32.5	19.7	11.7	9.4

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

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
12	34.1	28	2.8	2.1

GLOBAL DRUG SURVEY

FREQUENCY OF DRINKING

2016
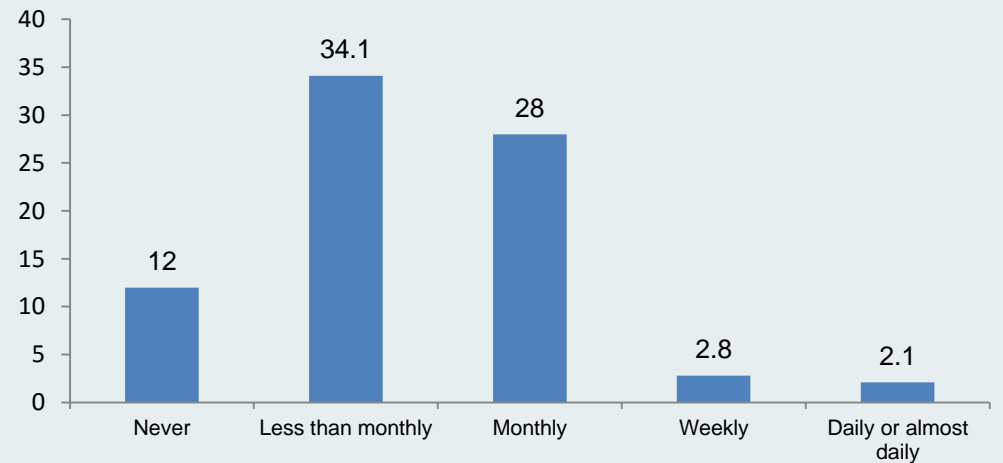
Selected AUDIT responses
Those who had used alcohol in the last year

- **20.1% stated that they could not stop drinking** once they had started at least monthly over the last year.
- 12.8% stated that they had not been able to do what was normally expected of them at least monthly over the last year.
- 1.9% stated they needed a drink in the morning following a heavy drinking session at least monthly over the last year.
- **14.6% reported feelings of guilt or regret** after drinking at least monthly over the last year.
- 14% had been unable to remember events of the night before at least monthly over the last year.
- 17.9% said that they or others had been injured as a result of their drinking over the last year.
- A further **19.5% reported injury to self or others as a result of their drinking at some point not in the last year.**
- 11.9% said that others had expressed concern about their drinking over the last 12 months. A further 7.7% said others had expressed concern, but not in the last year.

30.6% of Belgium drinkers indicated they would like to drink less over the next 12 months. Of these 8.4% reported they would like help to drink less, whilst 6.3% indicated they planned to seek help to cut down on their drinking.
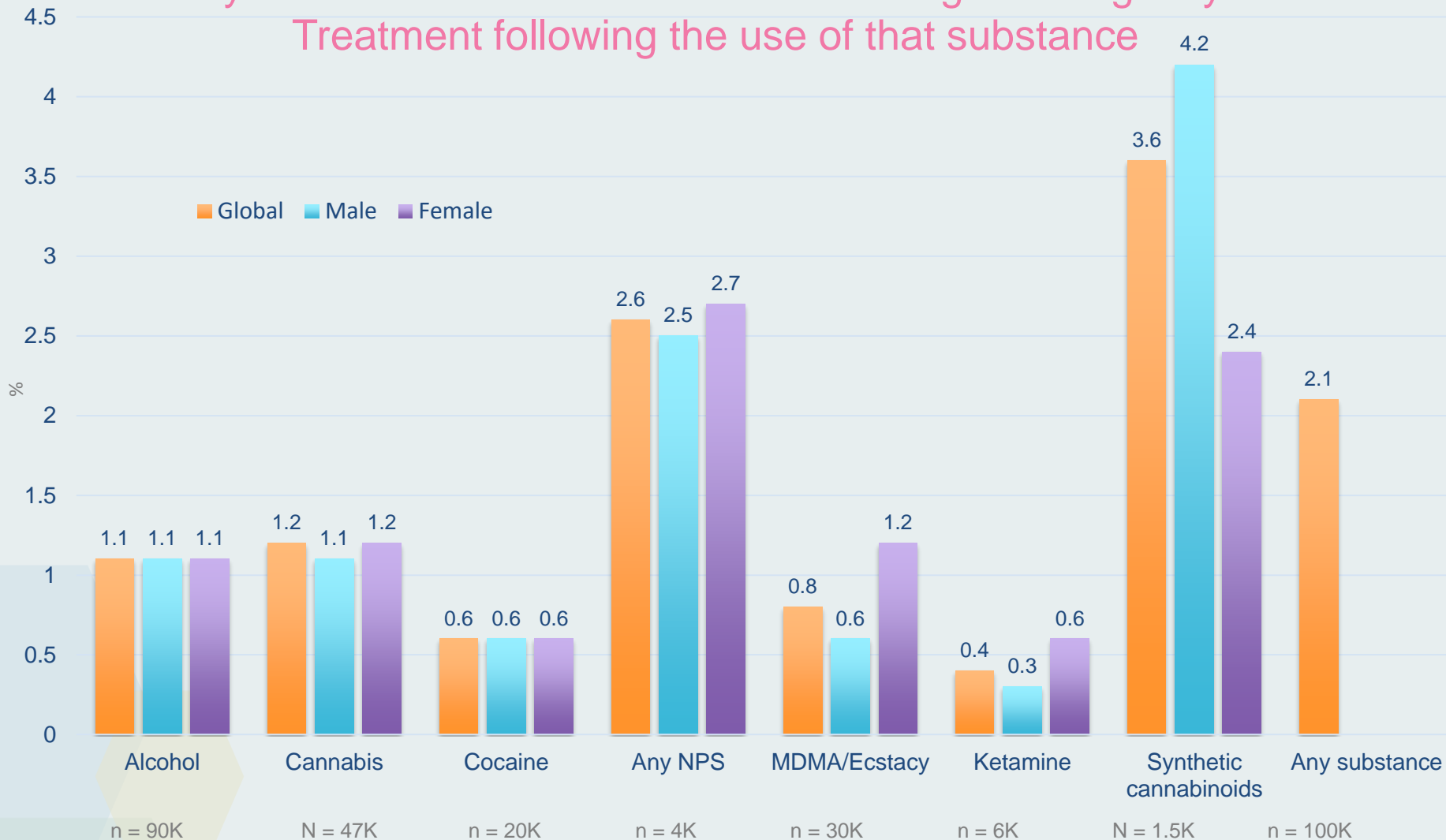

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DRINKING CONCERNS
2016

DRINKING LESS AND SEEKING HELP GLOBALLY

GLOBAL DRUG SURVEY

2016

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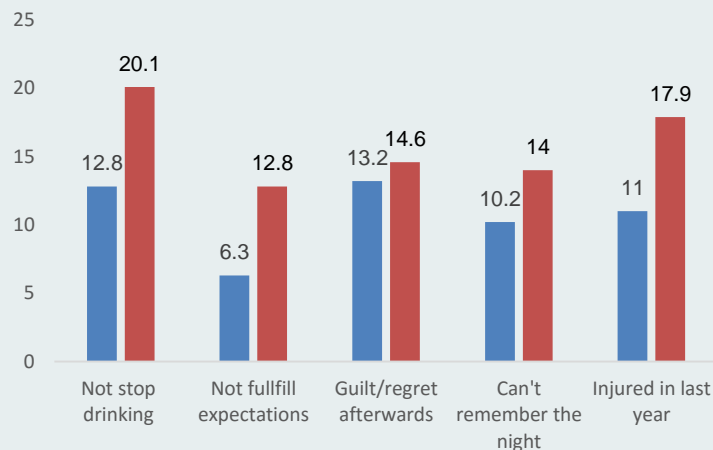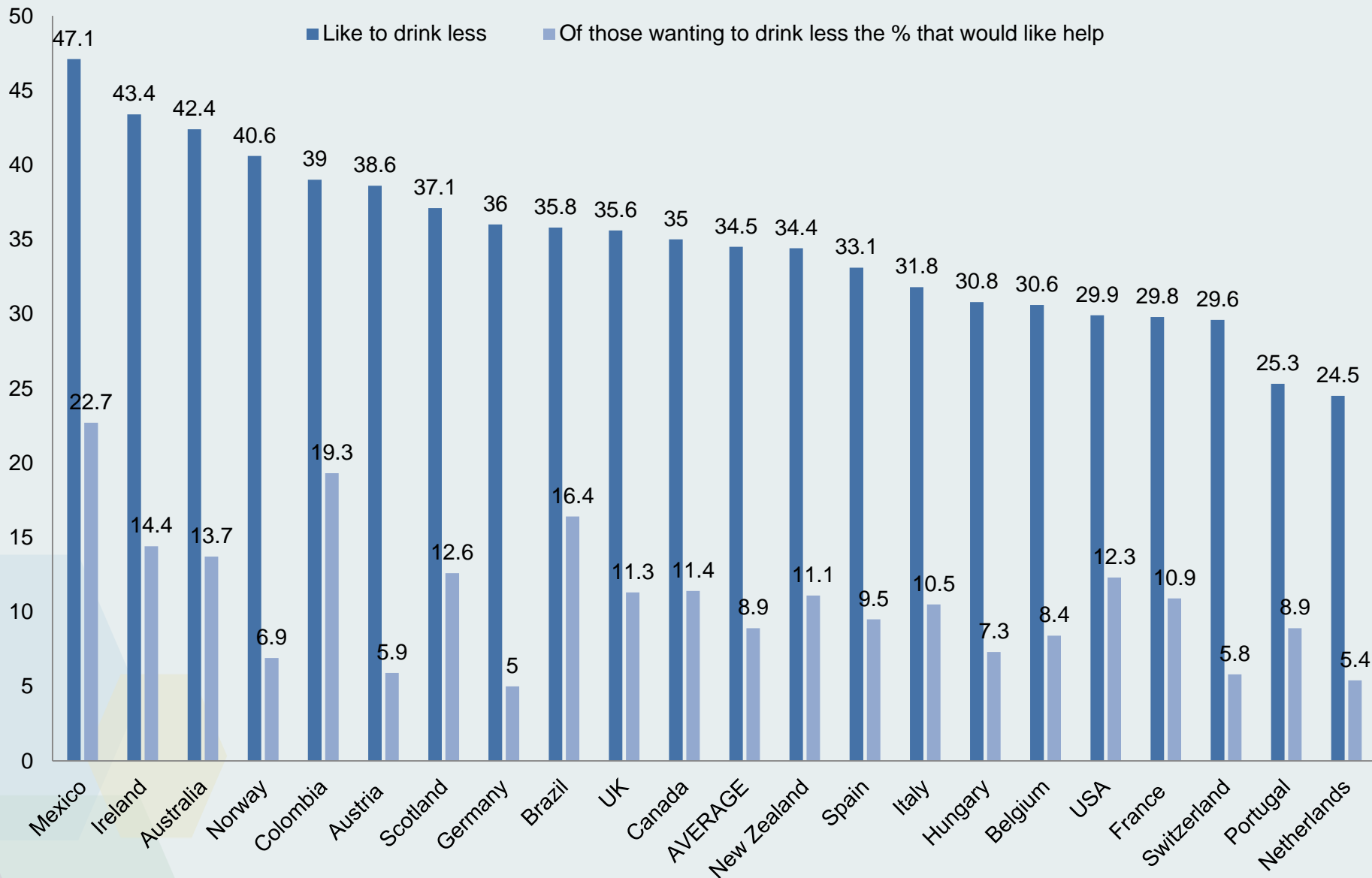
% of individuals who had sought emergency treatment after consuming alcohol

Global EMT Rate was 1.1%

Country	Value
Australia	1.1
Austria	1.3
Belgium	1.6
Brazil	1.7
Canada	2.1
Colombia	1.4
France	1.2
Germany	0.9
Hungary	1.0
Ireland	2.2
Italy	0.8
Mexico	1.5
Netherlands	1.2
New Zealand	0.6
Norway	2.2
Portugal	0.6
Scotland	2.4
Spain	0.7
Sweden	0.8
Switzerland	0.9
United Kingdom	1.9
United States	1.5

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

GLOBAL DRUG SURVEY

2016

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

Legend: ■ Global ■ Male ■ Female

Substance	Global	Male	Female
Alcohol	1.1	1.1	1.1
Cannabis	1.2	1.1	1.2
Cocaine	0.6	0.6	0.6
Any NPS	2.6	2.5	2.7
MDMA/Ecstacy	0.8	0.6	1.2
Ketamine	0.4	0.3	0.6
Synthetic cannabinoids	3.6	4.2	2.4
Any substance	2.1		

n values:
- Alcohol: n = 90K
- Cannabis: N = 47K
- Cocaine: n = 20K
- Any NPS: n = 4K
- MDMA/Ecstacy: n = 30K
- Ketamine: n = 6K
- Synthetic cannabinoids: N = 1.5K
- Any substance: n = 100K

GLOBAL DRUG SURVEY

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

2016

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

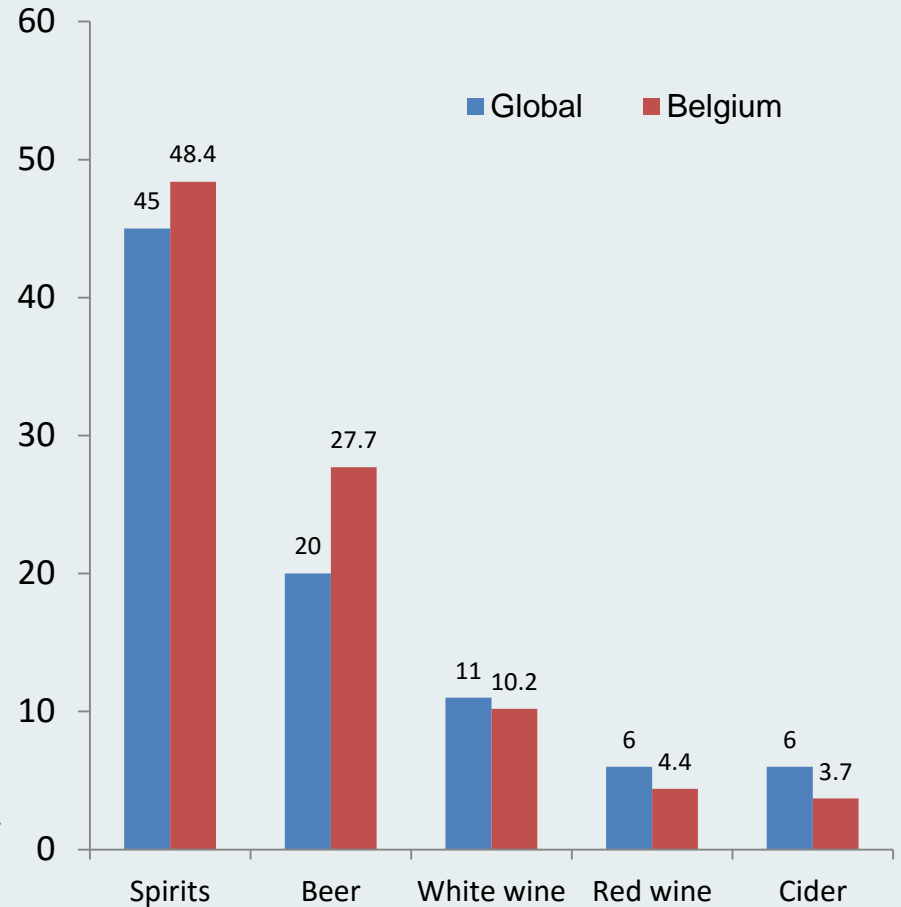GLOBAL
DRUG
SURVEY

BEVERAGE TYPE – MOODS & BEHAVIOURS

2016

Type of alcohol most likely to be drunk on a night out or at home : Belgium (%)
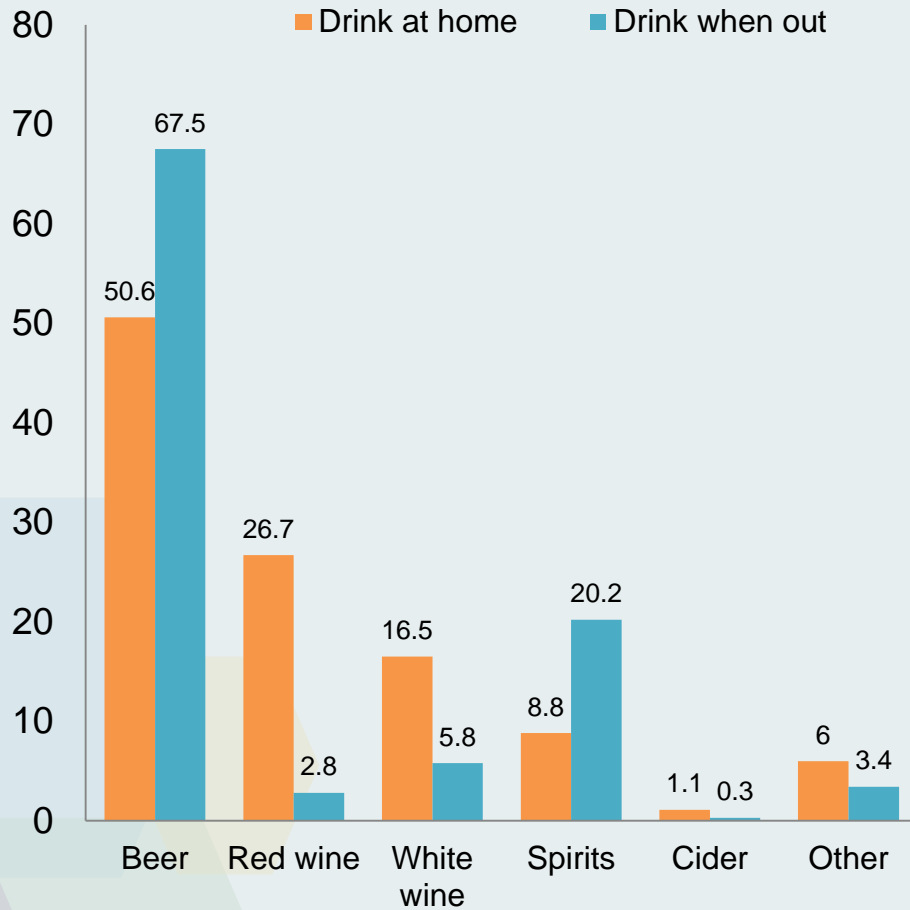
Type of drink/s most likely to make you feel energised (%)
*could chose more than one

