



GLOBAL DRUG SURVEY

SPECIAL EDITION ON COVID-19

WWW.GLOBALDRUGSURVEY.COM/COVID19

CLOSES ON JUNE 20

THIS REPORT IS BASED ON DATA FROM > 40,000 PEOPLE WHO PARTICIPATED IN THE FIRST 3 WEEKS
PLEASE TAKE 15 MINUTES TO SHARE YOUR EXPERIENCES – ANONYMOUS & CONFIDENTIAL

SUGGESTED CITATION: GDS SPECIAL EDITION ON COVID-19 GLOBAL INTERIM REPORT 02/06/2020
WINSTOCK AR, DAVIES EL, GILCHRIST G, ZHUPARRIS A, FERRIS JA, MAIER LJ, BARRATT MJ

GDS METHODS

Our recruitment strategy is an [example of non-purposive sampling](#). 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 (response bias).

[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 vs. old, men vs. women, homo- vs. heterosexual, or highlight behaviors of a specific segment of interest such as people who study, go clubbing, eat vegetarian, report a mental health condition, etc. Given that GDS recruits young people experienced with illicit drug use, 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 people who use drugs in your country.

THE FOUNDER AND CEO OF GDS IS PROFESSOR 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/ entity has influenced the design/ content of the survey or report.

LIMITATIONS

[GDS is not a nationally representative sample](#), but our current project does represent one of the largest studies of drug use conducted during the COVID-19 pandemic. The findings can inform policy, health service development and, most importantly, provide people who use drugs with practical advice on how to keep healthy and minimize the harms associated with the use of psychoactive substances. Findings are preliminary and subject to change on further analyses.

Throughout this report we provide some [country comparisons](#) on some key areas that may be of interest to our audience. Because the samples we have obtained from different countries vary considerably in size, demographics and drug use, these comparisons have to be treated with caution. The results do not necessarily represent the wider drug using community.

For countries with small numbers the findings need to be treated with more caution. For a full review and critique of or methods please see [Barratt M, Ferris JA, Zadhov R, Palamar J, Maier LJ, & Winstock AR. Moving on from representativeness: testing the utility of the Global Drug Survey. Substance Abuse: Research and Treatment; 11: Epub.](#)


Further detailed reports are available on request for a fee.

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.drinksometer.com and www.onetoomany.co
- Harm reduction and drug education videos available on our YouTube channel www.youtube.com/user/GlobalDrugSurvey

GET FREE APPS AND ADVICE
TO MAKE DRUG USE SAFER



REGARDLESS OF THE LEGAL STATUS
OF THE DRUG

When reporting the results in print, online and on TV we ask all our media partners to place links to these free resources where suitable.

BACKGROUND TO GDS SPECIAL EDITION ON COVID-19

- The Global Drug Survey (GDS) Special Edition on COVID-19 was developed as part of a global effort to better understand the impact of the pandemic on people's lives with a specific focus on the use of alcohol and other drugs, mental health and relationships.
- GDS is non-probability sample and thus our findings are not representative of the wider population. The majority of our participants tend to be young, experienced with the use of illicit drugs, and employed or in education. We have included questions that are relevant to marginalised and vulnerable groups of people who use drugs, yet these groups are largely underrepresented online.
- Because we ask the same questions in the same way across different regions, our data can be used to highlight local variations and to explore how different groups are coping with COVID-19 and related restrictions. The data further allow us to identify relationships between different behaviours and outcomes, for example between changes in drug use and mental health.
- In this report we highlight the most noteworthy preliminary findings halfway through data collection. A complete report based on all data collected until June 20, 2020 follows in July.
- We would like to thank **INPUD** (International Network of People who Use Drugs) for their support in contributing to the funding of this project.

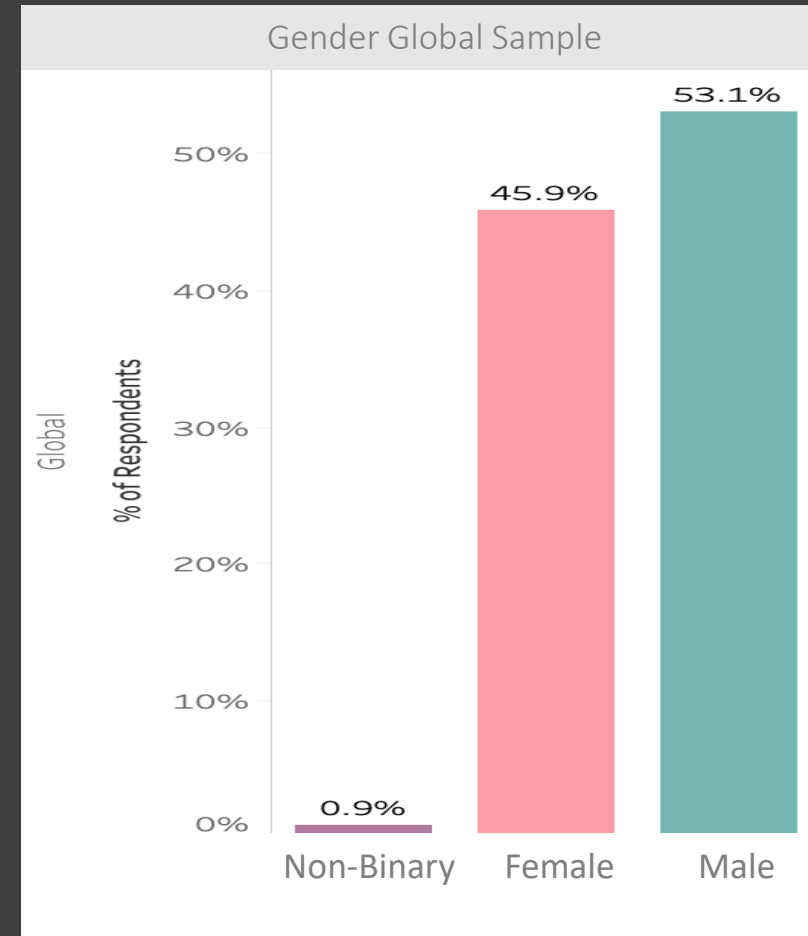
METHODS

- Global Drug Survey (GDS) is the world's largest annual drug survey. It uses an anonymous encrypted survey platform to recruit a large international, cross-sectional non-probability sample. Over 850,000 people have taken part since GDS2012. The group has generated > 60 peer-reviewed publications and multiple research reports for governments and UNODC.
- This additional impact survey examines changes in alcohol and other drug use linked to COVID-19 and related restrictions. Who is using more/less? Why and with what consequences? We also explore stress coping mechanisms and changes in living situation, work, mental health and intimate relationships. We have included specific questions to ensure inclusion of marginalised groups and people in substance use disorder treatment. Between 10-20% of the sample agreed to take part in a follow up study and will receive a survey link every 30 days to monitor changes over time.
- The study was approved by the University College London Research Ethics Committee.
- The survey is available in 9 languages – click [here](#) to take part!

GDS COVID-19 PARTICIPATION RATE (INTERIM REPORT)

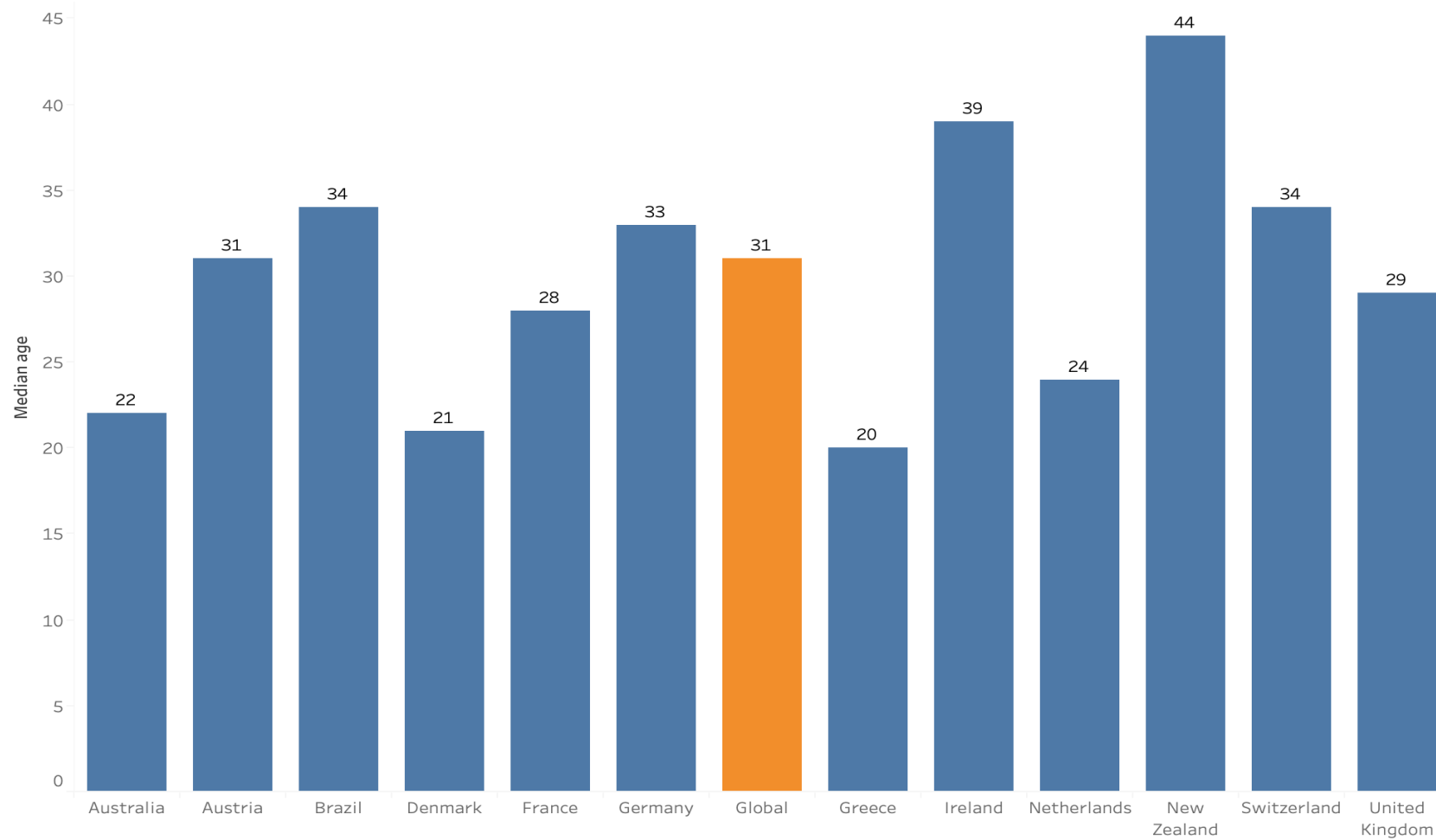
Only countries with $n > 500$ respondents were included in the analysis

- Germany 19,000
- France 6,100
- Netherlands 3,300
- New Zealand 3,000
- Ireland 2,200
- Australia 1,900
- UK 1,300
- Austria 900
- Denmark 700
- Greece 700
- Brazil 600
- Switzerland 500

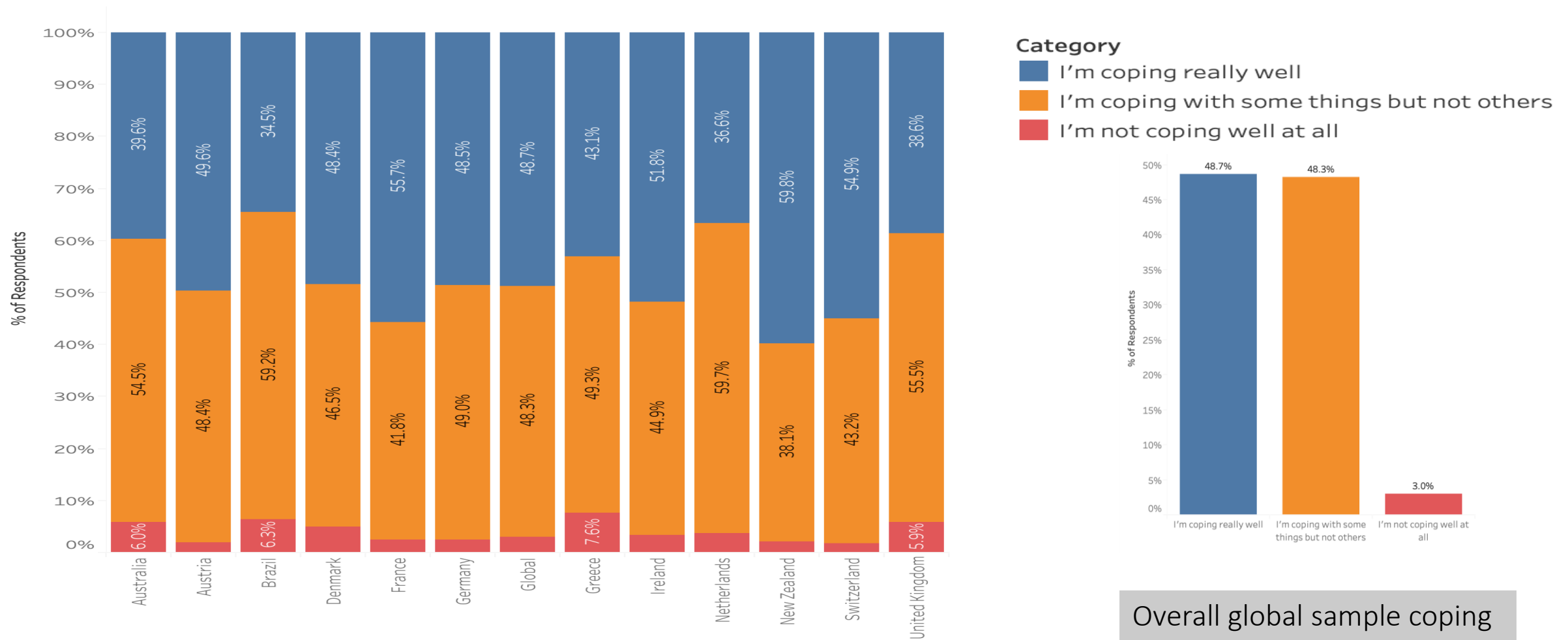


GDS COVID-19 MEDIAN AGE – BY COUNTRY

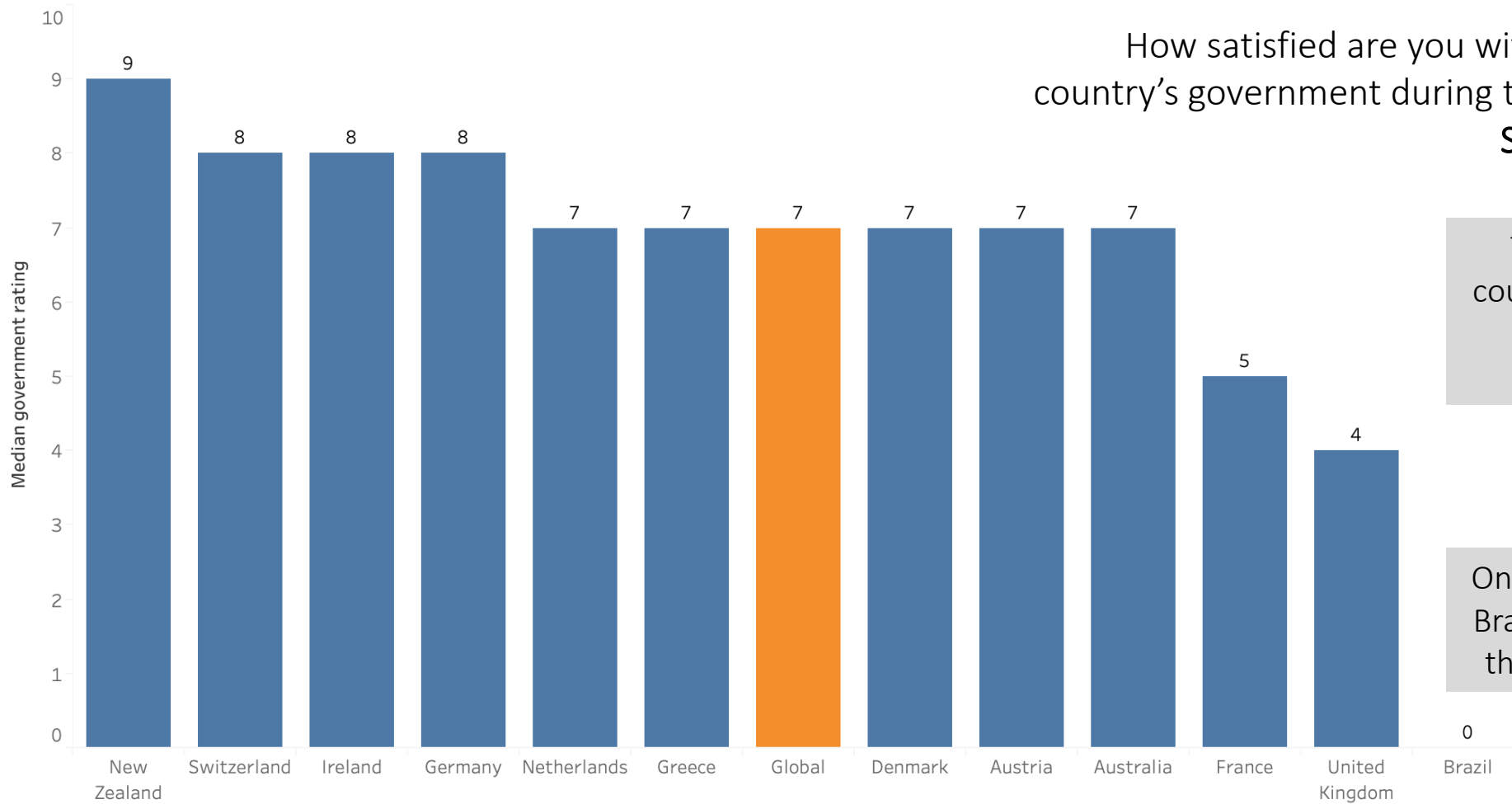
Only countries with n > 500 respondents were included in the analysis



