

GDS 2020 PSYCHEDELICS KEY FINDINGS REPORT

Data from > 25 countries was used in the preparation of this report

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Global Drug Survey (GDS) is an independent research organisation based in London. We run the world's largest drug survey. We use an encrypted online platform to collect anonymous drug use data from across the world. Our mission is to promote honest conversations about drug use and help people use drugs more safely regardless of the legal status of the drug. To date over 900,000 people have taken part in GDS research and we have published over 60 academic papers.

GDS2020 ran for 2 months (7 Nov 2019 to 31 Dec 2019) and was available in 16 languages: Albanian, Danish, Dutch, English, Finnish, French, German, Greek, Hungarian, Italian, Portuguese, Portuguese (Brazil), Romanian, Slovak, Spanish, Turkish.

GDS data are from a non-probability sample and thus our findings are not representative of the wider population. As part of GDS2020, we included questions on a number of different psychedelics. We focused on patterns of use, including microdosing as well the use of these substances by people to self-medicate psychiatric conditions or specific emotional concerns or worries. Finally, we explored the use of these substances under the supervision of another person such a traditional healer or clinician working 'underground' or within a psychedelic retreat.

Over 20,000 people completed our specialist sections on LSD (15,000) and magic mushrooms (11,000). Over 6,500 completed the section on self-treatment of psychiatric conditions and emotional distress with psychedelics. 72% were male, 25% female with 2% identifying as non-binary/other. In this report we highlight some of the most noteworthy findings.

If you would like to access further analysis or use our data please contact us at adam@globaldrugsurvey.com.

The GDS2020 survey received research ethics approval from University College London and The University of Queensland.

Please note that our current survey GDS2021 runs till March 7th 2021. Please share the link (https://www.globaldrugsurvey.com/GDS2021/) and take 25 minutes to reflect on your last 12 months of drinking and taking other drugs, and life under COVID.

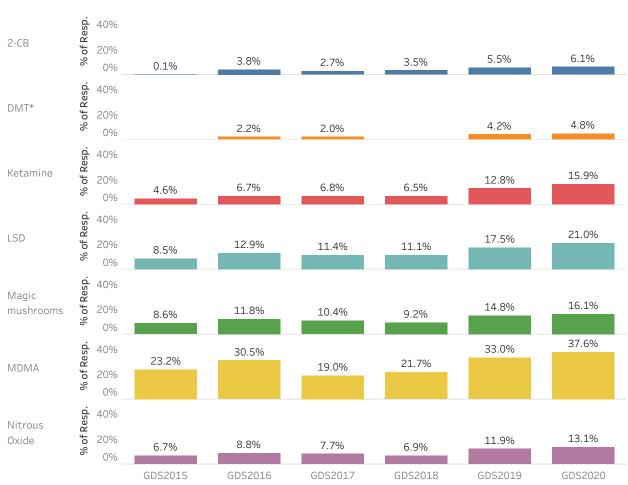
If you would like your country or organisation to be part of GDS2021 please contact us at $\underline{info@globaldrugsurvey.com}$.



Psychedelics

The use of psychedelics has been on the rise in many countries. Using data from consecutive GDS surveys over the last 6 years, which have been collecting data using identical online methods in more than 25 countries, we can see a general trend towards increased reporting of recent use of the most commonly used psychedelics. While MDMA is not strictly speaking a psychedelic, we report on it since its use is considered safe and discussed as an effective adjunct to psychotherapy. The most obvious increases in last 12-month use have been noted since GDS2019 (data collected on drug use during 2018), the biggest increase being noted for ketamine (a dissociative, not a classical psychedelic). When compared to earlier years, recent GDS respondents were also more likely to report use of LSD, magic mushrooms, DMT, MDMA and nitrous oxide (like ketamine more accurately described as a dissociative) in the last 12 months.

Over 20,000 people completed our specialist sections on LSD (15,000) and magic mushrooms (over 11,000). Over 6,500 completed the section on self-treatment of psychiatric conditions and emotional distress. Recent research has highlighted the potential therapeutic benefits of these drugs when used in clinical settings for conditions like tobacco dependence, depression and PTSD. Drugs like LSD and magic mushrooms (psilocybin) are used infrequently by most people (between 1-10 times/year). Psychedelics like LSD are also perceived excellent value for money (VFM), with LSD regularly topping the GDS VFM rankings.



Last 12 month use of psychedelics and selected other drugs (Global)

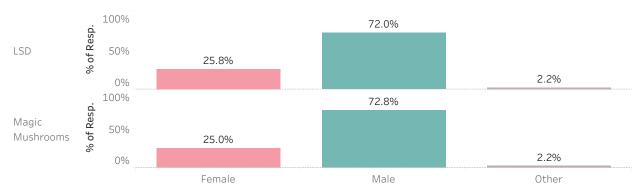


^{*}We did not ask about DMT in GDS2018.