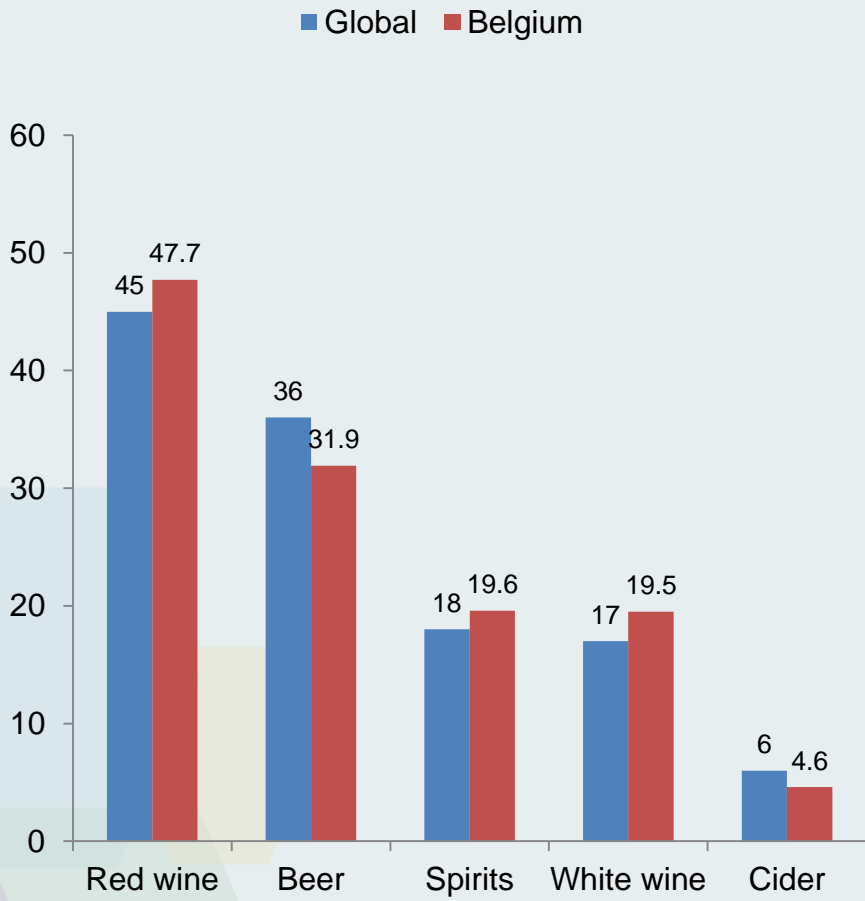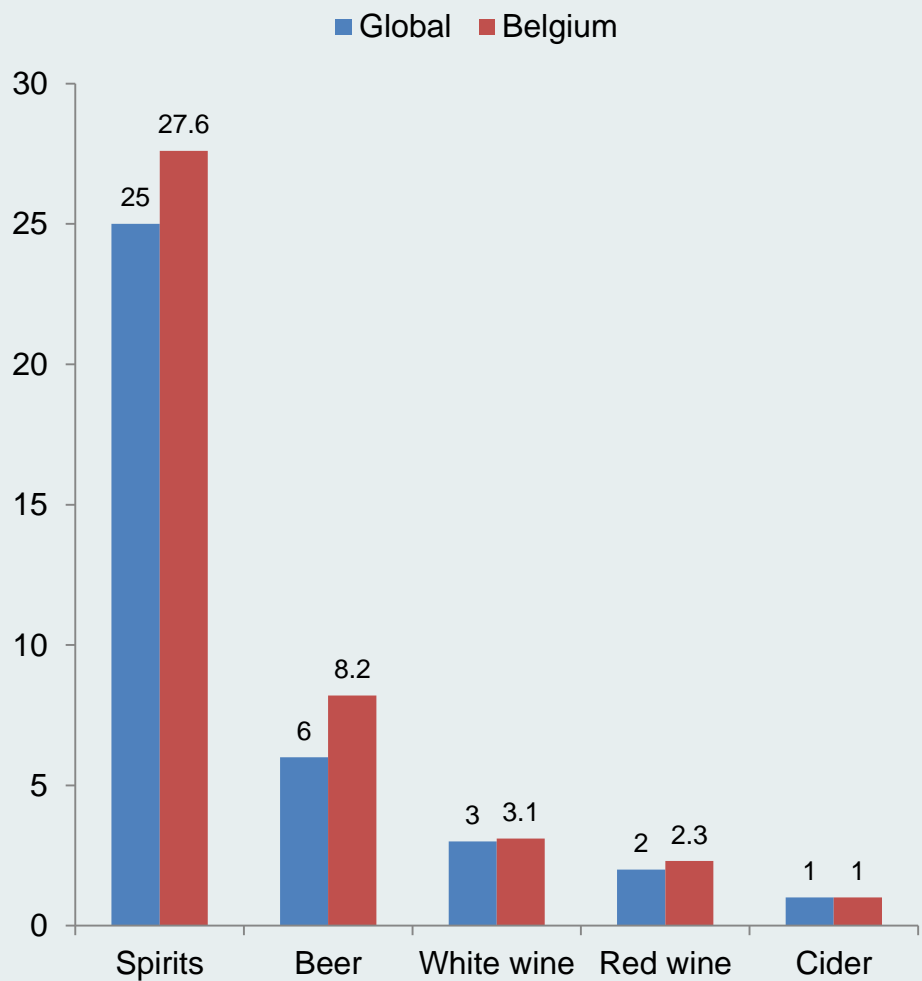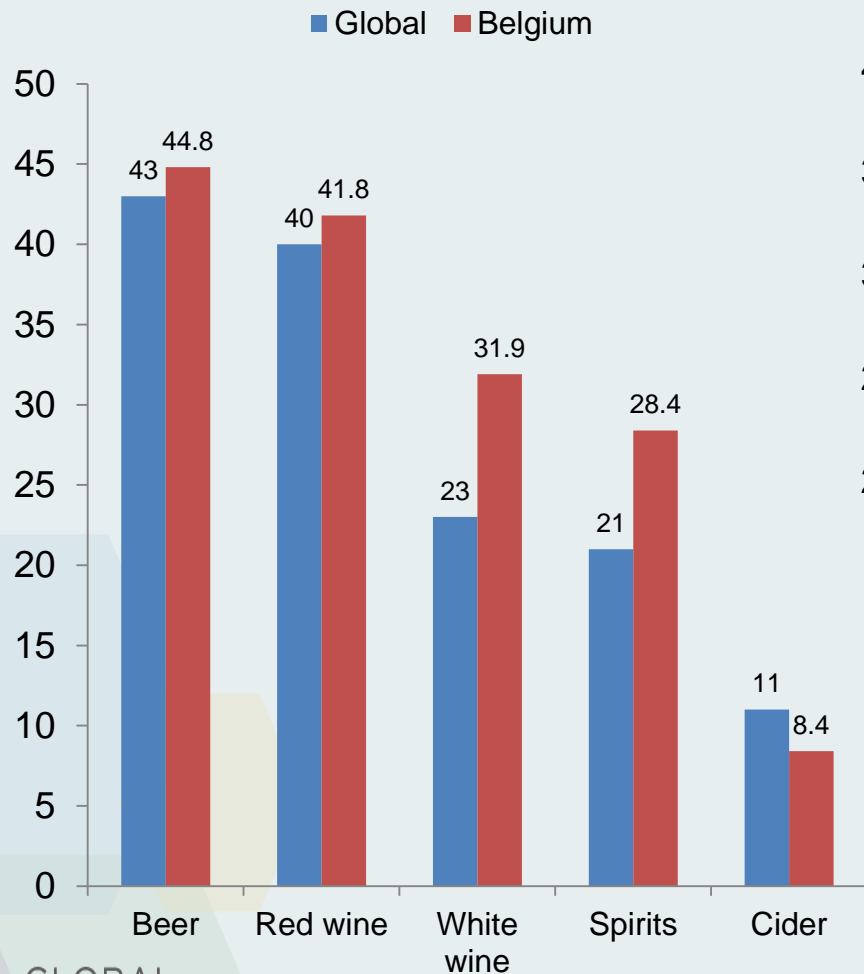BEVERAGE TYPE – MOODS & BEHAVIOURS

GLOBAL DRUG SURVEY

2016

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
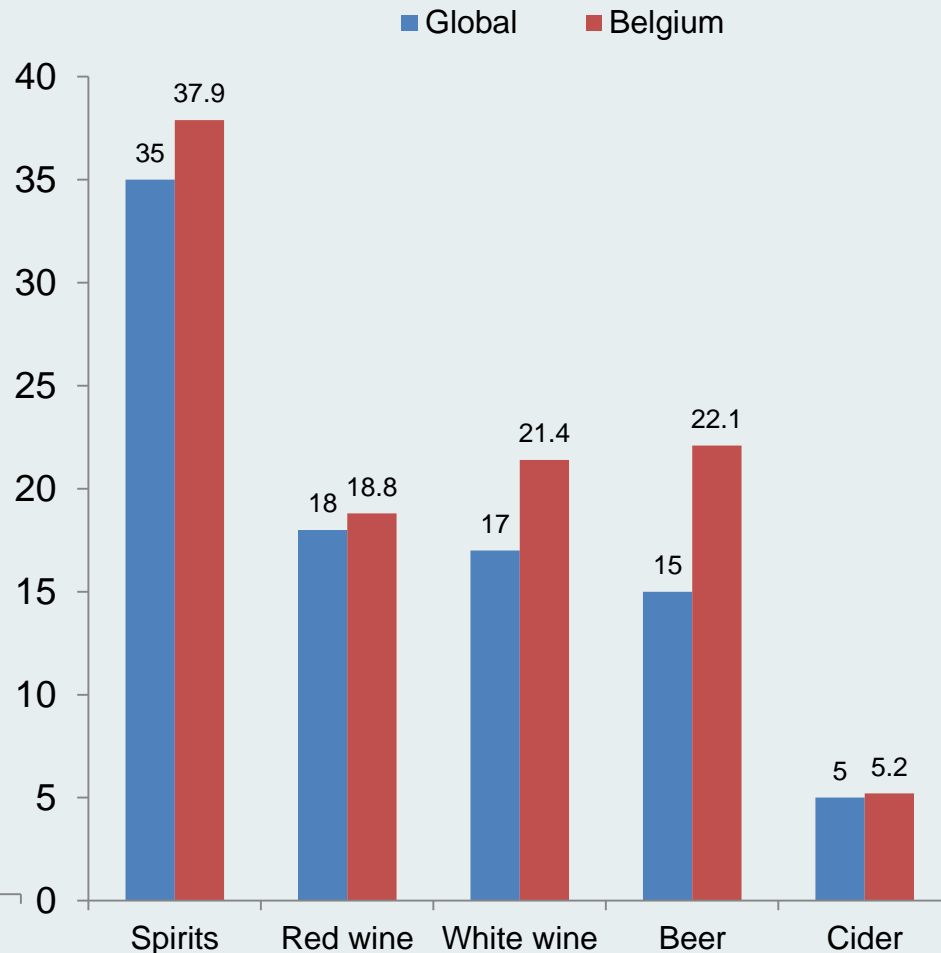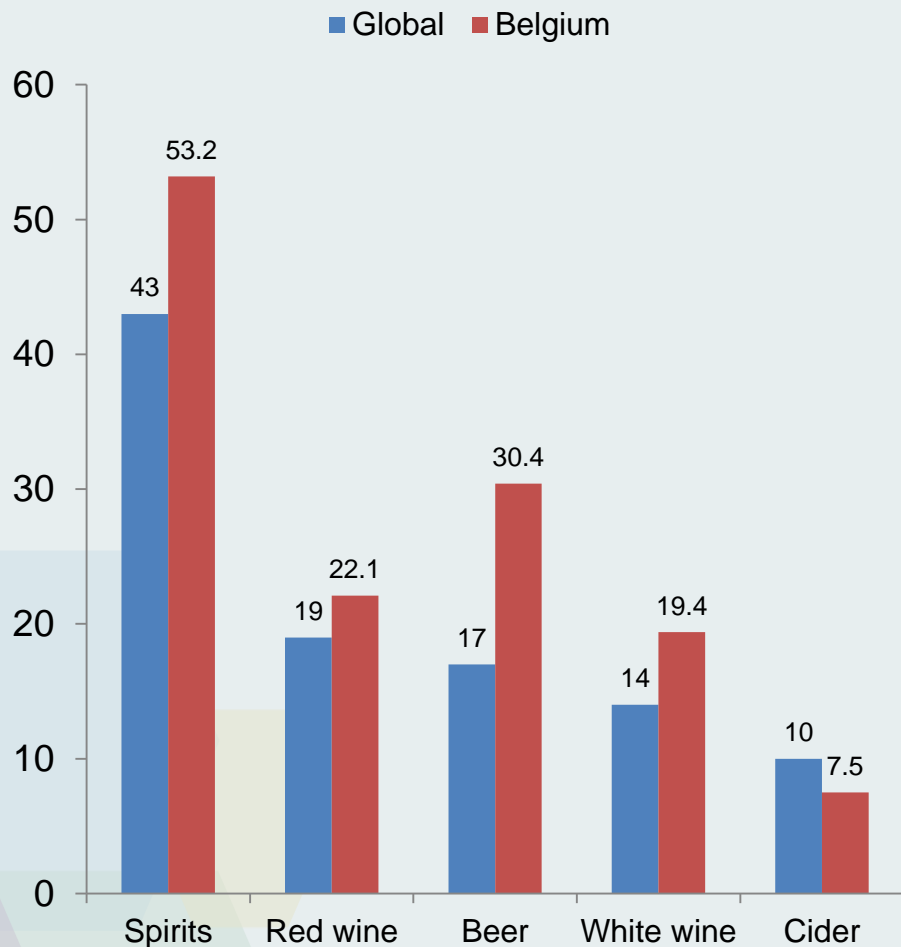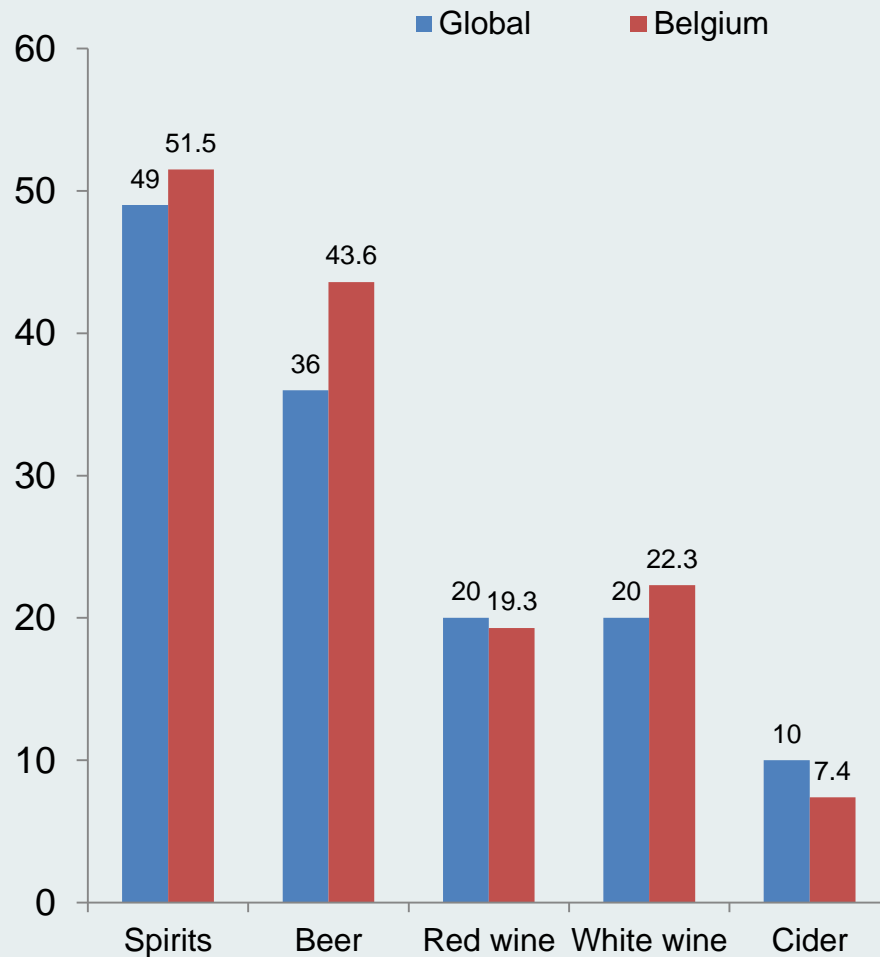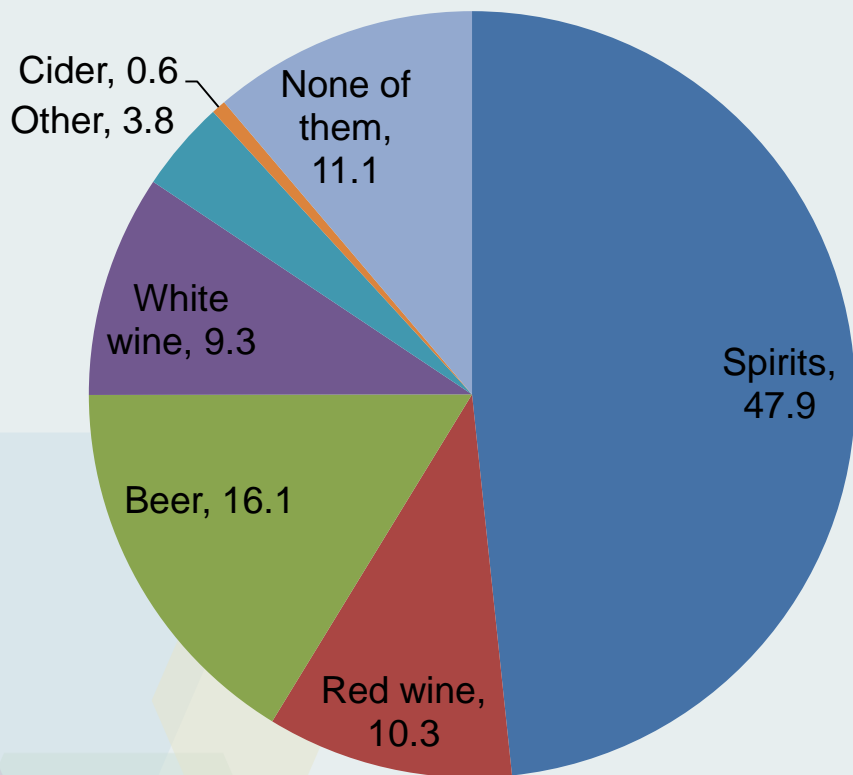
Tired chart (Global / Belgium)
- Red wine: 45 / 47.7
- Beer: 36 / 31.9
- Spirits: 18 / 19.6
- White wine: 17 / 19.5
- Cider: 6 / 4.6

