GLOBAL DRUG SURVEY

Global Drug Survey
A different way of looking at drugs

2022 Drug Trend Report:
Time, Music, Clubbing, Age, and Diet

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GDS2022, our current survey, is our 10th. To help promote the survey we wanted to produce some data stories that get people thinking about drugs and the people who use them. People are **not** defined by the drugs they use, although media and politicians often seek to do so. How we choose to define ourselves is a personal matter. People who use drugs play football, read books, go to museums; they are vegans, liberals, conservatives; are young, old, or in-between. They like Electronic Dance Music and Rock, they are goths, teenagers, grandparents, gay and straight. They are accountants, mechanics, waiters, wealthy, poor, or politicians. We like to attach certain characteristics to different groups. Some are based in fact or explained by personal characteristics like increasing age or religious or cultural factors. Others are based on racial or class-based stereotypes.

In this report based on our non-probability data collected from 592,000 people completing our online survey, over the last 7 years of GDS (from GDS2015 - GDS2021) we hope to promote conversation, reflection and occasionally a smile. While some of the pages in this report reflect serious public health issues and trends in global drug use others are there for light relief.

The samples vary in how accurately or otherwise they reflect upon the experiences of the wider population from which they are drawn, whether it's the drug that they use, their ethnicity or sexuality, the music they listen to or their dietary preference. But we think it's interesting to look at drug use differently and we hope you do as well.

OUR 10-YEAR ANNIVERSARY
GLOBAL DRUG SURVEY 2022
HELP US REACH 1 MILLION PARTICIPANTS
WWW.GLOBALDRUGSURVEY.COM
#GDS2022 #DRUGLAWS

Help us reach one million take part now -survey closes 02 March 2022

7 years global trends in the last 12 months drug use:
By Participants
(GDS2015-GDS2021*: N > 592,000)

* Data collected reflects drugs used between 2014 (captured in the GDS2015 report) and 2020 (captured in the GDS2021 report).

Global trends can mask regional variations in market changes, however this graph reflects the gradual increase in the use of psychedelics globally and the overall reduction in the use of most drugs since the pandemic.

Most regions demonstrate an increase in cannabis over the last 7 years, with consistently higher percentages in the USA. Increases in most regions especially in the USA and Australia and New Zealand are seen for MDMA. Increases in cocaine use across the EU and Australia and New Zealand are also noteworthy, consistent with increased production and supply (often associated with increased purity). The rise in amphetamine use, especially in the USA may reflect ease of production and increased purity of a product that was historically often of low purity - it can be seen as cheap alternative to cocaine (approximately 20% of the price / gram). Most regions also saw an increase in psychedelic use, most notably ketamine (strictly speaking a dissociative but with overlapping properties), especially in the USA and mushrooms reflecting the wider global trend (GDS2021:https://www.globaldrugsurvey.com/gds-2021/ psychedelic report for more details).