GDS COVID-19 COPING WITH THE PANDEMIC AND RELATED RESTRICTIONS – BY COUNTRY



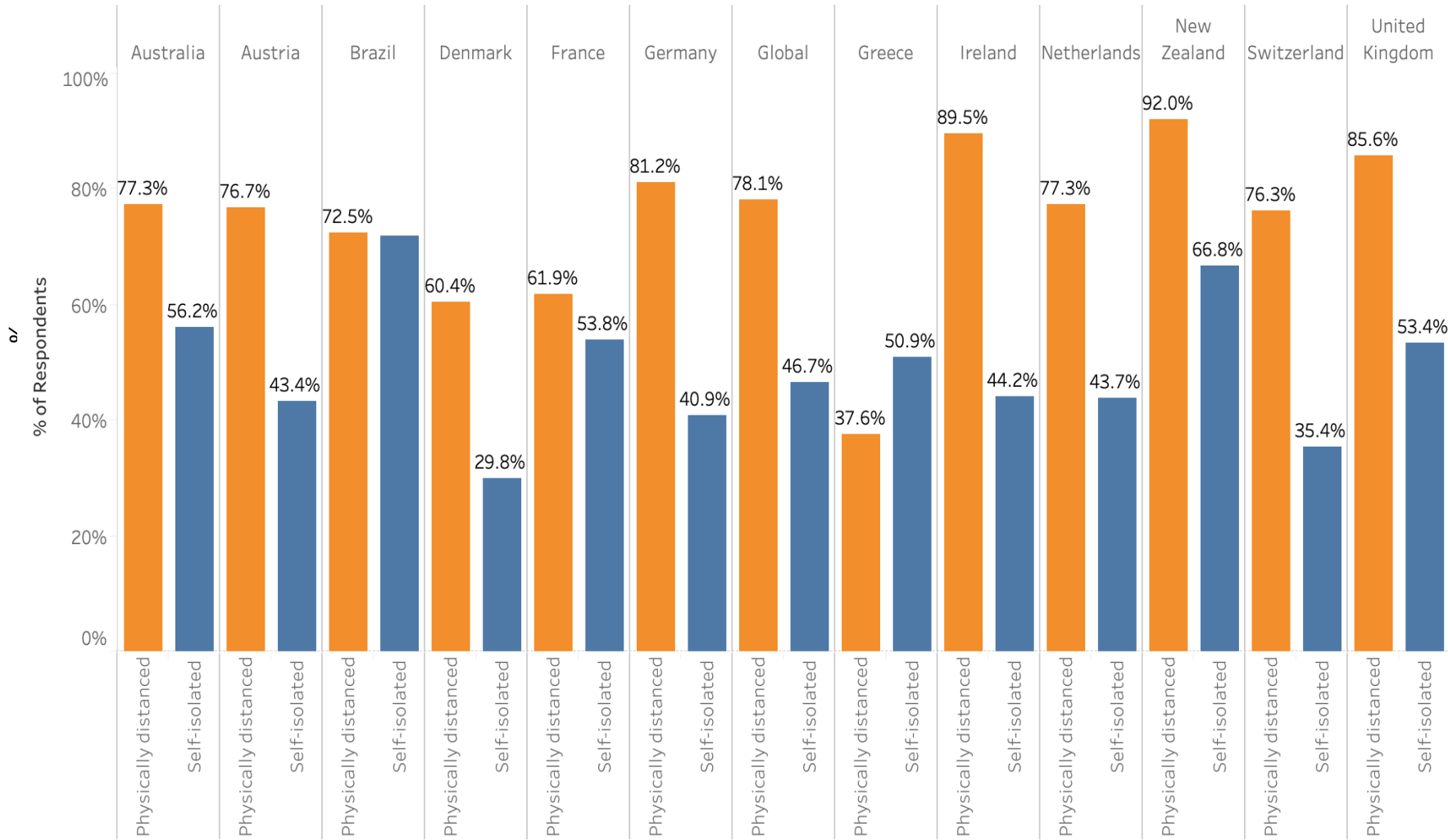
GDS COVID-19 FEDERAL LEADERSHIP SATISFACTION – BY COUNTRY



To account for federated countries, we asked people to refer to the federal government

Only 300 of >600 people from Brazil answered this question: the median rating was ZERO

GDS COVID-19 SELF-ISOLATION & PHYSICAL DISTANCING – BY COUNTRY



In the past 30 days, which of these actions have you taken to prevent infection and/or spread of COVID-19?

- Self-isolated (stayed at home)
- Physical Distancing (kept at least 1.5m distance from people outside my household)

Overall in the global sample, **78.1%** reported physical distancing **46.7%** reported self-isolation

ALCOHOL – GLOBAL

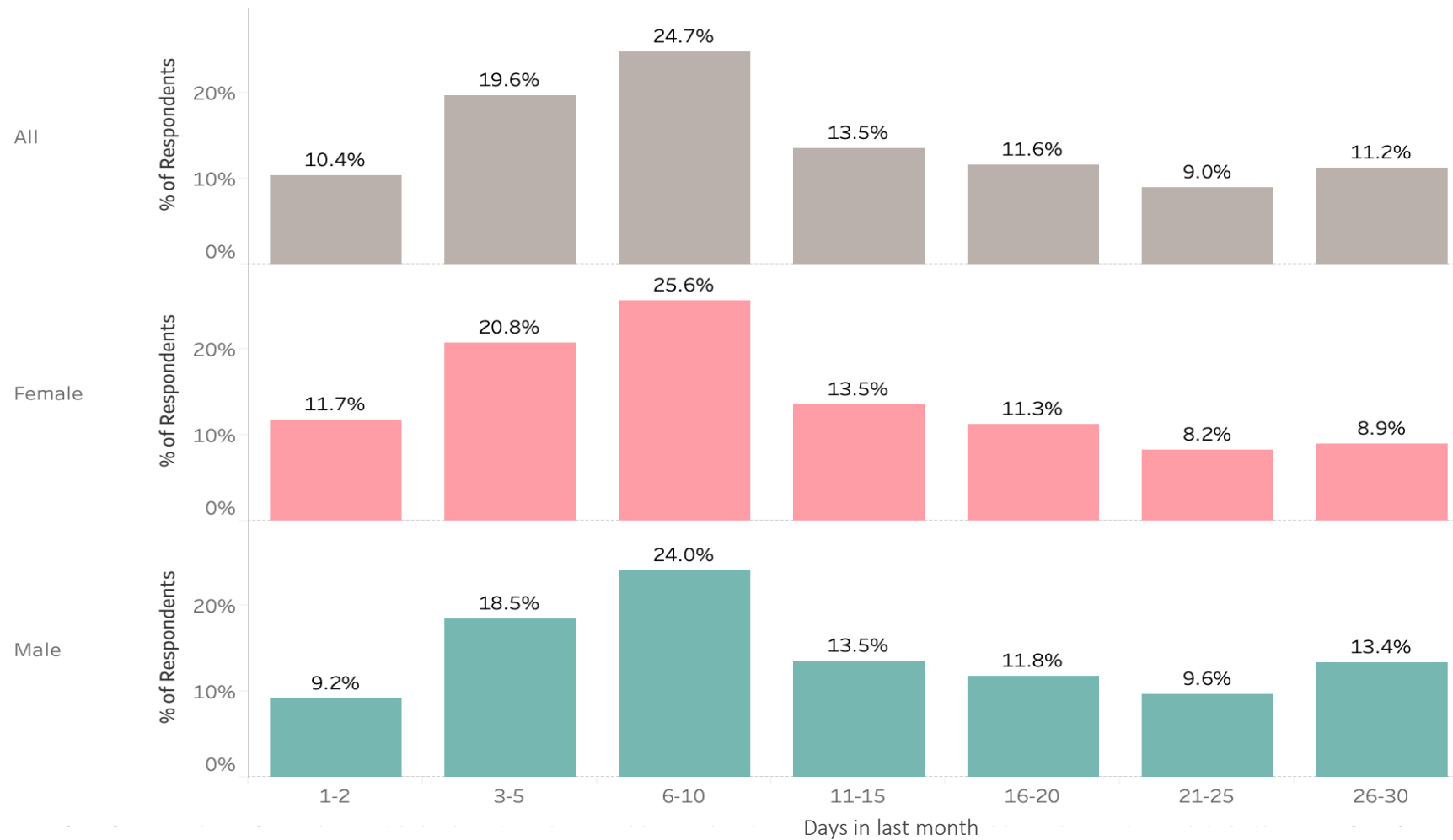
93.8% of the global sample reported drinking alcohol in the last 12 months, 85.4% in the past 30 days.

Data from >40,000 people who had drunk alcohol in the last year was used in these analyses (34,000 had done so in the last 30 days)

- We asked whether people had drunk alcohol in the last 12m and if so, on how many days in the past 30 days
- We asked Compared to February before the COVID-19 restrictions whether
 - the number of days they had drunk in the last month had changed
 - the number of days on which they had consumed 5 or more* standard drinks (a bottle of beer, single shot of spirits, small glass of wine) had changed
 - they started drinking earlier in the day
- We asked people who reported increased drinking how they explained the increase
- We asked people who reported increased drinking whether they experienced an impact on health/relationships
- We asked people who reported decreased drinking how they explained it and about the impact it had on them
- We asked people who reported drinking in the last 12m whether they would like to drink less in the next 30 days

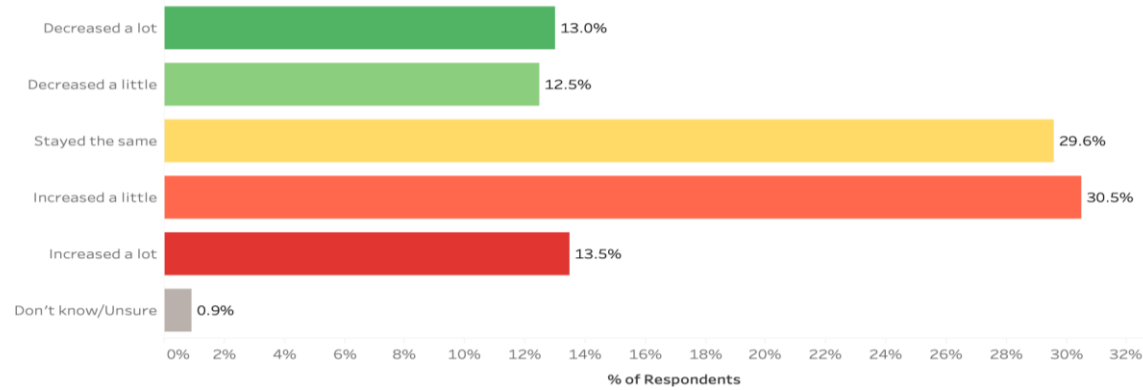
*Drinking > 5 x 10gm standard drinks is a common definition of binge drinking

GDS COVID-19 ALCOHOL NUMBER OF DRINKING DAYS PAST 30 DAYS – GLOBAL

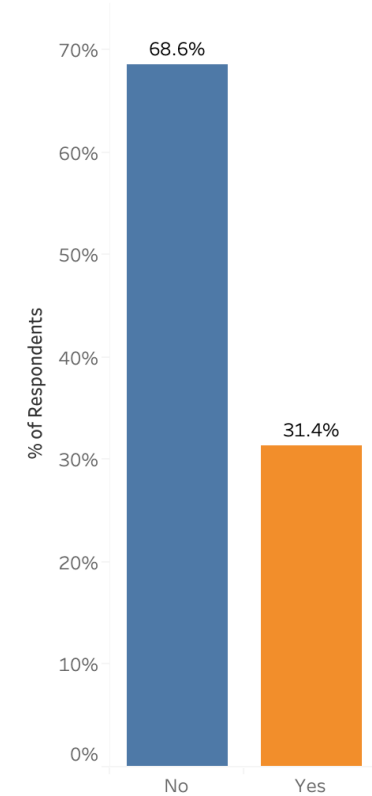


GDS COVID-19 ALCOHOL CHANGES IN DAYS OF USE & BINGE DRINKING – GLOBAL

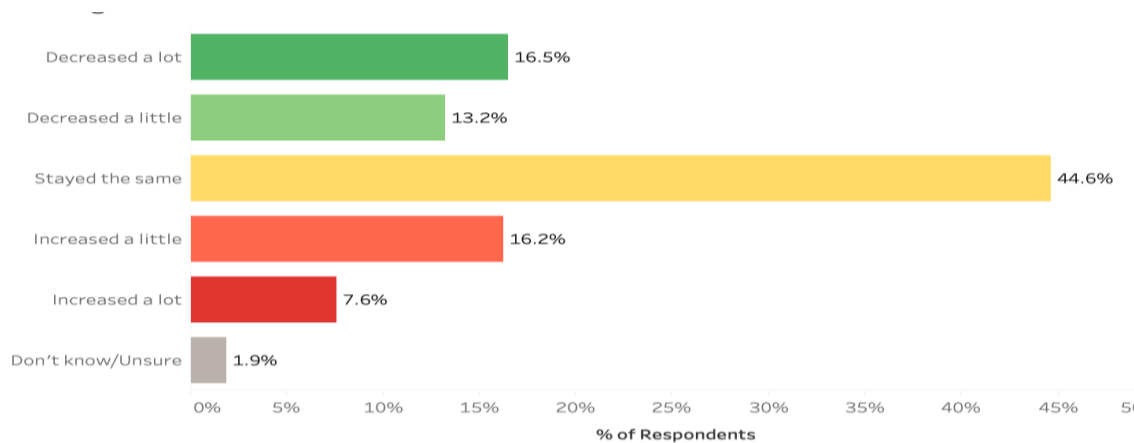
Compared to Feb – before COVID-19 restrictions has the number of days you drink in typical week changed?



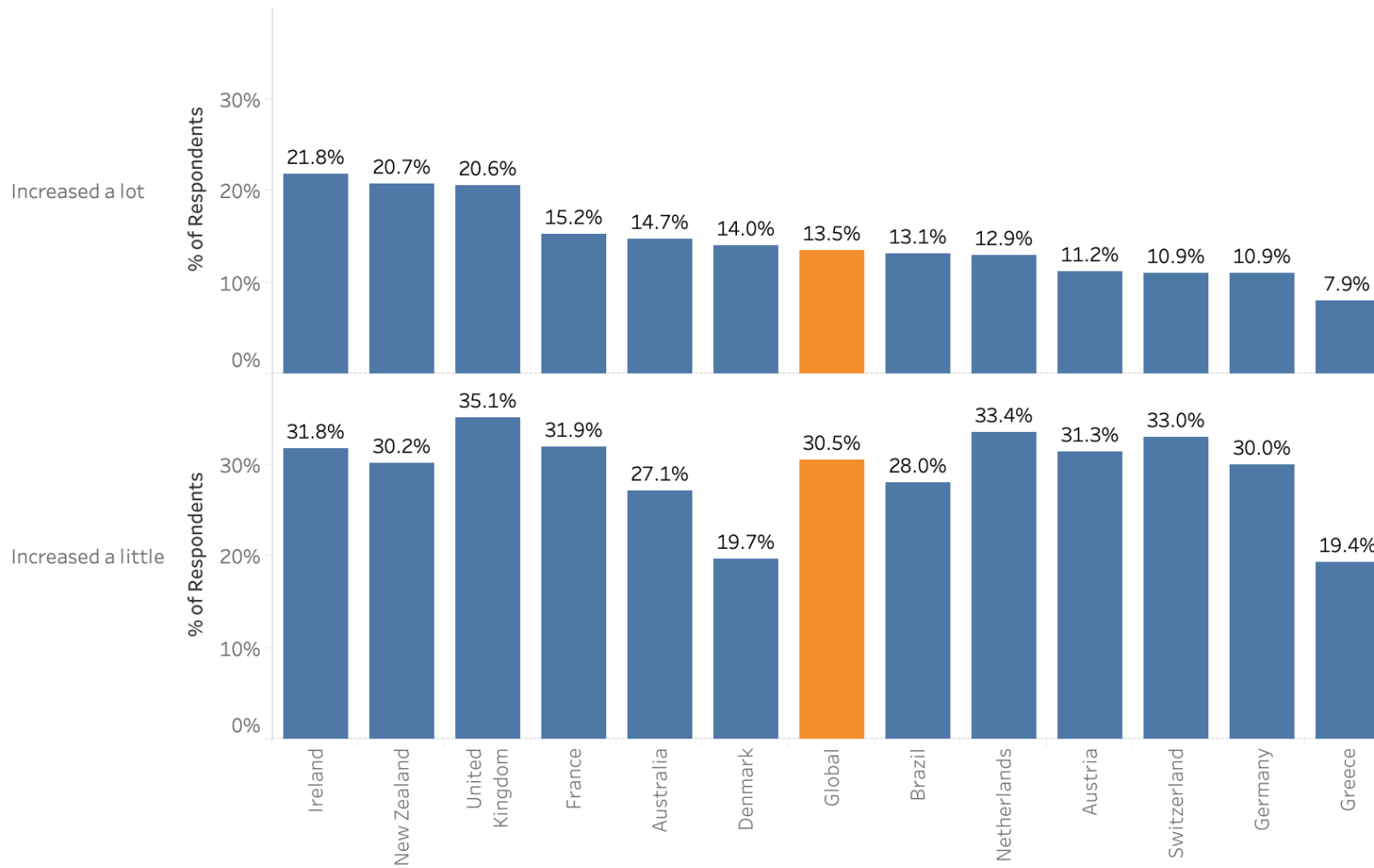
Compared to Feb – before COVID-19 restrictions have you started drinking earlier in the day?