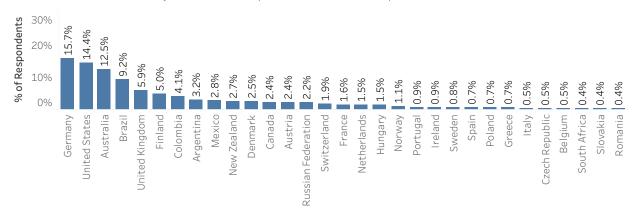
LSD & Magic Mushrooms

Over 15,000 respondents to GDS completed our specialist section on their use of LSD over the last 12 months and over 11,000 our section on magic mushrooms. The majority of respondents were male.

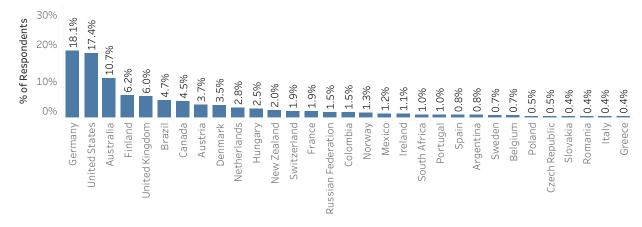
Demographics of GDS Respondents to LSD and Magic Mushroom Specialist Section



Country of residence of respondents to the GDS2020 Specialist Section on LSD



Country of residence of respondents to the GDS2020 Specialist Section on Magic Mushrooms

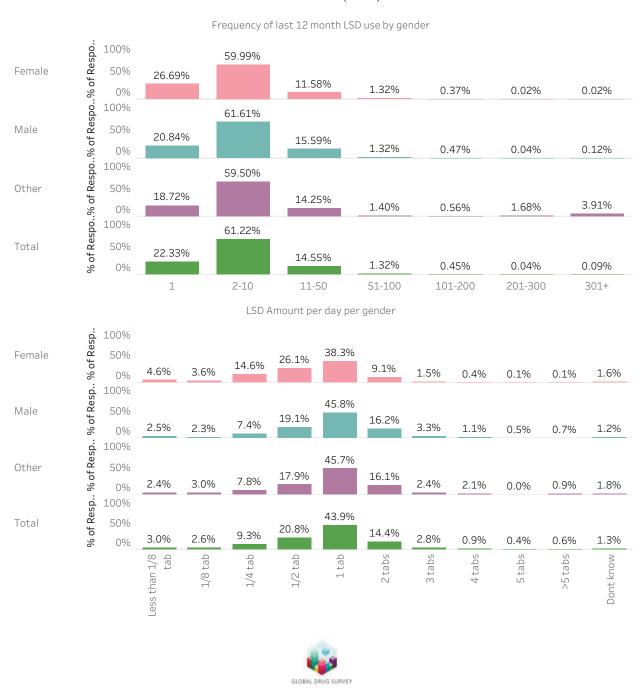




Patterns of LSD use (frequency & dose)

Tabs of blotting paper may contain anywhere from 25 micrograms to over 300 micrograms of LSD. For most people, doses of over 75 micrograms will induce a significant psychedelic experience. Relying on either your supplier's word or what a mate says can be risky. Test dosing, as with all illicitly produced drugs, remains one of the few available strategies when people obtain a new batch of a drug. Although dissolving LSD liquid in water and using an atomiser spray have offered people another approach, with a drug as potent as LSD care is always required. Analogues of LSD are also in circulation further complicating the situation. Trusting your source of supply is essential.

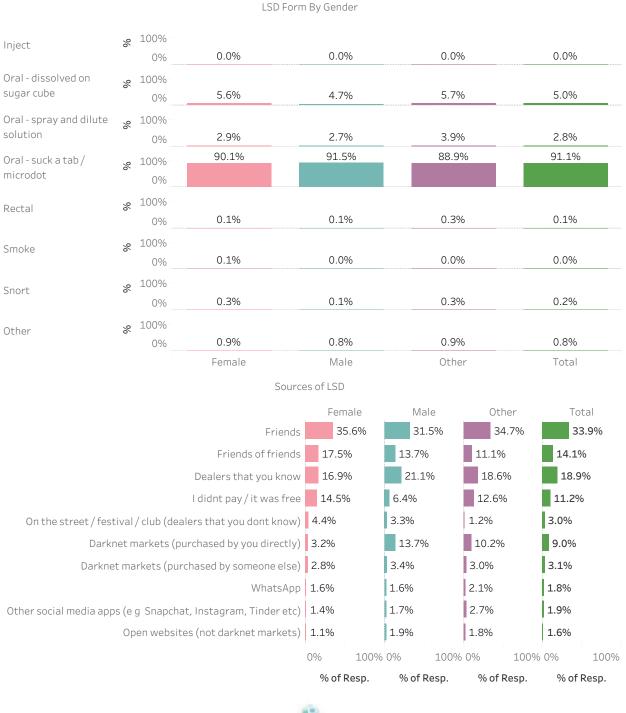
A closer look at the recent patterns of use of LSD among GDS respondents indicates the majority of males (61.6%) and females (60.0%) used between 2-10 times per year. Less than 2% of respondents reported use on 50 days or more in the last 12 months. The most common dose used over the course of a session was one tab (43.9%).



