Young Adults Drug Use Survey Analysis

Giving young people a voice in the drug thematic discussion

VOLUME I

“A society that cuts itself off from its youth severs its lifeline; it is condemned to bleed to death.”

Ban Ki-moon,
Secretary-General of the United Nations

2017
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FOREWORD

A NIDA report suggested that people begin abusing drugs during adolescence and young adulthood\(^1\), this is a simple fact that we must acknowledge; no matter the policies put in place, drug use will not be altered and this reality is not going to change, adolescence and young adults being “biologically wired” to seek new experiences and take risks. As a youth organization we believe that the way to go forward in drug policies is not to focus all our efforts in prohibiting all kind of drugs, but to focus more on changing the way of consumption. In order to do that, we are convinced that it is important to further explore the role of young people and give the world’s youth a powerful platform to engage in a dialogue with decision-makers on this kind of issues; which are of great importance to us, young adults.

Youth needs to be on board to move this agenda forward. No one should be left behind. Today it is more crucial than ever to explore and advocate for our priorities, for young people’s development priorities for the future, drug use being one of them. We cannot discuss the future without bringing the voices of young people, our voices into discussions to give us the opportunity to shape the future we want; young people, we, have to be at the forefront.

In recent years, the importance of youth participation in civil society has been increasingly recognized. Excluding young people from having a say in decisions that will affect them is detrimental to all – regardless of age. Our idea while conducting this research was to provide a kind of platform for young people around the world to highlight their insights and visions on drug issues, to include them in the discussion. We believed that the answers we got, may have been slightly different to the ones other organizations may have received, because it was us, young adults, who were asking other young adults: the dialogue was different and more straight forward.

Being a group of international students we recognize that young people are not a homogenous constituency, in fact we had different opinions about the issue inside our own group; but difference is what make us strong: it was important for us to always be aware that we, young people, are different across cultures, religions and countries, and that our opinions, by consequence, may not be the same; yet we are connected by our age and the degree to which we rely on the present for our future.

We hope all the data collected, the opinions and proposals hereafter, will be used and taken into account in policy decisions and civic action on a national and international level.

We are very thankful to all the participants, to our colleagues at the Academic Council on the United Nations System, the Vienna Liaison, OFAP and to UNODC officials for all the help they provided to make this paper and this survey possible,

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\(^1\) “By the time they are seniors, almost 70 percent of high school students will have tried alcohol, half will have taken an illegal drug, nearly 40 percent will have smoked a cigarette, and more than 20 percent will have used a prescription drug for a nonmedical purpose.” NIDA webpage. [https://www.drugabuse.gov/](https://www.drugabuse.gov/)
aiming at empowering young adults voices, experiences and opinions in substance consumption matters.

ACUNS Young Adults Drugs initiative Team
July 2016
ABBREVIATIONS

ACUNS – Academic Council on The United Nations System
CND – Commission on Narcotic Drugs
INGO – International Non-government Organization
NGO – Non-Government Organization
NIDA – National Institute on Drug Abuse (United States)
OFAP – Organization of the Families of Asia and the Pacific
RAUN – Regional Academy on the United Nations
UNODC – United Nations Office on Drugs and Crime
UNDP – United Nations Development Programme
UNGASS – United Nations General Assembly Special Session on Drugs
WHO – World Health Organization
CHAPTER I: SCOPE OF THE STUDY

A. INTRODUCTION

The drug thematic is a sensitive subject. Often discussed in a normative context, based on stigma and emotion. With a self-proclaimed 'war on drugs' even violent terminology such as "fight", "eradication" or "destruction" is accepted language in regard to society, criminal activity and individual drug users. From a scientific perspective drugs are better referred to as (illicit) substances; chemical constructs which can affect the human body and its physic in a variety of ways.

With social science the spheres of society and its individuals reasoning for using or not using specific substances come into the discussion. Finally a political construct around the issue aims at deciding which drugs are harmful and how to adopt a fitting legal system to protect individuals from such substances.

This short introduction tries to make understandable how complex a seemingly simple term like drug can be. Indeed, a great number of people, NGOs, institutions and states all over the world are included in this discussion, stating their own opinions and highlighting what they believe are the most important issues in regard to drugs and society.

The international community has taken a rather one dimensional approach in regard to international drug control policy; but since the implementation of the third International Drug Convention by the United Nations in 1988 and the 2009 Political Declaration and Plan of Action, a long period of time has passed and the effects and longtime consequences of a repressive drug control system have sparked debate and opposition as much in the scientific as in the international-state community (cf. Haase, Youngers, 2013). More tolerant ideas towards drug abuse have been introduced mainly focusing on the issue of harm of drugs on the user and how to build a system that tries to reduce this harm (cf. Csete, et al, 2016, pp. 1429). Instead of repressive law enforcement, leading to overcrowded prisons and a negative impact on society, based on stigmatization and an increasing death toll, a human rights based approach has been introduced and challenges the existing consensus. While research has shown that repressive drug policy leads to unintended consequences of global drug control, a large number of countries are still holding on to these approaches and negating consequences, mainly because of normative, value based opinions, which focus on political agendas and self-inflicted societal stigma, on the issue (cf. Marshall, 2014, pp. 2-4; UNODC, 2010, pp. 62-63). The world-wide drug problem, which is highly connected to an international illegal black market and global crime, can only be solved on a global level. The United Nations thereby is the arena chosen by the international community to approach this debate and find a solution. Even though a few changes towards a health-based approach have been made, the text excludes harm reduction as a term itself and only includes a few of its approaches.
Indeed, the three international drug control conventions build the fundament of this regime. The established regime by the three conventions also establishes the basis of a law enforcement approach, having the elimination of illicit trafficking and drug abuse in the center. Through the comparison of the fundamental ideas of the conventions with the Political Declaration of 1998 and 2009, the idea of a balanced demand reduction approach is shown. This approach defines drug abuse as a disease, based on the principle idea of a drug free world through drug user treatment and law enforcement efforts, to counter illicit trafficking. The conventions in combination with the more recent changes in the Political Declaration build the modern drug control regime. This regime has recently been challenged by a more health focused approach, called a harm reduction or health based approach. This approach accepts the basic fact that drug use is an existing problem that can’t be eliminated. Instead putting the user at the focus of policy decisions.

