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MIXMAG 2011 DRUG SURVEY

Dear Mixmag reader

Thank you! To all of you who took part in last year's survey-it was the biggest drug survey ever (over 3500 in the end!). The information you provided was used around the world and led to presentations to the UK and European drug advisory boards, numerous research papers and provided facts at a time where incident and anecdote reigned supreme. This year we hope to be even bigger. As ever we are learning and basing our questions on what you tell us. This year we are focusing on a number of issues including mephedrone use since the law change, getting busted, worries you may have about your mates ,cannabis withdrawal, having a bad time on drugs , the quality of drugs, and what you know about any new drug you take. Depending on what you use - the survey will take 10-15 minutes, your time is enormously appreciated. If you decide to complete this questionnaire, please be assured that the information you give us is entirely confidential and will be kept safely. The questionnaire is also anonymous - although there are a few broad questions about the type of person you are and what part of the world you live in.

As ever we will get your results back to you in the March 2011 issue. Once again thanks so much.

Have a great and safe 2011

Cheers

Adam and Luke

If you have any questions about the survey please contact: **Dr Adam R Winstock** on **0207 848 0832** or adam.winstock@kcl.ac.uk

-
- Depending on your answers to some questions, certain items may appear greyed out. Please skip any questions that are greyed out.
 - You can use the "Go back" and "Continue" buttons on this page to navigate through the survey but avoid using your browser's back and forward buttons as this may result in loss of your answers.
 - None of the answers you give in this survey are stored anywhere until you reach the final submission button and give your consent at the end of the survey.
 - You can view your progress through the survey by monitoring the bar between the buttons at the bottom which will turn from gray to yellow as you answer questions, and represents the percentage of questions answered.

You must be 18 years or over to complete this. By ticking this box you are confirming that you are 18 or over.

[Start the Mixmag 2011 Drug Survey...](#)

WHERE YOU ARE FROM

- Do you currently live in the UK?

Yes No

If yes.....

Which UK county do you live in?

Otherwise....

If you live outside the UK, which country do you live in?

TELL US ABOUT THE DRUGS YOU USE

	Ever used	Age when first used	Used in the last year	No of days used in last month	Amount spent in the last month
• Alcohol	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• Tobacco (in cigarettes)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• Tobacco (in joints)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• Ecstasy - pills	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

	Ever used	Age when first used	Used in the last year	No of days used in last month	Amount spent in the last month
• MDMA crystals (ecstasy powder)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• Cannabis - resin	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• Cannabis - skunk	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• Cannabis - grass /other	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

	Ever used	Age when first used	Used in the last year	No of days used in last month	Amount spent in the last month
• Cocaine (powder)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• Mephedrone (MMCAT/4-Methylmethcathinone)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• Nitrous Oxide (balloons)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• Ketamine	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

	Ever used	Age when first used	Used in the last year	No of days used in last month	Amount spent in the last month
• Speed / amphetamine (powder)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• Crack	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• Heroin	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• LSD (trips)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

	Ever used	Age when first used	Used in the last year	No of days used in last month	Amount spent in the last month
• Magic mushrooms	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• Benzodiazepines / Temazepam / Valium	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• Amphetamine (base / paste)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• Methamphetamine (ice / crystal meth)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

	Ever used	Age when first used	Used in the last year	No of days used in last month	Amount spent in the last month
• GHB	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No		

		<input type="text"/>		<input type="text"/>	<input type="text"/>
• GBL	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• Isopropyl nitrate (poppers)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• Steroids	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

	Ever used	Age when first used	Used in the last year	No of days used in last month	Amount spent in the last month
• Viagra	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• Ritalin	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• 2CB	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• 2CI	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

	Ever used	Age when first used	Used in the last year	No of days used in last month	Amount spent in the last month
• Spice/magic/warrior smoking blend	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• BZP party pills	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• MDAI	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• Benzo fury (6APB)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

	Ever used	Age when first used	Used in the last year	No of days used in last month	Amount spent in the last month
• 2AI	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• 2DPMP	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• C1C	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• 5IAI	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

	Ever used	Age when first used	Used in the last year	No of days used in last month	Amount spent in the last month
• Methylone	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
• MDPV	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

ABOUT YOUR USE OF ECSTASY - ECSTASY PILLS

Thinking about your use of Ecstasy over the last 12 months....