Aggressive chart (Global / Belgium)
- Spirits: 25 / 27.6
- Beer: 6 / 8.2
- White wine: 3 / 3.1
- Red wine: 2 / 2.3
- Cider: 1 / 1

BEVERAGE TYPE – MOODS & BEHAVIOURS

GLOBAL DRUG SURVEY

2016

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

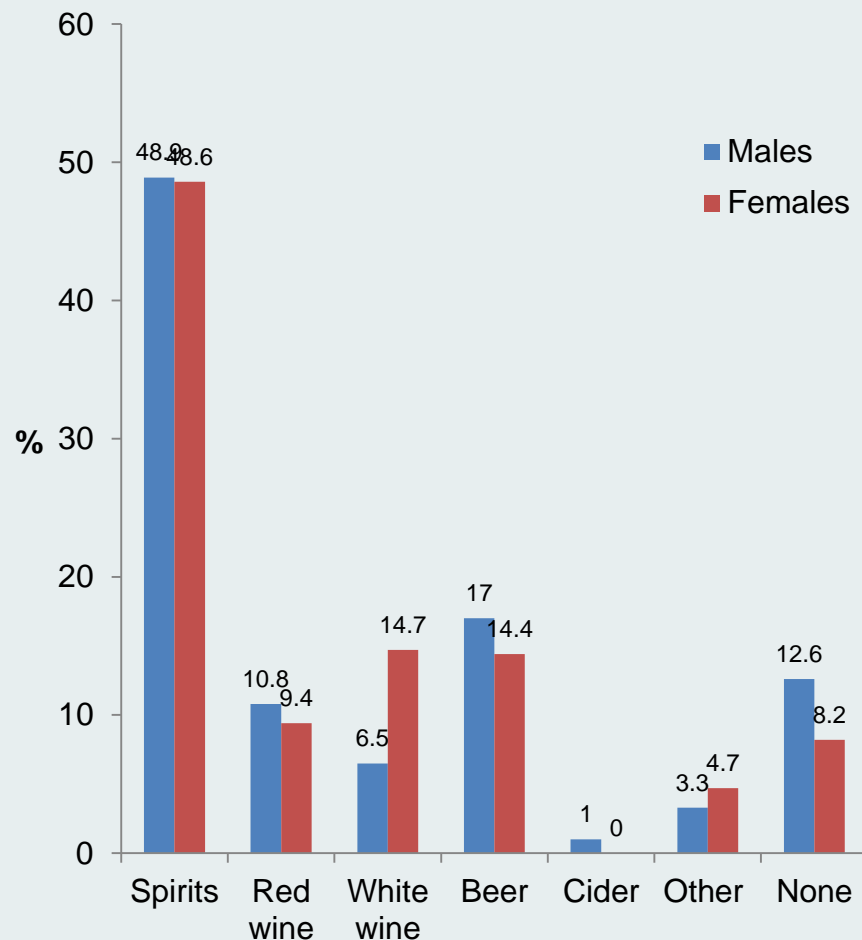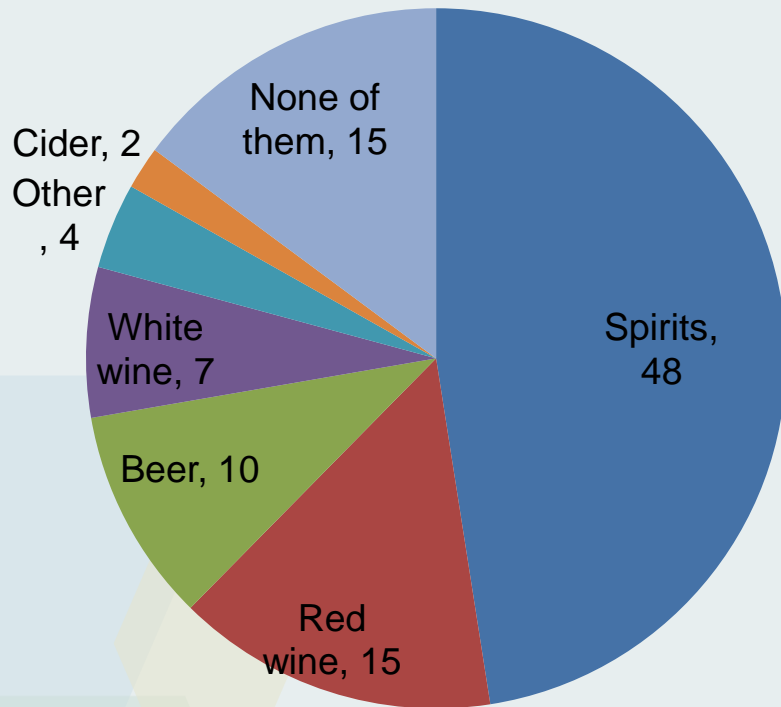BEVERAGE TYPE – MOODS & BEHAVIOURS

2016

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

Global — Belgium

	Spirits	Red wine	Beer	White wine	Cider
Global	43	19	17	14	10
Belgium	53.2	22.1	30.4	19.4	7.5

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

Global — Belgium

	Spirits	Beer	Red wine	White wine	Cider
Global	49	36	20	20	10
Belgium	51.5	43.6	19.3	22.3	7.4

GLOBAL
DRUG
SURVEY

BEVERAGE TYPE – MOODS & BEHAVIOURS

2016

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

BEVERAGE TYPE – MOODS & BEHAVIOURS

2016
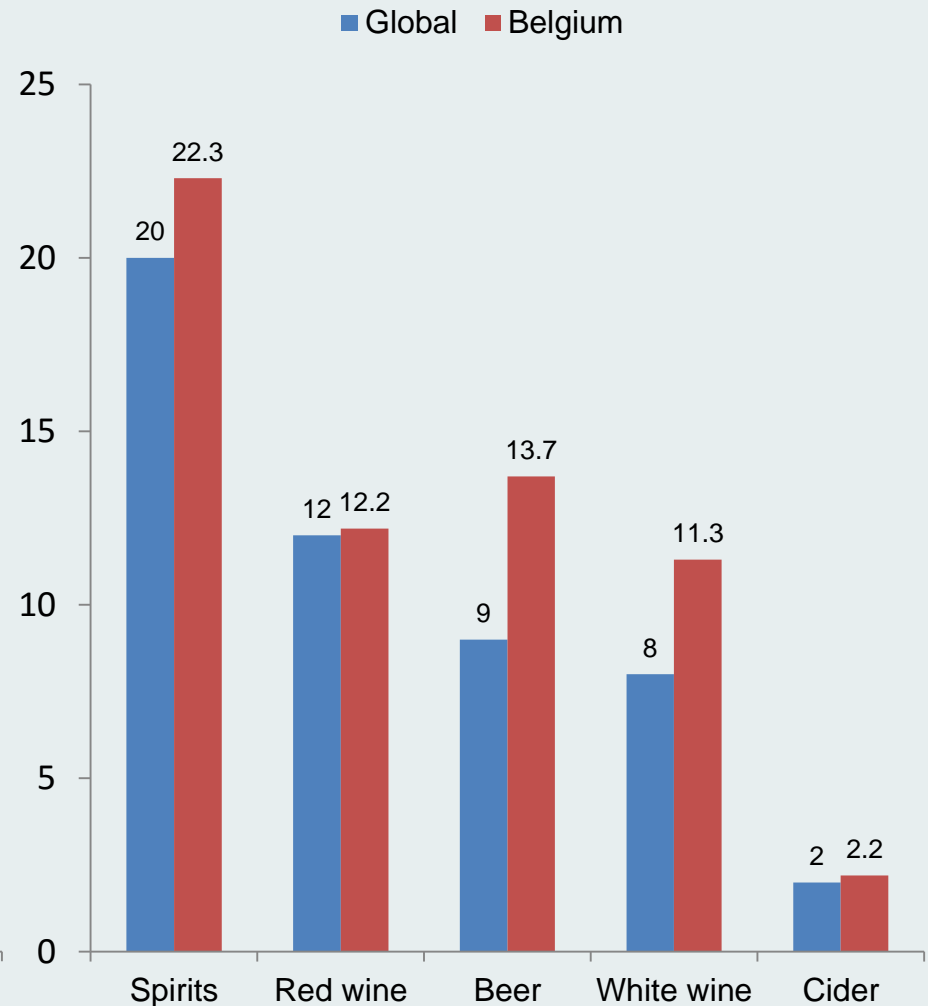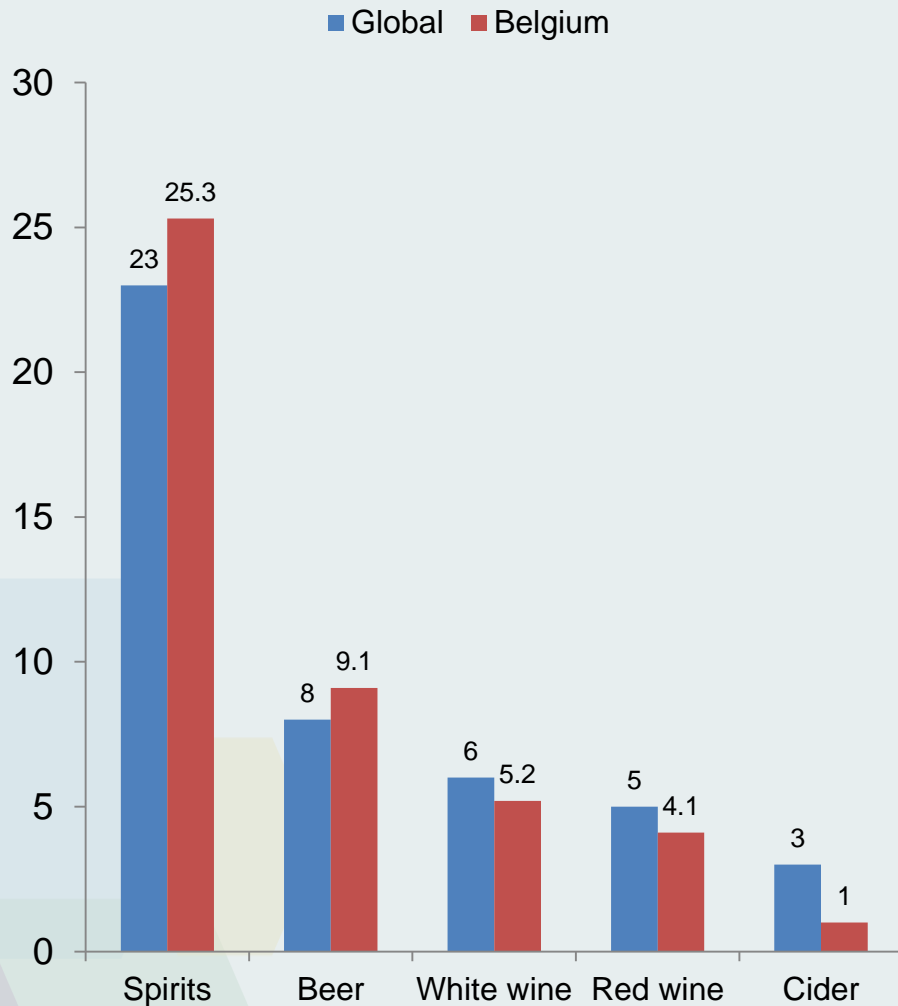
Type of drink that gives the worst hangover (%) Belgium

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

Cider, 0.6
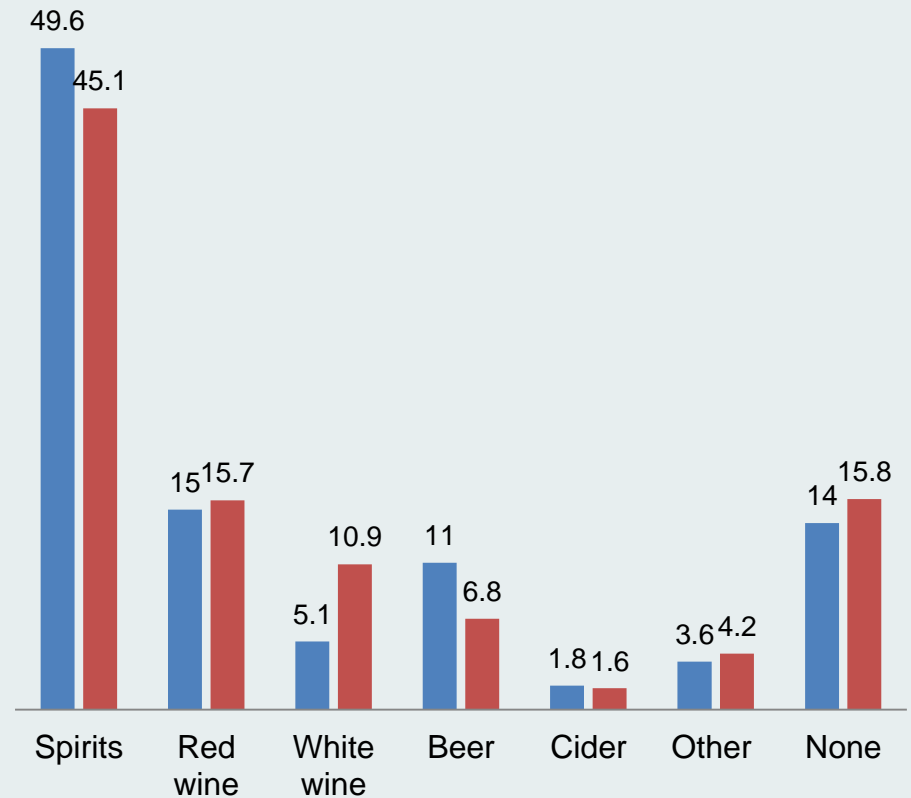Other, 3.8
None of them, 11.1
White wine, 9.3
Beer, 16.1
Red wine, 10.3
Spirits, 47.9

Males
Females

Spirits: 48.8, 48.6
Red wine: 10.8, 9.4
White wine: 6.5, 14.7
Beer: 17, 14.4
Cider: 1, 0
Other: 3.3, 4.7
None: 12.6, 8.2

GLOBAL DRUG SURVEY

BEVERAGE TYPE – MOODS & BEHAVIOURS

2016

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

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

Pie chart — Type of drink that gives the worst hangover (%) (GLOBAL):
- Spirits, 48
- Red wine, 15
- Beer, 10
- White wine, 7
- Other, 4
- Cider, 2
- None of them, 15

Bar chart — Type of drink that gives the worst hangover by gender (%) (GLOBAL):

Males / Females

Drink	Males	Females
Spirits	49.6	45.1
Red wine	15	15.7
White wine	5.1	10.9
Beer	11	6.8
Cider	1.8	1.6
Other	3.6	4.2
None	14	15.8

GLOBAL DRUG SURVEY

BEVERAGE TYPE – MOODS & BEHAVIOURS

2016

CANNABIS

CANNABIS IN BELGIUM– LAST YEARS USERS – 67.0% OF RESPONDENTS (N=688)

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
- 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

Days used in last 12 months (%)