7 year trends in global last 12 month drug use by participants in GDS (GDS2015 to GDS2021*: N > 592,000)
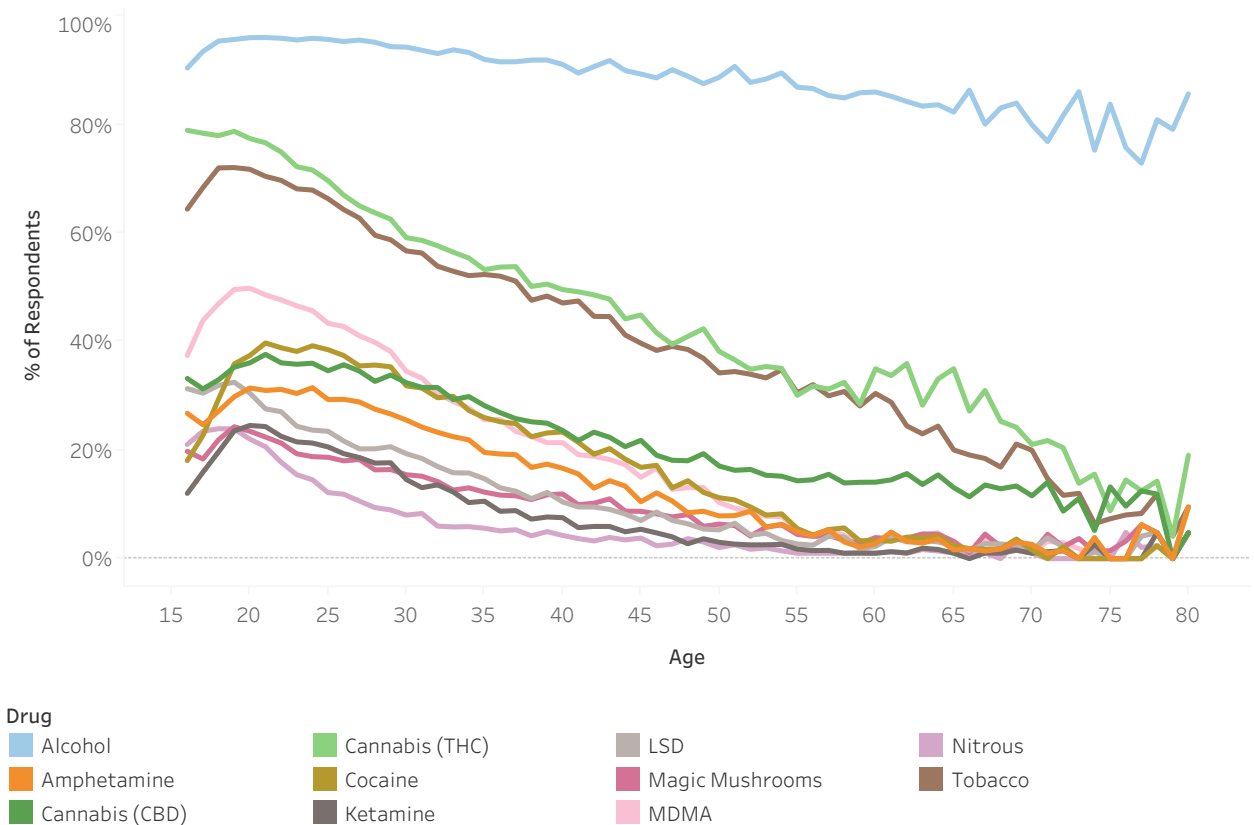*GDS2017 was omitted
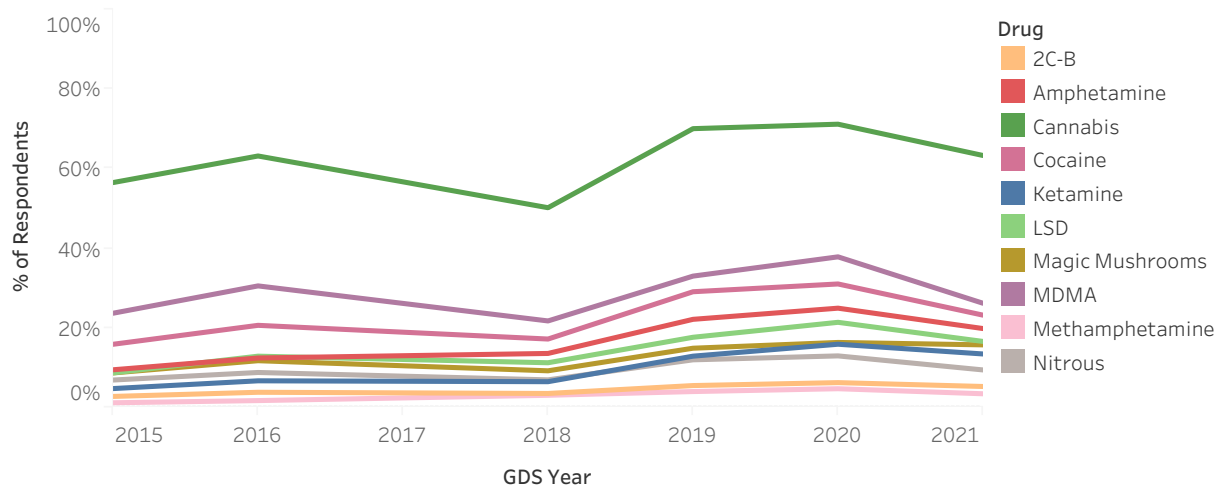