Compared to Feb – before COVID-19 restrictions has the number of days you drink 5 or more drinks on a single occasion changed? Note one std drink = a bottle of beer, small glass of wine or a single measure of spirits

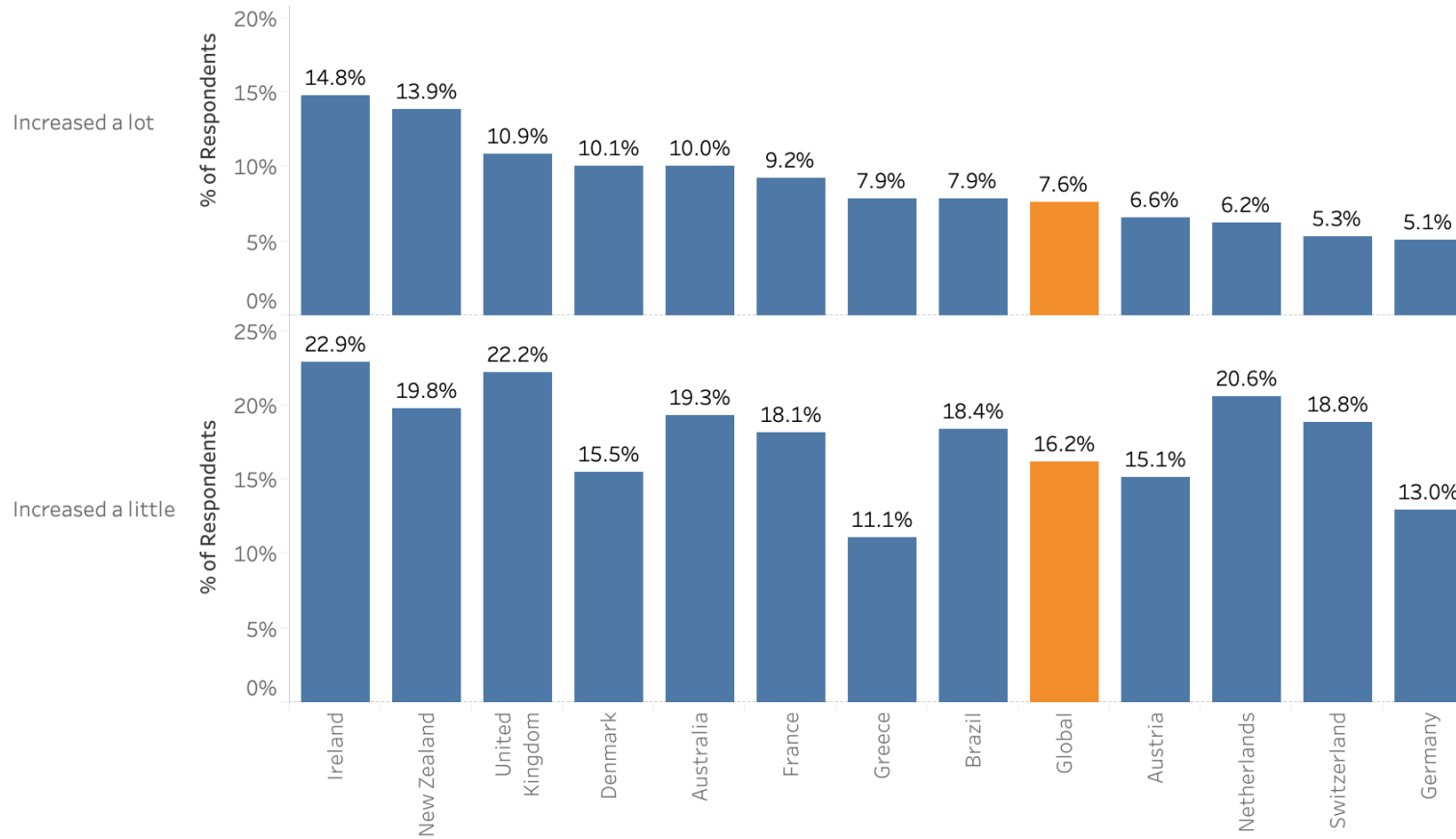


GDS COVID-19 ALCOHOL % INCREASED NUMBER OF DRINKING DAYS – BY COUNTRY



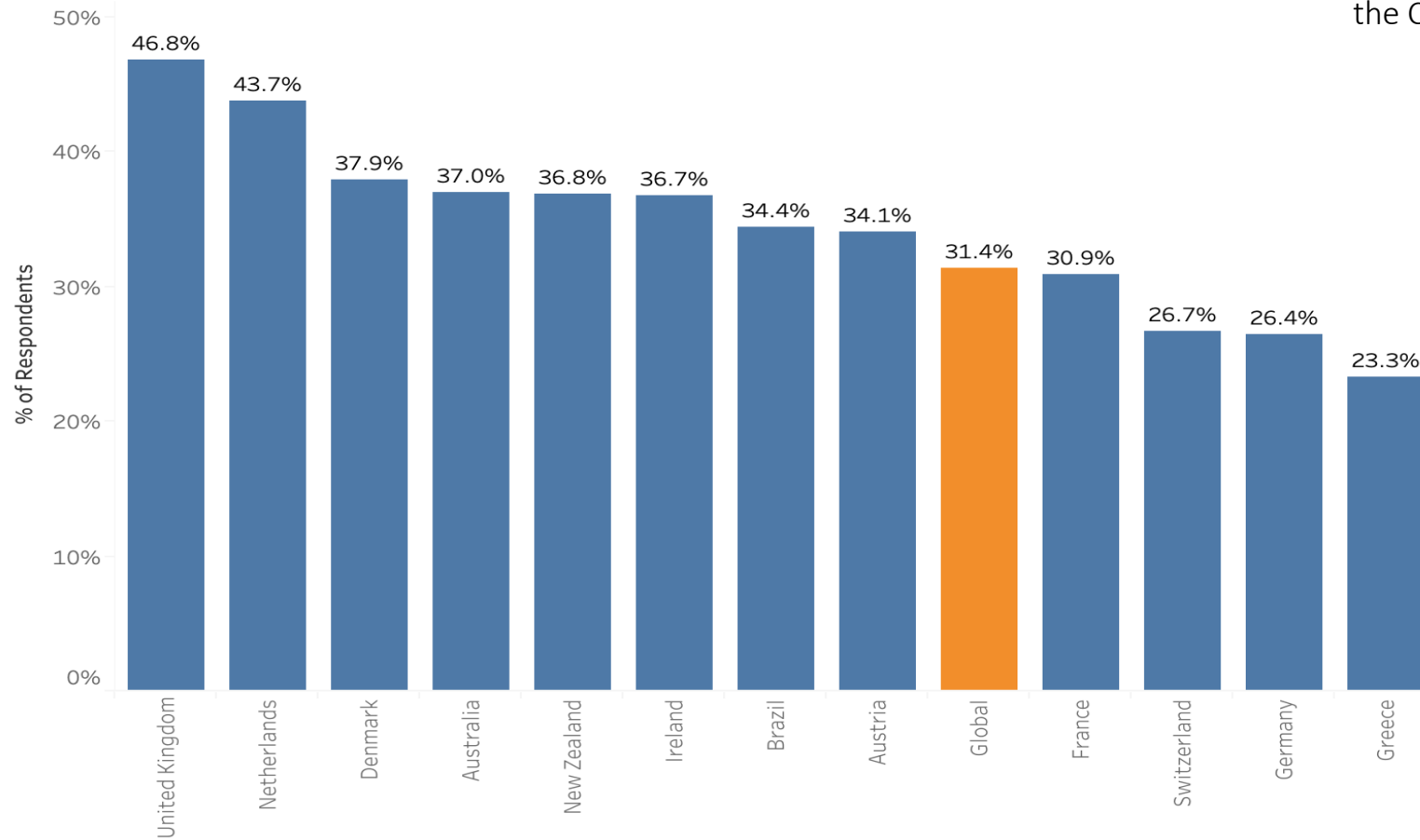
GDS COVID-19 ALCOHOL % INCREASED BINGE DRINKING* – BY COUNTRY

* Consuming 5 or more drinks in a single session

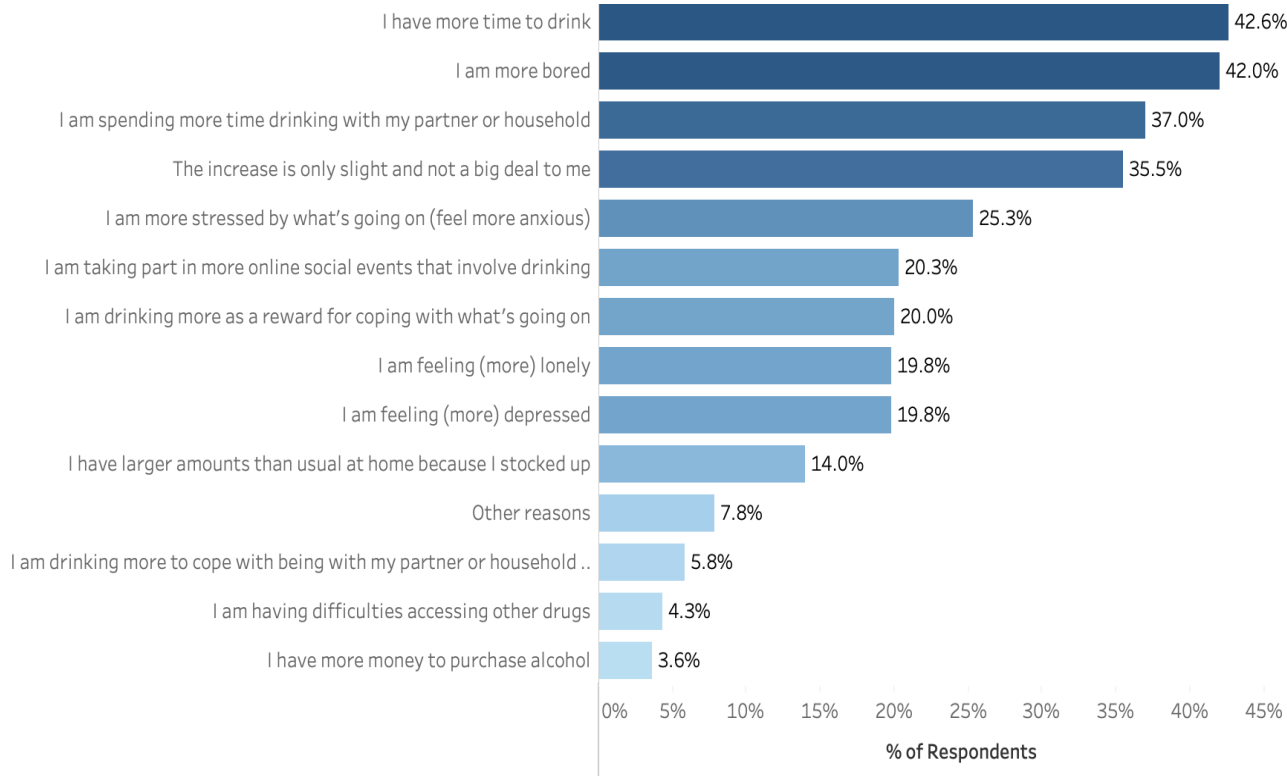


GDS COVID-19 ALCOHOL % REPORTING TO START DRINKING EARLIER* – BY COUNTRY

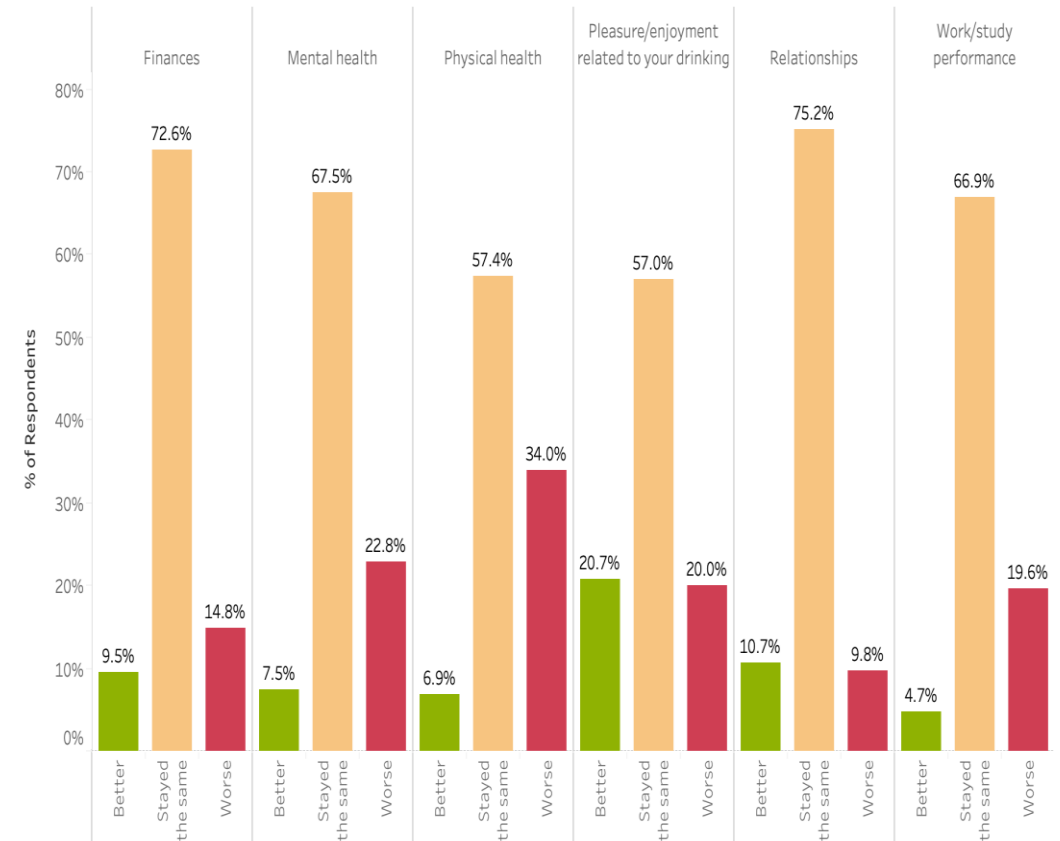
* Compared to February before the COVID-19 restrictions



GDS COVID-19 ALCOHOL REASONS FOR INCREASE & CONSEQUENCES – GLOBAL

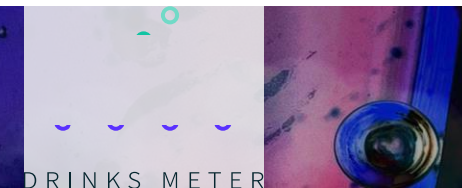


Reasons for increase

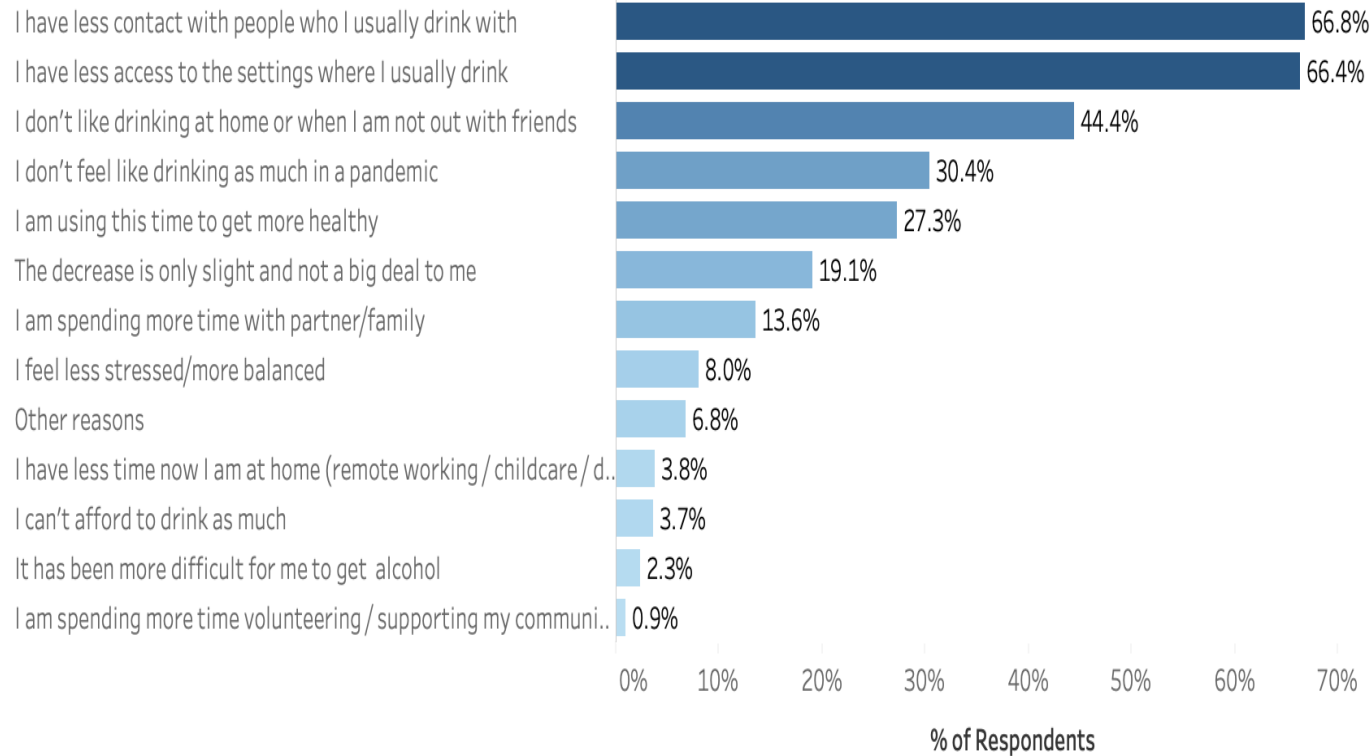


Impact of increase

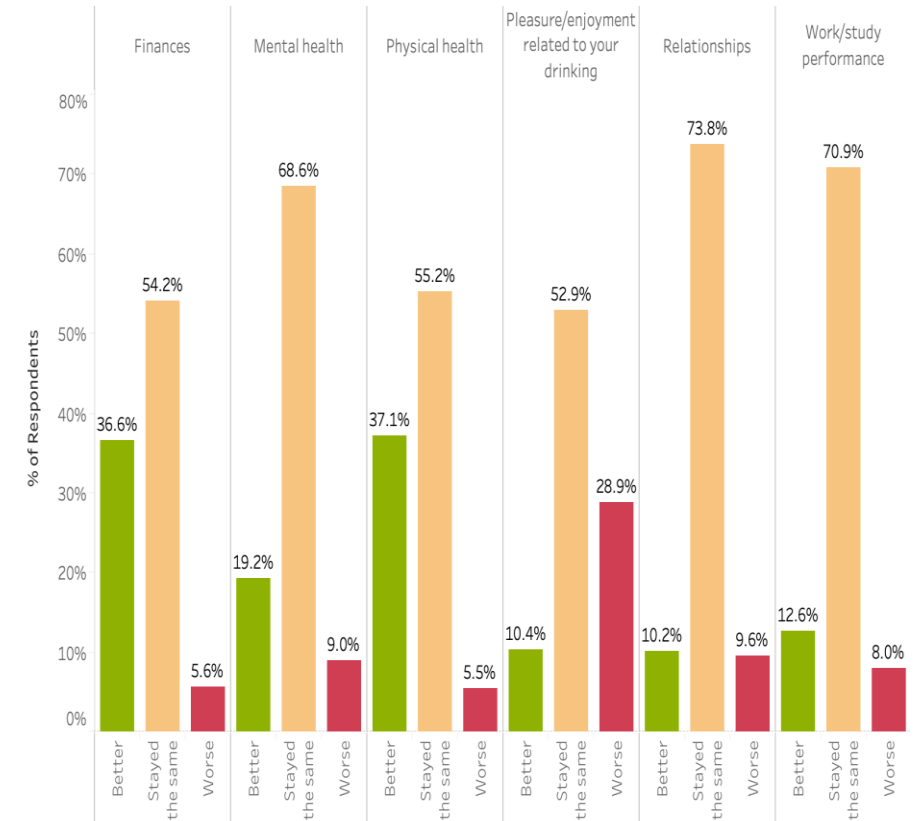
Overall, 42% of participants said they would like to drink less – for advice and support try our free, anonymous app the Drinks Meter on the app stores or at www.drinks-meter.com



GDS COVID-19 ALCOHOL REASONS FOR DECREASE & CONSEQUENCES – GLOBAL

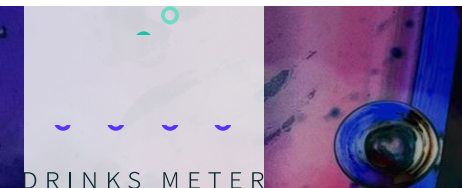


Reasons for decrease



Impact of decrease

Overall, 42% of participants said they would like to drink less – for advice and support try our free, anonymous app the Drinks Meter on the app stores or at www.drinks-meter.com