- 1: 3.4
- 2-10: 18.5
- 11-50: 21.5
- 51-100: 12
- >100: 44.6
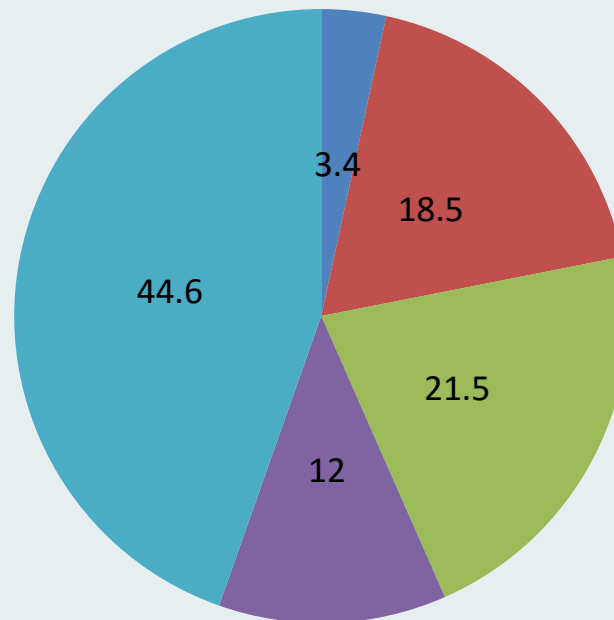
Method of use
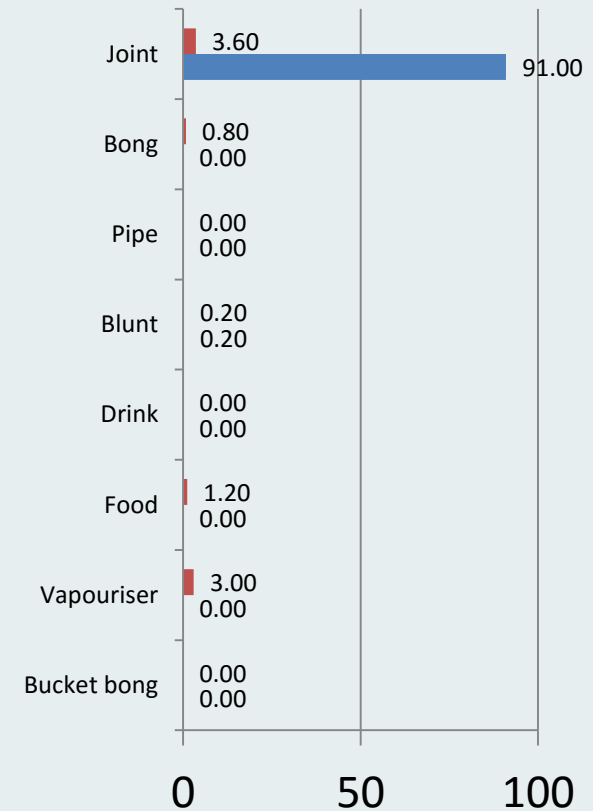
Method	Without Tobacco	With tobacco
Joint	3.60	91.00
Bong	0.80	0.00
Pipe	0.00	0.00
Blunt	0.20	0.20
Drink	0.00	0.00
Food	1.20	0.00
Vapouriser	3.00	0.00
Bucket bong	0.00	0.00

GLOBAL DRUG SURVEY

CANNABIS USE PREVALENCE

2016

Belgium Last Year Cannabis Users –(N=688)

Reasons for use

- 77.4% use exclusively for recreational / pleasure
- 18.6% use mostly for pleasure, but sometimes for medical reasons
- 3.2% use mostly for medical reasons, but sometimes recreationally
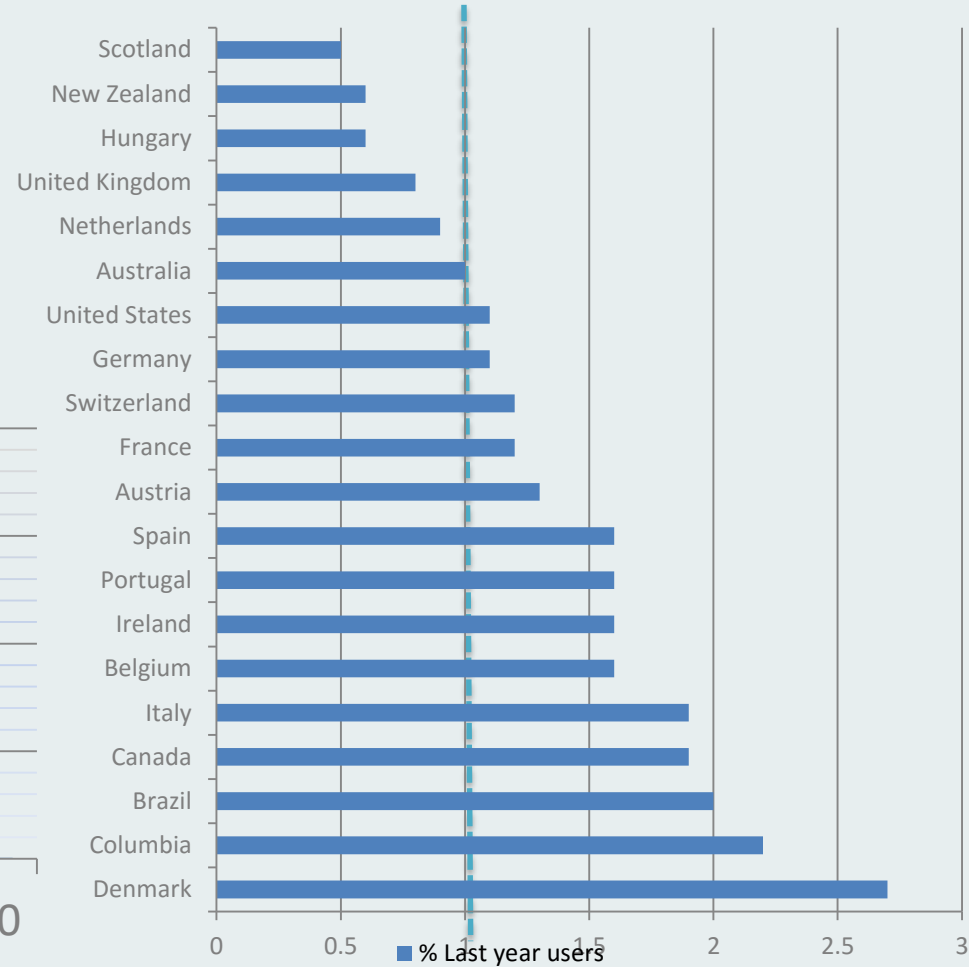- 0.8% used cannabis exclusively for medical reasons

Risk of violence

On a scale of 1 (almost none) to 10 (very high), the risk of violence when acquiring cannabis in Belgium was rated by last year users. 94.0% last year cannabis users had never been exposed to violence when buying cannabis. 4.4% had once, and 1.6% had on two or more occasions.
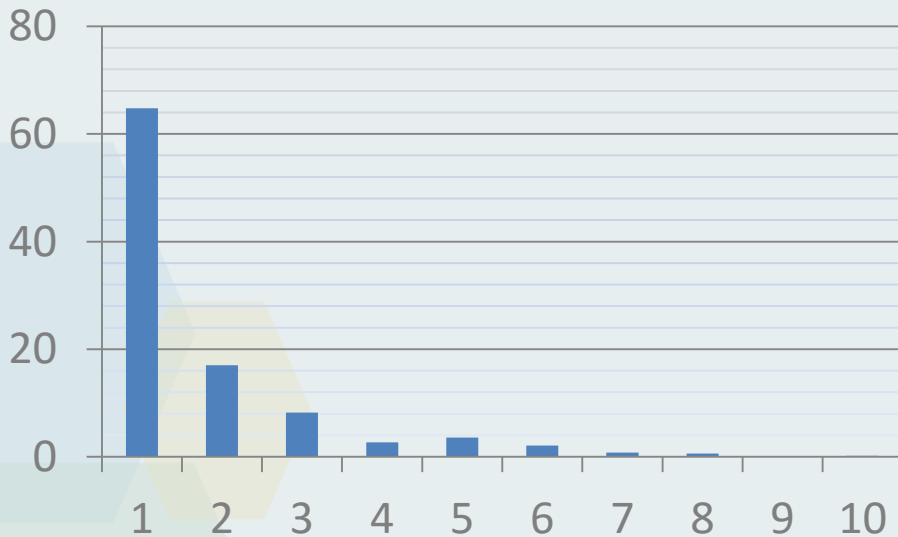
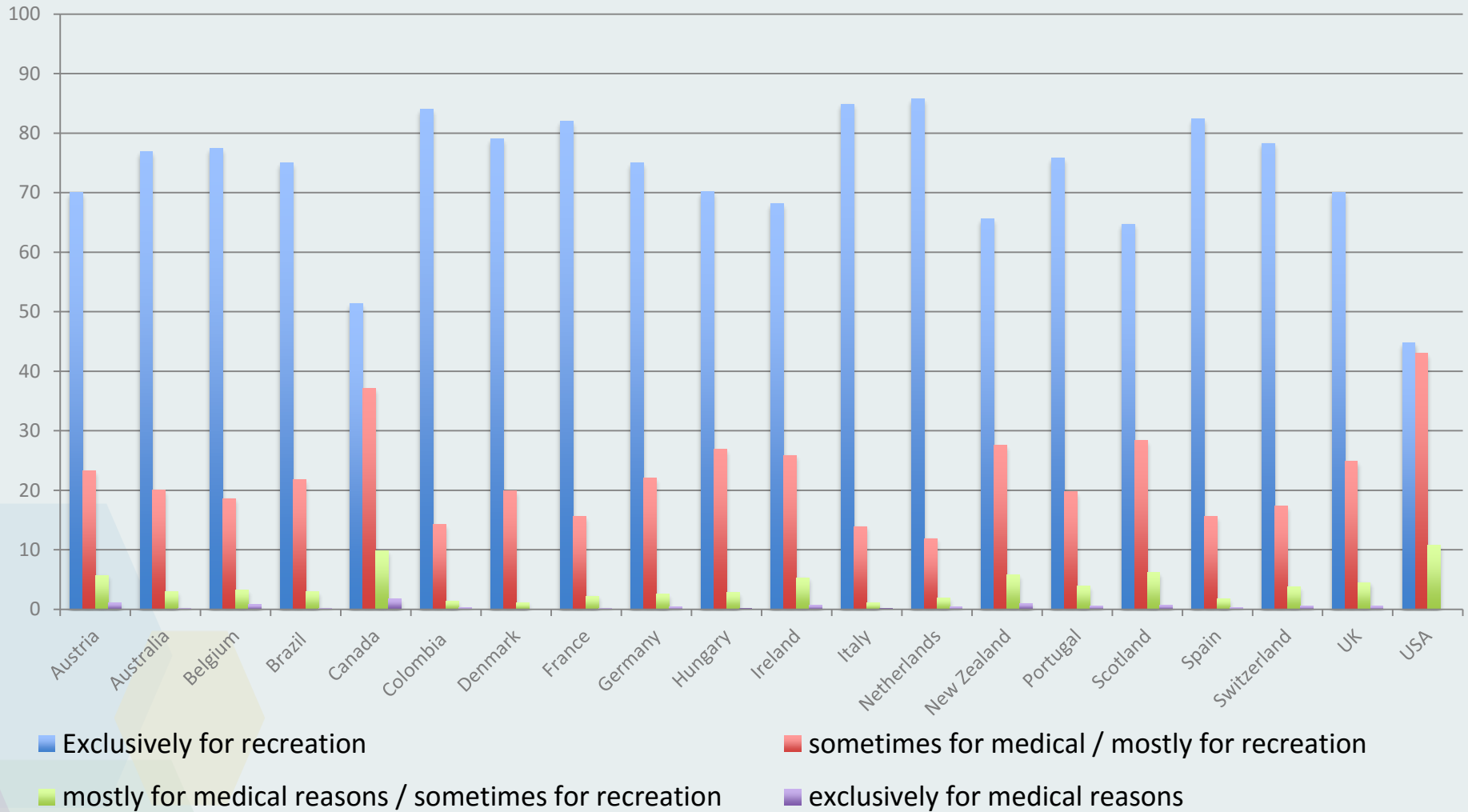# Cannabis – Sought Emergency Medical Treatment in Last 12 Months

Global EMT rate was 1.2%

GLOBAL DRUG SURVEY

CANNABIS VIOLENCE AND HARM

2016

Global comparison of preferred cannabis preparations around the world

CANNABIS PREFERENCE

Legend: High Potency Herbal, Resin, Normal weed, BHO, Other

GLOBAL DRUG SURVEY

2016

Global Drug Survey GDS2016 © Not to be reproduced without authors permission
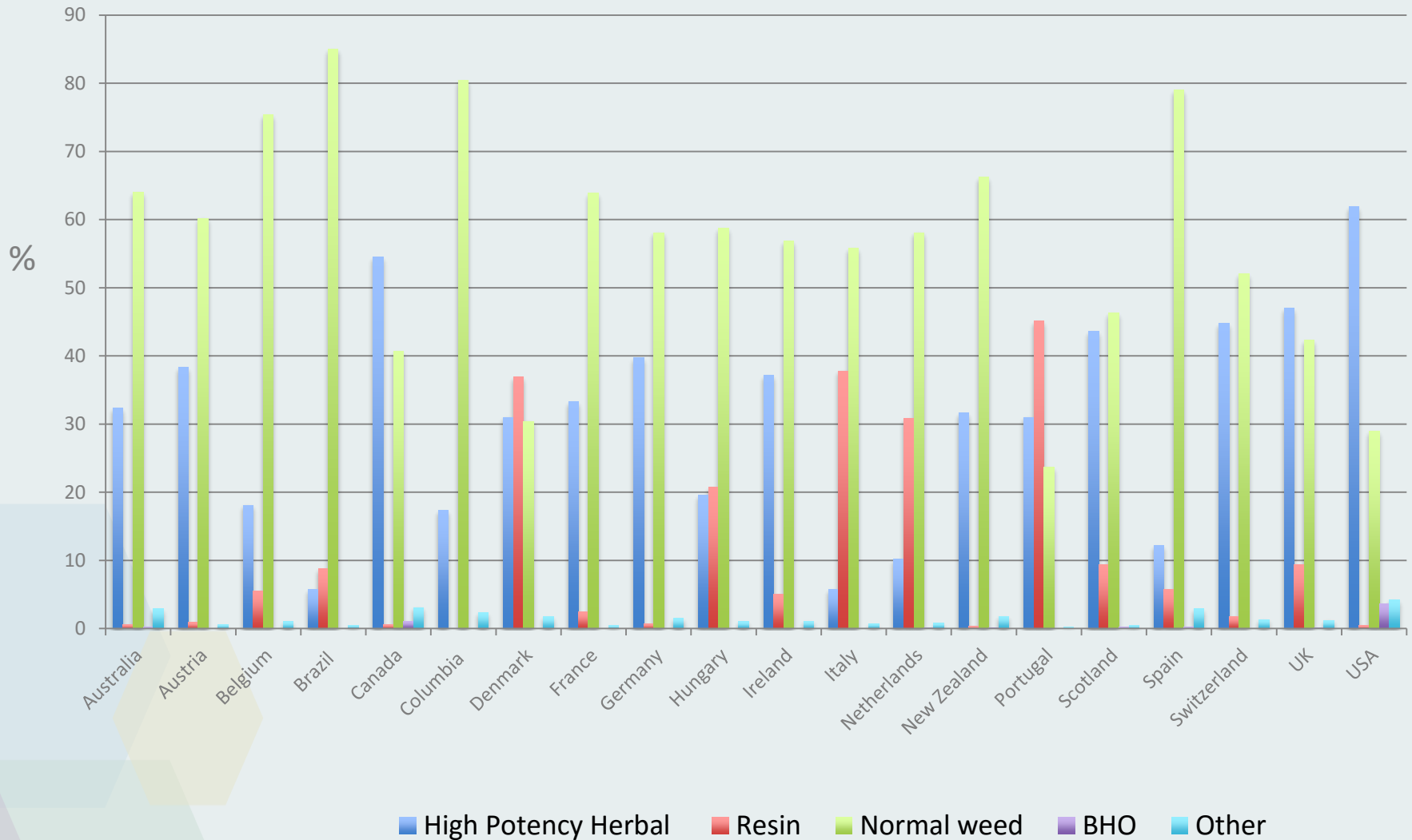
Global comparison of motivations for cannabis use across the world

CANNABIS MOTIVATIONS FOR USE 2016

GLOBAL DRUG SURVEY

Legend:
- Exclusively for recreation
- sometimes for medical / mostly for recreation
- mostly for medical reasons / sometimes for recreation
- exclusively for medical reasons

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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 (%)

- High potency / hydroponic
- Herbal
- Resin / Hash
- Butane Hash Oil

(53.5, 30.1, 13.5, 2.9)
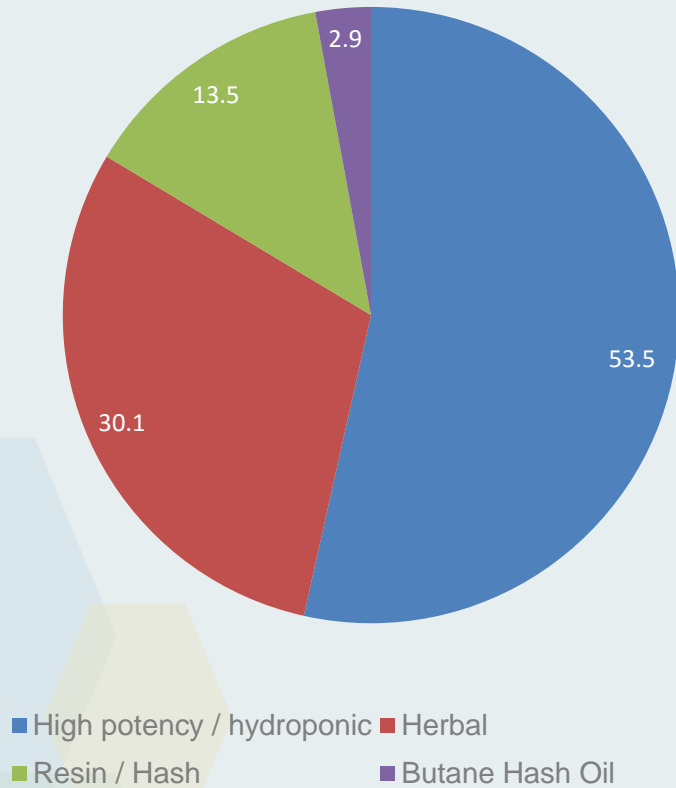
Symptoms presented with:

Symptom	%
bladder	1.26
aggression	2.7
seizure	7.01
accident	10.43
auditory hallucinations	13.85
unable to talk	14.03
visual hallucinations	15.83
mood	19.03
sweating	23.88
chest pain	24.06
nausea	24.24
other	28.6
agitation	29.86
difficult to breath	33.57
paranoia	37.88
feeing scared	42.19
anxiety	64.16

GLOBAL DRUG SURVEY

SEEKING EMT HELP WITH CANNABIS –GLOBAL OVERVIEW

2016
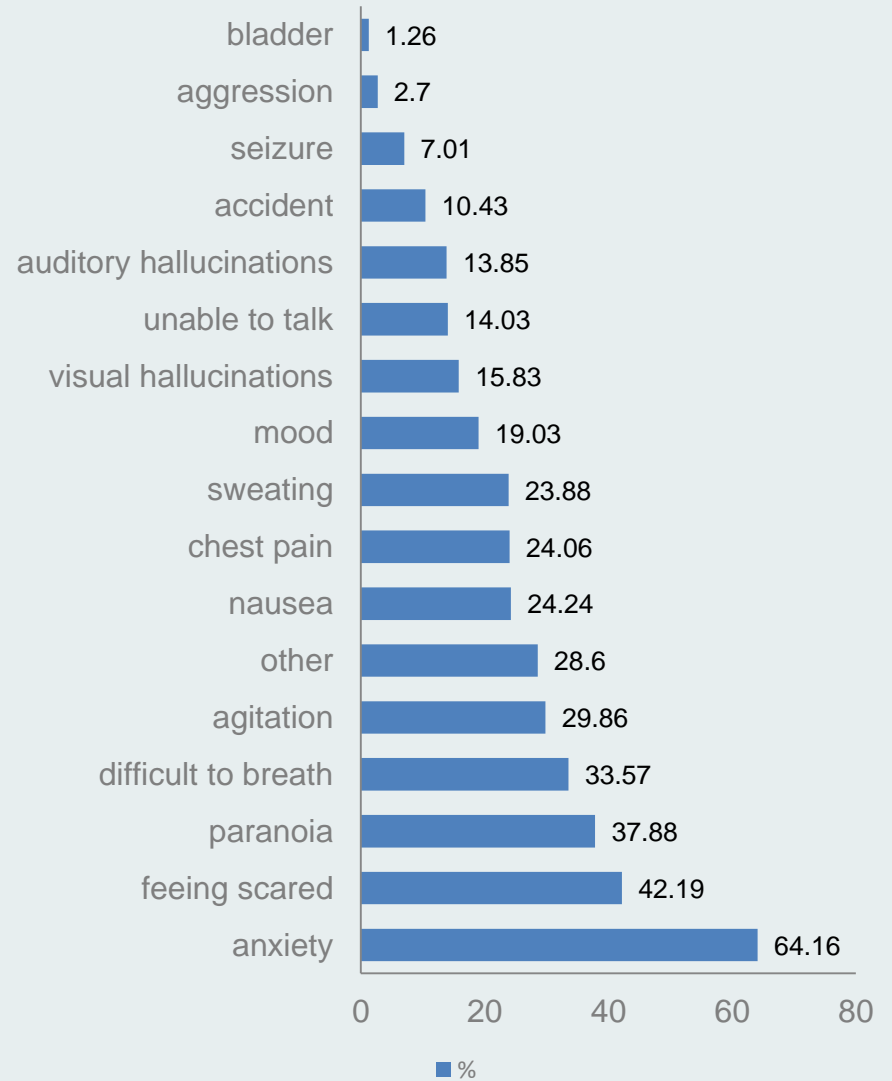
MYSTERY WHITE POWDERS

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

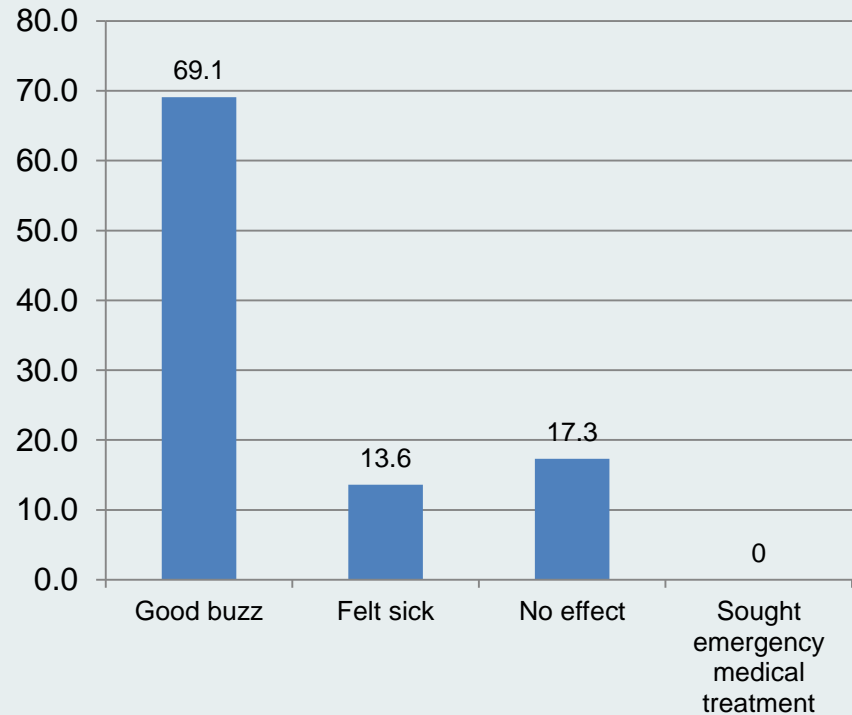**What we asked and what is presented here**

- 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.
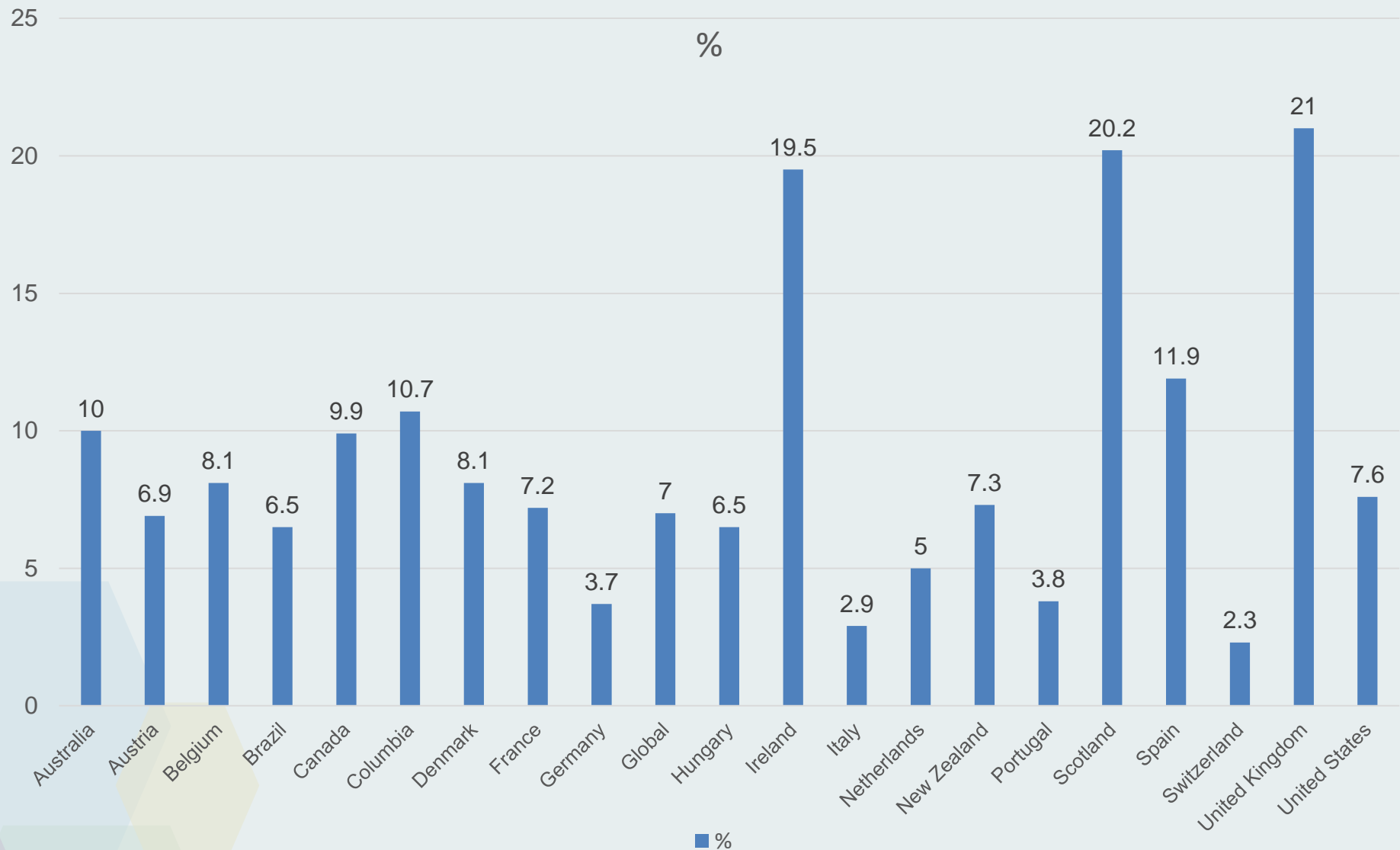
GLOBAL
DRUG
SURVEY

MYSTERY WHITE POWDERS

2016

Intoxicated at time of use?

Of all respondents to the survey, 8.1% (N=1013) stated that they had used a mystery white powder within the last 12 months.

■ Yes ■ No

10%

86%
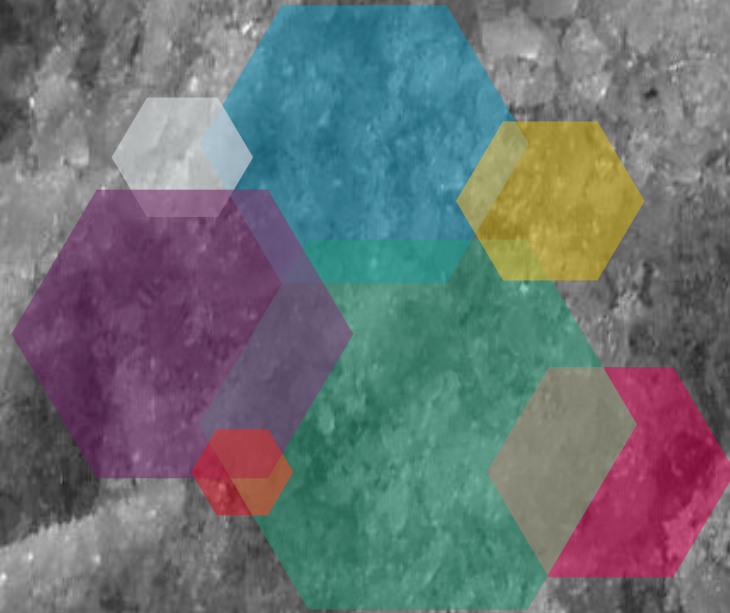
Those Intoxicated had used:

■ Other drugs

26%   27%

46%

Overall effect

Good buzz	69.1
Felt sick	13.6
No effect	17.3
Sought emergency medical treatment	0

MYSTERY WHITE POWDERS BELGIUM

2016

%

LAST YEAR PREVALENCE OF MYSTERY WHITE POWDER
ACROSS GDS2015 COUNTRIES

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DRUG
SURVEY

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.

MDMA BACKGROUND

While 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.

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):

Legend: ■ MDMA pills ■ MDMA powder
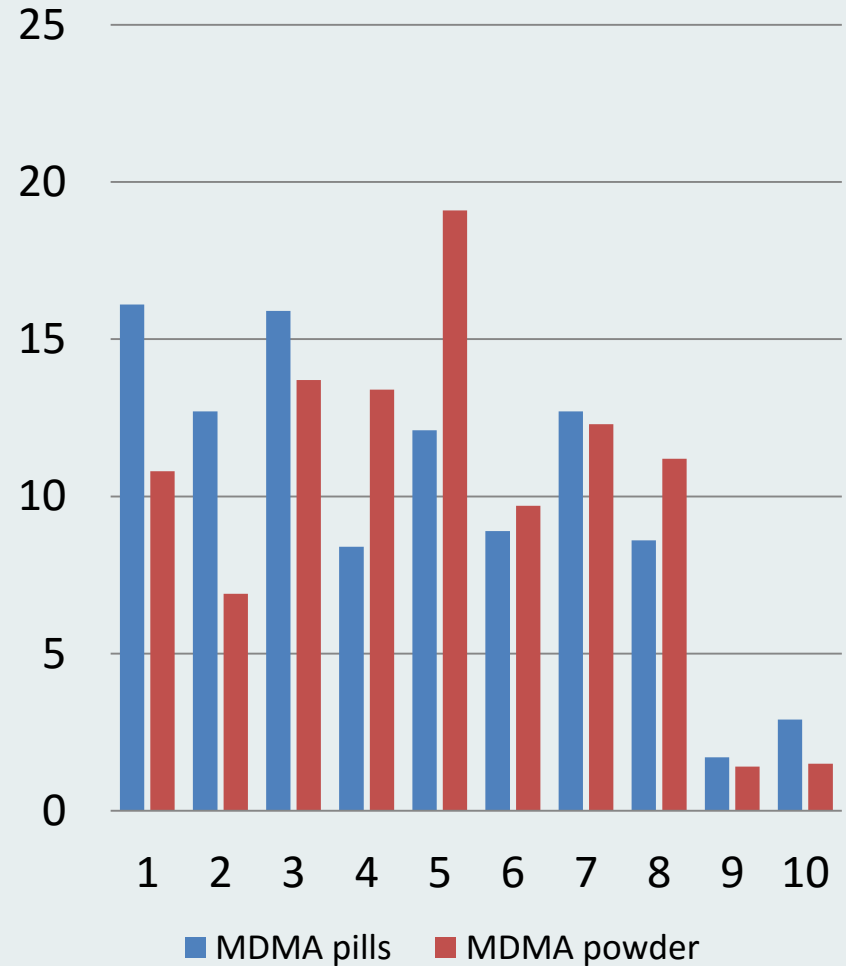
MDMA IN BELGIUM

Last year use of MDMA types

38% (n=391) of the Belgium GDS sample reporting the use of MDMA in the last year

Of those using MDMA in the last year
90% (n=351) of sample had used MDMA **pills last year**
73% (n=284) of sample had used MDMA **powder last year**

Price and mean dose

66.3% buy their own Ecstasy
Mean price €6.06 per pill
Mean dose 1.5 pills

51.6% buy own MDMA powder
4.2% buy 1 gram or less
Mean price €29.17 per gram

Average number of lines per gram was 9.31
Average dose 0.28g / session

Route of use

97.4% oral
2.3% snort
0.3% other

0.5% stated they had ever injected MDMA

Alcohol

37.7% always drink alcohol,
23.9% drink 50% or 75% of the time,
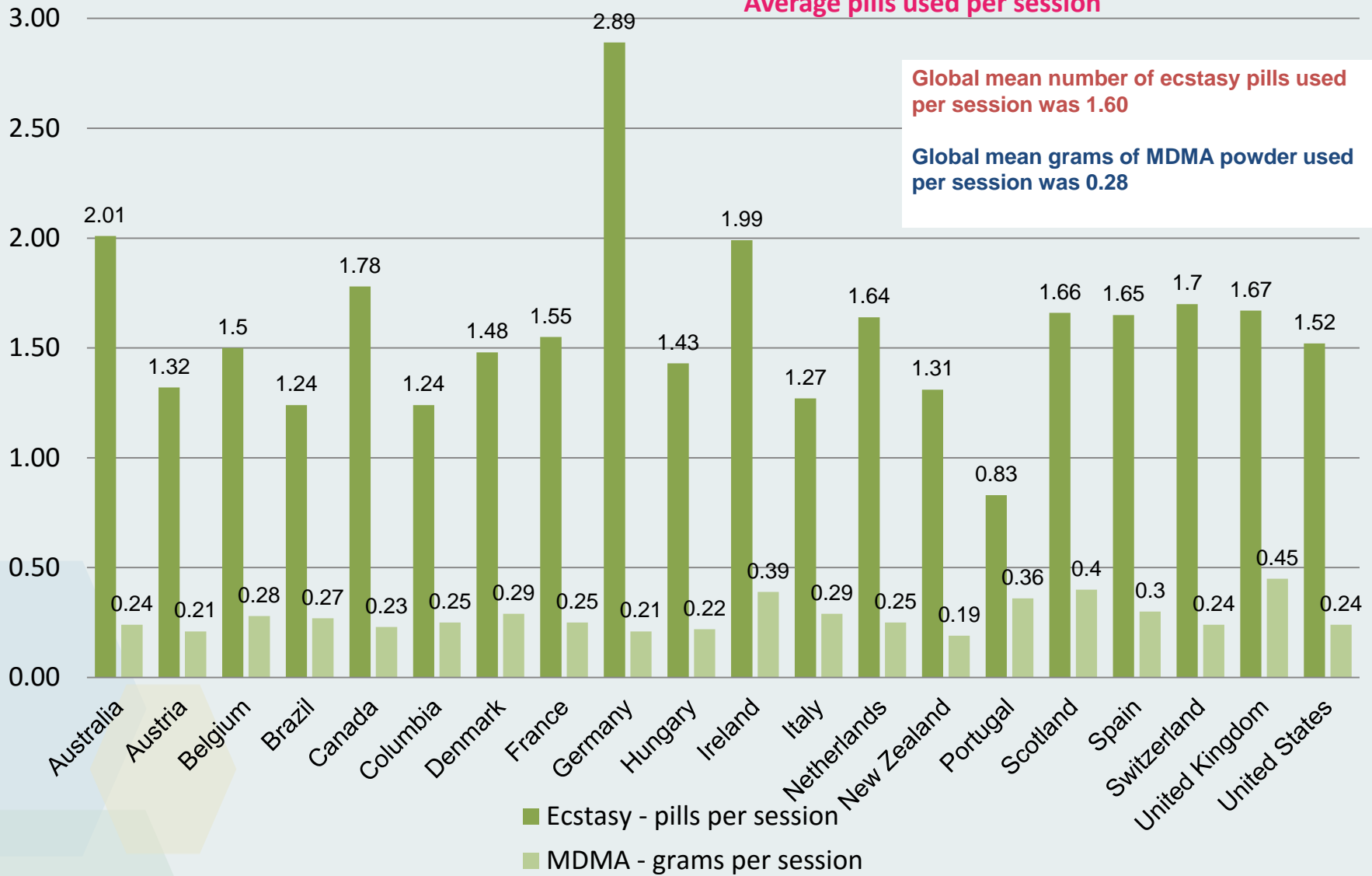20.8%% never drink alcohol