7 years trends in last 12 month drug use by participants in GDS by region (GDS2015 to GDS2021*: N > 451,000)
*GDS2017 was omitted
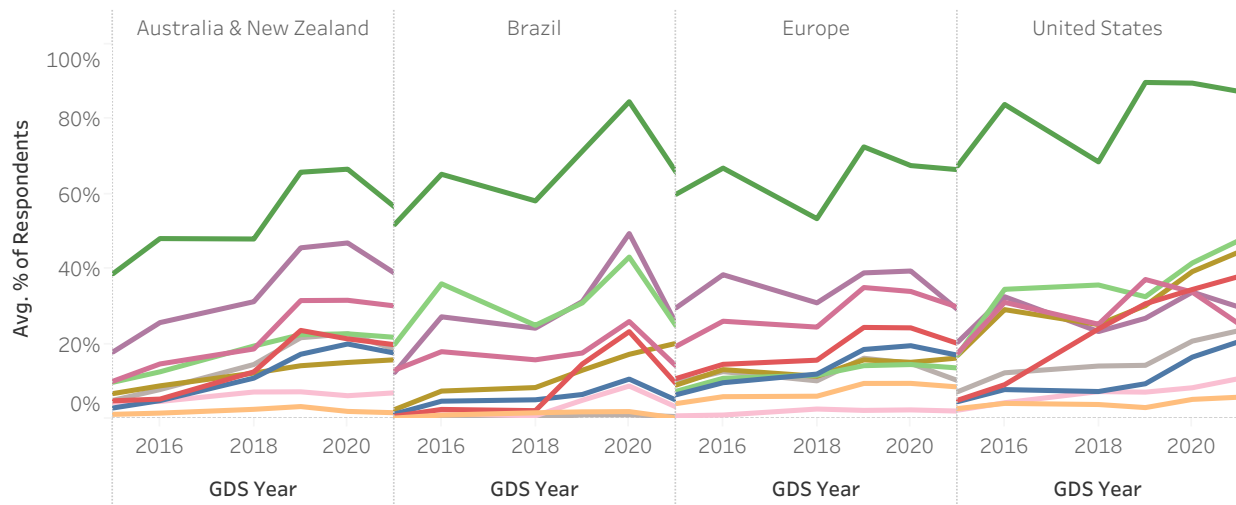
Trends in the last 12 months use:
By Age