- What is the maximum number of consecutive days (one after the other) you've used ecstasy?

 - What is the average number of pills you take in a session?

 - What is the greatest number of pills you have taken in a session?

 - Do you think the quality of pills has...
 - Gone up
 - Gone down
 - Stayed the same
 - Don't know

 - Do you usually buy your own pills? Yes No
- If yes...*
- How much do you normally pay for one pill?

 - How many pills do you normally buy at once ?

 - In the past 12 months have you been offered E pills at a higher price with the promise that they were much better quality? Yes No
- If yes.....*
- How much per pill?

 - Did you buy it? Yes No
- if yes...*
- If so, were they much better? Yes No Unsure

ABOUT YOUR USE OF ECSTASY POWDER / MDMA

Thinking about your use of Ecstasy powder / MDMA over the last 12 months....

- Do you usually buy your own MDMA? Yes No
- If yes.....*
- How much MDMA powder do you normally buy at once ?

 - How much do you usually pay for a gram?

 - How many doses do you get from a gram?

 - What is the average dose of MDMA powder you take in a session?

 - What is the largest amount of MDMA powder you have taken in a session?

 - Do you think the quality of MDMA powder has....
 - Gone up
 - Gone down

- Stayed the same
- Don't know?

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ABOUT YOUR USE OF ECSTASY

Thinking about your use of Ecstasy over the last 12 months....

- Which do you prefer pills, or powder? Pills Powder

- Why? (tick as many as apply)
 Easier to dose
 Better quality
 Easier to get hold of

- How often do you drink alcohol when you use ecstasy
 Always
 75% of the time
 50% of the time
 25% of the time
 Never

- How often do you use cocaine when you use ecstasy?
 Always
 75% of the time
 50% of the time
 25% of the time
 Never

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ABOUT YOUR USE OF ALCOHOL

Thinking about your use of Alcohol over the last 12 months....

- How often do you have a drink containing alcohol ?
 Never
 Monthly or less
 2-4 times/month
 2-3 times/wk
 4 or more times/week

- How many drinks containing alcohol do you have on a typical day when you are drinking?
 1 or 2
 3 or 4
 5 or 6
 7-9
 10 or more

- How often do you have six or more drinks on one occasion?
 Never
 Less than monthly
 Monthly
 Weekly
 Daily or almost daily

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DRUGS AND DRIVING

- If you got pulled over by the police within 2 hours of smoking a joint (but no alcohol) do you think the police could tell you were intoxicated?
 - Definitely yes
 - Probably yes
 - Not sure
 - Probably not
 - Definitely not

- If you got pulled over by the police within 2 hours of using an E (but no alcohol) do you think the police could tell you were intoxicated?
 - Definitely yes
 - Probably yes
 - Not sure
 - Probably not
 - Definitely not

- If you got pulled over by the police within 2 hours of using cocaine (but no alcohol) do you think the police could tell you were intoxicated?
 - Definitely yes
 - Probably yes
 - Not sure
 - Probably not
 - Definitely not

POSITIVES AND NEGATIVES OF DRUGS

	Psychologically	Socially	Physically
• What drug has the most benefits in the short term	<input type="text"/>	<input type="text"/>	<input type="text"/>
• What drug has the most benefit in the long term	<input type="text"/>	<input type="text"/>	<input type="text"/>
• What drug has the most harm in the short term	<input type="text"/>	<input type="text"/>	<input type="text"/>
• What drug has the most harm in long term	<input type="text"/>	<input type="text"/>	<input type="text"/>

POLY DRUG USE

- What drugs do you most commonly use together in a session?
(you can nominate up to 6)
 -
 -
 -
 -
 -
 -

- What 2 drugs (excluding tobacco) do you most commonly take together?
 -
 -

- In your personal experience, what drug/alcohol combination is the worst (unpleasant / dangerous)?
(you can nominate up to 3)
 -
 -
 -

DEFINING WHO YOU ARE

We are interested in whether you had concerns over your mates drug and/or alcohol use over the last 12 months.