Seeking emergency medical treatment

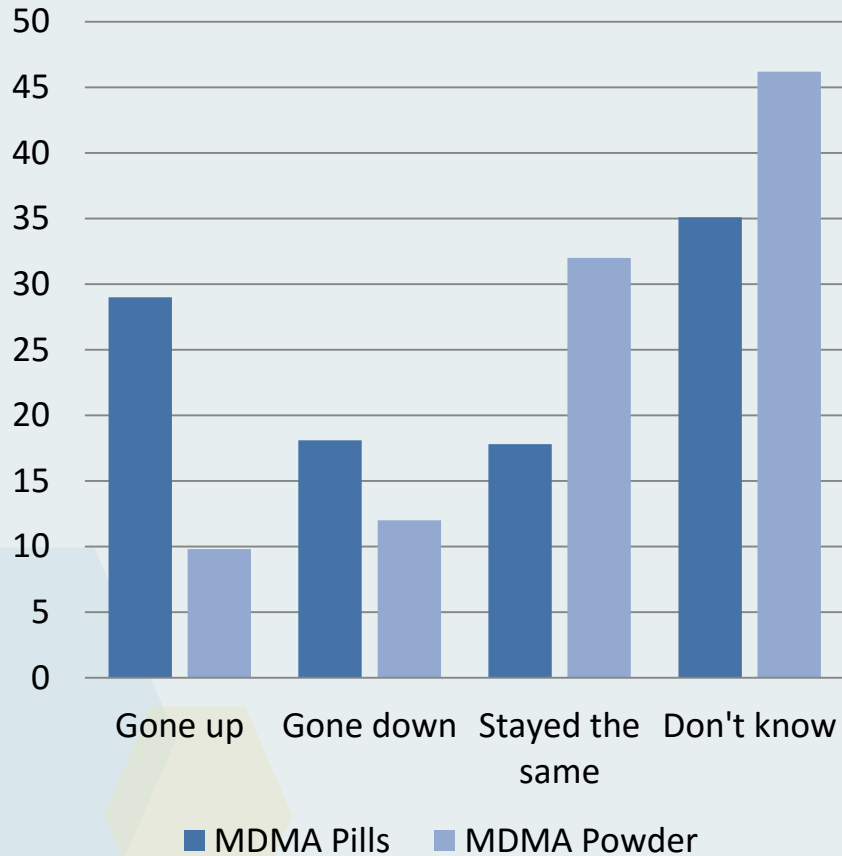Prevalence 1.6% (n=386) of those reporting the use of MDMA in the last 12 month had sought EMT

MDMA IN BELGIUM

Global cost of MDMA

GLOBAL ECSTASY AND MDMA POWDER PRICES

Global average ecstasy price was €9.00 per **pill**

Global average **powder** price was €45.01 per gram

EUROS

COUNTRY

- Ecstacy - per pill
- MDMA - per gram

Country	Ecstacy - per pill	MDMA - per gram
Australia	18.19	155.97
Austria	12.72	57.33
Belgium	6.02	29.17
Brazil	10.22	41.78
Canada	6.68	39.26
Columbia	7.78	33.82
Denmark	13.56	53.36
France	10.19	50.47
Germany	8.47	38.58
Hungary	6.19	45.81
Ireland	9.08	55.44
Italy	14.4	46.2
Netherlands	4.86	23.56
New Zealand	27.44	193.32
Portugal	7.88	31.52
Scotland	12.46	47.03
Spain	9.97	43.8
Switzerland	14.96	72.15
United Kingdom	12.18	43.98
United States	13.1	63.7

GLOBAL DRUG SURVEY

2016

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Average pills used per session

Global mean number of ecstasy pills used per session was 1.60

Global mean grams of MDMA powder used per session was 0.28

Country	Ecstasy - pills per session	MDMA - grams per session
Australia	2.01	0.24
Austria	1.32	0.21
Belgium	1.5	0.28
Brazil	1.24	0.27
Canada	1.78	0.23
Columbia	1.24	0.25
Denmark	1.48	0.29
France	1.55	0.25
Germany	2.89	0.21
Hungary	1.43	0.22
Ireland	1.99	0.39
Italy	1.27	0.29
Netherlands	1.64	0.25
New Zealand	1.31	0.19
Portugal	0.83	0.36
Scotland	1.66	0.4
Spain	1.65	0.3
Switzerland	1.7	0.24
United Kingdom	1.67	0.45
United States	1.52	0.24

■ Ecstasy - pills per session
■ MDMA - grams per session

GLOBAL DRUG SURVEY

MDMA – AMOUNT USED PER SESSION – GLOBAL COMPARISON

2016

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MDMA users who sought EMT in the last 12 months
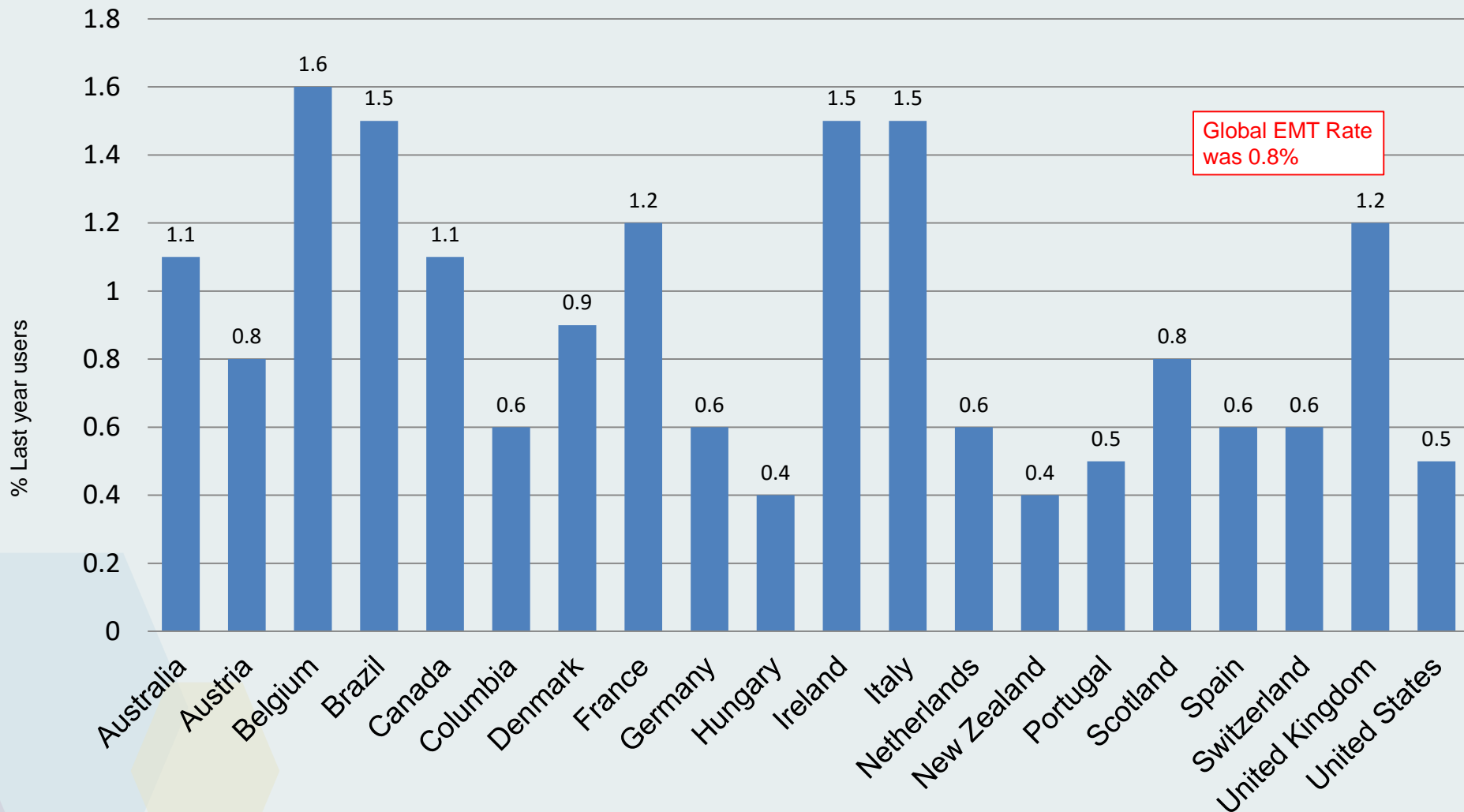
MDMA - SOUGHT EMERGENCY MEDICAL TREATMENT IN LAST 12 MONTHS (MIN NUMBER OF USERS IS 100/COUNTRY)

MDMA EMT Global comparison:
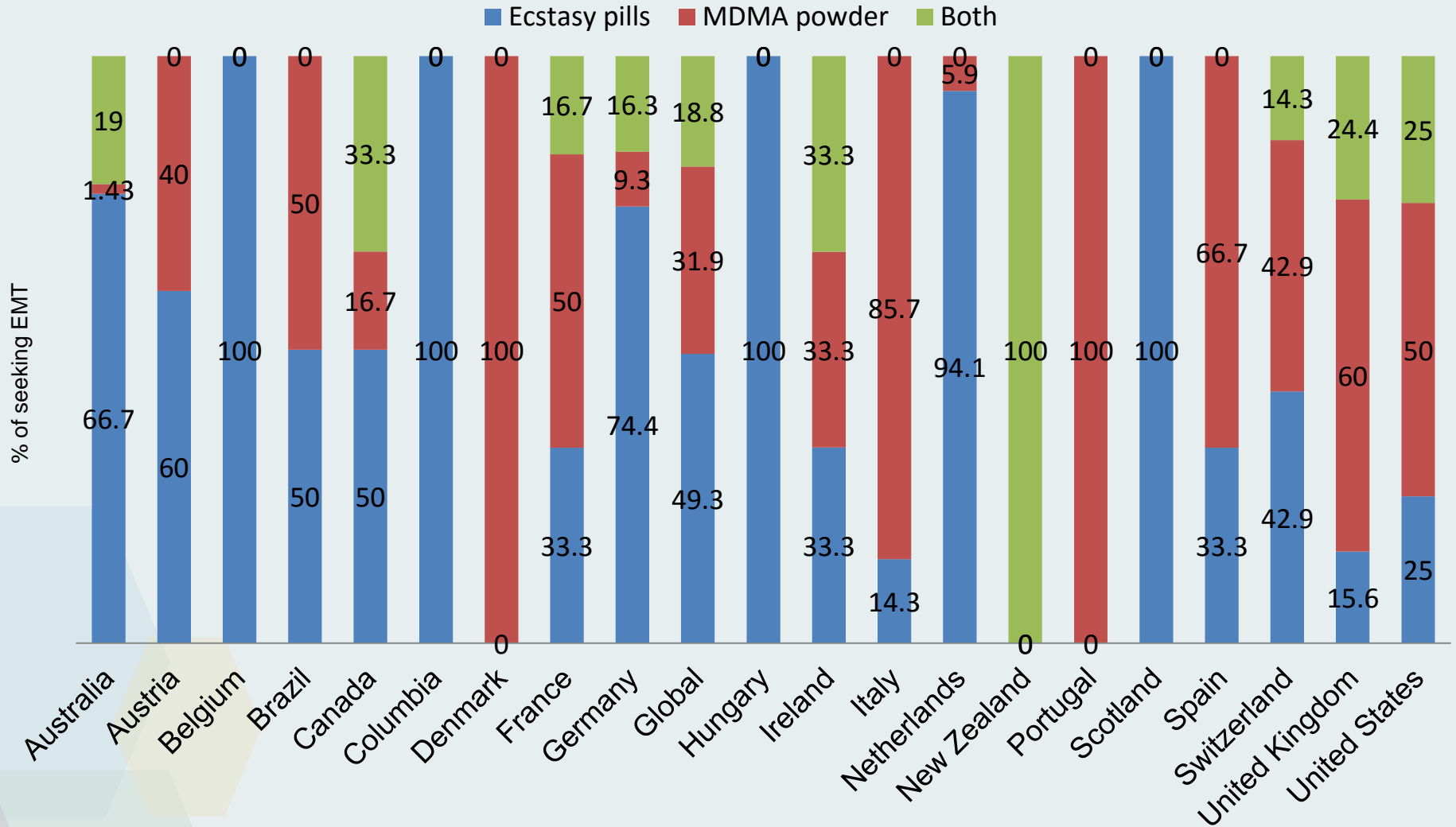
MDMA EMERGENCY MEDICAL TREATMENT – TYPE USED

GLOBAL DRUG SURVEY

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 is was up at 4. 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

Last year use of cocaine

320 respondents (31% of the GDS Belgium sample) reported the use of cocaine in the last 12 months. (440, or 43% had done so ever)

Of those who used cocaine last year:

65.8% had used on 10 or less occasions
10% had used 50 or more times

55.3% always / nearly always drink alcohol when they use cocaine

Price and mean dose

47.6% purchase their own cocaine at the mean price of **€50.47 /gram**

How much in a typical session?

45.9% used 0.5gm or less in a session
4% use 2gm or more in a session
Mean amount used on typical days use was **0.5 grams**

Mean of **9.97 lines per gram was reported**

Route of use
94.5% snort it
1.3% orally
3.9% gotham book
smoke
0.3% inject

Most used in a session

49.2% have used 1 gram or more
30% have used 2 grams or more
7% have used 4 grams or more

Seeking emergency medical treatment

1.3% reported seeking emergency medical treatment in the previous 12 month

Luxury Cocaine

Of those who bought their own cocaine, 24.7% offered cocaine at higher price with promise that it is better quality in the last 12 month
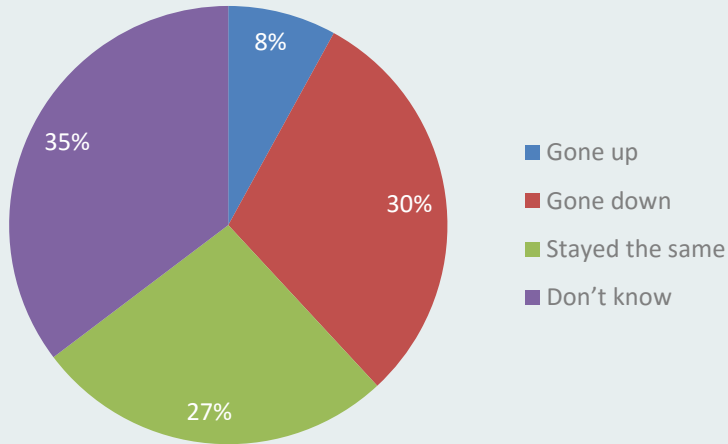
Mean price €65.70 per gram
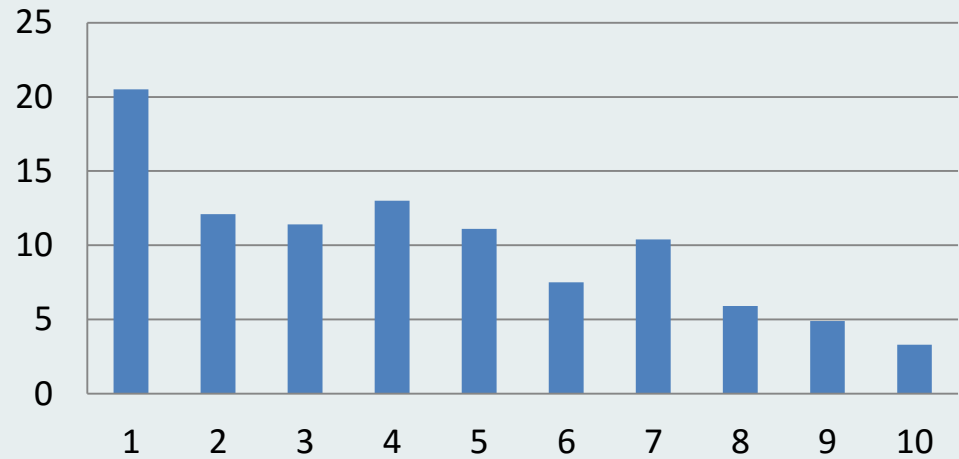66.7% bought it
27.3% thought it was much better

GLOBAL PRICE PER GRAM – COCAINE IN EUROS

2016

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.