Preparations of LSD

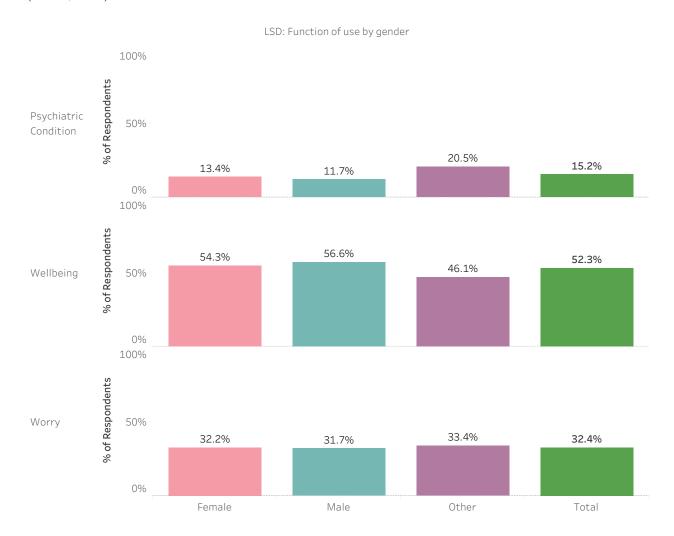
The oral method of administration, sucking on a tab was the most common way in which LSD was used by males (91.5%) and females (90.1%).

Over a third of respondents reported most commonly obtaining their LSD from friends or friends of friends. Relative to other substances, the use of darknet markets to obtain LSD was common. This is unsurprising as LSD is easily sent through the postal system without detection in letter form.



Why do respondents use LSD?

The most commonly reported primary reason for taking LSD wasto enhance wellbeing (N=8512; 52.3%), followed by use to deal with a specific emotional concern/worry (N=4874; 32.4%). Over one in seven reported use to address a psychiatric condition (N=1896; 15.2%).



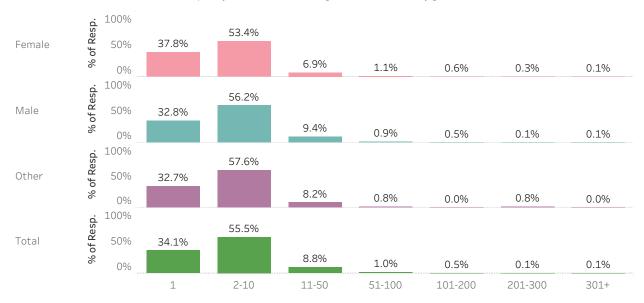


Patterns of Magic Mushrooms use (frequency & dose)

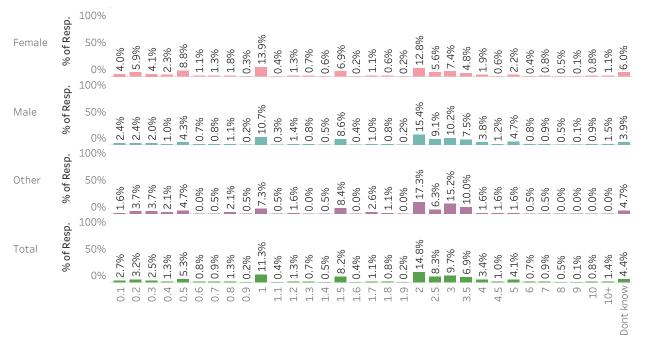
Similar to LSD, more than half (55.5%) of the GDS respondents who used Magic Mushrooms in the last 12 months reported use on between two to ten times in that time, and one third (34.1%) reported a single use occasion.

Three quarter of the respondents who used Magic Mushrooms in the last year gave information about the amount of dried mushrooms or powder (gram) they consumed per occasion, which was most frequently 2 gram (14.8%).