Our data (as seen in Age Fig 1 and Age Fig 2) show that drug use is less common with increasing age. Drug use peaks in late teens and early 20s and then declines dramatically year on year. Percentages of last year drug use more than halve between the age of 25 and 50 for almost all drugs except for heroin, where dependence is probably driving continued use. That there are small groups of people in their 50s still using drugs highlights the need to formulate harm reduction strategies for older age groups who may be more at risk of physical harms given the onset of frailty or cardiovascular concerns. The falling rates of drug use support our view that the most important thing for government to do is to support policies that 1) delay the onset of use 2) support people to stay healthy and well, including the avoidance of criminalization. Our data suggest the best way of addressing of drug use is not tougher drug laws but allowing people to stay safe while they grow up so they can get on with life.

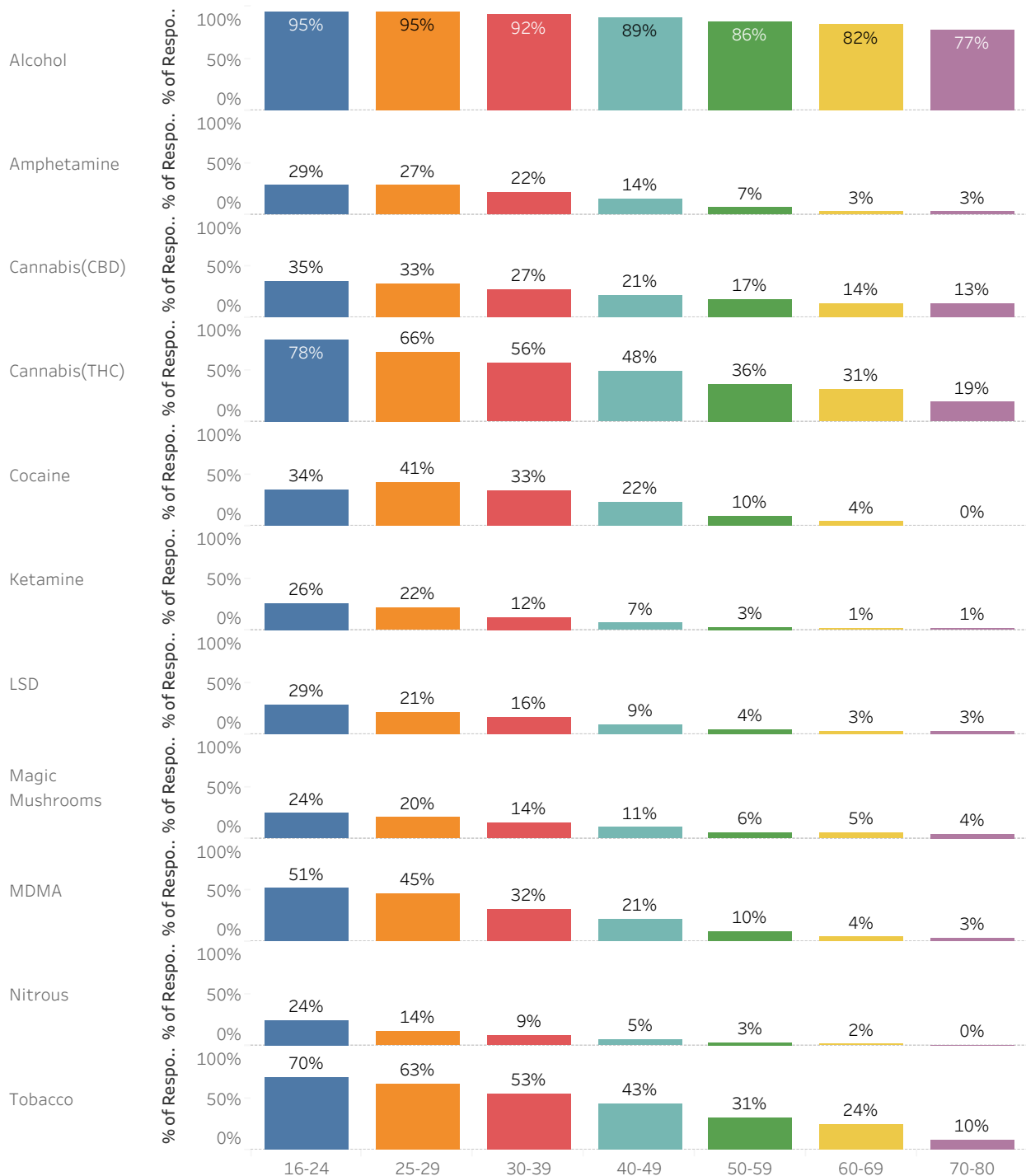Age Fig 1: Last year drug use by age (GDS2020 to GDS2021: N > 147,000)

Drug

Alcohol	Cannabis (THC)	LSD	Nitrous
Amphetamine	Cocaine	Magic Mushrooms	Tobacco
Cannabis (CBD)	Ketamine	MDMA	

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Last year 12 month drug use:
By Age

Fig 2 shows that most drug use peaks in the 16-24 year olds age group. The exception is cocaine, where peak use is seen in the 25-34 year olds age group, related we suspect to the significant cost per gram which exceeds other drugs by at least of factor of 2. We also want to highlight declining tobacco use with increasing age. Older people are more vulnerable to tobacco related harms (cancer, heart and lung disease), the risks of which decline with longer periods of abstinence. The relatively higher percentages among younger participants is a concern since tobacco dependence remains one of the most resilient drug use behaviours and is surprising given the increased availablity of vaping. Public health efforts on combating tobacco use need continued funding and focus especially in drug involved younger populations.

Age Fig 2: The percentage of respondents across age groups (GDS2020 to GDS2021: N>147,000)

Drug	16-24	25-29	30-39	40-49	50-59	60-69	70-80
Alcohol	95%	95%	92%	89%	86%	82%	77%
Amphetamine	29%	27%	22%	14%	7%	3%	3%
Cannabis(CBD)	35%	33%	27%	21%	17%	14%	13%
Cannabis(THC)	78%	66%	56%	48%	36%	31%	19%
Cocaine	34%	41%	33%	22%	10%	4%	0%
Ketamine	26%	22%	12%	7%	3%	1%	1%
LSD	29%	21%	16%	9%	4%	3%	3%
Magic Mushrooms	24%	20%	14%	11%	6%	5%	4%
MDMA	51%	45%	32%	21%	10%	4%	3%
Nitrous	24%	14%	9%	5%	3%	2%	0%
Tobacco	70%	63%	53%	43%	31%	24%	10%