B. BACKGROUND

While the international community finds itself in a conflict of basic principles and norms, regarding drug policy approaches; a new generation of young international people are coming to the fore. This generation will be the future scientists, experts and leaders of tomorrow; meanwhile discussions with long-term consequences, especially for this young generation, are being held, mostly without their voices being acknowledged.

This study was conducted with the expectation of different results from previous studies put in place by other organizations, believing that the whom and the how questions were asked - youth asking youth; could have an important impact in the way the group was going to approach the questions and answering them.

The purpose of this study was to get exactly this youth into a complex discussion; in order to address problems and mistakes made that will directly influence their future; and create sustainable as well as realistic policies which include their opinions and ideas.

In order to accomplish that, our aim is to identify the general thoughts that young adults could have on drugs use and drug policies, bringing these voices into discussion. For that, our first objective with this study was first to comprehend how youth view drugs and consumes them; understanding drug use pattern among this demographic group.
CHAPTER II- METHODOLOGICAL APPROACH

Only two methods of data collection seemed appropriate to us for conducting our study:

- **Questionnaires**: it consists in using forms, which are completed and returned by respondents.
- **Interviews**: it consists in using forms, which are completed through an interview by the respondent

Both methods had different advantages. While interviews yield valuable information, there were some limitations such as budget and logistics (i.e. limited number of collaborators able to hold interviews). Thus, a questionnaire seemed to be more appropriate method for us.

- It was a low cost method which requires a less time and personnel investment
- It allowed us to reach more people
- The analysis of the responses could be done through a quantitative method and statistics could be used to generalize the findings

A. QUESTIONNAIRE: CHOSEN METHOD OF DATA COLLECTION

The questionnaire was designed by youth in order to keep a language that would be comprehensible for youth (i.e. using words like marihuana (cannabis), crocodile (desmorphe) etc, instead of the more accurate and scientific ones). The dissemination process was also thought of and made completely by this group, using tools (i.e. dissemination tools such as Twitter, Facebook etc), that would talk more to young adults, and to which they could have an easy access.

In the process of questionnaire design, intensive consultations were carried out with official officers from UNODC. They contributed considerably to this survey through advice, which aimed at ensuring the order of the questions, or the way they were formulated; was not going to influence the responders and compromise the data. Nevertheless, young adults made all decisions regarding the study.

The study was done online, in order to ensure dissemination through social media.

I- PILOT SURVEY

A pilot survey was conducted at the end of 2014, beginning of 2015, and was presented during a roundtable event at the 2015 ACUNS Annual Conference. The roundtable was organized with students and other experts that previously got access
to the survey. The objective of the survey was explained and questions were asked regarding the points that needed to be work on.

It was stated that the questionnaire was too long and sometimes the participants did not understand the questions. A revision was then made reviewing the problems and challenges encountered.

II- FINAL QUESTIONNAIRE

The questionnaire was amended after the pilot was carried out and discussed before finally being approved by all parties (i.e. members of the young adults ACUNS group conducting the study).

It was, as the pilot, an online survey; disseminated essentially through social media, in order to highlight as clear as possible the fact that it was linked to youth and not any higher institution.

B. LANGUAGES

Being a global study, it was essential for us not to conduct the survey only in English but also to make it accessible for as many young adults as possible. Thus, the survey was translated in different languages. Four versions of the survey were available in:

- English
- Spanish
- French
- Russian

An officer of UNODC always reviewed these translations, in order to ensure unity between the versions and the questions.

C. SAMPLING METHODS AND PROCEDURE

The study being directed to young adults between the ages of 19 and 26, the sampling method was something important in the whole process of dissemination and analysis. Different measures were taken in this regard.

The survey being conducted online, it respected the non-discriminatory conditions of a quantitative data collection methodology: it was open for everyone, no matter their race, religion or political view. There were only two main inclusion criteria for the respondents and that was the age: between 19 and 26 years old, and being willing to participate in the survey without any pressure from an external institution (i.e. University, Employer, etc...), hoping to ensure more honesty in the answers.

This openness of the survey created however a new set of challenges:
- The possible duplication of the data
- The corruption of the data by a program
- The filling of the survey by participants not fulfilling the age requirements

In the online platform some key tools were set up to avoid this:

- The necessary proof of being a human
- The incapacity to answer the survey several times from the same IP address
- The age questions
- Leading questions/trap questions

All of these tools allowed us to filter the desired samples, cleaning the collected data.

Furthermore, as a sampling procedure, during the dissemination of the survey, we made use of our personal networks, as young adults, and their networks. Also, in order to reach people outside these networks, we proceeded to the creation of a twitter account for the purpose of disseminating the survey, linking it to topics of interest between this age group.

**D. DATA PREPARATION AND ANALYSIS**

Before data analysis, a carefully strategy was put in place:

- Screening of the respondents which did not fit the age requirement
- Fusion of the answers collected through the different versions of the survey (English, Spanish, French, Russian)
- Identifying the data to analyze, some of the questions being leading questions.

The data analysis was conducted using several programs including the question pro platform and SPSS.

In order to present the data in an easily readable fashion, tables, figures and graphic illustrations were made using MS. Excel and other desktop applications.