Frequency of last 12 month Magic Mushrooms use by gender



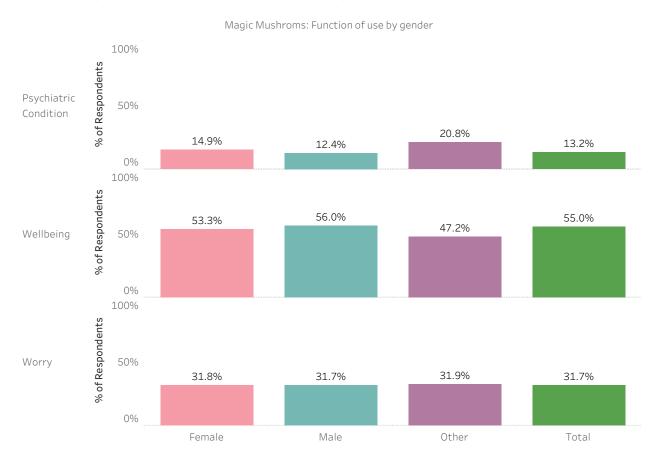
Amount of dried Magic Mushrooms (grams)





Why do respondents use Magic Mushrooms?

To enhance general wellbeing was the most common primary reason given by respondents who used Magic Mushrooms in the last year, followed by to coping with worries and getting relief from a psychiatric condition.





Microdosing with Psychedelics

One quarter of respondents who used LSD in the last year reported microdosing, which we defined as "taking a very low dose of LSD, for example <20 micrograms". Microdosing popularity differs between countries, from 38.5% of Swiss to 11.3% of Romanian respondents who reported LSD use also reporting microdosing.

The most commonly reported pattern was using one off doses (46.7%), while one fifth of the sample reported a 2-3 day cycle of microdosing then taking a break.

% of respondents who have microdosed with LSD in last 12 months (n>=100 per country) 100% 80% % of Respondents 60% 38.5% 37.5% 34.5% 33.0% 31.3% 28.9% 28.1% 27.8% 27.1% 26.5% 25.8% 40% 25.4% 25.3% 24.3% 23.7% 23.1% 11.3% 20% Hungary Poland South Africa Russian Federation Australia Spain Norway Sweden United Kingdom New Zealand Colombia United States Austria Canada Czech Republic Portugal Netherlands Slovakia België (Belgium) Brazil France Romania Switzerland Mexico Italy Germany Denmark Ireland LSD: patterns of microdosing by gender 100% % of Resp.. % of Resp.. % of Resp.. % of Resp.. 52.7% 50% Female 25.4% 13.8% 5.5% 2.5% 0% 100% 44.6% 50% Male 24.8% 21.6% 6.3% 2.7% 0% 100% 50.7% Other 50% 26.1% 21.7% 1.5% 0.0% 100% 46.7% 50% Total 25.0% 19.8% 6.0% 2.6% 0%



with 2-3 days in

between doses

2-3 times per week Daily for a period of Daily for period of

less than week

weeks/months

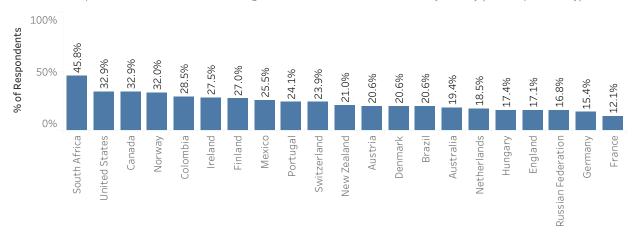
Other pattern

One off doses

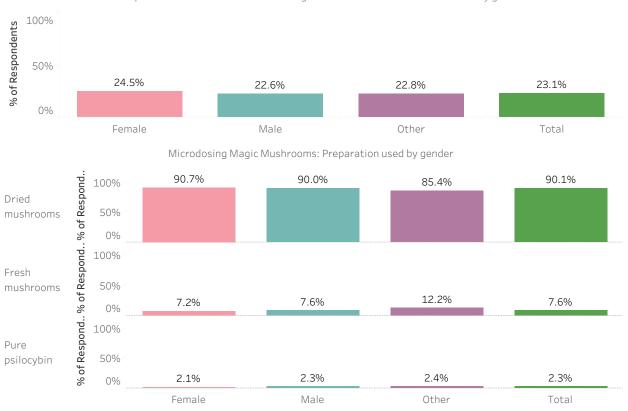
Microdosing with Psychedelics

23.1% of the respondents who used Magic Mushrooms in the last year reporting microdosing with them. We defined this as "taking a very low dose, for example <0.2 grams of magic mushrooms or <0.01 grams of pure psilocybin". The most common form (90.1%) was dried mushrooms. Microdosing popularity differs between countries from 45.8% of GDS respondents who reported use of Magic Mushrooms to 12.1% of those in France.