ALCOHOL – COMMENT ON CHANGES DURING COVID-19

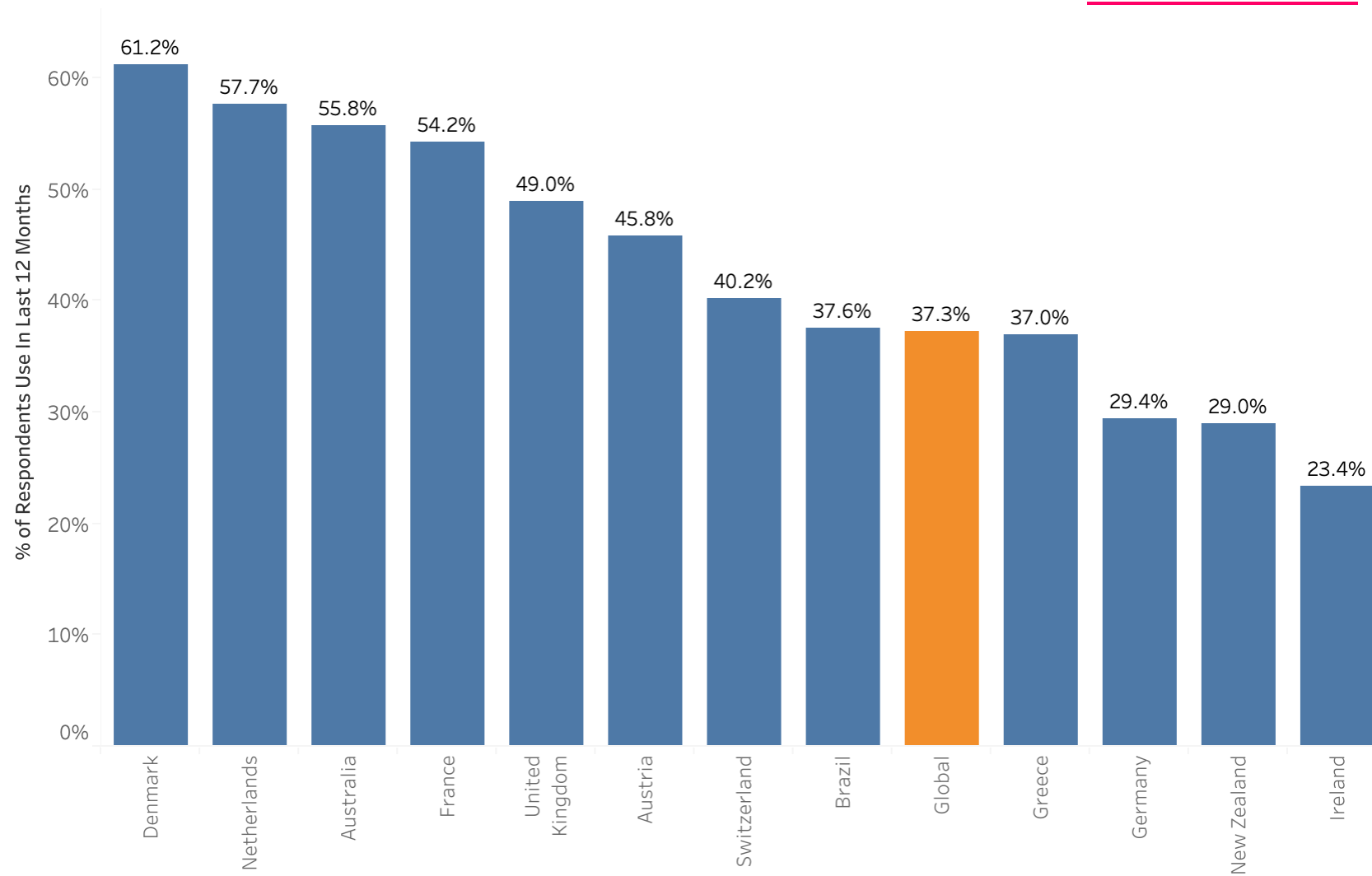
DRINKS METER

- 44.0% reported having increased their frequency of alcohol use during COVID-19. 23.8% reported a slight or big increase in binge drinking during COVID-19. However, overall for those reporting an increase in frequency of binge use, 30.5% reported this was only slight & not a big deal to them. So while the frequency of alcohol use may have increased, not all of them drink more when they drink and it's not a concern for a third of people.
- The main reasons for increased drinking are that people **have more time to drink and are feeling bored more often**. About one third of respondents indicated they started drinking earlier than usual which fits into that narrative. Increased use due to depression, worry and loneliness were also noted as were drinking more with their partner. One third of people who increased their use reported negative consequences on their physical health and one fifth said that their mental health, work/study performance, and/or pleasure was negatively impacted.
- 25.5% reported having decreased their frequency of alcohol use during COVID-19 and even more (29.7%) reported a reduction in binge drinking. This shows an increasing alcohol consumption is not the norm as often portrayed by social media.
- The main reasons for decreased drinking were **less exposure to people and settings** people usually drink with/in. More than one third reported improvements in physical health & finances.
- Overall, 42% of participants said they would like to drink less in the next 30 days (please look at our free, anonymous app the Drinks Meter / www.drinks-meter.com for feedback and advice on how to cut down).

CANNABIS, MDMA, COCAINE & BENZODIAZEPINES – GLOBAL

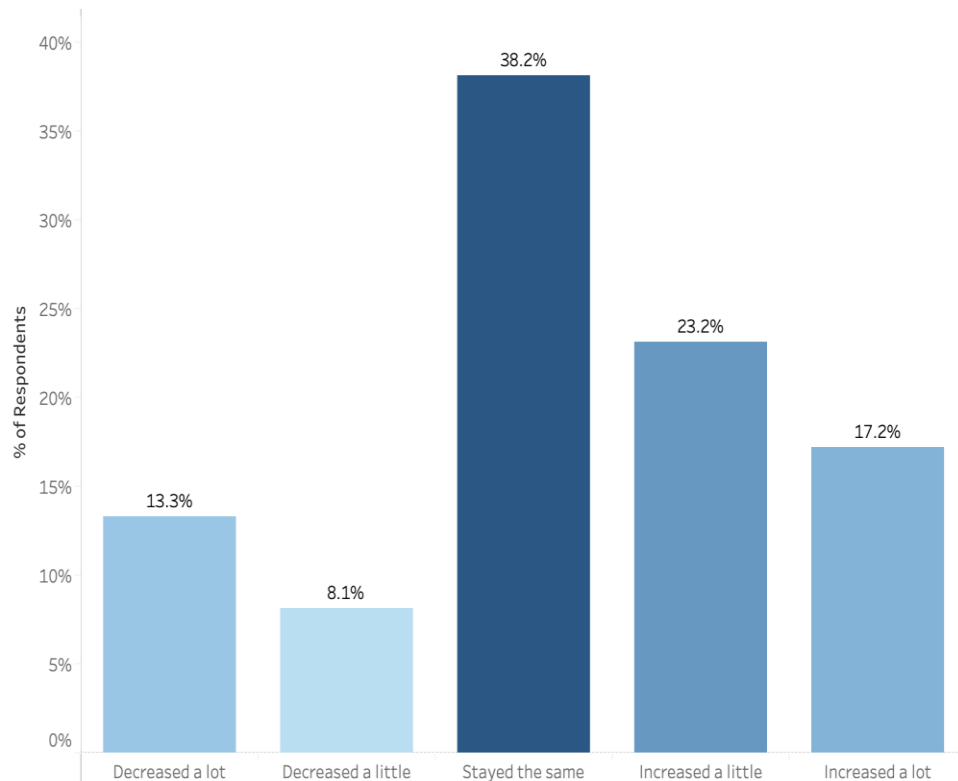
- We asked whether people had used cannabis, prescription medications (with/without prescription), or other drugs in the last 12 months and if so, on how many days in the last 30 days
- In this section, we report on changes in the use of cannabis, MDMA, cocaine and benzodiazepines during COVID-19
- We asked people who reported increased/decreased substance use why their use changed
- In future reports, we will explore changes in the use of other substances, the reasons for these changes as well as the related consequences
- The findings in this section are based on 12,000 people reporting the use of cannabis, 5,000 reporting the use of cocaine, 5,000 reporting the use of MDMA and 2,000 reporting the use of benzodiazepines

GDS COVID-19 USE OF CANNABIS IN THE LAST 12 MONTHS – BY COUNTRY

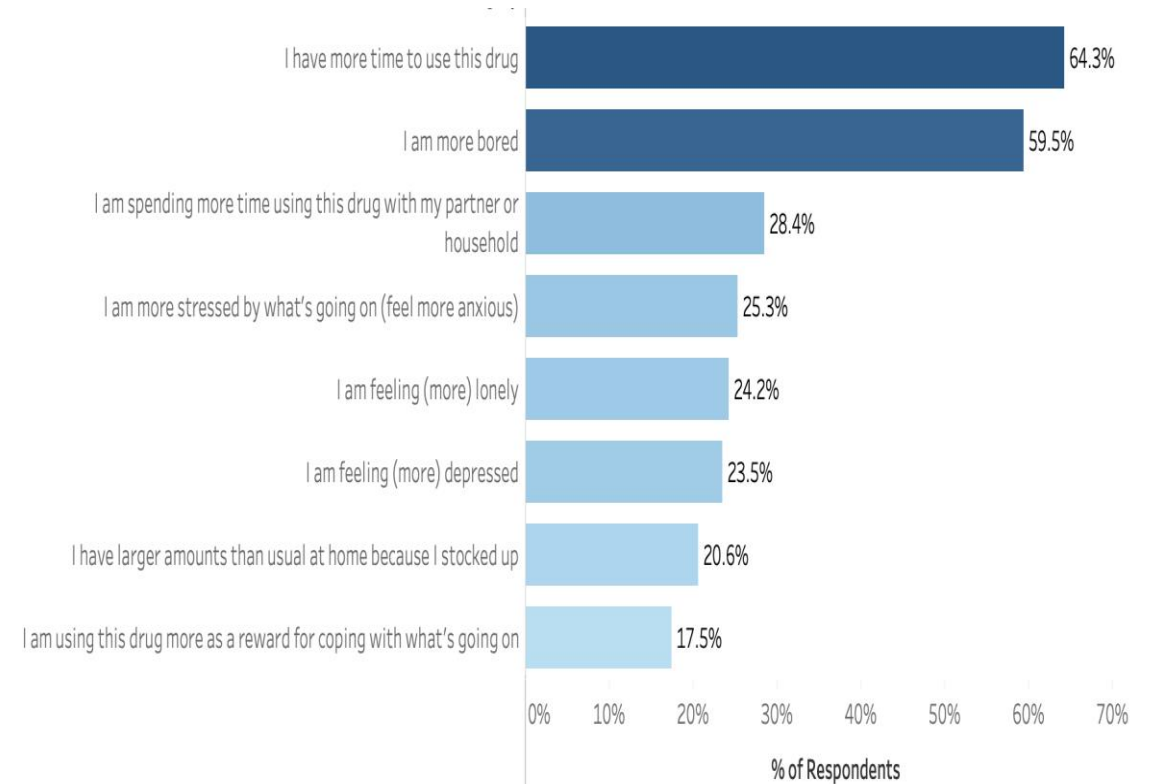


GDS COVID-19 USE OF THC CONTAINING CANNABIS PRODUCTS – GLOBAL (n>12,000)

Compared to February—before the COVID-19 restrictions, has the number of days you use THC containing cannabis products in a typical week changed?



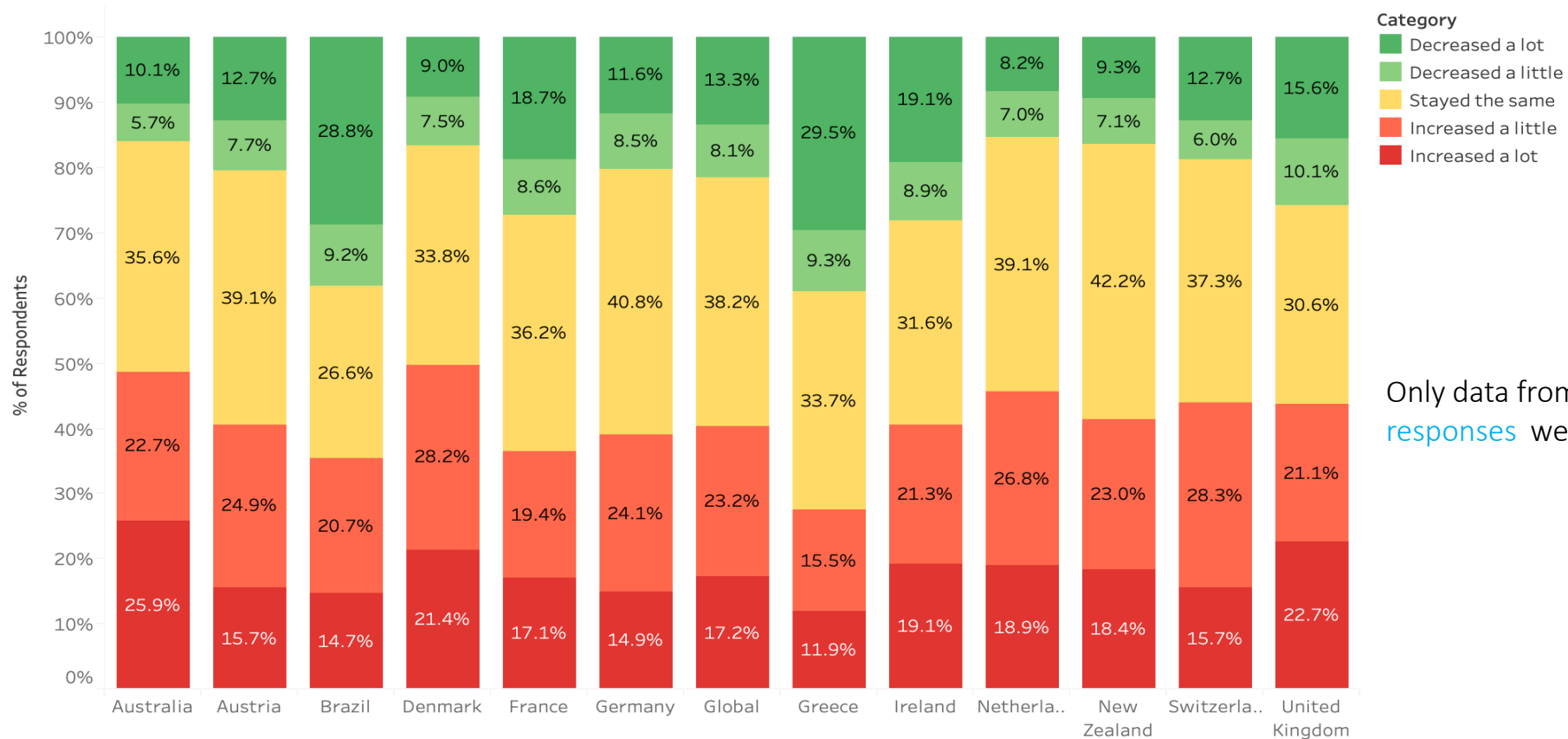
Top 8 reasons for increase (global)



For feedback on your cannabis use and advice on how to cut down and use more safely please visit www.saferuselimits.co

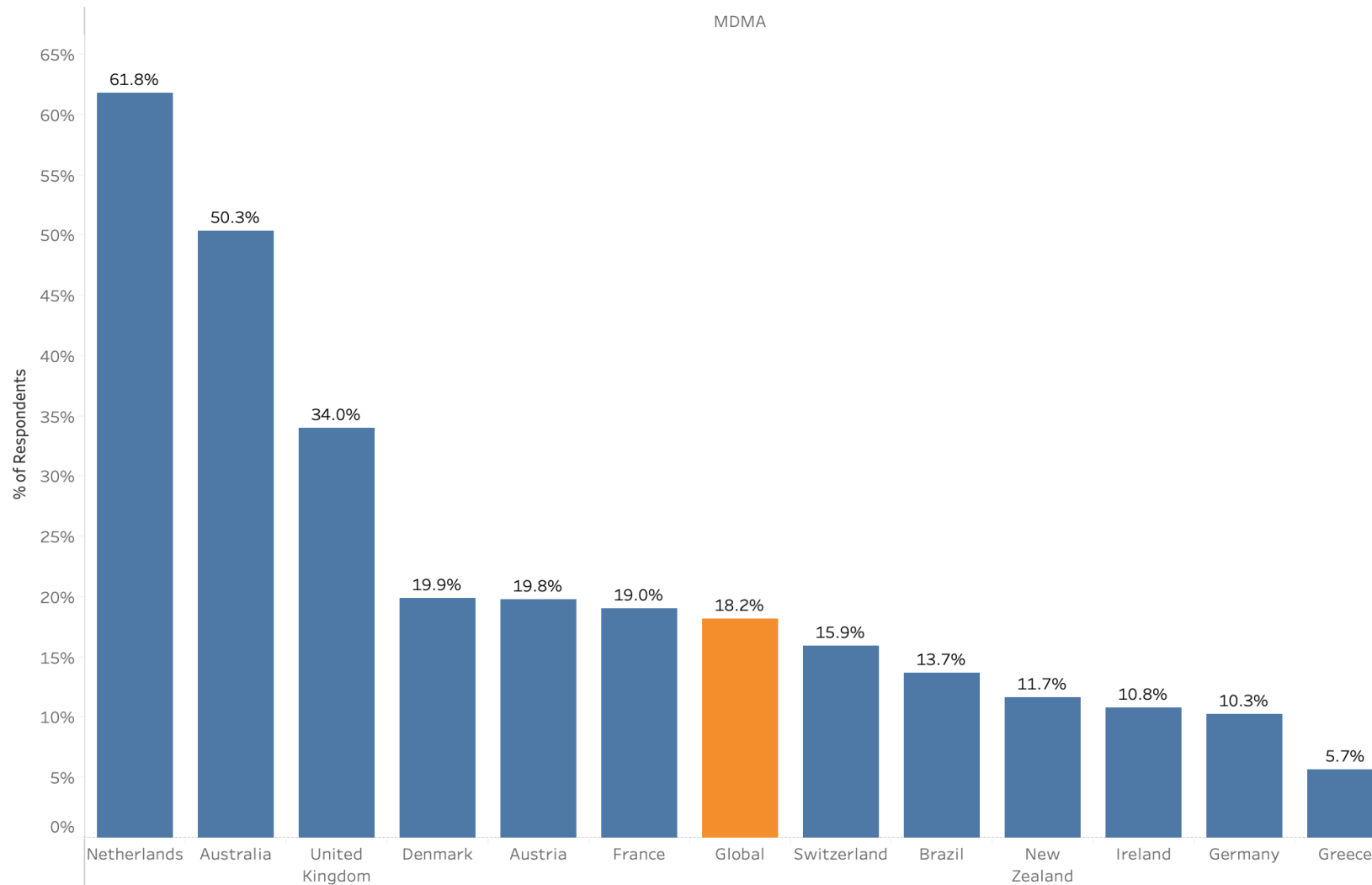
GDS COVID-19 USE OF THC CONTAINING CANNABIS PRODUCTS – BY COUNTRY

Compared to February—before the COVID-19 restrictions, has the number of days you use THC containing cannabis products in a typical week changed?