So, thinking about the last 12 months only....

- Have you been worried about the use of drugs/alcohol by any of your mates over the last 12 months? Yes No

If yes....

How many friends?

What substance most commonly causes you to be worried about your mates?

What is the 2nd most common substance that causes you to be worried?

- Have you discussed your worries with any of their other mates? Yes No

- Have you discussed your worries with any of the people you are worried about? Yes No

If yes, thinking of the last time you discussed a worry about drugs with a mate....

- Which of the following best describes their response to you?
(tick as many as apply)
- Surprised
 - Thankful
 - Dismissive
 - Worried
 - Reassuring
 - Angry
 - Other

If other, please specify:

- Which of the following did you suggest?
(tick as many as apply)
- Cut down
 - Stop
 - Seek help
 - Take a break
 - Other

If other, please specify:

What do you think the effect of you saying something was on their use of the drug?

What do you think the effect of you saying something was on your friendship?

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ACCIDENTS AND EMERGENCIES

- Have you ever had to seek medical help during or after a night out following the use of drugs/alcohol? Yes No

If yes....

How many times (ever)?

Thinking back over all these occasions, which of the following services did you utilise?

(tick as many as apply)

- Venue/Club/Festival first aid staff
- Ambulance
- Accident and Emergency Dept
- Admitted to hospital
- Telephone (NHS Direct, Charity etc)

- Have you required any emergency medical treatment in the last 12 months? Yes No

If yes.....

How many times?

Now, thinking just about the most recent occasion, which of the following substances had you taken?

(tick as many as apply)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Tobacco (cigarettes) | <input type="checkbox"/> Tobacco (joints) | <input type="checkbox"/> Ecstasy pills |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Cannabis | <input type="checkbox"/> Cocaine powder | <input type="checkbox"/> Mephadrone/Methadrone/MCAT |
| <input type="checkbox"/> Ecstasy powder | <input type="checkbox"/> Ketamine | <input type="checkbox"/> Speed | <input type="checkbox"/> 2CB |
| <input type="checkbox"/> Nitrous Oxide | <input type="checkbox"/> Amphetamine | <input type="checkbox"/> Amphetamine powder | <input type="checkbox"/> Benzodiazepines |
| <input type="checkbox"/> 2CI | <input type="checkbox"/> BZP LHP pills | <input type="checkbox"/> Crack | <input type="checkbox"/> GBL |
| <input type="checkbox"/> Blue Mystic (2C-T-7) | <input type="checkbox"/> Heroin | <input type="checkbox"/> Isopropyl nitrate | <input type="checkbox"/> LHP pills-other |
| <input type="checkbox"/> GHB | <input type="checkbox"/> Magic mushrooms | <input type="checkbox"/> MDPV | <input type="checkbox"/> Methamphetamine |
| <input type="checkbox"/> LSD (trips) | <input type="checkbox"/> Ritalin | <input type="checkbox"/> Salvia Divinorum | <input type="checkbox"/> Spice/magic/warrior |
| <input type="checkbox"/> Methylone | <input type="checkbox"/> Temazepam | <input type="checkbox"/> Valium | <input type="checkbox"/> Viagra |
| <input type="checkbox"/> Steroids | | | |

On this most recent occasion, which of the following services did you utilise?

(tick as many as apply)

- Venue/Club/Festival first aid staff
- Ambulance
- Accident and Emergency Dept
- Admitted to hospital

Which of the following complaints did you have?

(tick as many as apply)

- Chest pain
- Palpitations
- Severe nausea
- Extreme agitation
- Paranoia
- Panic
- Overheating
- A seizure/fit
- Collapse
- Severe headache
- Auditory hallucination
- Visual hallucination
- Broken bone(s)
- Bleeding/cuts
- Other accident
- Assault (by you)
- Assault (against you)

Why do you think it happened?

How did the experience affect your use of substances?

Did you have to take any time off work as a result of the experience?

Yes No Don't know

Did you tell your mates about it?

Yes No Don't know

Were you given advice about your drug/alcohol use by the service you sought help from?