% of respondents who microdosed with Magic Mushrooms in the last 12 months by country (n>=100 per country)



% of respondents who microdosed with Magic Mushrooms in the last 12 months by gender

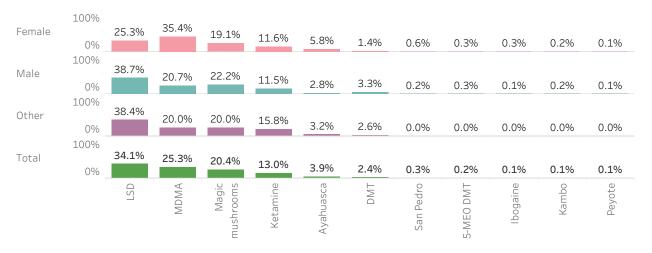


Self-treatment of psychiatric conditions or emotional distress

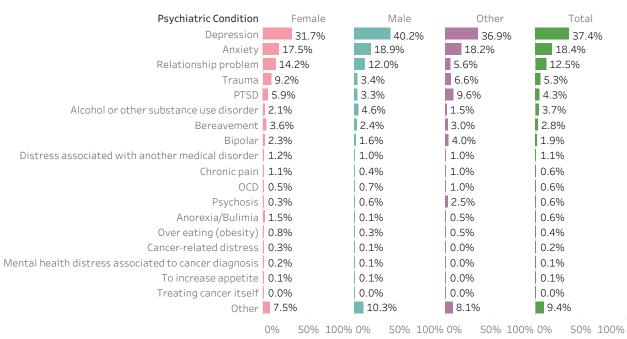
Over 6,500 people responded to our section exploring self treatment with psychedelics. LSD, MDMA, and Magic Mushrooms were the substances most commonly used for self-treatment of a psychiatric condition or emotional distress.

Among GDS2020 respondents with psychiatric conditions or other worries, the most common underlying factors for self-treatment with psychedelics were depression, anxiety, and relationship problems. The findings suggest there are many people with common pre existing conditions for whom existing treatment modalities are either insufficient or unattractive to engage with.

Psychedelics most commonly used in self treatment



Most common psychiatric condition / emotional distress people sought to manage with psychedelics



% of Respondents % of Respondents % of Respondents



Emergency Medical Treatment (EMT) following the use the use of any psychedelic to self-treat emotional distress or a psychiatric condition

Of the 1376 respondents who reported the use of <u>any</u> psychedelic (LSD, Magic Mushrooms, MDMA, ketamine, DMT, 1p-LSD, ayahuasca, 5-Meo-DMT) in the last year to self manage emotional distress of a specific psychiatric condition, 4.2% reported seeking EMT when using these drugs specifically for self treatment, in the last 12 months.

Seeking EMT following the use of any psychedelic for psychiatric condition or specific emotional distress



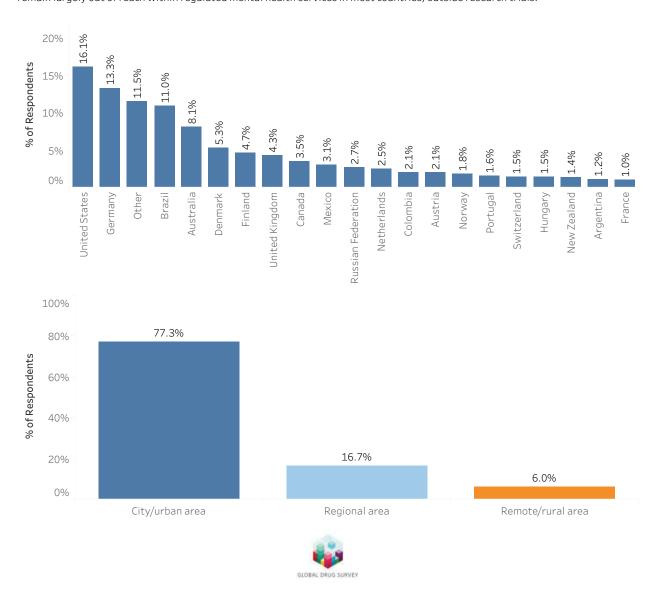


Psychedelics under supervision

The previous section of this Psychedelics report focused on people's experience of microdosing with LSD or magic mushrooms and using psychedelics to self treat a psychiatric condition or emotional distress. This final section explores what might be considered closer to the current approach of using psychedelics to assist in a psychotherapeutic process, the experience of taking these substances under the supervision of another person. Without appropriate training, screening and preparatory sessions, people with pre-existing mental health conditions may be exposed to greater risks of harm when using these substances within unregulated settings.