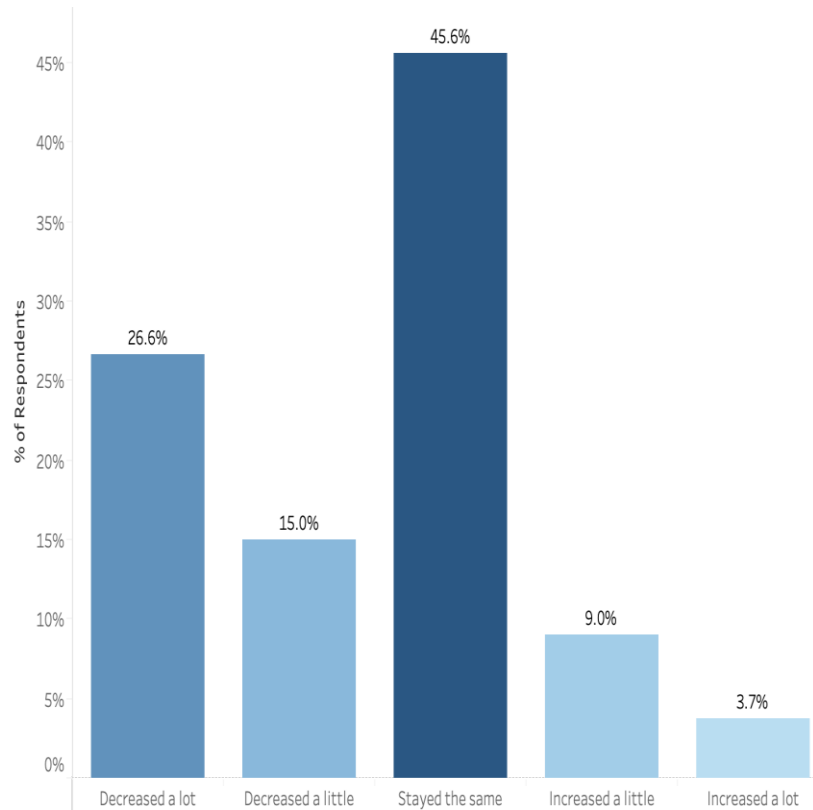
Only data from countries with $n > 100$ valid responses were included in the analysis

GDS COVID-19 USE OF MDMA IN THE LAST 12 MONTHS – BY COUNTRY

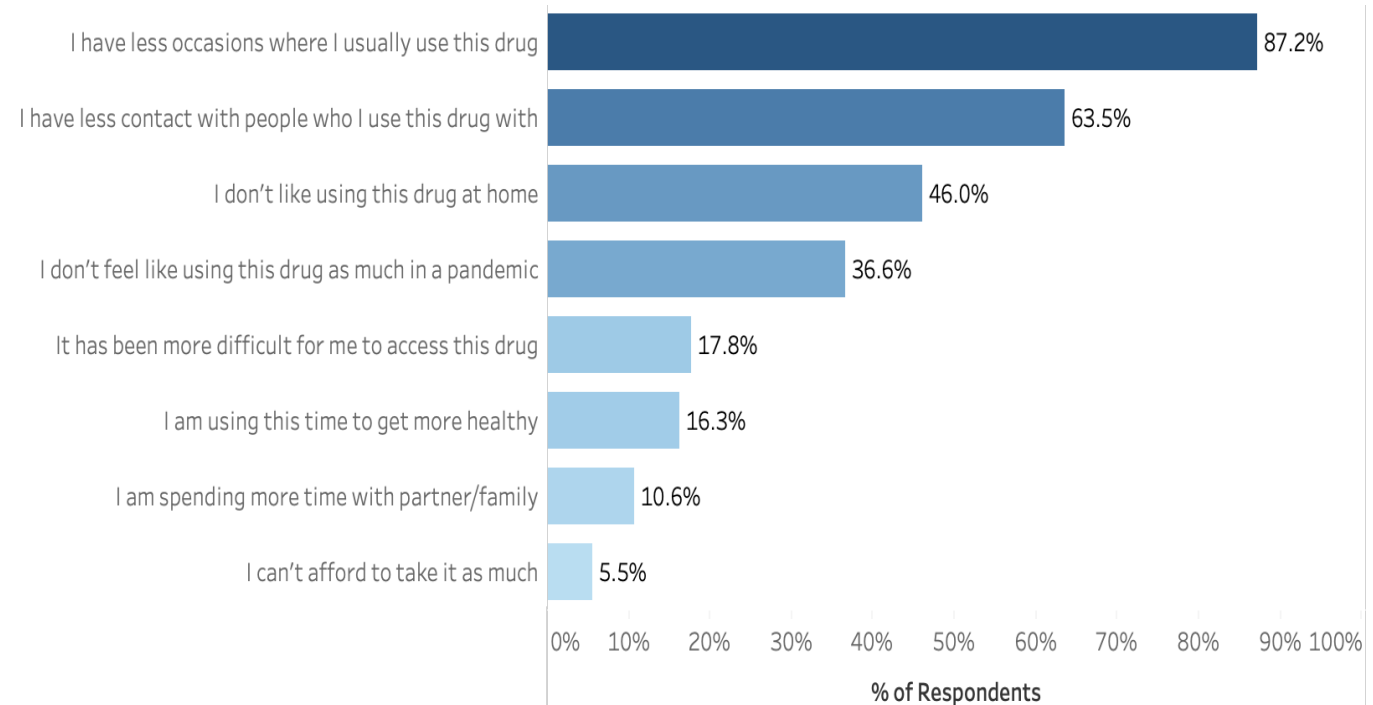


GDS COVID-19 USE OF MDMA – GLOBAL (n>5,000)

Compared to February—before the COVID-19 restrictions, has the number of days you use MDMA in a typical week changed?

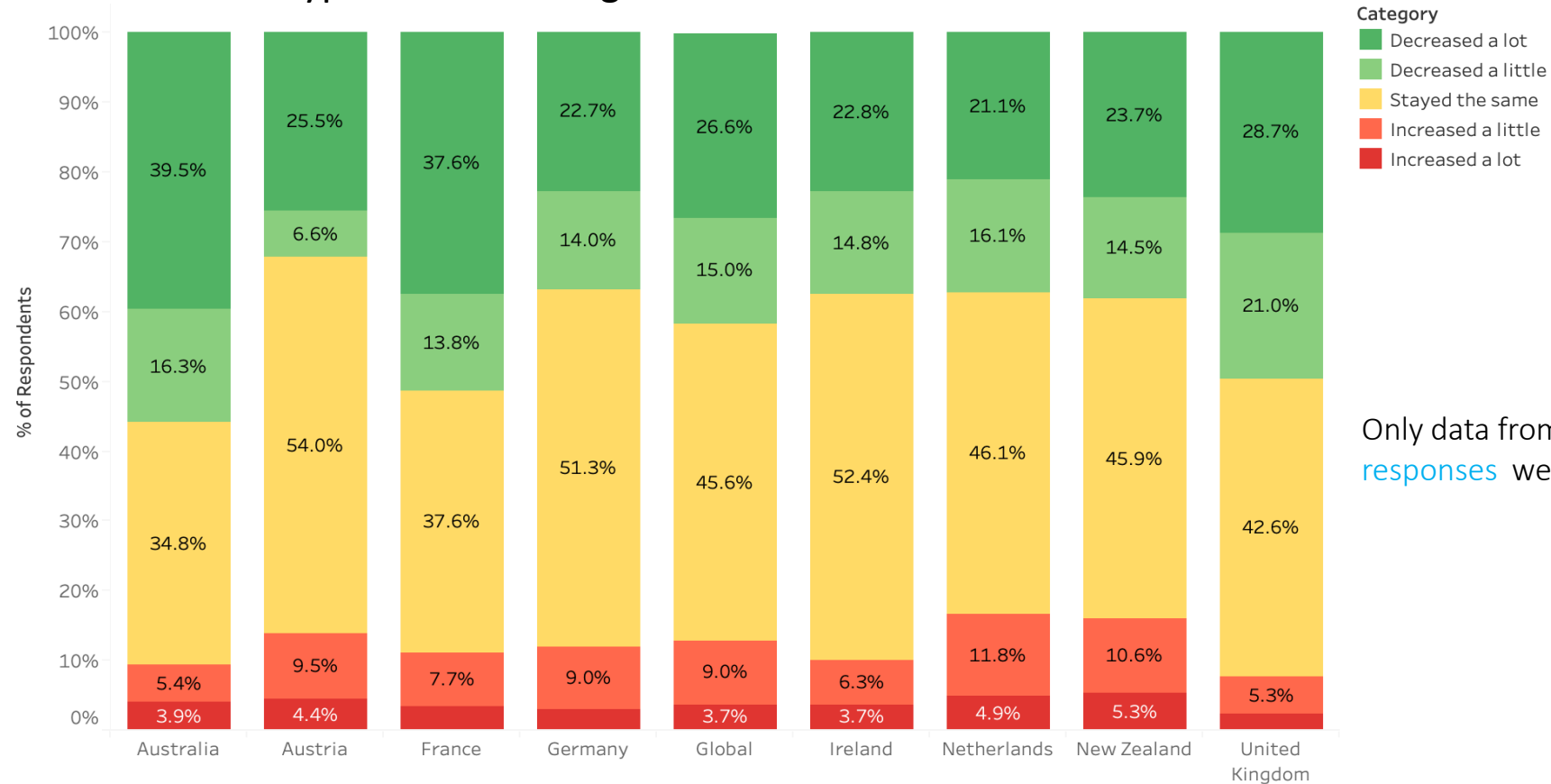


Top 8 reasons for decrease (global)



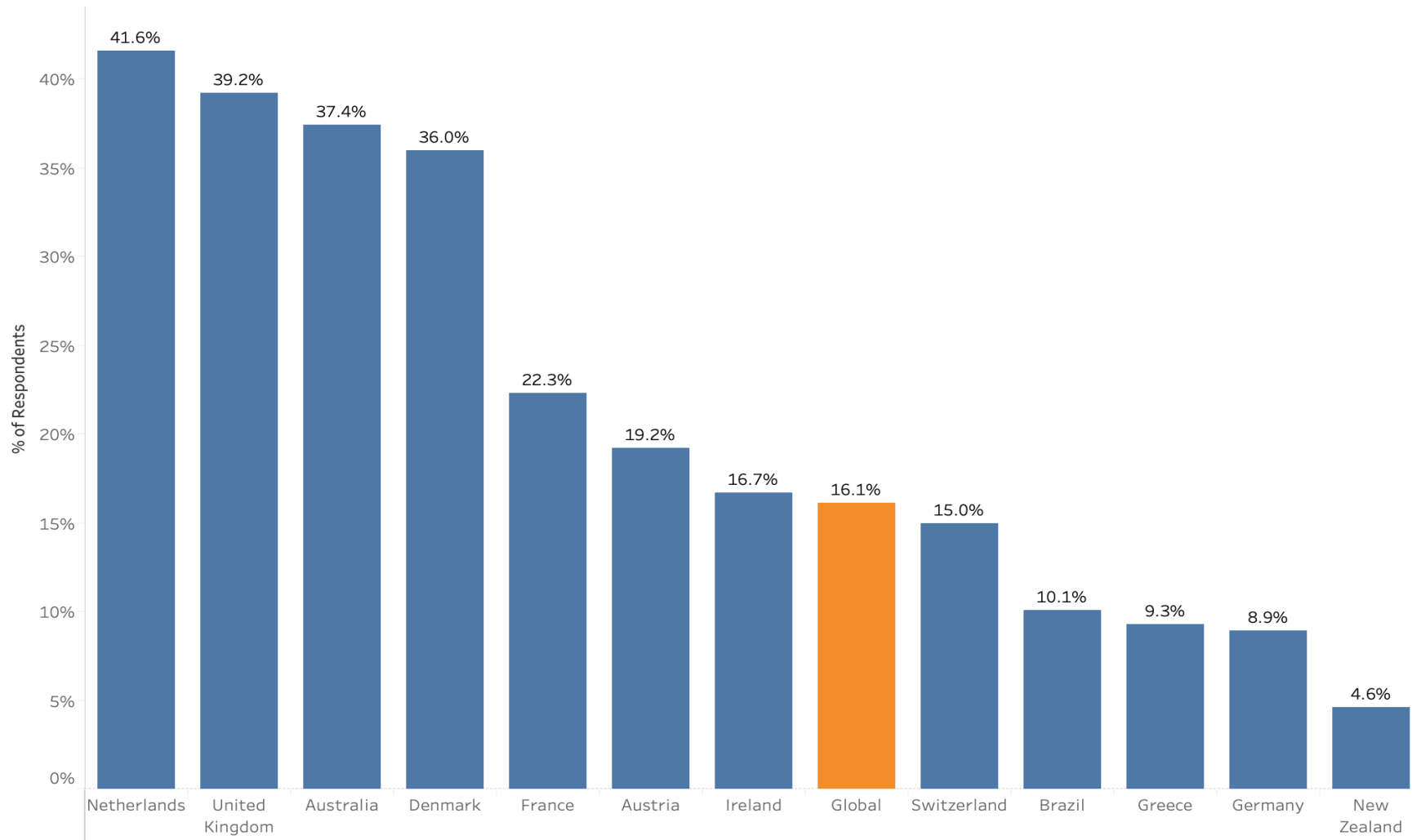
GDS COVID-19 USE OF MDMA – BY COUNTRY

Compared to February—before the COVID-19 restrictions, has the number of days you use MDMA in a typical week changed?



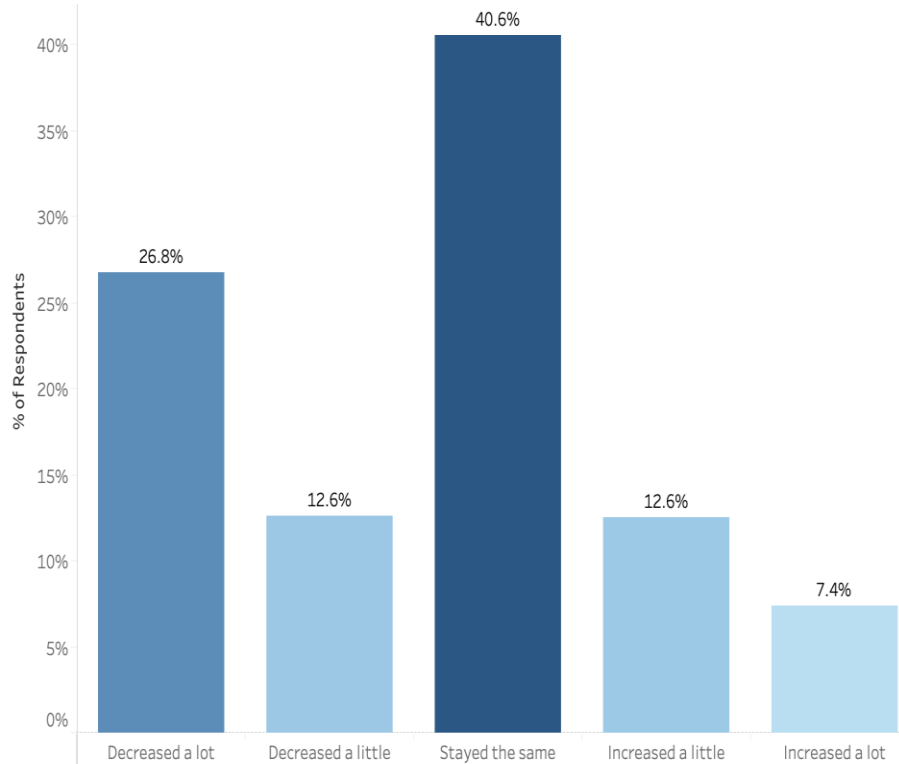
Only data from countries with $n > 100$ valid responses were included in the analysis

GDS COVID-19 USE OF COCAINE IN THE LAST 12 MONTHS – BY COUNTRY

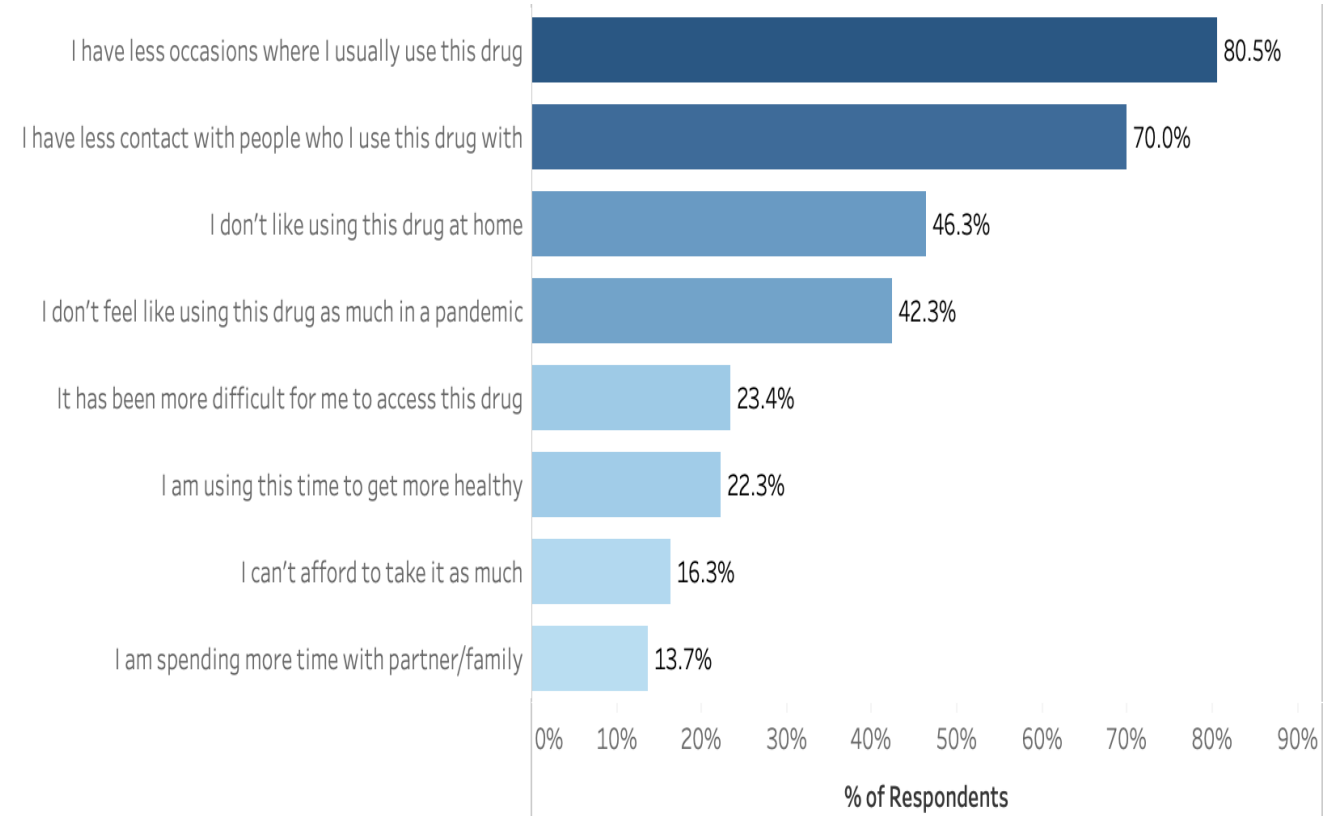


GDS COVID-19 USE OF COCAINE – GLOBAL (n>5,000)

Compared to February—before the COVID-19 restrictions, has the number of days you use cocaine in a typical week changed?