For logistical reasons, it was decided to focus the study on some specific substances:

- Alcohol
- Study drugs
- Ecstasy/MDA
- LSD
- Marihuana
- Cocaine
- Heroin
- Magic mushrooms

In this list, alcohol and heroin are used as comparison points, alcohol being legal, and heroin (opioid), a substance which dependence is a complex health condition that often requires long-term treatment and care.

Furthermore, giving the number of participants in some regions (i.e. African and Asian participation level being quite low), it was decided to focus on some specific countries when analyzing the data:

- **Anglo-Saxons**: Australia, Canada, England, Ireland, New-Zealand, Scotland, USA, Wales
- **Francophones**: France, Belgium, Luxembourg
- **Germanophones**: Austria, Germany, Switzerland
- **Latin Americans**: Argentina, Brazil, Chile, Colombia, Ecuador, Guatemala, Honduras, Mexico
- **Russianophones**: Belarus, Estonia, Kazakhstan, Russia, Lithuania, Ukraine
- **Scandinavians**: Finland, Norway, Sweden
CHAPTER III – DRUG USE AND REASONS FOR DRUG USE

This chapter presents the main findings of the study, including the profile of the respondents, the consumption tendencies of our target group and the main reasons of consumption.

A. RESPONDENTS´PROFILE

The target age group of the survey was young adults between 19 and 26 years old, with a screened sample of 582 participants.

The age distribution of our respondents was quite homogenous with a majority of the respondents aged 19 (14%), and a minority aged 25 and 26 (9% respectively). It should be noted however that 10% of the sample was out of our scope of study (61 respondents), those respondents not responding to our target age of study.

Graphic 1: Age of the respondents

Graphic 2 shows that out of this demographic group about 57% were females and 42% males, with a percentage of 1% of respondents that did not want to identify themselves with either gender.
The results of this study showed that the large majority of the respondents came and lived in urban areas, had siblings, and were educated, as shown in the following graphics (3, 4 and 5).

**Graphic 2: Gender of the respondents**

![Gender Pie Chart]

**Graphic 3: Siblings**

![Siblings Pie Chart]

**Graphic 4: Area of residence**

![Area of Residence Bar Chart]
In order to highlight the difference between what seems at the outset as a homogenous group, it was decided to study the nationality distribution of the samples. Indeed, the majority of the respondents were Europeans and more specifically Germanophones, followed by Latin Americans. The significant difference may have been conditioned to the chosen distribution methods of the survey, the sample demographics often conditioned by the social media presence; Latin Americans, for example, tending to respond more to twitter while Russians had their own Facebook.

As the study was conducted online, we had to face the issue that some of the respondents did not complete the whole questionnaire; this being one of the inconveniences of this methodological approach, compared to interviews, where the questionnaire can be administrated in its totality to the identified individuals.
Following these findings, we proceeded to analyze the results in accordance with the survey structure.

The objectives behind the structure of the questionnaire were first to identify the consumers, the drugs consumed and the drug use patterns; to later better understand the perceptions and opinions.

B. DRUG USE PATTERNS

Consumed Substances
In order to understand the types of drugs used, we put in place a list of drugs which would allow us to gather the information we needed. Graphic 7 shows the sample percentage of consumption by different class of substances. The most prevalent consumed substance was Alcohol followed by Tabaco, Caffeine and Marihuana. Indeed, almost all the participants have consumed Alcohol and more than 70% Tabaco, while around half of the respondents have used Marihuana (type Herb Cannabinoids).
It is also worth noting that substances such as Crocodile and Heroin, which are hard and addictive substances, have a very low percentage of users in this demographic group.
Noting that this survey’s target group were individuals between 19 and 26 years old, the level of ecstasy consumption does not really come as a shock.

Quite surprising is the fact that the demographic group has tried as much hallucinogens mushrooms as substances such as Cocaine, Speed, Synthetic Cannabinoids and Sleeping pills. In addition, the results show that those substances are less consumed than LSD, Pain Drugs, Study Drugs and Died Drugs.

Furthermore, the levels of Ketamine consumption also surprised us. Indeed, we were not expecting such levels in our target group; users potentially developing cravings for the substance. Ketamine is described by WHO as an anaesthetic used in surgical and diagnostic procedures, which is often the only anaesthetic agent available in most developing countries, also used for pain management. Recently, this substance has also been used for recreational reasons, creating discussions on its control. Ketamine can be used in powered or liquid form; it can be consumed in drinks, snorted or added to joints or cigarettes; unfortunately, we ignored the preferred consumption form of this substance by our target group.

**Current user patterns**

According to NIDA, people are more likely to abusing substances consumption (including tobacco and alcohol), during adolescence and young adulthood.

This statement was confirmed during our study. Graphic 8 illustrates age of initiation of drug use by the demographic group, showing clearly also the consumption numbers of each drug.
Indeed, in general young adults have their first experiences with substances before the age of 16. Often, they seem to initiate substance consumption with Alcohol, Tabaco and Caffeine. Marihuana seems to be first used around the ages of 16 to 20, while other substances such as LSD, Speed and Cocaine are initiated in the twenties. Ecstasy and Magic Mushrooms on the other hand, seems to be initiated after 18 years old.

Graphic 9 illustrates the frequency of drug use among drug users. Among them 33% of the respondents consume Caffeine everyday, 20% Tabaco; and more than 50% Alcohol at least once per week. Other substances such as Magic Mushrooms, Cocaine, LSD, Sleeping Pills and Study drugs are consumed with a lower frequency.