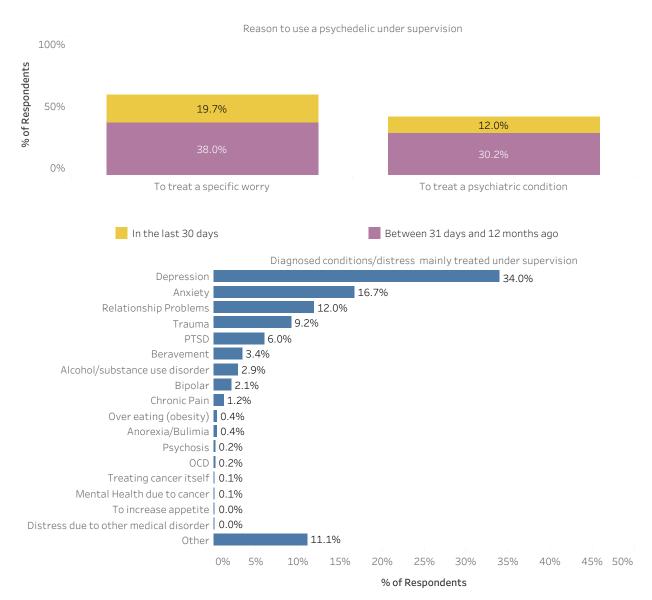
Almost 800 people completed the GDS 2020 section exploring the experience of taking psychedelics under the supervision of another person with the specific purpose of addressing a mental health condition or emotional distress. 66% of respondents to this section were male, 31% female and 3% non-binary/different identity and 77% were white. 16% of respondents to this section were from the USA, 13% Germany, 11% Brazil, 8% Australia, 5% Denmark, 5% Finland and 4% UK.

The prevalence of such activities cannot be drawn from our non probability sample, but our data does shed light on how people are using these substances to manage psychological distress with the support or guidance of another person while these substances remain largely out of reach within regulated mental health services in most countries, outside research trials.



Psychedelics under supervision

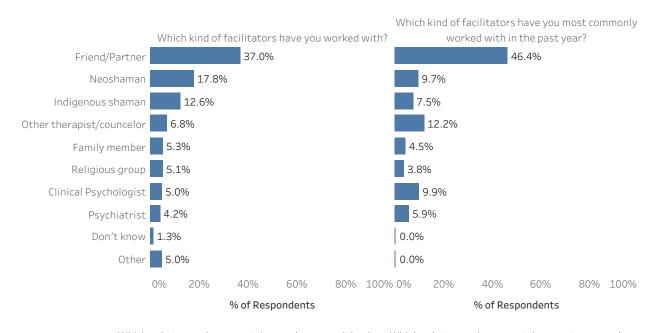
Almost 800 people completed the GDS2020 section exploring the experience of taking psychedelics under the supervision of another person with the specific purpose of addressing a mental health condition or emotional distress. The prevalence of such activities cannot be drawn from our non probability sample, but our data do shed light on how people are seeking out ways of addressing mental health distress using psychedelics which remain largely out of reach within regulated mental health services in most countries outside research trials. We have no idea how many people are currently seeking some form of guided psychedelic experiences but with an increasing number of psychedelic retreats and traditional healing groups offering the experience we can be pretty certain the numbers are on the rise. The most common condition that people sought to address were depression, followed by anxiety. Also included were PTSD, bereavement and problems related to substance use. People are thus using psychedelics to treat the most common mental health problems that people currently seek help for from traditional medical services.

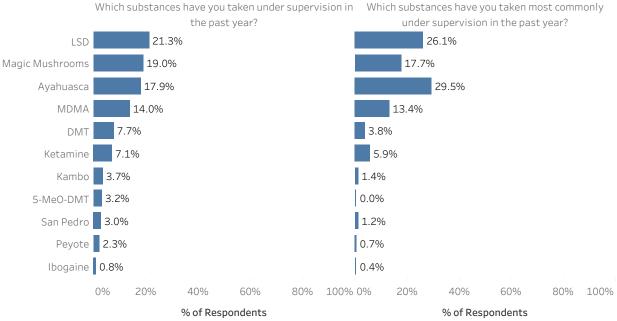




Facilitators & Substances

Among GDS2020 respondents who used psychedelics under supervision, friends and partners were most commonly reported as supervisor (facilitator). The most commonly used substances taken in supervised sessions were LSD, magic mushrooms (psilocybin) and ayahuasca. A smaller but not insignificant proportion of respondents also reported the use of more unusual compounds including DMT, 5-MeO-DMT, San Pedro and Peyote. Our data suggest that ayahuasca, DMT, and other traditional plant-based medicines are used far more commonly for supervised treatment episodes than they are for recreational purposes while LSD and magic mushrooms comfortably cross the functional divide.