Mean score

Australia 3
Austria 3.7
Belgium 5.16
Brazil 4.68
Canada 3.88
Colombia 6.09
Denmark 3.8
France 4.15
Germany 3.57
Hungary 4.34
Ireland 3.25
Italy 4.08
Mexico 5.63
Netherlands 5.37
New Zealand 4.08
Norway 3.66
Portugal 4.27
Scotland 3.64
Spain 3.88
Sweden 3.67
Switzerland 4.13
UK 3.75
USA 4.18

■ Cocaine

GLOBAL DRUG SURVEY

VALUE FOR MONEY – COCAINE ALL GDS2016 COUNTRIES

2016

Has the quality of cocaine changed?

- ■ Gone up — 8%
- ■ Gone down — 30%
- ■ Stayed the same — 27%
- ■ Don't know — 35%

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

Risk of violence % (1=none 10=very high)
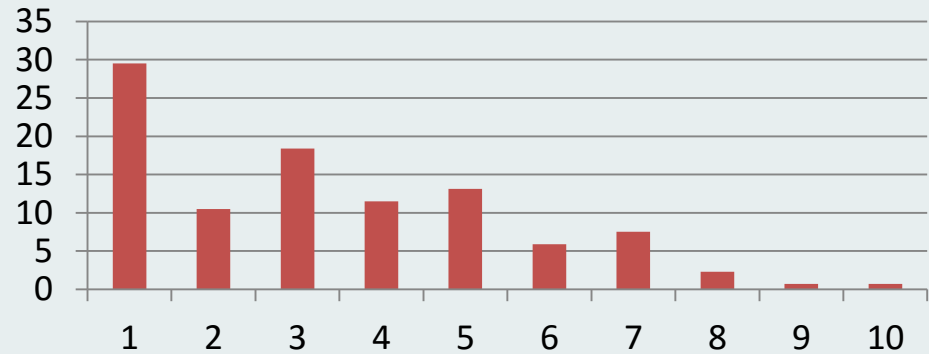
9.8% had been exposed to personal violence in last 12 months at least once when buying cocaine

COCAINE IN BELGIUM

2016

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 Belgian drug users who have bought drugs on-line what did they buy?
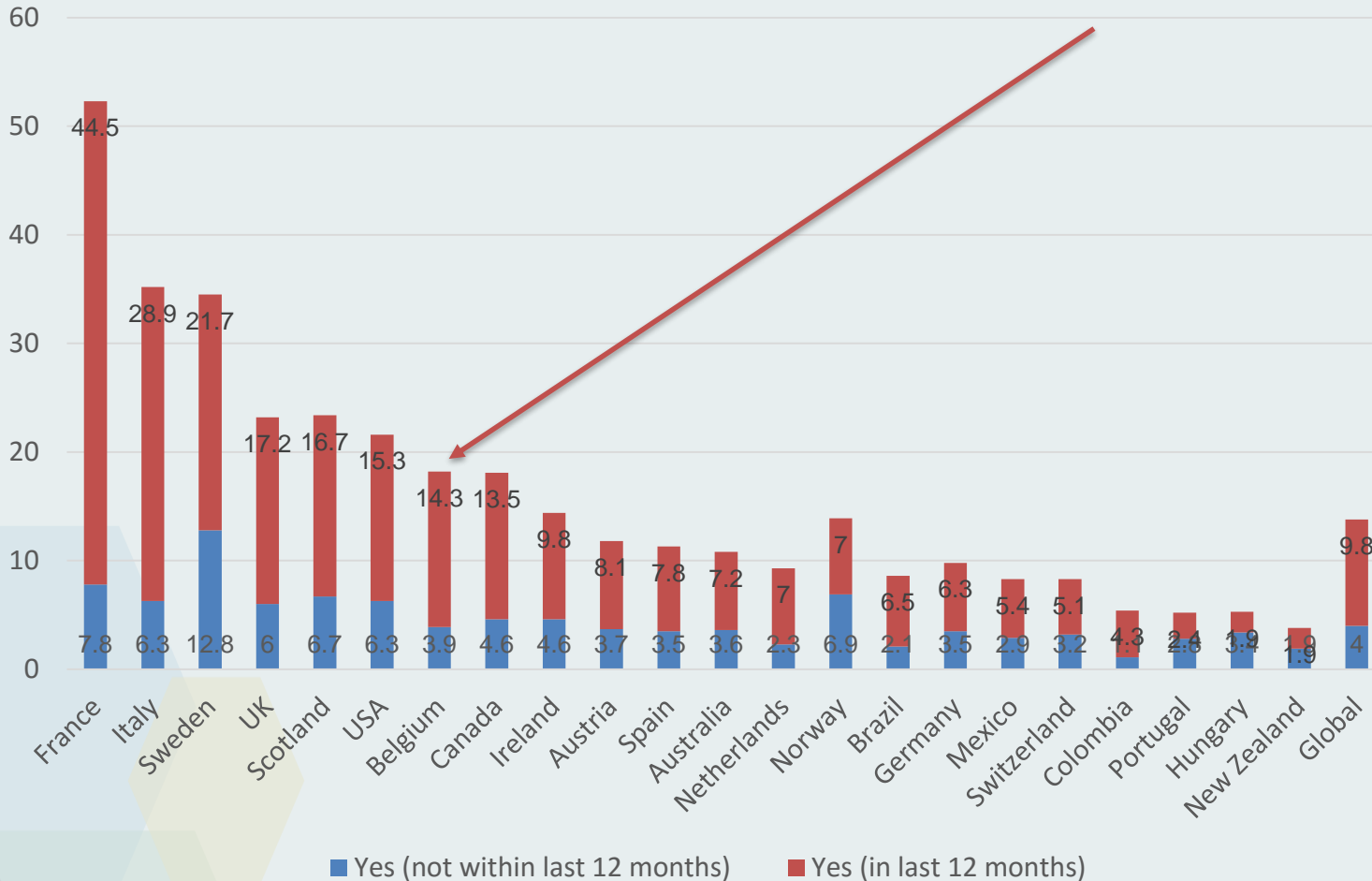

All ■ Belgium ■
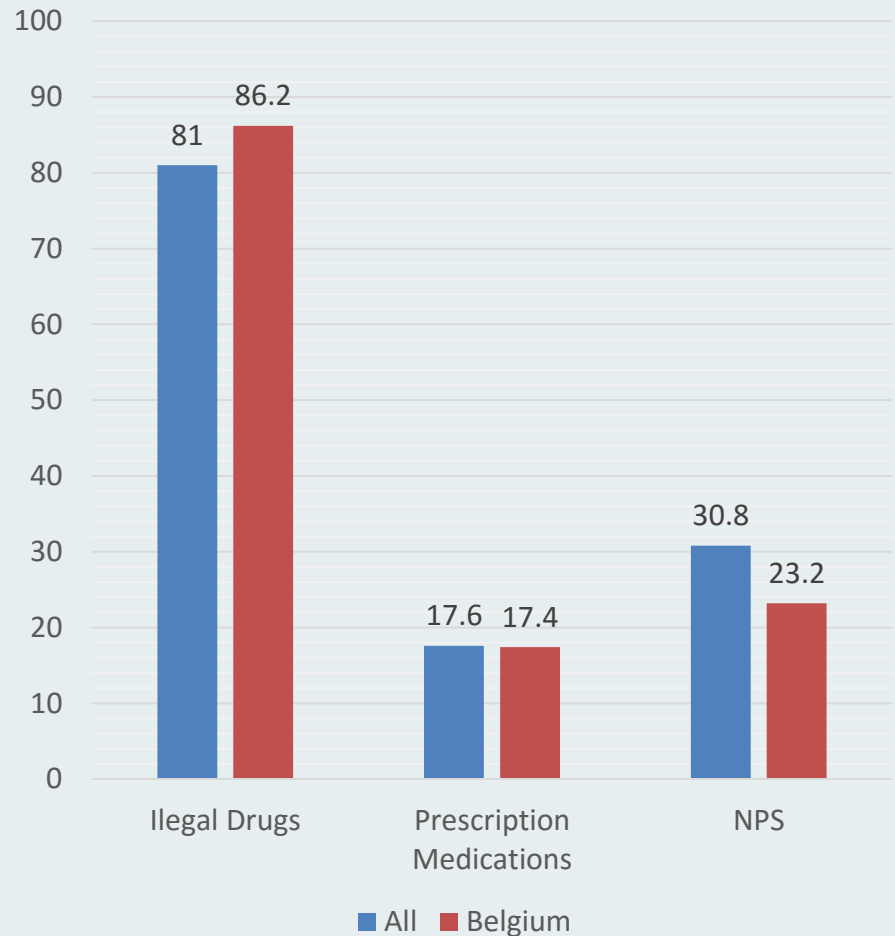
Base sample: All respondents excluding those who reported use of only alcohol/tobacco/caffeine, who reported buying drugs online in last 12 months.

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

Valid N

Country	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

Chart data (Yes not within last 12 months / Yes in last 12 months):
- France: 7.8 / 44.5
- Italy: 6.3 / 28.9
- Sweden: 12.8 / 21.7
- UK: 6 / 17.2
- Scotland: 6.7 / 16.7
- USA: 6.3 / 15.3
- Belgium: 3.9 / 14.3
- Canada: 4.6 / 13.5
- Ireland: 4.6 / 9.8
- Austria: 3.7 / 8.1
- Spain: 3.5 / 7.8
- Australia: 3.6 / 7.2
- Netherlands: 2.3 / 7
- Norway: 6.9 / 7
- Brazil: 2.1 / 6.5
- Germany: 3.5 / 6.3
- Mexico: 2.9 / 5.4
- Switzerland: 3.2 / 5.1
- Colombia: 4.3 / ...
- Portugal: 2.4 / ...
- Hungary: 1.9 / ...
- New Zealand: 1.9 / ...
- Global: 4 / 9.8

Legend: ■ Yes (not within last 12 months)   ■ Yes (in last 12 months)

GLOBAL DRUG SURVEY

2016

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.

4.8% of the global GDS2016 reported the purchase of NPS in the last 12 month
(compared to 4.2% in GDS2015)
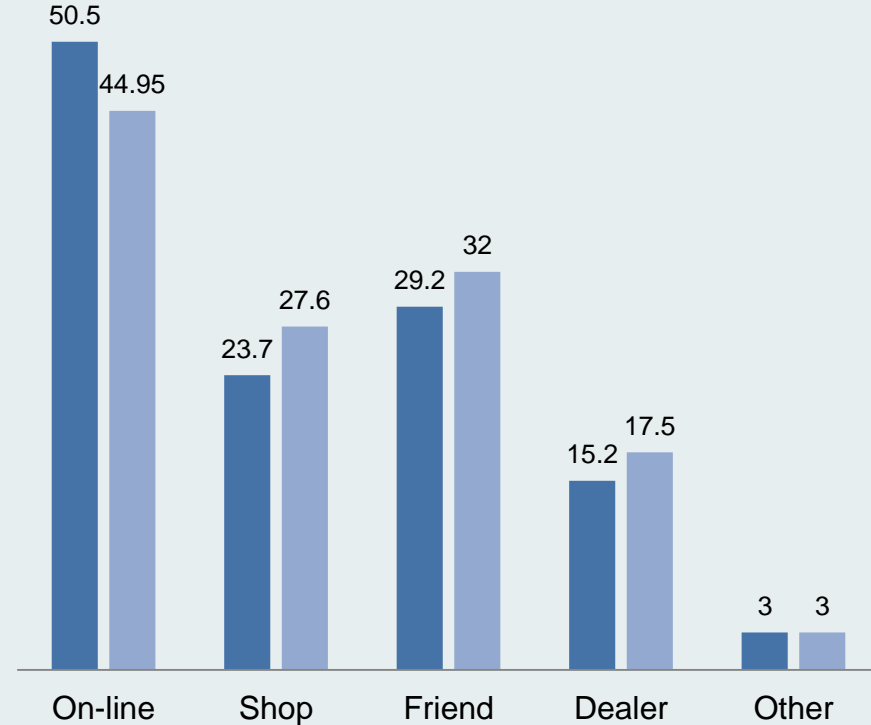
What was the appearance / form of the NPS purchased?

%
- GDS2016 What was the appearance / form of the NPS used
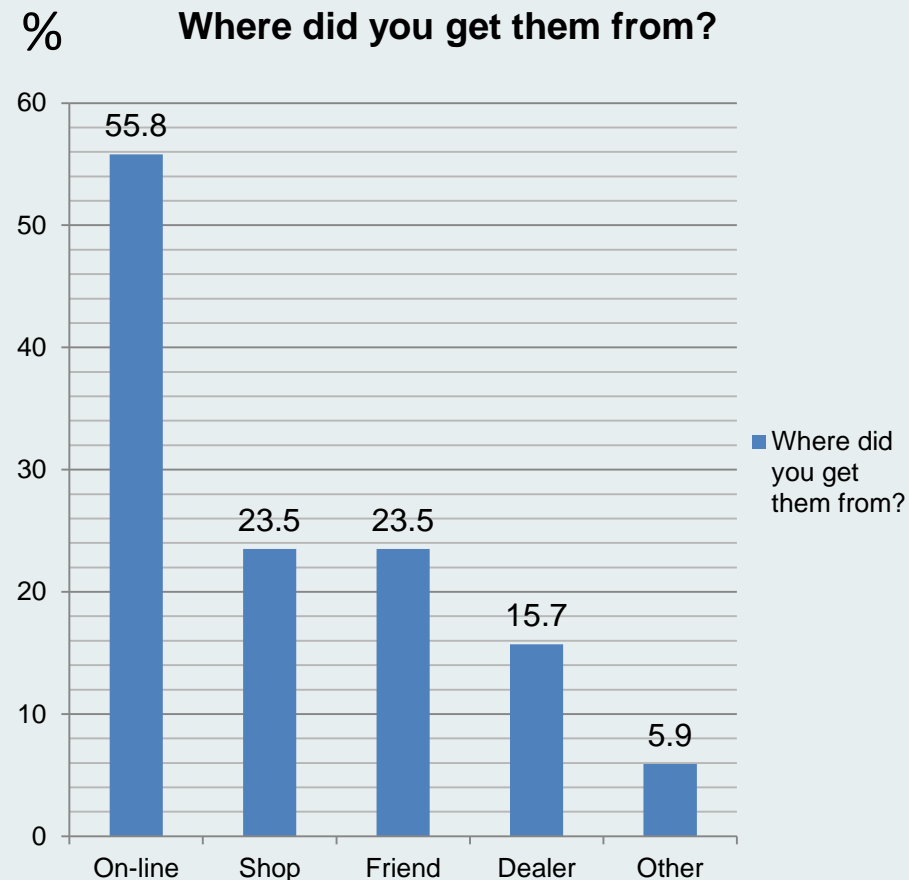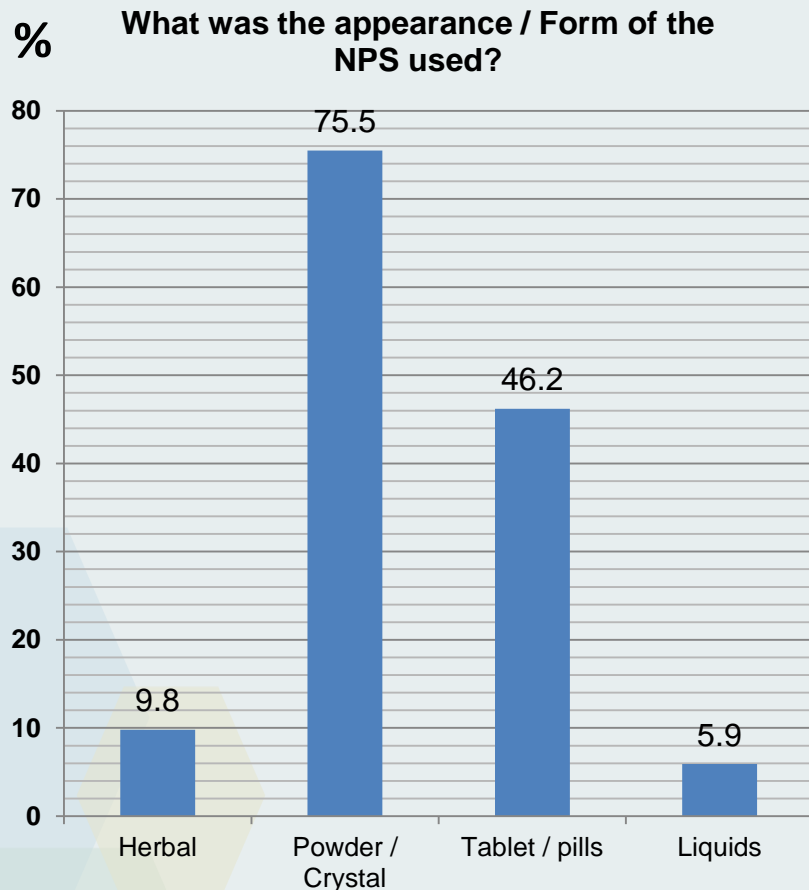- GDS2015 What was the appearance /

Herbal: 31.4 / 37.5
Powder / Crystal: 49.7 / 52.1
Tablet / pills: 30.2 / 29.5
Liquids: 10.1 / 7.4
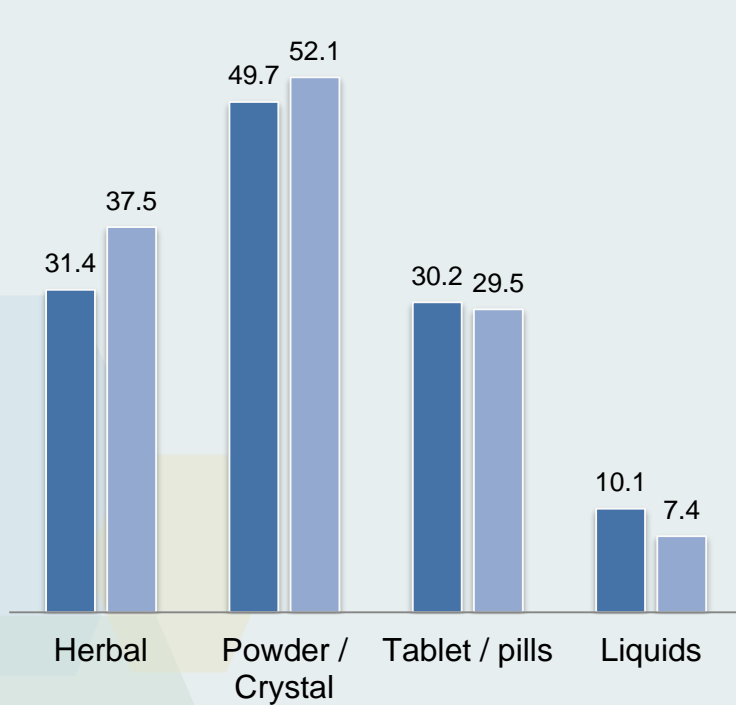
Where did you source them from

%
- GDS2016 Where did you get them from?
- GDS2015 Where did you get them from?