On the other hand, a little less than 40% of the Marihuana users consume it at least once a month.
Graphic 9: Frequency of drug use among consumers

- Magic Mushrooms
- Heroin
- Opium
- Crack
- Cocaine
- Synth. Canaboids
- Marihuana
- Cough Medicine
- Inhalants
- Crystal Meth
- LSD
- Ketamine
- Speed
- Ecstasy
- Caffeine
- Crocodile
- Pain Drugs
- Diet Drugs
- Study Drugs
- Sleeping Pills
- Antidepressants
- Tabaco
- Alcohol

- Everyday
- 1-2 a week
- 1-2 times a month
- 1-2 times a year
- Never Used
- More than twice a week
- Once in my lifetime
- I don’t want to answer
C. REASONS AND CONSEQUENCES OF DRUG USE

Reasons for drug use
Most of the respondents (18.28%) identified the desire of experimenting as the main reason leading to drug use, followed by their recreational purposes (17.52%). The results of this study also showed that a minority of the respondents (2.47%) considered their health issues as an incentive to consume drugs (i.e. pain relieved).

Graphic 10: Reasons for drug consumption

Other reasons for drug consumption than the proposed ones, were mentioned by the respondents. Some individual answers included:

- To feel independent from their parents
- To stay awake
- For spiritual reasons and to expand one’s horizon
- Spirituality
- To get to know yourself
- Discovering new perspectives of life. (Psychedelics)
- To gain weight: Cannabis = munchies.
- Absolute idiocy
- It might be a trend; parents are not paying attention, lack of other activities (e.g. hobbies etc.)
- Weakness
- Addiction

These indicated reasons show not only two different perceptions of drugs; recreational and spiritual as opposed to danger and uselessness one, but also highlight some of the effects desired when consuming, which include:
- Stimulation
- Hallucination
- Openness to the environment surrounding you and a feeling of closeness to the others
- Weight gain

Consequences of drug use
Drug use is often associated with accidents, crimes, illnesses or reduced productivity, just to mention some. One of the aims of the questionnaire was to find out about the perception that our target group had of these consequences. To this end, a question about the reasons that led them to stop using drugs was included in the survey. Physical health was indicated by a large group of the respondents (23.87%) as the main reason to stop drug use. The second main reason indicated by the respondents (22.26%) to stop drug use was mental health. Addiction was also mentioned by 15.16%, while 13.55% indicated that they stopped certain drug use due to social consequences linked to their social and personal relationships, i.e. drugs affecting the emotional, psychological wellbeing of the individual and those close to them.

Graphic 11: Reasons for stopping drug consumption
Some respondents commented and indicated the following reasons for stopping drug consumption:

- No time
- No desirable effects/bad reactions
- Didn't like them/it/the effects/ did not like how it made the, feel
- Lost interest
- Change of employment status and of the need to work as many hours or focus as much as before
- No need for it
- It was just a try/ too risky
- No added value.
- Learning about risks with consumption
- Sufficient consumption for spirituality; the main reason for having used organic substances that defer from nutrition
- Unhealthy
CHAPTER IV- POLICIES AND MEASURES

A. SERVICES AND SAFETY MEASURES

One of our initial theories when we begin to conduct this study was that young adults tend to take safety measures when consuming drugs. These could consist of different types of measures where the purpose was to make the experience/use as safe as possible. We believed that young adults can consume responsibly for example, by taking measures of self-restriction, i.e. in the amount of consumption, by choosing a “safe” place for consumption etc.

Indeed, the majority of respondents having consumed illicit substances affirmed they have taken safety measures. It was also interesting to note that a large percentage of Anglo-Saxons take safety measures when consuming drugs, followed by the Scandinavians.

**Graphic 12: Use of safety measures by consumers**

![Bar chart showing the use of safety measures by consumers across different regions.](chart.png)

Furthermore, results show that consumers not only have used safety measures, but also tend to use safety measures in a really high frequency. It is interesting to note that respondents from Anglo-Saxon countries tend to use this measures almost every time they consume, whereas respondents from Russianophone countries used them with a lesser frequency.
In order to have an initial idea of the type of safety measure that our respondents or their friends could apply, we proposed a list of some measures that we considered “safety measures” that were easily applicable. This list of course was just a set of examples proposed to the respondents to have a better idea of the types of measures taken.

**Figure 1: List of proposed safety measures**

a. make sure someone is around to call first response services (e.g. ambulance) if something goes wrong?
b. make sure they are in a safe environment where at least one other person does not take drugs?
c. make sure they have emergency numbers at hand or speed dial?
d. have their drugs tested for quality before taking them?
e. Take care of clean consumption-material (e.g. clean needles)
f. watch out for your friends

g. take measures of self restriction in the amount of consumption
h. do not drive after consuming drugs, take a taxi home, or sleep at a friend's place
i. I don’t know

Other
Respondents from the Russianophone countries seem again to be the ones unsure of the measures they are applying or applying other type of measures not listed on the proposed ones. It can be noted too that the testing of the quality of the drug is the method least chosen in the Russianophone and Anglo-Saxon countries.

Some young adults identified the following as other safety measures:

- Take care of other biological needs while under influence. (sleep, hydration, nurture, ...)
- Research the different reaction that the drug can cause prior to its consumption
- Make sure everyone is accounted for at all times
- Consume in a safe environment
- Buy the drugs from a known person to ensure it has a good quality

The participants were also questioned regarding the reasons they believed pushed young adults not to take safety measures when consuming illicit drugs. The following reasons were proposed to them as an example.

**Figure 2: List of proposed reasons not to take safety measures**

a. they are afraid to call emergency services when something goes wrong out of fear of police and prosecution
b. they do not know they can ask for help in emergencies
c. they are afraid of being stigmatized if they ask for help
d. I don’t know

Other
Other identified reasons not to take safety measures are:

- The belief that safety measures can appear “uncool” or “unnecessary”
- Unaware of the danger/severity of the situation; of the risks involved
- Fear of the law and society (i.e. parental disappointment)
- Lack of information/education
- Laziness/ lack of responsibility/ carelessness

These results are quite appealing and revealing as they clearly show that the main reasons young adults do not take safety measures is linked to their fear of the legal consequences or the stigmatization that could follow. They also show that often the problem can be linked to a lack of knowledge and education on the matter, which was often linked by the respondents to a lack of willingness from their Governments wanting to maintain a state of fear regarding the consumption of illicit substances.
B. PERCEPTION OF DRUG PROBLEMS AND POLICIES

In trying to understand the links between consumption and perception of drug problems and policies, we decided to ask our participants about their perception of the danger of the drugs they used. Our objective here was to better understand their attitude towards their consumption.