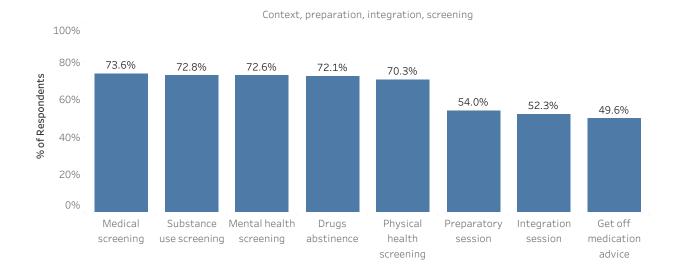


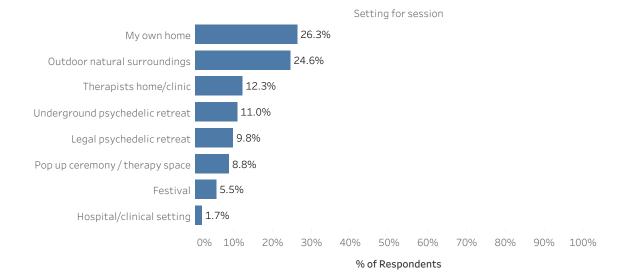




Context, preparations, integration & screening

In clinical trials, participants undergo rigorous evaluation to determine their suitability (or otherwise) for psychedelic assisted therapies, including which prescription medications and illicit drugs they may taking. In most cases at least one non drug session (preparatory session) takes place to ensure that the person is aware of what to expect, their intention can be determined and that a relationship with the therapist can be developed. These components are essential to support positive clinical outcomes and minimise the risk of acute harms. While a large portion (77%) of GDS2020 respondents to this section did report having gone through some form of mental health and medication screening an appreciable portion did not. Over 40% of individuals did not have an appropriate preparatory session and integration session. Finally, the vast majority of respondents reported having the session within an informal context rather than clinical setting. Set and setting are known to be crucial in supporting positive experiences with psychedelics and a failure to identify pre-existing mental health conditions and acute risks such as suicidality can place the most vulnerable at elevated risk of harm.

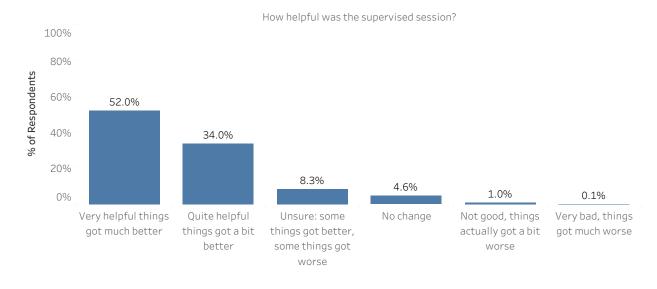


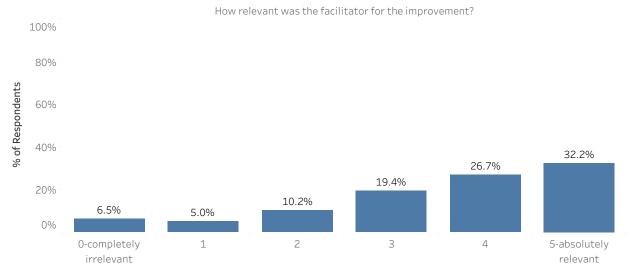




Outcomes, improvements & adverse effects

Even though not all GDS respondents who used a psychedelic under supervision reported medical screening or preparation and integration sessions in addition to the psychedelic session. Despite the absence of consistent screening and appropriate preparatory and integration sessions, over half of the respondents reported very positive outcomes, with another third reporting that they found the session quite helpful. That the majority had a close friend or partner as the supervisor may have mitigated some of the risks that might be seen where supervisors were less familiar with the individual. The role of the supervisor was rated as very important by an overwhelming majority of respondents. This highlights psychedelic benefits are not just due to a drug effect but also to the guidance and support of a good facilitator. 1.1% reported that things got worse.