Last 7 years trends in last 12 month drug use:
By Age (16-24)

Our trend data among younger participants to GDS suggest a steady rise in the use of most drugs between GDS2015-GDS2020 (data reflects use between 2014 -2019). The dip in use of almost all drugs seen in GDS2021 was due to reduced demand and supply following the COVID-19 pandemic. Rises in cocaine use reflect increase global production and supply. In many countries, swift convenient delivery and increased cocaine purity leading to greater perceived value for money will also have been important drivers for this market. The marked rises in nitrous oxide and magic mushrooms persisted through the pandemic, perhaps as a result of their resilience to disrupted illicit market (supermarkets, legal online suppliers, nature and home-grow kits).

The percentage of all respondents of different drugs within each age group (GDS2015 to GDS2021*: N> 273,000)
*GDS2017 was omitted
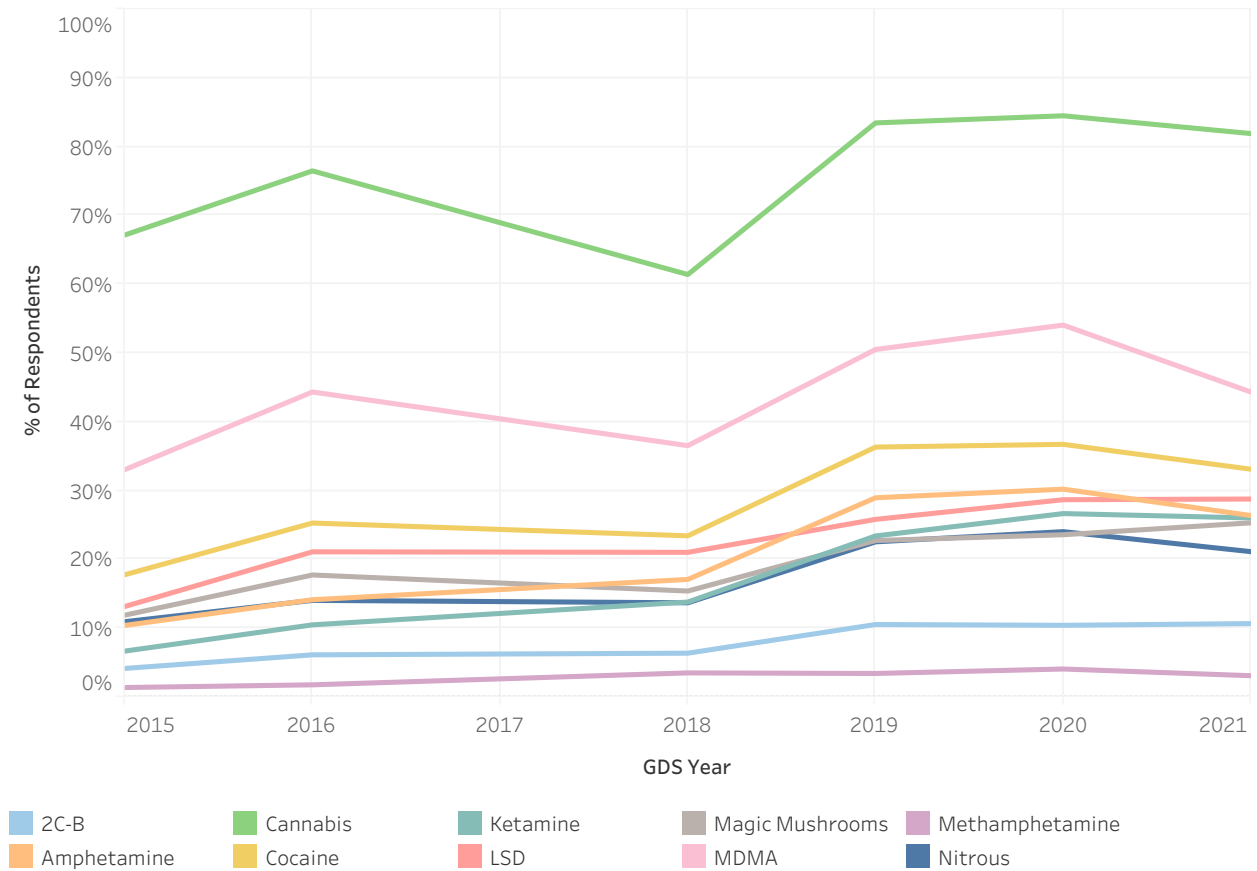
Alcohol and Drug Use:
By Dietary Preference

GDS is interested in how people with different demographic characteristics use drugs. While many surveys will report how drug use patterns vary across age, gender and sexuality, there are other ways to group people that might be of relevance when considering the risks they face when using drugs, such as diet. In this next section we will compare patterns of alcohol and drug use by dietary group. The findings might surprise you.