Graphic 16 compares the answers of users and non-users to their belief regarding the danger of a drug use without a doctor's prescription. Respondents have graded the level of danger of the drugs through a scale from 1 to 4, 1 being not dangerous and 4 being very dangerous.

The perception of consumers is shown in blue and of the non-consumers in red.

*Graphic 16: Danger perception by substance of consumers and non-consumers*
In general consumers tend to believe the drug they use is not dangerous whereas non-consumers tend to believe it is dangerous. Though these results as per se are not surprising, it is surprising however to notice that even heroin users follow this trend. These results should however be analyzed with caution as only three people commented having consumed the drug. Table 1 shows more detail of the results concerning this substance:

**Table 1: Heroin danger perception of consumers and non-consumers**

<table>
<thead>
<tr>
<th>Scale of danger</th>
<th>Consumers</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>I don’t want to answer</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td></td>
</tr>
<tr>
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<td>0</td>
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<td></td>
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<td>2</td>
<td>49</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>0</td>
<td>354</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>
This general perception of the drug consumed not being dangerous is not surprising in the sense that it is easier to believe a substance is not dangerous once you have used it and nothing dangerous has happened. It is however interesting to study whether the perception regarding the importance of prosecution for personal use changes also when the substance has been consumed or not.

Graphic 17 compares the answer of consumers and non-consumers to their belief of the importance to prosecute the personal use of a substance. As in our previous graphics, respondents have graded the importance to prosecute through a scale from 1 to 4; 1 being not important and 4 being very important.

**Graphic 17: Perception by substance of the importance to prosecute its personal use**
Here the results are quite similar as the ones gathered for the danger perception. Indeed, consumers often tend to believe that it is not really important to prosecute personal use of the drug they consumed. Quite surprising however are the results regarding alcohol. Table 2 shows more detail of the results concerning this substance:

*Table 2: Alcohol perception of the importance to prosecute its personal use*

<table>
<thead>
<tr>
<th>Scale of importance</th>
<th>Yes</th>
<th>No</th>
<th>I don’t want to answer</th>
</tr>
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<tbody>
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<td>1</td>
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</tbody>
</table>
Indeed, the majority of consumers believe it is not important to prosecute but it is not negligible the number of consumers who considered the importance of this (scale 2 and 3). This may be linked however with the consumption of alcohol by minors or while driving, which is indeed an issue of importance.

Also surprising are the results regarding Marihuana. Table X shows more detail of the results concerning this substance:

**Table 3: Marihuana perception of the importance to prosecute its personal use**

<table>
<thead>
<tr>
<th>Scale of importance</th>
<th>Yes</th>
<th>No</th>
<th>I don’t want to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>156</td>
<td>29</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>53</td>
<td>39</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>20</td>
<td>42</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>22</td>
<td>55</td>
<td>1</td>
</tr>
</tbody>
</table>

A higher number of consumers could have been expected to have answered between the scales of importance 1 and 2- which indeed gather the majority of answers-, but a not negligible amount of consumers still think the persecution for personal use may be important (scale 3 to 4). As for the non-consumers, a little majority seems to believe it is important to prosecute the personal use of this substance.

In order to better understand these last results, we decided to further analyze whether the nationality of the respondents had a large impact on their opinion regarding the importance to prosecute the personal use. In this regard, we decided to only focus on marihuana and alcohol, as those were the most appealing results.

**The alcohol case**

Alcohol is today a substance that in most countries is no longer considered illicit. However, WHO has announced that the harmful use of alcohol has caused 3.3 millions deaths every year and causes a large disease, social and economic burden in societies.

Graphic 18 compares the nationality of the respondents to their belief of the importance to prosecute the personal use of a substance.
Results show that the Russianophone respondents tend to see a better importance to prosecute the personal use of alcohol compared to other national groups. Indeed, Scandinavians seem to believe it is really not important to do so.

Even more interesting is graphic 19, showing the levels of consumption of alcohol by nationality.

Indeed, Russianophone participants are also big alcohol consumers.
These results when compared to the use of safety measures is quite appealing, as Russianophones appeared to use those measures with a lesser frequency even though they are, as the other studied national groups, big alcohol consumers. Previous results having shown that the main reasons young adults do not take safety measures seemed to be link to their fear of the legal consequences or the stigmatization that could follow; which can also be attached to a lack of knowledge and education on the matter, makes us believe that the link between the perception to prosecute the personal use, is the stigmatization of the use of the substance.

Indeed, graphic 20 and Graphic 21 show the opinion of the respondents, in general, about people getting stigmatized from society by the use of alcohol from time to time (graphic 20), and regularly (graphic 21). Respondents have graded the level of stigmatization through a scale from 1 to 4, 1 being not stigmatization and 4 being strong stigmatization.

**Graphic 20: Opinion about society's stigmatization of sporadic alcohol consumption**

**Graphic 21: Opinion about society's stigmatization of regular alcohol consumption**
Results clearly show that the stigmatization (for sporadic or regular users) is stronger for Russianophone participants, which confirms our previous analysis.

**The marihuana case**

Marihuana, or more specifically Cannabis, is by far the most widely cultivated, trafficked and abused illicit drug according to WHO. However, the status of its legalization or rather its decriminalization is often widely discussed in society and academia. In this report we will not focus on this problem but just analyze the data collected regarding the consuming patterns and perception of our target group.