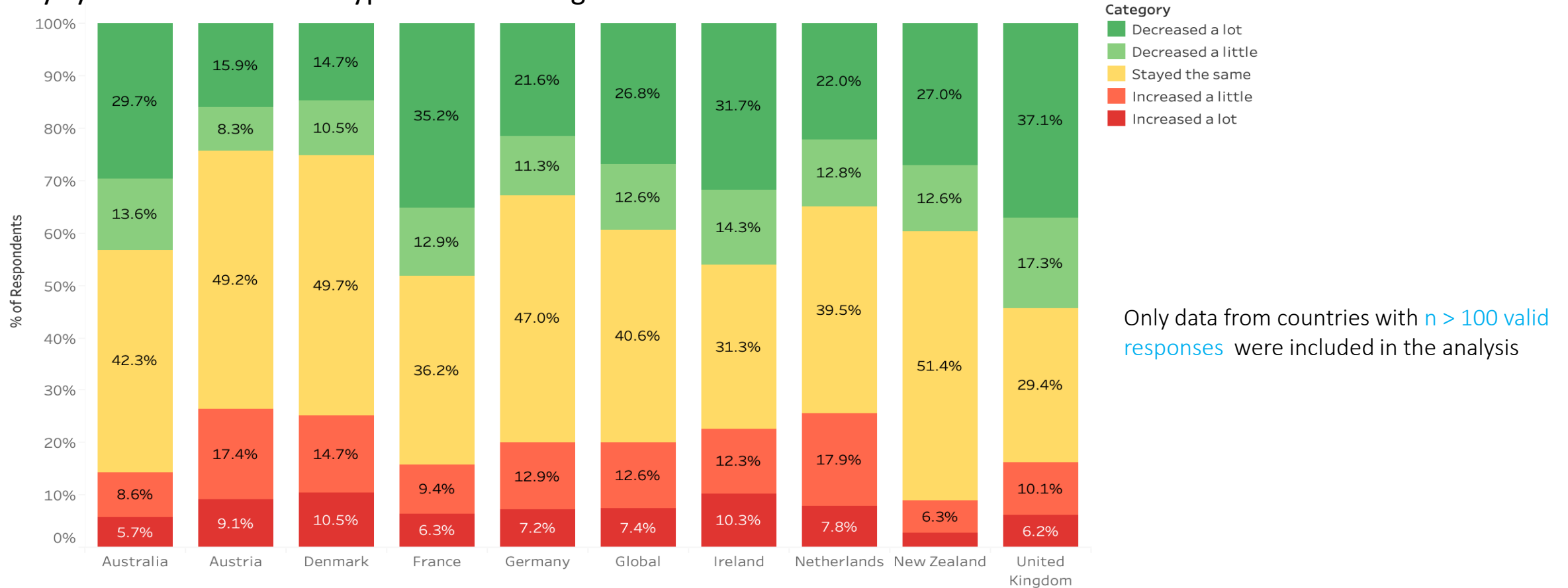


Top 8 reasons for decrease (global)

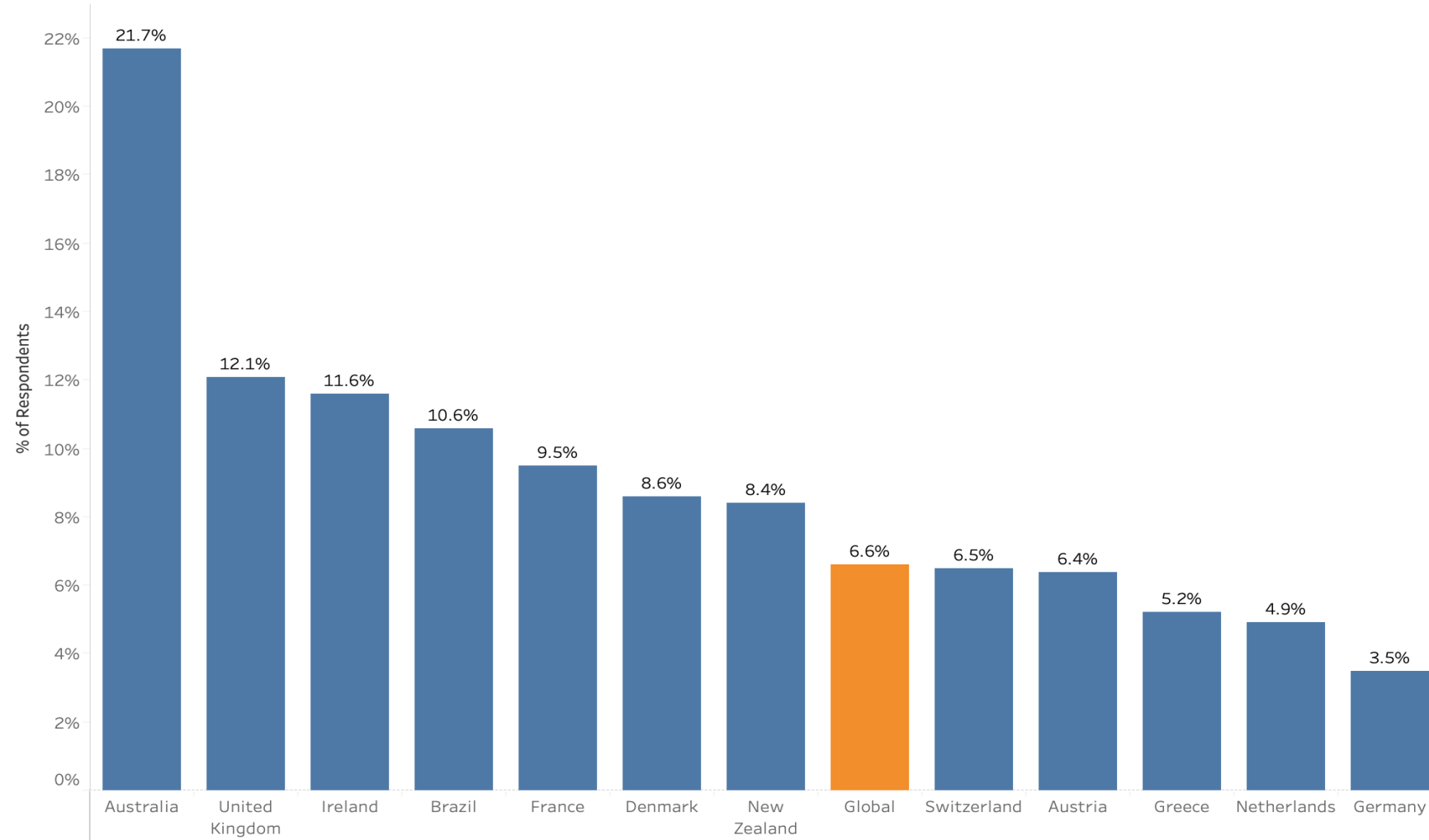


GDS COVID-19 USE OF COCAINE – BY COUNTRY

Compared to February—before the COVID-19 restrictions, has the number of days you use cocaine in a typical week changed?

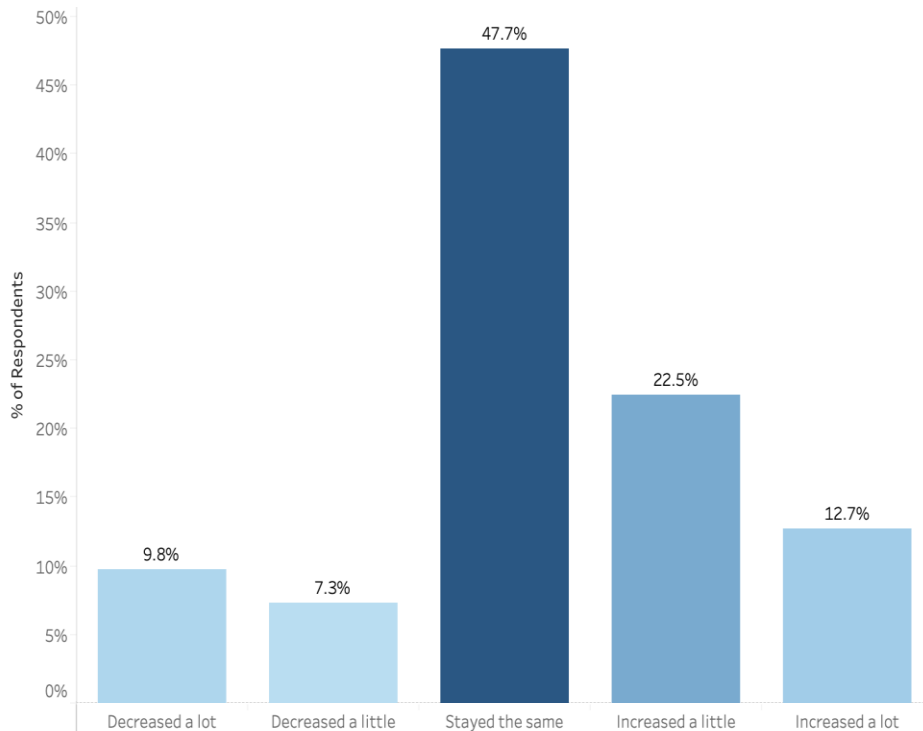


GDS COVID-19 USE OF BENZODIAZEPINES IN THE LAST 12 MONTHS – BY COUNTRY

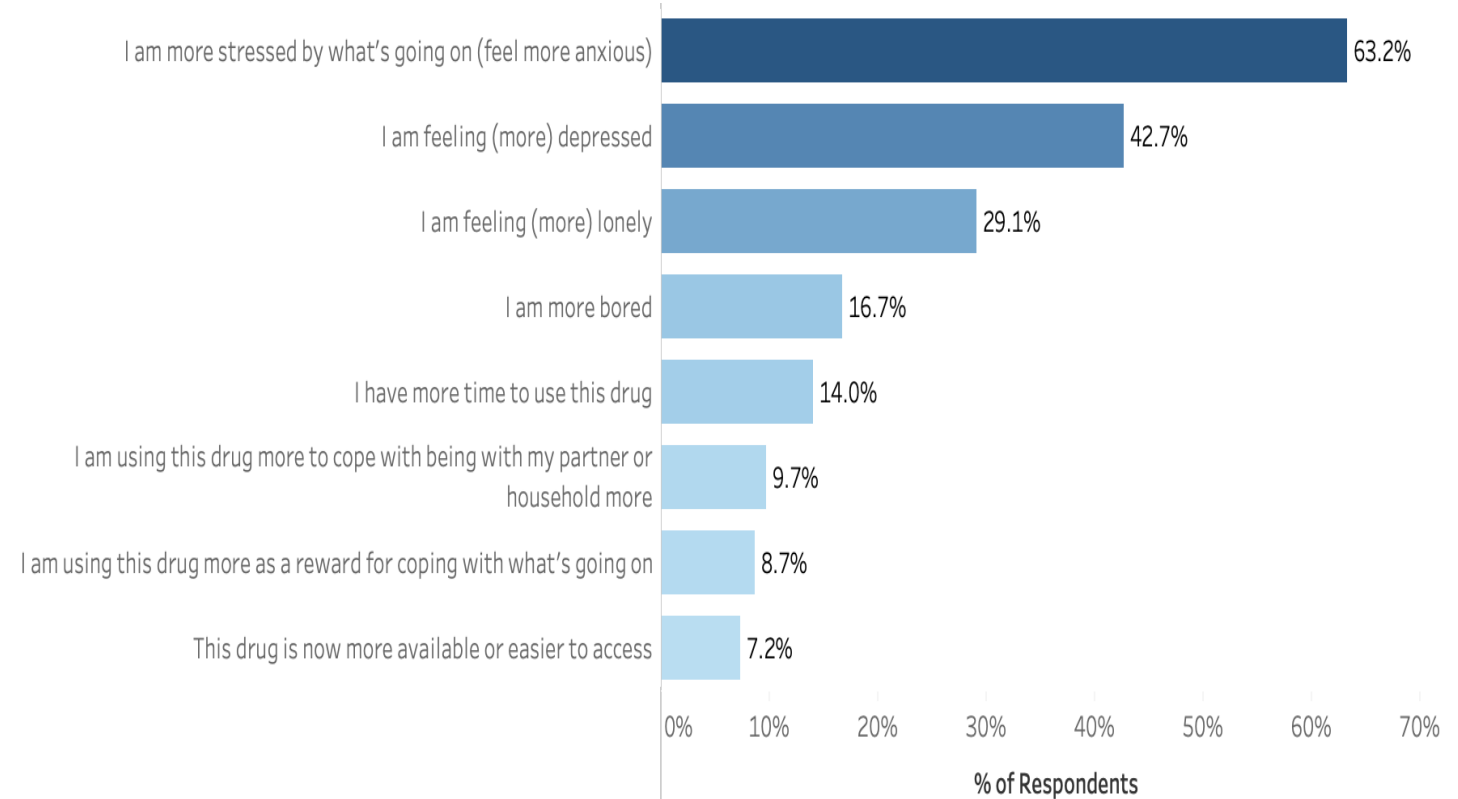


GDS COVID-19 USE OF BENZODIAZEPINES – GLOBAL (n>2000)

Compared to February—before the COVID-19 restrictions, has the number of days you use benzodiazepines in a typical week changed?

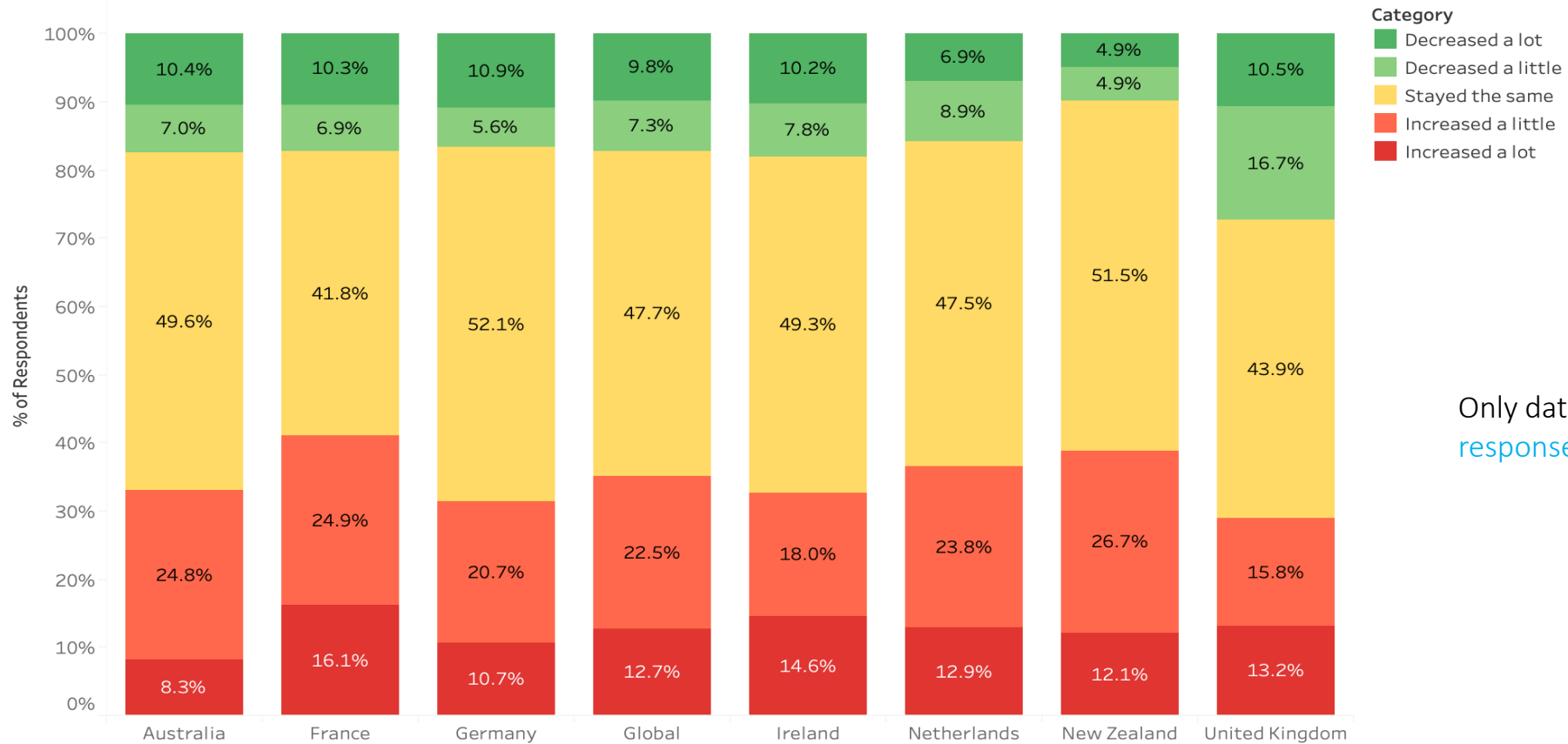


Top 8 reasons for increase (global)



GDS COVID-19 USE OF BENZODIAZEPINES – BY COUNTRY

Compared to February—before the COVID-19 restrictions, has the number of days you use benzodiazepines in a typical week changed?