Last 12 month alcohol and other drug use by dietary preference (GDS2019 to GDS2020: N>230,000)

	Not vegetarian	Pescatarian	Vegetarian	Vegan
Alcohol	95%	94%	93%	91%
Cannabis	70%	71%	73%	78%
Tobacco	62%	58%	59%	56%
MDMA	35%	37%	39%	43%
Cocaine	30%	30%	27%	30%
Amphetamine	23%	24%	27%	29%
LSD	19%	20%	21%	27%
Magic Mushrooms	15%	18%	18%	25%
Ketamine	14%	17%	18%	21%
Nitrous	12%	13%	13%	15%
2C-B	6%	6%	7%	9%
Methamphetamine	5%	4%	3%	4%
Ayahuasca	1%	2%	2%	3%
Heroin	1%	1%	1%	2%

Our findings suggest that of all dietary groups, those describing themselves as vegans have higher percentages of last year drug use (aside from tobacco and alcohol) compared to other groups. It is important to note that being 'vegan' may be a proxy for some other characteristic that might be responsible for these findings. Being vegan may be associated with other lifestyle behaviors or personal beliefs. Vegans may be more spiritual, more interested in the environment or social connectedness. The higher percentages of last year use of MDMA, LSD, and Magic Mushrooms are consistent with this. It supports our belief that drug use needs to be seen as one of several lifestyle choices people make, where drug use is integrated into other aspects of a person's life (see our section on drug use, music, and clubbing). To craft optimal public health policies and harm reduction messages we need to understand the individual as much as we do the drug. Promoting safer drug use will be easiest when we seek to allow people to be internally consistent in their choices. Often the motivation for change arises when a drug use behavior becomes inconsistent with how we see ourselves.

Should vegans worry?
Probably not, although like vegetarians, lower intake of some vitamins like B12 may make them more susceptible to drug related harms and as always, a good diet will be protective of health and well-being. Lower percentages of alcohol and tobacco use are good for your health.

Finally, risks related to drug use are most closely linked to frequency of use. Our past findings suggest that drugs like MDMA and the classical hallucinogens are used infrequently by most consumers, so even though vegan's last year percentages are higher for these drugs, we are still looking at monthly or less frequent use for these drugs. Few if any people develop loss of control over the use of these drugs, so if vegans had to use some drugs more than others, the choices they made are probably pretty wise (note none of the authors are vegan).

Alcohol, drug, and music preferences

GDS asks about people's music preference every year. While those associated with the dance music scene / EDM are often characterized as being those who are most drug involved, it's important to understand that the link between music and drugs is far more complex. In this next graphs, we explore how patterns of drinking and recent drug use vary across some of the more common music genres. Importantly we have not considered age and country of origin in these graphs.

Last 12m drug use by music preference (GDS2015 to GDS2021*: N>585,000)
* GDS2017 was omitted

	Classical	Drum and Bass/Jungle	Dubstep	Electro	Hard dance & EDM	Hip Hop/Rap/RnB	House	Indie	Jazz	Metal	Pop	Reggae	Rock	Techno	Trance
Cannabis	33%	80%	73%	68%	68%	75%	67%	62%	52%	59%	35%	86%	57%	79%	74%
MDMA	9%	57%	45%	39%	57%	31%	49%	25%	15%	18%	11%	28%	17%	71%	55%
Cocaine	7%	38%	30%	28%	41%	27%	39%	19%	13%	14%	10%	25%	16%	50%	37%
Amphetamine	5%	29%	22%	22%	32%	19%	21%	11%	8%	13%	6%	18%	11%	46%	34%
LSD	5%	26%	27%	15%	21%	16%	17%	12%	10%	12%	4%	21%	12%	27%	38%
Nitrous	3%	25%	17%	8%	23%	13%	16%	8%	4%	6%	4%	8%	6%	19%	17%
Magic Mushrooms	5%	24%	22%	12%	18%	14%	14%	10%	9%	11%	3%	19%	9%	21%	29%
Ketamine	3%	24%	15%	11%	20%	9%	18%	7%	4%	5%	3%	9%	5%	31%	23%
2C-B	1%	13%	7%	5%	9%	4%	6%	3%	2%	3%	1%	4%	2%	15%	12%
Methamphetamine	1%	6%	5%	3%	6%	4%	4%	2%	1%	3%	2%	4%	2%	6%	7%
Heroin	1%	1%	2%	1%	1%	1%	1%	1%	1%	1%	0%	1%	1%	1%	2%