Graphic 22 compares the nationality of the respondents to their belief of the importance to prosecute the personal use of a substance.

**Graphic 22: Perception by nationality of the importance to prosecute the personal use of marihuana/cannabis**

Results show that the Russianophone respondents, such as for alcohol, tend to see a better importance to prosecute the personal use of marihuana compared to other national groups. Latin American respondents however, share this trend.

Furthermore, it should be noted that for all the studied national groups, the importance to prosecute seems higher for marihuana than for alcohol, the Anglo-Saxons being the exception.

Also, the levels of consumption of marihuana by nationality differ from what we collect regarding alcohol, as shown in graphic 23.
Indeed, levels of consumption are important for the European region with more than 50% of users in Germanophone, Scandinavian, Anglo-Saxon and Francophone countries; opposed to respondents from Russianophone and Latin American once, where the level of consumption do not go higher than 40%.

For this substance the levels of stigmatization are as shown in graphic 24 and 25, where, as for alcohol, respondents have graded the level of stigmatization through a scale from 1 to 4, 1 being not stigmatization and 4 being strong stigmatization.
Here what is interesting to note is that for Francophone respondents, little difference regarding the stigmatization of use is made between sporadic consumption and regular consumption; whereas for the other studied groups, there is a stronger stigmatization of use for regular users; Russianophone participants showing again the stronger stigmatization.

The marihuana/cannabis case comes indeed as a complement and confirmation of the analyses previously done in the alcohol case for the Russianophone respondents.

One other interesting group of study is the francophone respondents. As a matter of fact they appeared to use safety measures with higher frequency; are moderate consumers; and have a moderate level of stigmatization of regular users. This could highlight a low level of fear for legal consequences, which could in parallel explain the moderate level of stigmatization; confirming the idea that there is a link between the perception of drug policies (i.e. the perception to prosecute the personal use) and the stigmatization of the use of the substance.
CHAPTER V- CONCLUSIONS AND RECOMMENDATIONS

This online survey on drug use targeting young adults succeed in providing a comprehensive picture on drug use among young adults. The findings raise certain questions regarding the strategy in place today to address drug consumption by young adults, and enabled youth to get into a complex discussion.

Indeed, the data collected throughout our study indicates that a state of fear is not stopping young adults from using drugs, instead, it has a negative impact in the way they consume them. In this regard, it should be noted that Russianophone respondents for instance, show the strongest stigmatization for alcohol consumption, although being heavy consumers of such substance. Furthermore, they appear to use safety measures with a lesser frequency than other groups surveyed, such as respondents from Anglo-Saxon countries, who, for the same substance, have the lowest level of stigmatization and use safety measures almost every time they consume substances. Thus, a fitting legal system to protect young adults from such substances is not necessarily a repressive legal environment.

In fact, findings point out, regarding response to the use of safety measures, that the majority of young adults take safety measures during the consumption of substances and this with a high frequency. Such results can be interpreted as showing a degree of awareness by the target group, of the risks and consequences of using drugs, but also reasonably, of a responsible consumption of substances. Indeed, it appeared that young adults decide to stop the consumption of substances, mainly for reasons attached to their physical (23.87%) and/or mental (22.26%) health.

Recommendations

Four major recommendations are put forward for consideration, as a result of our study:

Promote a culture of safety measures for responsible drug users. Safety measures should be here understood as different measures taken when consuming substances, whose purpose is to make the consumption as safe as possible\(^2\). The promotion of these measures should always be accompanied by non-stigmatizing drug policies protecting young adults as much as possible, against marginalization and social exclusion. Indeed, breaking down the stigma of the consumption of substances helps to further develop safety measures. The fear of stigmatization, sometimes, stops young adults from using safety measures.

Introduce more policies adapted specifically to young adults. Young adults should be clearly distinguished from adolescence, (which by definition are still not responsible). Drug policies impacting them should reflect their realities, clearly distinguishing these two age groups, their degree of responsibility and ways of consumption.

\(^2\) Please refer to chapter IV
Promotion of harm reduction approaches. A legal environment with clear provisions for treating drug users instead of incarcerating them should be encouraged, including messages pertaining the availability of the help for people using drugs. Harm reduction approaches should find a place in national strategies and psychosocial interventions should be made an integral part of all harm reduction initiatives.

Promoting the role of youth and civil society in drug policies making. Youth should have a larger role in policy making since they are directly impacted by drug consumption and can help in providing approaches specifically targeted for their peers. Consulting and involving civil society in the design, implementation and evaluation of drug policies is key as often it is through civil society that the role of young adults in policy making can be promoted. Also, they can be of great assistance when providing help to drug users, in partnership with the government.
REFERENCES


Erickson, Patricia G.; Riley, Diane M; Cheung, Yuet W.; O'Hare, Patrick A. (1997) “Harm Reduction: A new direction for drug policies and programs”, Toronto
APPENDIX I: LIST OF TABLES AND GRAPHS