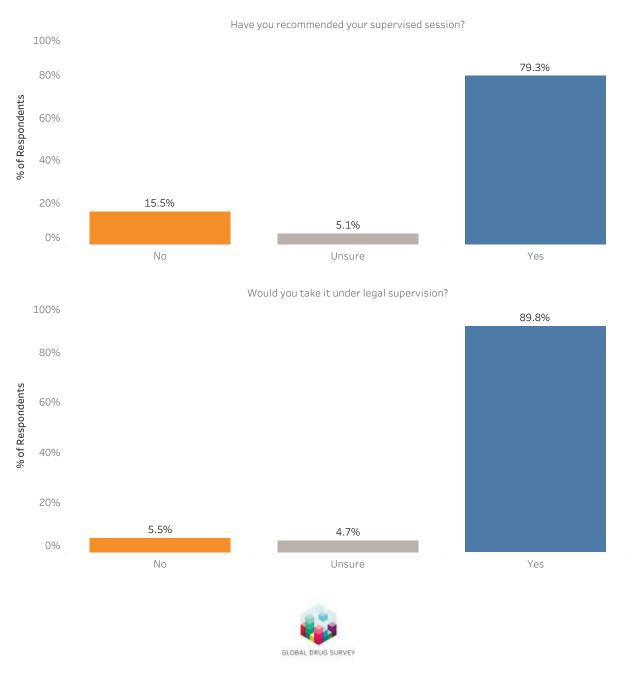






Prospect of use under controlled settings & recommendations

Perhaps the most striking finding was that the vast majority of respondents who had a supervised psychedelic experience in an uncontrolled setting indicated they would take a psychedelic under a legally regulated and approved treatment system and also recommended their supervised informal session. This suggests that rapid implementation of these novel and potentially life changing therapies will find a highly responsive market among those most in need of help. Offering treatments that people find acceptable is often half the battle when trying to help people with mental health problems. The longer the delay in rolling out these treatments through clinical services the greater the risk that vulnerable people will be tempted to access these drugs in situations that carry potential greater risk of harm. More scientific evidence is needed of course, but our data suggest that should these new treatments become available there will be a large of group of people keen to engage with them.



Summary & future research priorities

Data from the last 6 years of the Global Drug Survey (>600,000 people) provide evidence to suggest that the use of psychedelic substances is increasing. Moreover, our data support the rising popularity of microdosing psychedelics, with almost one in four people who had used LSD or Magic Mushrooms in the last 12 months reporting microdosing. However, patterns of microdosing vary widely, with the most common pattern reported by our sample being taking a one-off dose (e.g., using a single microdose from time to time).

Our data also highlight that people are using psychedelics and associated substances to enhance general wellbeing, with a smaller proportion to self-medicate pre-existing mental health conditions or specific emotional worries or concerns. Importantly, taking any drug at a time of emotional crisis tends to exacerbate rather than settle the problem. People more commonly tried self-medicating on their own, though taking these substances with another person's support was also reported. However, taking these substances under the supervision of another person (most commonly their friend or partner) was not always done under optimal conditions, e.g., a third was conducted without screening for pre-existing mental health conditions or awareness of other medication they might be on, and half without a (non-drug) preparatory or follow-up session.

A small proportion (4.2%) of those who reported self-treatment of emotional distress or a psychiatric condition with any psychedelic (including ayahuasca and DMT) sought emergency medical treatment (EMT) in the last 12 months. This combined figure is higher than the rate of people seeking EMT when using the most commonly used psychedelics (LSD/Magic Mushrooms) for recreational purposes (less than 1% each). Our data thus supports other evidence indicating the relatively low risk of acute harms associated with the use of psychedelics, which can be further minimized within clinical or community settings.

Nonetheless, for those seeking to address their mental health through the use of these substances caution is advised and people are encouraged to adequately prepare for the psychedelic experience through reading, other research and talking to others. They should not be on their own. For those planning to take these substances under the supervision of another person, people are advised to find out as much as they can about their supervisor's experience, competence and ethics. In particular they should be reassured that the supervisor is trained to manage what can be an intense and overwhelming experience. Appropriate screening and risk assessment should be conducted. A non-drug preparatory session that allows intention to be discussed and a relationship with the supervisor to be formed should be offered as well as some form of follow-up session to help with the integration of the experience into that person's life.

The report underlines the need to conduct further research to determine the most effective therapeutic applications and benefits of use in other environments, focusing on the person's intention, their state of mind, as well as the optimal environment to have these experiences. GDS will continue to contribute to this exciting field of research by mapping practices and motives for the use of psychedelics, considering different backgrounds and demographics of people as well as the acute and long-term positive and adverse effects.

Our findings suggest that both autonomous and supervised use of psychedelics outside of clinical settings can be safe when people are mindful of the potential risks and take appropriate steps to mitigate these, with specific attention given to the interaction of drug, personal characteristics including mental health and the setting in which the drug is taken. Setting up anonymous person registries to collate the experiences of those who self-treat with psychedelics is something GDS is keen to pursue with support from interested groups. However, despite their potential utility as treatments for several mental health conditions, unplanned attempts to use these substances to deal with serious mental illness are not recommended. Positive outcomes and healing can only occur with the holistic preparation and integration of psychedelic experiences in a supportive environment with access to additional resources if needed.