OK, so look we guess this comes as no great surprise, but of course we have not accounted for age or country in our analysis, and we don't think many 50-year-olds are into Dubstep or Trance (yes, we know you exist!). But our data again says clearly drugs are chosen by people in part because of their other interests. This knowledge can help us target different populations in different ways when thinking about public health messages and health promotion. There is a pretty neat correlation between the use of drugs like MDMA and the Beats Per Minute (BPM) of the music they listen to. Jazz or classical would not be great match for MDMA. I guess we don't have to worry too much about drug harms among those who like classical music either.

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Patterns of drug use and clubbing

GDS started life in 1999 as the Mixmag drug survey. Although like many of those we first surveyed, GDS has got older and our choices and preferences have changed. While the link between EDM and drugs goes back to the early 1980s, what has changed is the range of drugs available. 40 years ago the most popular drugs were alcohol, cannabis, cocaine, MDMA and a few psychedelics. While MDMA and cannabis still dominate the market, there are many others that are now commonplace. Our data suggest there is a rather strong correlation between how often you are clubbing and percentages of last-12-month drug use among a cohort of over 246,000 clubbers who have taken part in GDS over the last 7 years.

Patterns of drug use and clubbing (GDS2015 to GDS2021*: N > 246,000)
* GDS2017 and GDS2018 were omitted

Clubbing

Drug	More than four times a week	Three or four times a week	Once or twice a week	Once every fortnight	Once a month	Once every 3 months
Cannabis	77%	83%	81%	78%	73%	66%
Tobacco	75%	82%	79%	73%	67%	61%
MDMA	43%	56%	56%	49%	42%	32%
Cocaine	40%	48%	42%	35%	31%	25%
Amphetamine	29%	26%	29%	27%	23%	17%
Magic Mushrooms	25%	20%	18%	16%	15%	13%
LSD	25%	23%	22%	20%	19%	15%
Ketamine	20%	19%	21%	18%	14%	10%
Nitrous	18%	19%	20%	16%	13%	9%
Methamphetamine	14%	6%	4%	3%	3%	3%
2C-B	13%	8%	9%	8%	6%	4%
Crack	13%	3%	2%	1%	1%	1%
Heroin	11%	2%	1%	1%	1%	1%

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Can't find what you're looking for?

Want more data on your own country or substance of interest?

* We have data on hundreds of thousands of people who use drugs from all over the world and a network of highly skilled researchers who are experts in their field. From in-depth questions on patterns of use, harms, motivations and cost to source of purchase, policing, harm reductions strategies and much more.

* We have data on almost every drug you can think of. We are always interested in collaborating with academics, governments, non-for profits and other groups, especially those involved with public policy, health promotion and harm reduction. We are able to provide bespoke data reports to help you craft optimal policy and harm reduction strategies in your country.

Are you interested in a tailored analysis suited to your specific jurisdiction? We provide competitively-priced bespoke reports created from global data of over 900,000 people who used psychoactive substances.

Global Drug Survey (GDS) is an independent research organisation. Everything is self-funded so we are free to research what we think is important to promote honest conversations about drug use and to help people stay safe.

Sharing our findings with people everywhere

To ensure our findings are accessible and useful to people who use drugs we offer a range of free harm reduction resources such as:

The GDS Highway Code: www.globaldrugsurvey.com/brand/the-highway-code/

The Safer Use Limits: www.saferuselimits.co/

Digital health apps to deliver brief screening and intervention: www.drinksmeter.com and www.onetoomany.co

Harm reduction and drug education videos available on our YouTube channel: www.youtube.com/user/GlobalDrugSurvey