Graphic 1: Age of the respondents
Graphic 2: Gender of the respondents
Graphic 3: Siblings
Graphic 4: Area of residence
Graphic 5: Level of Education
Graphic 6: Nationality of the respondents
Graphic 7: Sample Percentage of consumption by different class of substances
Graphic 8: Age of initiation of drug use among current users
Graphic 9: Frequency of drug use among consumers
Graphic 10: Reasons for drug consumption
Graphic 11: Reasons for stopping drug consumption
Graphic 12: Use of safety measures by consumers
Graphic 13: Frequency of use of safety measures
Figure 1: List of proposed safety measures
Graphic 14: Safety measures taken when consuming illicit substances
Figure 2: List of proposed reasons not to take safety measures
Graphic 15: Reasons not to take safety measures
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Table 1: Heroin danger perception of consumers and non-consumers
Graphic 17: Perception by substance of the importance to prosecute its personal use
Table 2: Alcohol perception of the importance to prosecute its personal use
Table 3: Marihuana perception of the importance to prosecute its personal use
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Graphic 19: Alcohol consumption of substance by nationality
Graphic 20: Opinion about society’s stigmatization of sporadic alcohol consumption
Graphic 21: Opinion about society’s stigmatization of regular alcohol consumption
Graphic 22: Perception by nationality of the importance to prosecute the personal use of marihuana/cannabis
Graphic 23: Marihuana consumption of substance by nationality
Graphic 24: Opinion about society’s stigmatization of sporadic marihuana consumption
Graphic 25: Opinion about society’s stigmatization of regular marihuana consumption
APPENDIX II: QUESTIONNAIRE

Survey: Young Adult Drug Survey

This questionnaire is a study of the perceptions of drug use among young adults between the age of 19 and 27. The survey is completely anonymous, meaning you do not need to state your name or any other information which you feel identifies you. If there is any question which you feel uncomfortable for any reason, just leave it blank. It is important that you answer as thoughtfully and frankly as possible. If you do not find an answer that exactly matches the one that comes closest, give the one that comes closest. For multiple choice questions tick all the reasons you believe apply. Thank you, in advance, for your participation.

Please verify by entering captcha text:

Select all images with street signs:

Are you:
- Male
- Female
- Other

How old are you?
- [ ] 18
- [ ] 19
- [ ] 20
- [ ] 21
- [ ] 22
- [ ] 23
- [ ] 24
- [ ] 25
- [ ] 26
- [ ] 27

What is your Nationality?
- [ ] Russian
- [ ] Ukrainian
- [ ] Other

What is your level of education?
- [ ] Primary Education
- [ ] High School Education
- [ ] Undergraduate Degree
- [ ] Master’s Degree
- [ ] Doctor’s Degree
- [ ] Other

In what type of area do you live?
- [ ] Urban
- [ ] Suburban
- [ ] Rural
- [ ] Other

In what type of area did you grow up?
- [ ] Urban
- [ ] Suburban
- [ ] Rural
- [ ] Other

What is your occupation?
- [ ] Employee
- [ ] Self-Employed
- [ ] Student (undergraduate)
- [ ] Student (graduate)
- [ ] Other

Select all images with street signs.
Do you have siblings?*
- Yes
- No
- I don’t want to answer

What is the highest education of your parents?*
- Elementary School
- High School
- Higher Education (University, Academy, College, etc.)
- Vocational
- No Education
- Other

What is the occupation of the head household?*
- Employee
- Employer
- Self-Employed
- Unemployed
- Other

<table>
<thead>
<tr>
<th>Substances listed below</th>
<th>Not Dangerous</th>
<th>Very Dangerous</th>
<th>Not Important</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Tobacco</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Smoking aids</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Study drugs (dietary, herbal)</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Body building/steroids</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Diet drugs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Synthetic steroids/steroids</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Research/prescription</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Caffeine/Energy Drinks</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Ecstasy/MDMA</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Speed/other Amphetamines</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Inhalants (e.g. glue)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Cough Medicines (DXM)</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Marijuana/Cannabis</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Synthetic cannabinoids</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Ketamine</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Methamphetamine/Crystal Meth</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Heroin</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Magic mushrooms</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>
5. Should the law allow the use of marihuana without a doctors prescription?
- Yes
- No
- I don’t know

6. Would you use the facilities to test party drugs, by professionals, before consuming them, if available?
- Yes
- Yes, as long as I can be sure of no legal consequences
- No
- I don’t know

### Table: Attitudes towards Drug Use

<table>
<thead>
<tr>
<th>Substance</th>
<th>No Stigmatization</th>
<th>Strong Stigmatization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Marihuana</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Cocaine</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Heroin</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

7. Please tick what you agree with in the following statements, in your opinion:

- a. It is more important to fight drug distribution than protecting the safety of drug users
- b. Making sure drug users are safe is beneficial for them and society
- c. It is more important to support the safety of drug users than to prosecute them
- d. It is more important to support the safety of drug users than to fight drug distribution
- e. It is necessary to make a distinction between hard drugs and soft drugs when processing distribution of
- f. It is necessary to make a distinction between hard drugs and soft drugs when processing users.
- g. Drug users should be kept safe whether they take soft or hard drugs
- h. The distribution of marihuana in small amounts should be prosecuted by law.
- i. None of the above

8. Where do you go to find more information about drugs in general?
- Friends
- Parents
- School
- Search Engines (ex: google)
- Online Media
- Print Media
- Social Media
- Dark Net

9. Do you have a close friend who has ever, once in his/her life, used any of the substances below, without a doctors prescription?

- Yes
- No
- I don’t know

<table>
<thead>
<tr>
<th>Substance</th>
<th>Yes</th>
<th>No</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Tobacco</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Marijuana</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Caffeine</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Energy drinks</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Caffeine (pre-mixed)</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Nutritional supplements</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Stimulants</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Herbs</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Sleeping aids</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Bedtime preparations</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Opiates (non-medicinal)</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Synthetic steroids</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Opiates (non-medicinal, medical)</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
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<tr>
<td>Opiates (non-medicinal, medical)</td>
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<td>Opiates (non-medicinal, medical)</td>
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<td>Opiates (non-medicinal, medical)</td>
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<tr>
<td>Opiates (non-medicinal, medical)</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>
### 10. Have you ever taken any substances, without a doctor’s prescription?