Only data from countries with $n > 100$ valid responses were included in the analysis

CANNABIS, MDMA, COCAINE AND BENZODIAZEPINES – COMMENT ON CHANGES DURING COVID-19

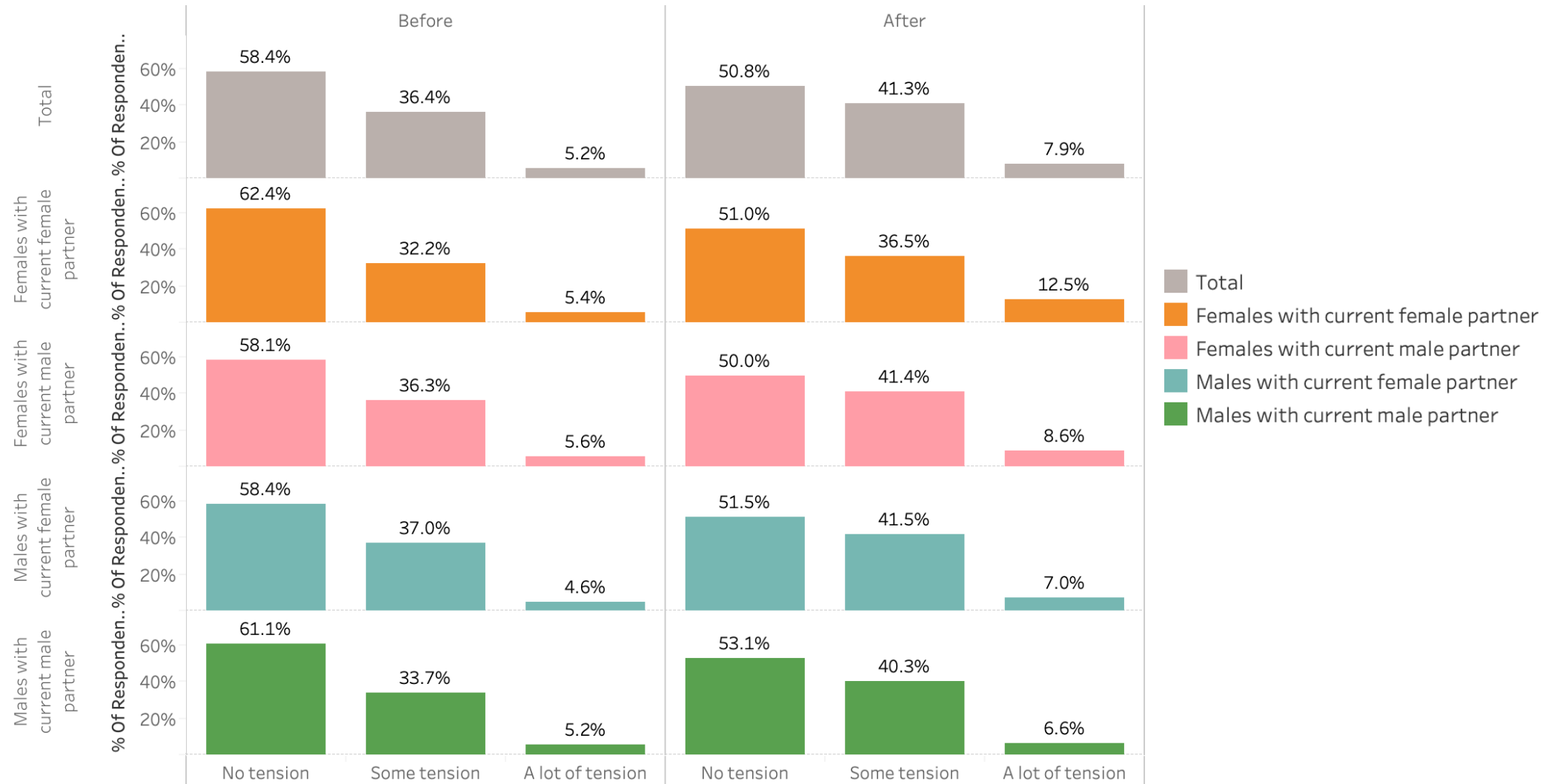
- COVID-19's impact on the ability for drug cartels and dealing networks to import and distribute their products has been huge. From reduced air and sea freight and in some cases reduced access to precursors, it was always likely that after local reserves were depleted, changes in availability were likely to reduce access and impact on price and purity. While in some regions this has been the case, the true impacts of the reduction in supply have been buffered by possibly a parallel reduction in demand. For drugs where use alone is common and local production is available such as cannabis, use has increased, while for stimulant drugs such as cocaine and MDMA, the reduction in social gatherings has been protective. Overall, it seems that drug markets have been pretty robust and GDS predicts that following lockdown, many regions will be flooded by high purity drugs as dealers try to shift unsold stock and distribute stockpiles that had been prepared for the European summer.
- Our findings suggest that changes in drug use by individuals during COVID-19 lockdowns reflect both changes in availability as well as changes in the structure of each person's day, especially where self-isolation removes people from social interaction typically associated with some types of drug use. For drugs like cannabis that many people use regularly regardless of social context, 40% reported an increase in use (compared to 20% reporting a decrease). **Having more time on your hands and being bored** appears to be the main reason, with secondary factors including addressing mood and worries.
- For MDMA and cocaine, the importance of set and setting when using these drugs is evident. Both are typically used within social settings and for most people far less frequently than cannabis or alcohol. Overall, about 40% reported using less during COVID-19. The main reasons were being a direct function of lockdown with **less opportunities to use and less contact with people who they use with**. 40% cited not wanting to use these drugs at home and or during a pandemic. For neither drug was the reduction in use driven by reduced access.
- Increases in benzodiazepine use can be viewed as a coping strategy and their use may compensate for access to other drugs. Their efficacy as a long term strategy for managing anxiety is poor, and misuse and dependence are a real concern, especially given withdrawal is protracted and potentially life-threatening.

INTIMATE PARTNER RELATIONSHIPS

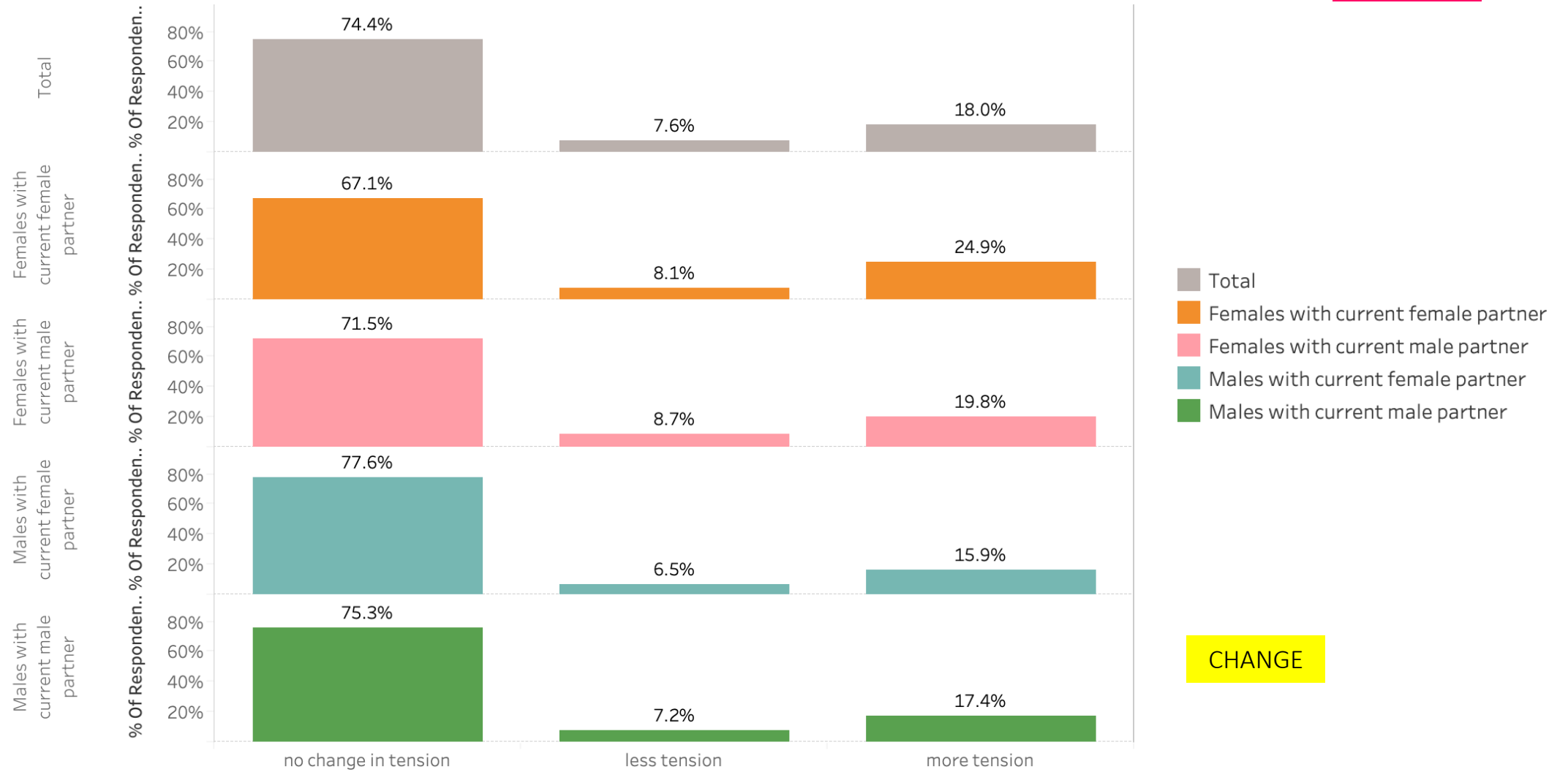
The section on intimate partner relationships summarises research funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research programme ([RP-PG-1214-20009](#)). The views expressed in this interim report are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care. Lead researcher Prof Gail Gilchrist

- The impact of COVID-19 upon individuals is an obvious issue to explore within a research study like GDS. Less obvious, but just as important is the impact of 'lockdown' on how we function within relationships. Early on in the pandemic there were media reports of increases in divorce applications and calls to those services offering support for domestic violence. How relationships respond to crises will vary, dependent on each's unique circumstances and baseline resilience of each. As the wider impacts of social and physical restrictions evolve, tensions within some relationships may fade to be replaced by common unity and shared concerns, while in others new tensions may arise and others ferment. In this section of our preliminary analyses we start to look at the effects of COVID-19 on intimate partner relationships.
- Our non-probability sample is not representative of the wider populations and should not be used as a proxy measure of prevalence of abuse within relationships. It does however give some insight into the scope and nature of abusive behaviours used and experienced by participants in the survey. As we conduct further analyses the nuances of this initial data will become clearer and the links between the use of alcohol and other drugs and mental health explored. Please note because of the sensitive nature of the questions, participants were made aware of the nature of the questions both within the participant information/ consent form and in the description of the section before the questions addressing relationship tensions and abusive behaviours were asked. People were advised not to answer the section if they thought that responding to it may cause additional distress.
- **What we asked** – Participants in intimate relationships were asked about baseline and subsequent levels of tension within their relationship. We then asked whether they had experienced or used a range of abusive behaviours (for example: being told by/telling a partner they were crazy, stupid or not good enough; being checked up on by/ checking up on a partner by checking phone, text, email or social media without consent; and being hit or bit by/hit or bit a partner etc). Please note these are only preliminary analyses – a more complete picture will be available in early July when we run the first report based on the full baseline sample.
- **About the sample** – 65% reported having at least one partner before the onset of lockdown (i.e. February or earlier). 87% of those with an intimate partner chose to complete the section on relationships. Of them, 47.8% were women with a current male partner (n=10,635); 47.2% were men with a current female partner (n=10,508); 2.8% were men with a current male partner (n=624) and 2.1% were women with a current female partner (n=473). These groups include people with different sexual orientations and were generated based on the gender of the respondent's current partner.

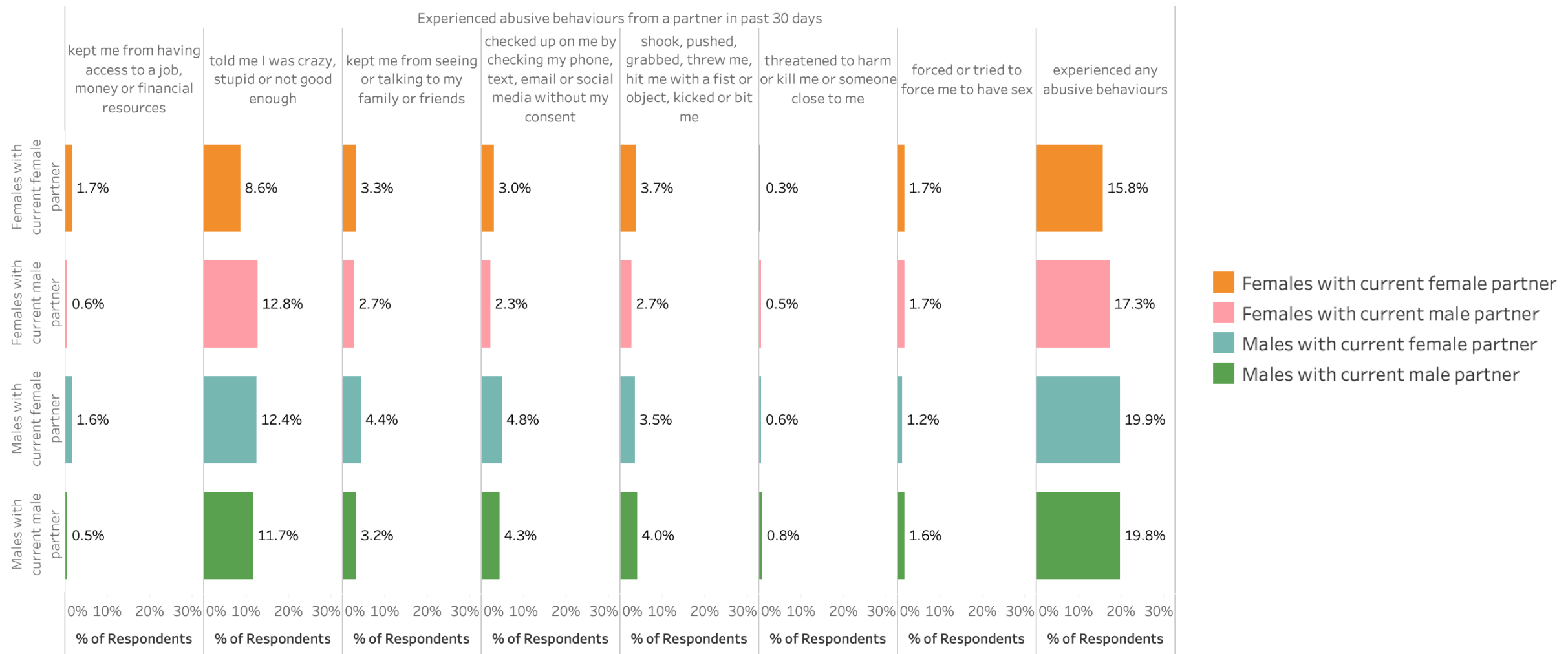
GDS COVID-19 INTIMATE PARTNER RELATIONSHIP TENSION BEFORE/SINCE – GLOBAL



GDS COVID-19 INTIMATE PARTNER RELATIONSHIP CHANGE IN TENSION SINCE – GLOBAL

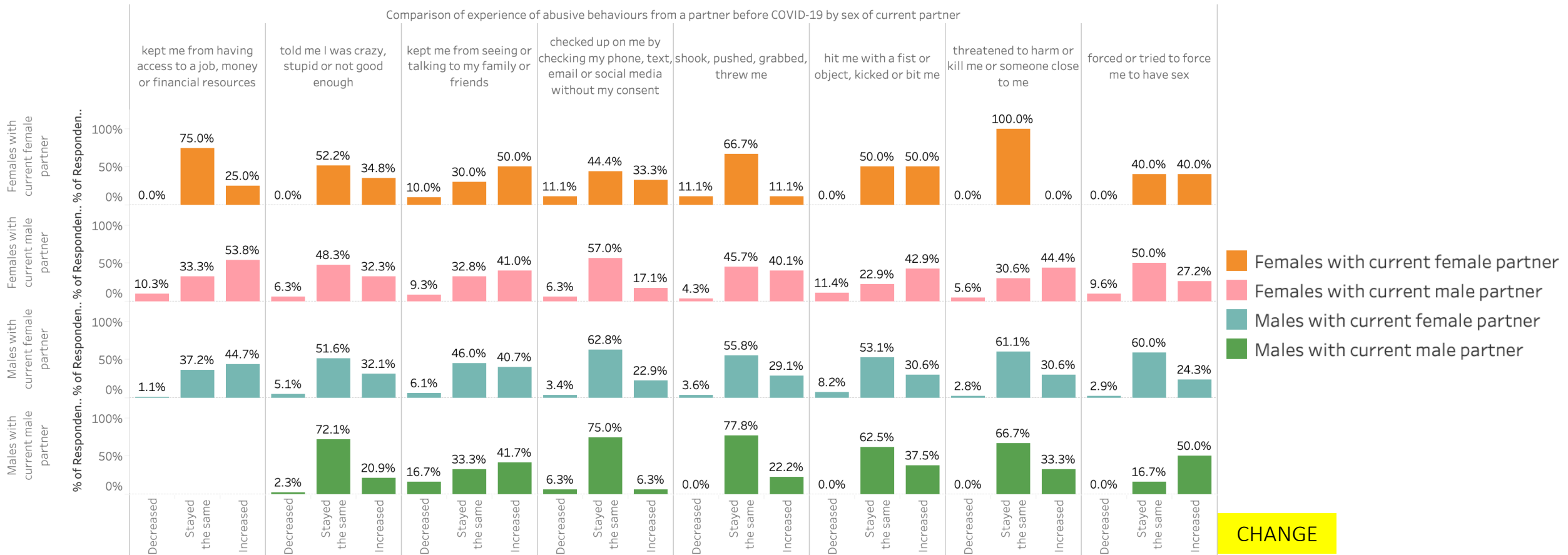


GDS COVID-19 EXPERIENCED ABUSIVE BEHAVIOUR FROM A PARTNER 30 DAYS – GLOBAL



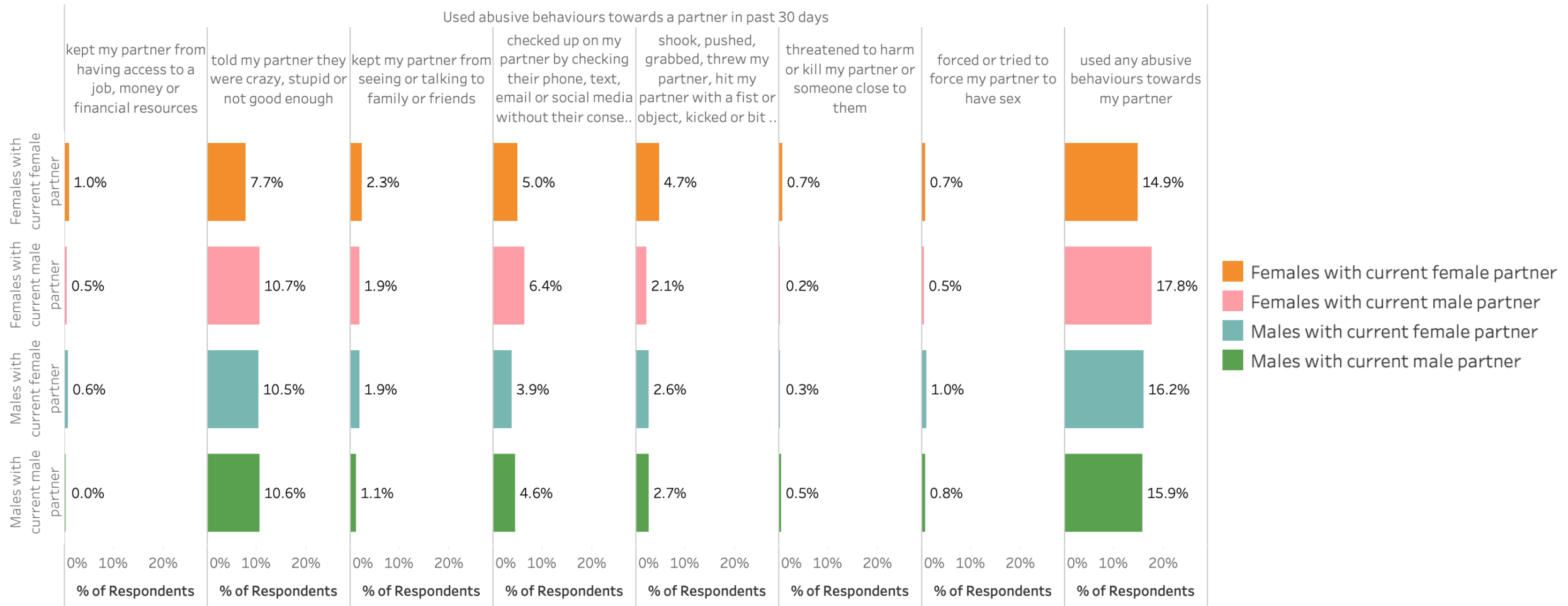
GDS COVID-19 EXPERIENCED ABUSIVE BEHAVIOUR FROM A PARTNER 30 DAYS – GLOBAL

Comparison of experience of abusive behaviours from a partner before COVID-19 by sex of current partner