On-line: 50.5 / 44.95
Shop: 23.7 / 27.6
Friend: 29.2 / 32
Dealer: 15.2 / 17.5
Other: 3 / 3

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

GLOBAL DRUG SURVEY

2016

5.1% of the Belgian GDS2016 reported the use of NPS in the last 12 months (compared to 3.0% in GDS2015)

%   **What was the appearance / Form of the NPS used?**

Herbal: 9.8
Powder / Crystal: 75.5
Tablet / pills: 46.2
Liquids: 5.9

%   **Where did you get them from?**

On-line: 55.8
Shop: 23.5
Friend: 23.5
Dealer: 15.7
Other: 5.9

■ Where did you get them from?

The Global mean was 4.8%

LAST 12 MONTH NPS PURCHASE BY COUNTRY 2016

GLOBAL DRUG SURVEY

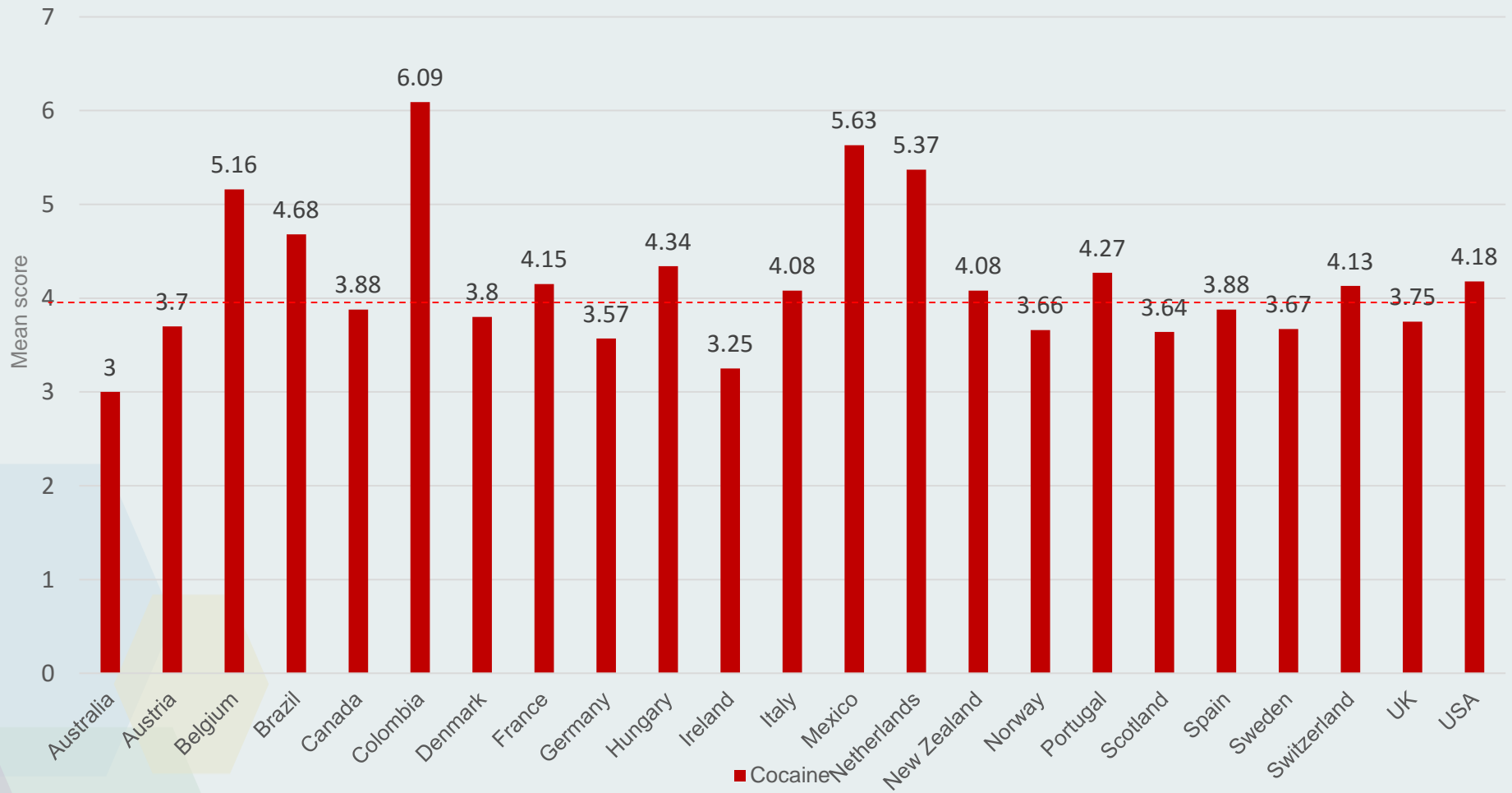■ % used last 12 months
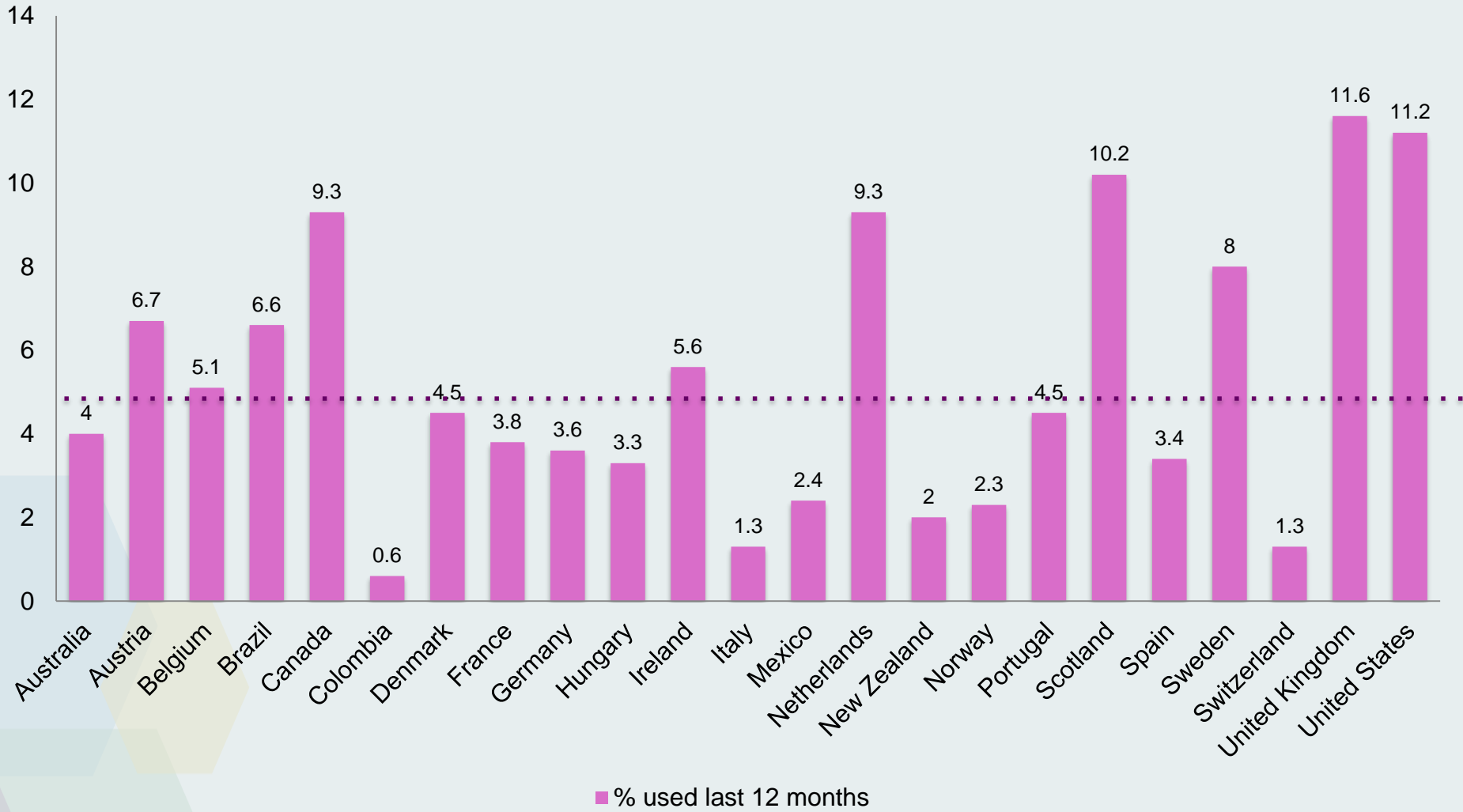
VALUE FOR MONEY
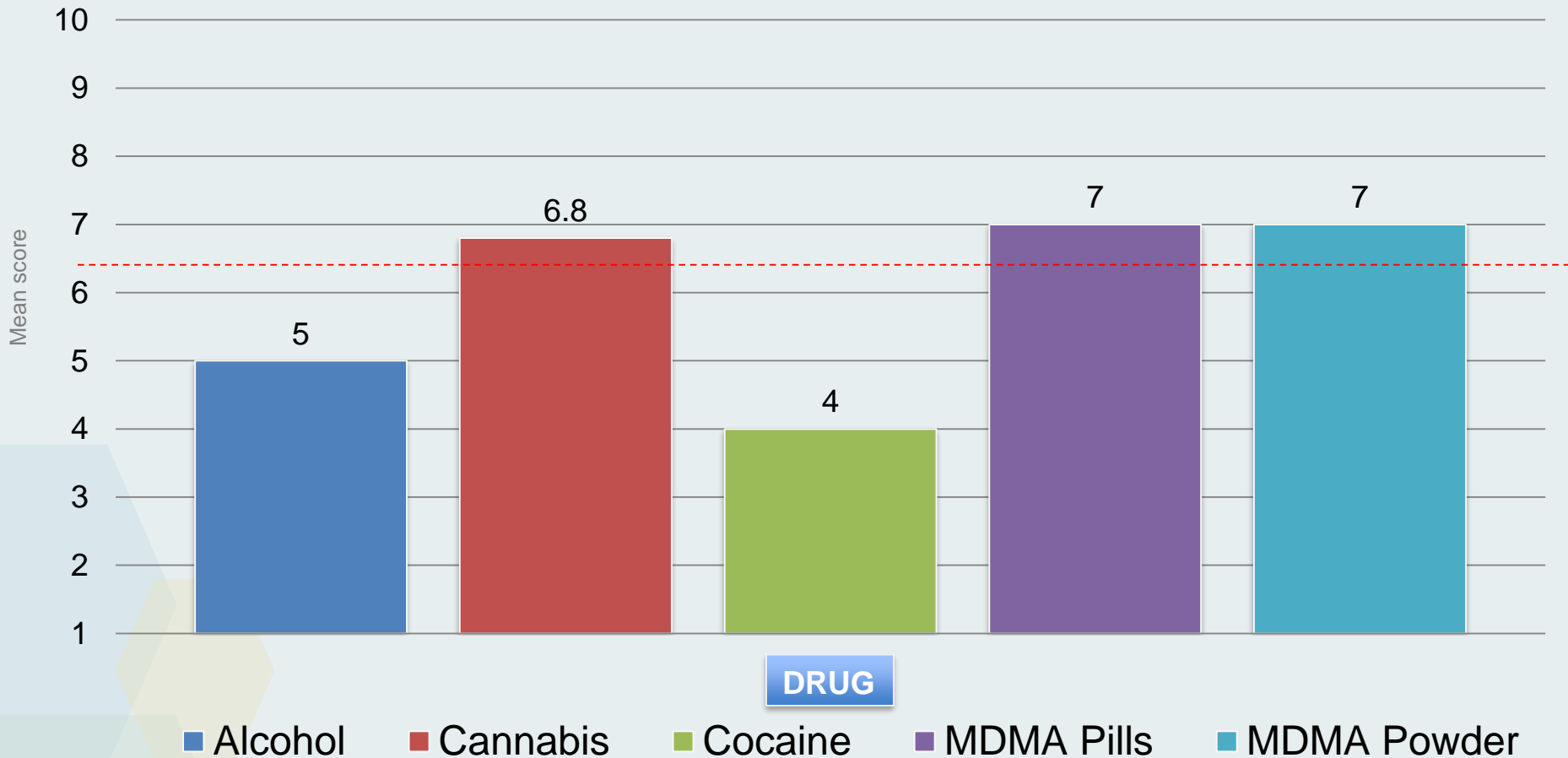
GDS2016 asked participants to alcohol based on its value for money from 1-10 (1=poor value for money 10=excellent value for money). The mean scores for each country are shown below.

VALUE FOR MONEY – ALCOHOL ALL GDS2016 COUNTRIES

GLOBAL DRUG SURVEY
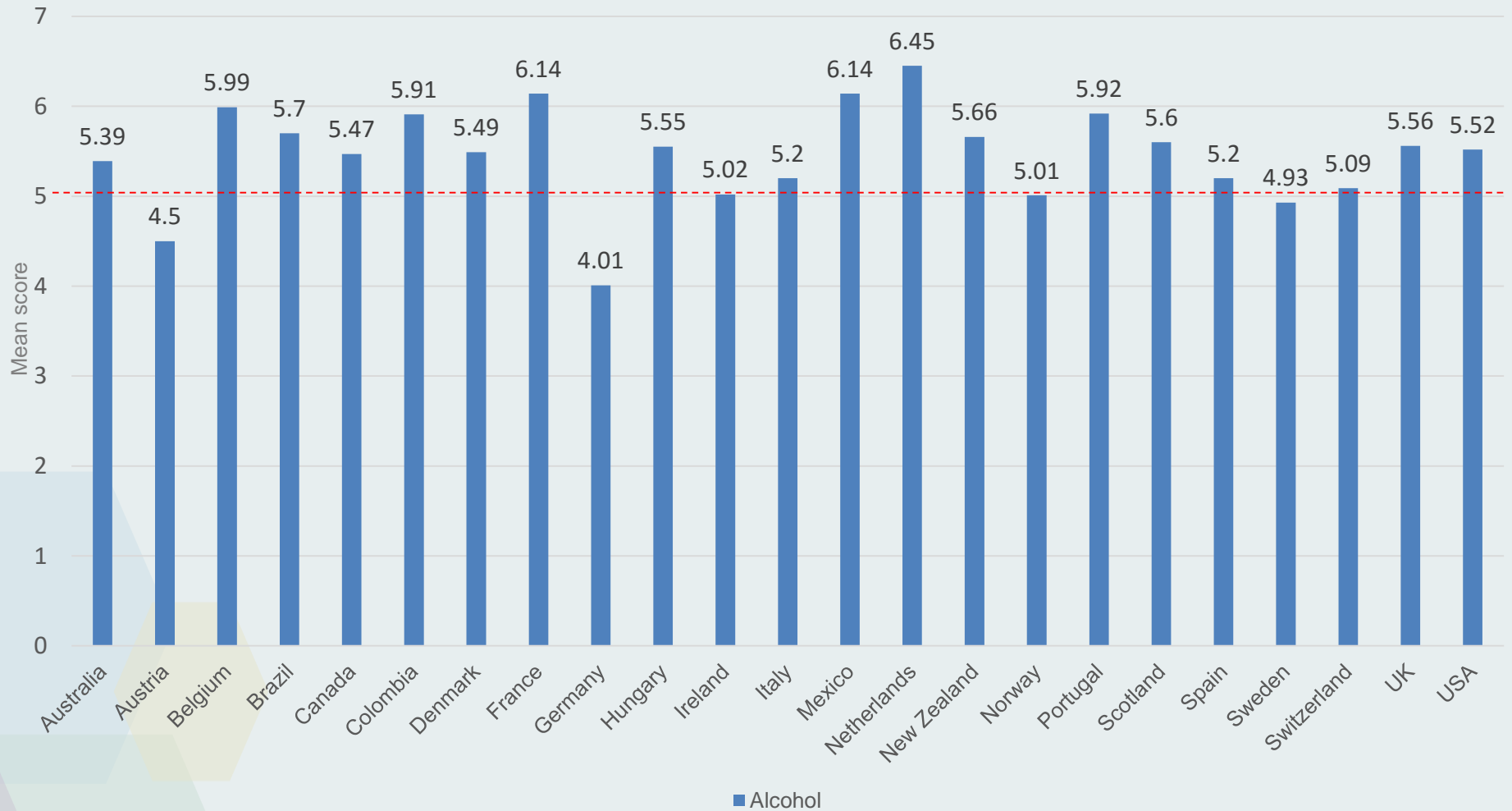
2016

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.

VALUE FOR MONEY – CANNABIS ALL GDS2016 COUNTRIES

GLOBAL DRUG SURVEY

2016

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.

VALUE FOR MONEY – COCAINE ALL GDS2016 COUNTRIES

GLOBAL DRUG SURVEY

2016

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