<table>
<thead>
<tr>
<th>Substance</th>
<th>Yes</th>
<th>No</th>
<th>I don’t want to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Antidepressive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough Medicine (DXM)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crack-Cocaine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opium</td>
<td></td>
<td></td>
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<tr>
<td>Heroin</td>
<td></td>
<td></td>
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<tr>
<td>Magic mushrooms</td>
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<tr>
<td>LSD</td>
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<tr>
<td>Methamphetamine/Crystal-Meth</td>
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<tr>
<td>Inhalants (e.g. Glue)</td>
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<tr>
<td>Cough Medicine (DXM)</td>
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<tr>
<td>Marihuana/Cannabis</td>
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<tr>
<td>Synthetic Cannaboids (Spice,K2 etc.)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Cocaine</td>
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<td></td>
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<tr>
<td>Crack-Cocaine</td>
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<tr>
<td>Opium</td>
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<tr>
<td>Heroin</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Magic mushrooms</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 11. How often do you use the following substances, without a doctor’s prescription?

<table>
<thead>
<tr>
<th>Substance</th>
<th>Everyday</th>
<th>More than twice a week</th>
<th>1-2 times a month</th>
<th>1-2 times a year</th>
<th>Once in my lifetime</th>
<th>Never used</th>
<th>I don’t want to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antidepressive</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough Medicine (DXM)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crack-Cocaine</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opium</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Magic mushrooms</td>
<td></td>
<td></td>
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<td>Inhalants (e.g. Glue)</td>
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<td>Synthetic Cannaboids (Spice,K2 etc.)</td>
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<td>Magic mushrooms</td>
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### 12. At what age did you first use the substances, without a doctor’s prescription?

<table>
<thead>
<tr>
<th>Substance</th>
<th>You younger than 16</th>
<th>16-17</th>
<th>18-20</th>
<th>Older than 20</th>
<th>I don’t want to answer</th>
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<tbody>
<tr>
<td>Alcohol</td>
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<tr>
<td>Tobacco</td>
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<tr>
<td>Antidepressive</td>
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<tr>
<td>Magic mushrooms</td>
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</tr>
<tr>
<td>Substance</td>
<td>13. Have you ever used illicit substances?</td>
<td>14. How often do you apply these safety measures?</td>
<td>15. Do you think your friends apply these safety measures?</td>
<td>16. How often do you think they take these measures?</td>
<td>17. Which of the following measures do you use or your friend use? (Please tick all that apply)</td>
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</tr>
<tr>
<td>Tobacco</td>
<td>I have never used illicit substances</td>
<td>Every time</td>
<td>I don’t have any friend who use illicit substances</td>
<td>Every time</td>
<td>a. make sure someone is around to call first response services (e.g. ambulance) if something goes wrong?</td>
</tr>
<tr>
<td>Antidepressants</td>
<td></td>
<td>Most of the time</td>
<td>I have friends who use illicit substances but have never use these safety measures</td>
<td>Most of the time</td>
<td>b. make sure they are in a safe environment where at least one other person does not take drugs?</td>
</tr>
<tr>
<td>Sleeping pills</td>
<td></td>
<td>Sometimes</td>
<td>I have friends who use illicit substances and I know at least one of them has taken these safety measures</td>
<td>Sometimes</td>
<td>c. make sure they have emergency numbers at hand or speed dial?</td>
</tr>
<tr>
<td>Study drugs (Internet, Ritalin)</td>
<td></td>
<td>One Time</td>
<td>I have friends who use illicit substances by I don’t know if they have taken any safety measures</td>
<td>One Time</td>
<td>d. have their drugs tested for quality before taking them?</td>
</tr>
<tr>
<td>Anxiolytics</td>
<td></td>
<td>Never</td>
<td>I have friends who use illicit substances and I have never use any safety measure</td>
<td>Never</td>
<td>e. take steps of clean consumption material (e.g. clean needles)</td>
</tr>
<tr>
<td>Diet pills</td>
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<td>I don’t know</td>
<td>I have friends who use illicit substances and I have never use any safety measure</td>
<td>I don’t know</td>
<td>f. watch out for your friends</td>
</tr>
<tr>
<td>Synthetic opioids/Pain drugs (oxycodeone, codeine, ventolin)</td>
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<td>I have friends who use illicit substances and I have never use any safety measure</td>
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<td>g. take measures of self restriction in the amount of consumption</td>
</tr>
<tr>
<td>Desomorphine/Cocaine</td>
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<td>I have friends who use illicit substances and I have never use any safety measure</td>
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</tbody>
</table>
21. In your opinion: Young adults do not take safety measures because... (Please tick all that applies)

- a. They are afraid to call emergency services when something goes wrong out of fear of police and prosecution.
- b. They do not know they can ask for help in emergencies.
- c. They are afraid of being stigmatized if they seek help.
- d. I don’t know.
- Other

22. Without thinking of alcohol and tobacco, have you ever stopped taking substances?

- Yes
- No
- I never used any substances

23. Without thinking of alcohol and tobacco, if you do NOT take certain substances any more, what were the reasons why you quit? Please tick all that applies.

- Social relationships (including personal relationships)
- Physical health
- Mental health
- Job related
- Financial situation (Cost of drugs)
- Fear of addiction
- Fear of legal consequences
- Other

24. How do you think Alcohol impacts...

- Social relationships (including personal relationships)
- Physical health
- Mental health
- Work
- Studies

25. How do you think Marijuana impacts...

- Social relationships (including personal relationships)
- Physical health
- Mental health
- Work
- Studies

26. How do you think Ecstasy impacts...

- Social relationships (including personal relationships)
- Physical health
25. How do you think Cocaine impacts... (Please tick all that apply)

<table>
<thead>
<tr>
<th></th>
<th>Positive</th>
<th>Negative</th>
<th>No Effect</th>
<th>I don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social relationships (including personal relationships)</td>
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<tr>
<td>Studies</td>
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