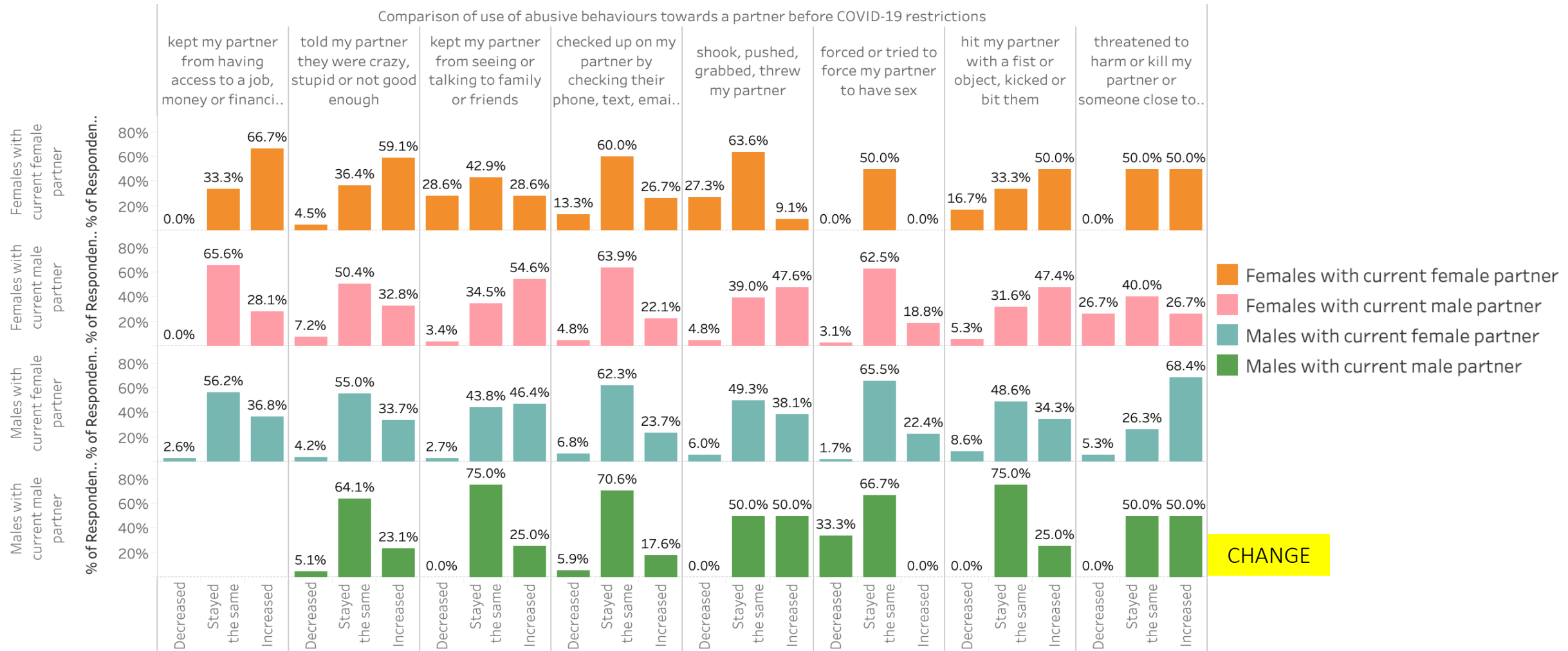


CHANGE

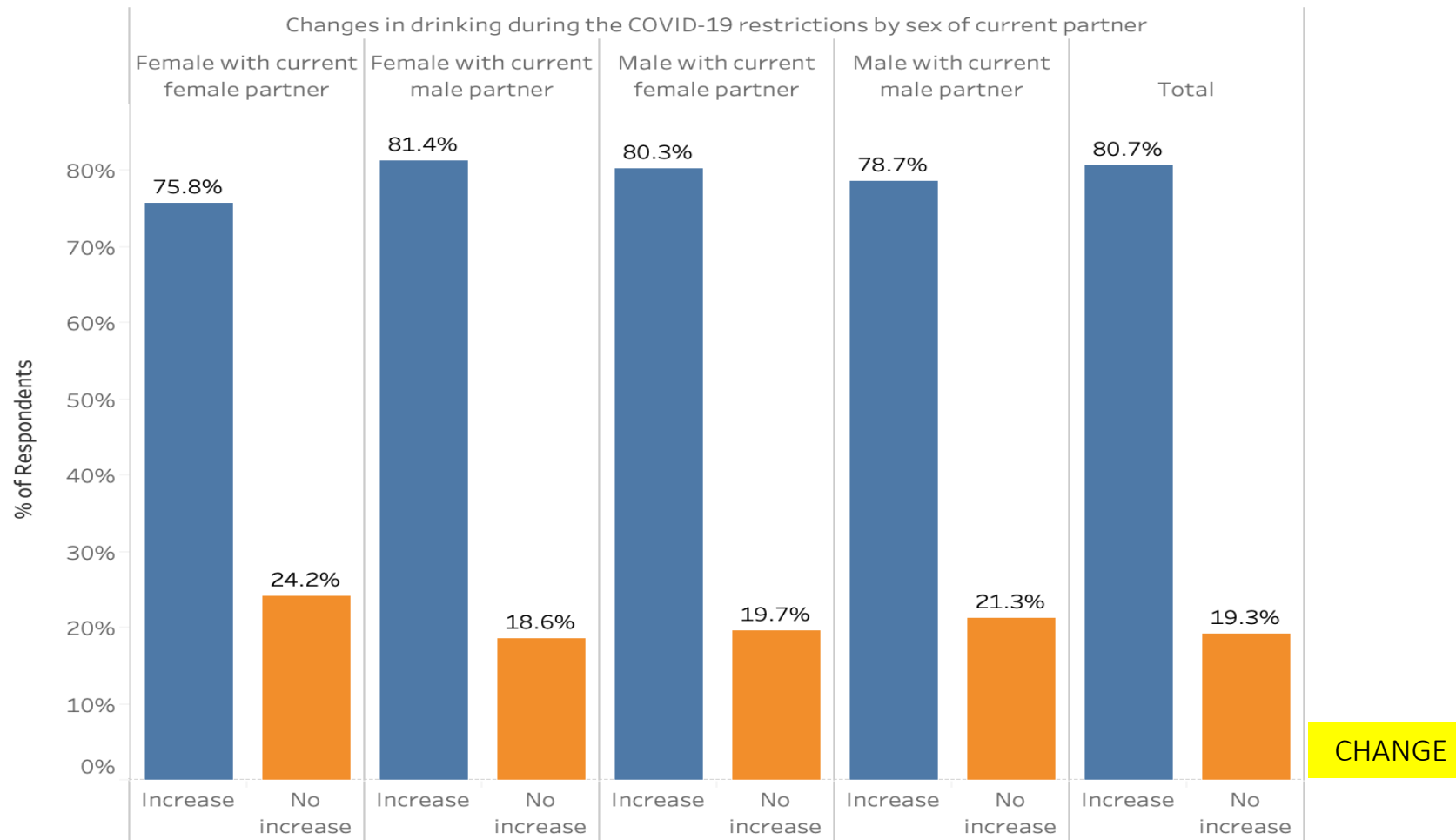
GDS COVID-19 USED ABUSIVE BEHAVIOUR TOWARDS A PARTNER LAST 30 DAYS – GLOBAL



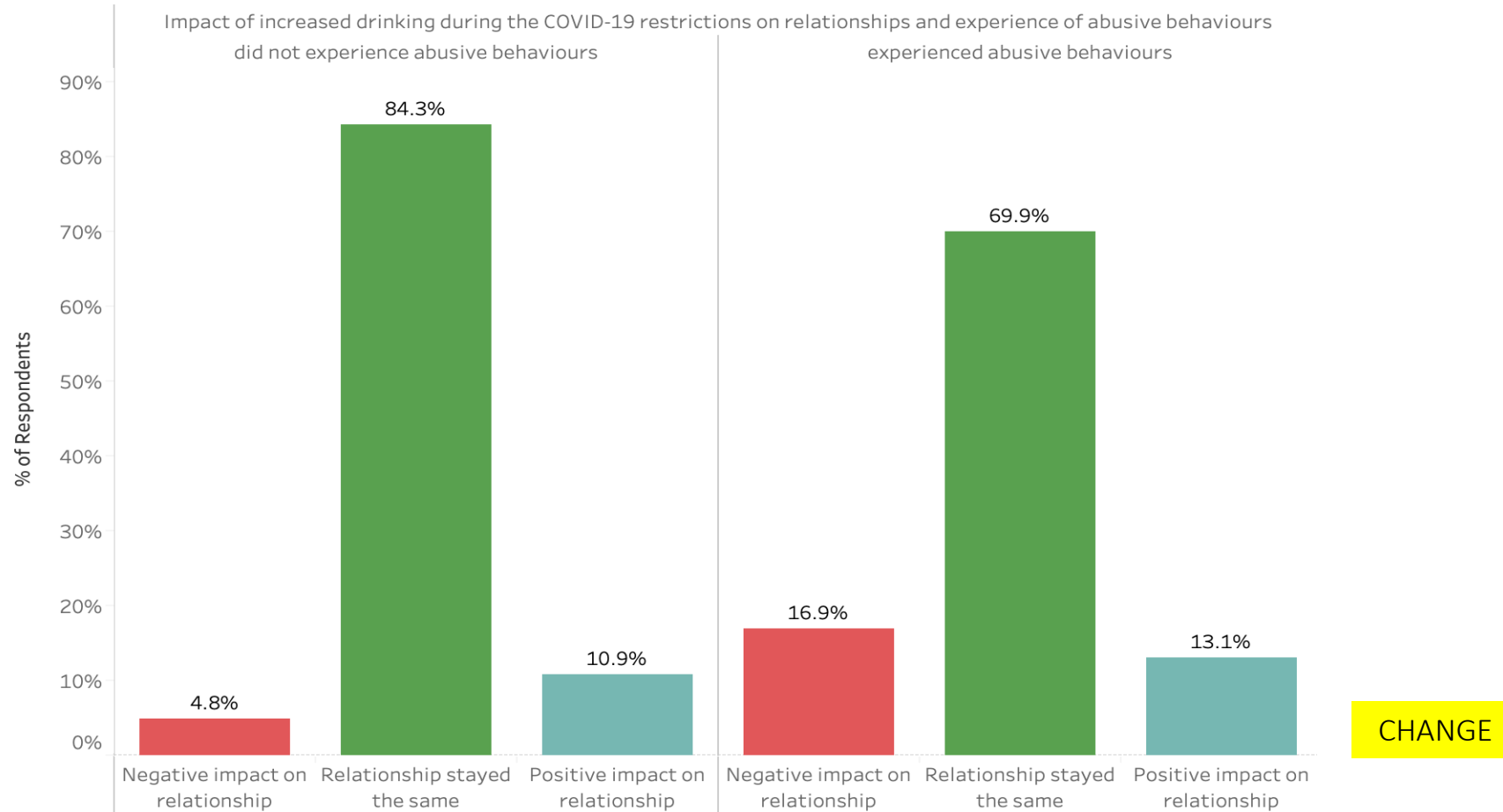
GDS COVID-19 USED ABUSIVE BEHAVIOUR TOWARDS A PARTNER LAST 30 DAYS – GLOBAL



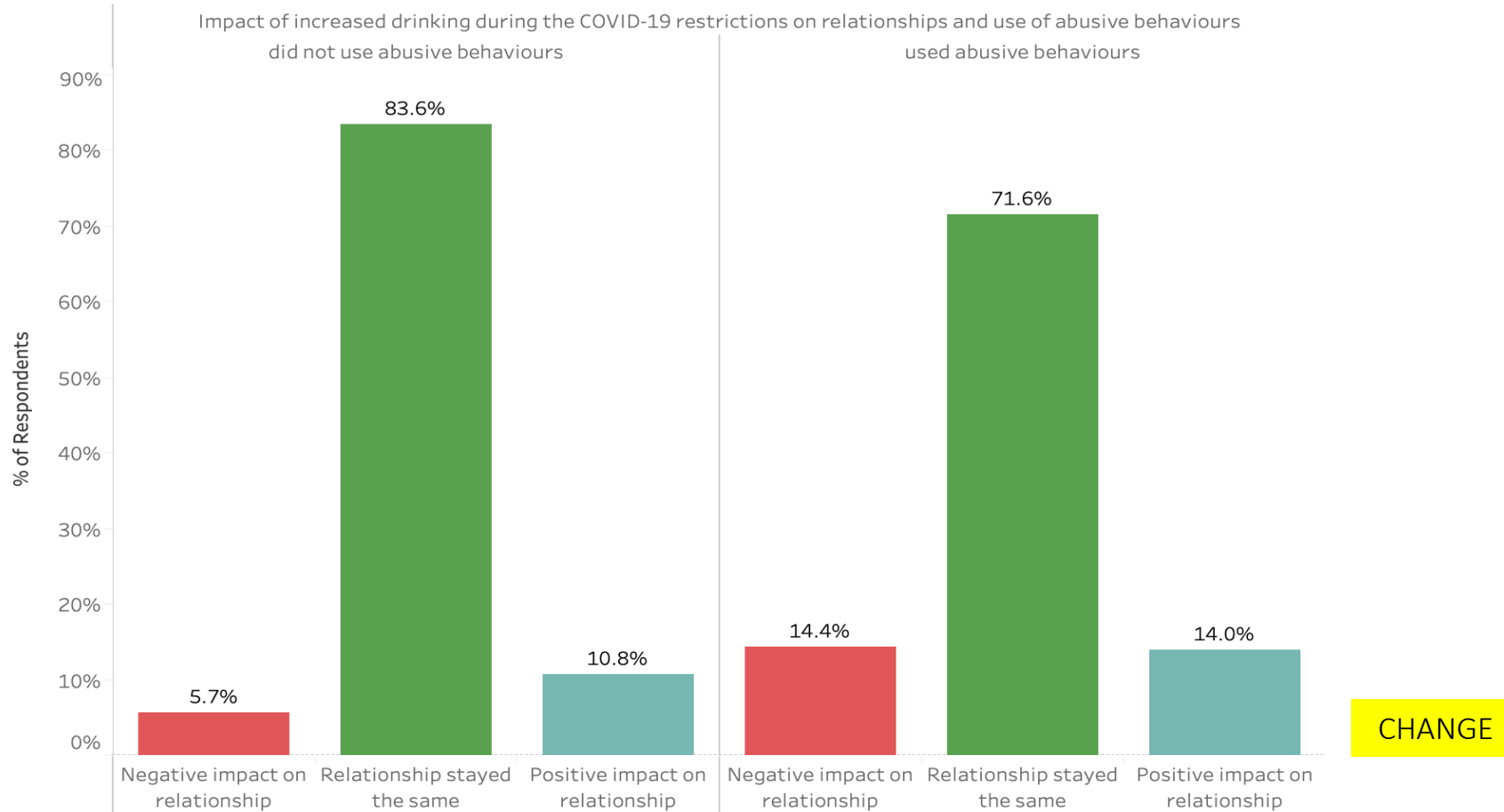
GDS COVID-19 CHANGES ALCOHOL DRINKING BY SEX OF PARTNER – GLOBAL



GDS COVID-19 INCREASED DRINKING & RELATIONSHIP – GLOBAL & EXPERIENCED ABUSE



GDS COVID-19 INCREASED DRINKING & RELATIONSHIP – GLOBAL & USED ABUSE



INTIMATE PARTNER RELATIONSHIPS – COMMENT ON CHANGES DURING COVID-19 (1)

- COVID-19's impact on the ability for drug cartels and dealing networks to import and distribute their products has been huge. From reduced air and sea freight and in some cases reduced access to precursors, it was always likely that after local reserves were depleted, changes in availability were likely to reduce access and impact on price and purity. While in some regions this has been the case, the true impacts of the reduction in supply have been buffered by possibly a parallel reduction in demand. For drugs where use alone is common and local production is available such as cannabis, use has increased, while for stimulant drugs such as cocaine and MDMA, the reduction in social gatherings has been protective. Overall, it seems that drug markets have been pretty robust and GDS predicts that following lockdown, many regions will be flooded by high purity drugs as dealers try to shift unsold stock and distribute stockpiles that had been prepared for the European summer.
- Our findings suggest that changes in drug use by individuals during COVID-19 lockdowns reflect both changes in availability as well as changes in the structure of each person's day, especially where self-isolation removes people from social interaction typically associated with some types of drug use. For drugs like cannabis that many people use regularly regardless of social context, 40% reported an increase in use (compared to 20% reporting a decrease). **Having more time on your hands and being bored** appears to be the main reason, with secondary factors including addressing mood and worries.
- For MDMA and cocaine, the importance of set and setting when using these drugs is evident. Both are typically used within social settings and for most people far less frequently than cannabis or alcohol. Overall, about 40% reported using less during COVID-19. The main reasons were being a direct function of lockdown with **less opportunities to use and less contact with people who they use with**. 40% cited not wanting to use these drugs at home and or during a pandemic. For neither drug was the reduction in use driven by reduced access.
- Increases in benzodiazepine use can be viewed as a coping strategy and their use may compensate for access to other drugs. Their efficacy as a long term strategy for managing anxiety is poor, and misuse and dependence are a real concern, especially given withdrawal is protracted and potentially life-threatening.

INTIMATE PARTNER RELATIONSHIPS – COMMENT ON CHANGES DURING COVID-19 (2)

- Unfortunately, our data are unable to take into account the patterns, context, motive (e.g. self-defence compared to maintaining control) or impact of abusive behaviours. We know that women are more likely to be killed and to experience repeated and severe forms of abuse including sexual abuse or injury by a partner than men.
- While similar proportions of men (with f/m partners) and women (with m/f partners) report experiencing (16-20%) or using (15-18%) abusive behaviours in the past 30 days during COVID-19, further exploration of the data will highlight differences in the patterns of these behaviours.
- It is acknowledged that some people in the relationship categories used for the interim analysis may report different sexual orientations, but categories were generated based on the gender of the respondent's current partner. There are fewer studies on intimate partner abuse and sexual orientation, but some studies among LGBTQIA+ couples have reported higher rates than among heterosexual couples in the general population.
- The use of alcohol and other drugs is a consistent risk factor for the experience and use of intimate partner abuse, but the psychopharmacological effects of substances (intoxication, withdrawal and craving) are rarely the only explanation for the abuse. Those who experience abuse may use substances to cope. Analysis of the full baseline data will allow us to examine all variables to understand why some people use these behaviours.
- 81% of those partnered reported increases in alcohol use during the COVID-19 restrictions (i.e. increases in the frequency of days alcohol drunk in the past 30 days, increases in the number of standard drinks or increases in binge drinking which is 5 or more drinks per drinking occasion).
- Those who reported that increases in how they used alcohol during the COVID-19 restrictions had negatively impacted on their relationship, were 4 times as likely to have experienced abusive behaviours from a partner and twice as likely to report using abusive behaviours towards a partner in the past 30 days. The odds were highest among women with a current female partner. This important study will allow us to explore the impact of COVID-19 restrictions on relationships over the longer-term during COVID-19 restrictions and the relaxation of these restrictions.