Yes No Don't know

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ACCIDENTS AND EMERGENCIES

• In the last 12 months have you ever experienced any of the following during/after consumption of drugs or alcohol?
(tick as many as apply)

- Chest pain
- Palpitations
- Severe nausea
- Extreme agitation
- Paranoia
- Panic
- Overheating
- A seizure/fit
- Collapse
- Severe headache
- Audio hallucination
- Visual hallucination
- Broken bone(s)
- Bleeding/cuts
- Other accident
- Assault (by you)
- Assault (against you)

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RISK ASSESSMENT

Please rate each of the following drugs (if you have used them in the last 12 months) on a scale of 0 to 10:

	MDMA Powder	Cocaine	Mephedrone	Ketamine
Not used	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The pleasurable high: (where 10 = best ever had)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Strength of effect: (where 10 = extremely strong)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Negative effects when high: (where 10 = extremely strong)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comedown after use: (where 10 = extremely strong)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Urge to use more of the drugs when using: (where 10 = extremely strong)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Value-for-money: (where 10 = best experienced)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Risk of harm following a session of use': (where 10 = extremely high risk)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Quality/purity of product: (where 10 = extremely high quality/purity)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Consistency of product purity: (where 10 = extremely high consistency)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EXPERIENCE OF VIOLENCE

We are interested in your experience of violence over the last 12 months.

• In the last 12 months, have you witnessed a fight? Yes No

If yes....

Where did you witness this?
(tick as many as apply)

- In a pub
- In a club
- Outside an entertainment venue
- In a public area
- In a private area
- At a festival
- Other

If other, please specify:

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OVERALL WELLBEING

We are interested in your overall well-being. Thinking just about the last 12 months:

Please answer the following questions on a scale of 0 to 10 (with 10 being the best possible).

How satisfied are you with....?

- Your standard of living
- Your health
- What you are achieving in life
- Your personal relationships
- How safe you feel
- Feeling part of your community
- Your future security

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NEW DRUGS

Thinking about drugs you recently tried for the first time.....

• When was the last time you experimented with a drug that was new to you?
(ie one that you had never taken before) (month) (year)

• What was it?

If other, please specify:

• How did you take it?

If other, please specify:

• Where or who did you get it from on that first occasion?

If other, please specify:

• Do you plan on taking it again?

Please rate it (on a scale of 0-10):

(may be auto-filled for you if you have already answered these for this drug)

• The pleasurable high:
(where 10 = best ever had)

• Strength of effect:
(where 10 = extremely strong)

• Negative effects when high:
(where 10 = extremely strong)

• Comedown after use:
(where 10 = extremely strong)

• Urge to use more of the drugs when using:
(where 10 = extremely strong)

• Value-for-money:
(where 10 = best experienced)

• Risk of harm following a session of use':
(where 10 = extremely high risk)

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NEW DRUGS

Decisions made before taking that new drug.....

Source that helped inform your decision

If other, please specify

• **Before** you took it, did you have a good idea of what you thought the **right first dose** should be? Yes No Didn't care

• **Before** you took it, did you have a good idea of **how to take it**? Yes No Didn't care

• **Before** you took it, did you have a good idea of **how long it would take to start feeling a drug effect**? Yes No Didn't care

• **Before** you took it, did you have a good idea of **how long a dose would last**? Yes No Didn't care

• **Before** you took it did you have a good idea of **what the effect would be like**? Yes No Didn't care

• **Before** you took it did you have a good idea of **what the common side effects might be**? Yes No Didn't care

• **Before** you took it did you have a good idea of **what the risks might be**? Yes No Didn't care

• **Before** you took it did you have a good idea of **how to reduce the risk of harms (eg overheating,overdosing) when using**? Yes No Didn't care

• **Before** you took it did you have a good idea of **how mixing with other substances might effect you**? Yes No Didn't care

• **Before** you took it did you have a good idea of **whether anyone has died from taking it**? Yes No Didn't care

• **Before** you took it did you have a good idea of **what the after effects are**? Yes No Didn't care

• **Before** you took it did you have a good idea of **how much is known about it**? Yes No Didn't care

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NEW DRUGS

.....Go Back

Continue....

DRUGS ON YOU - CANNABIS

Thinking about the last 12 months.....

- Ever been found in possession of cannabis by the police? Yes (more than once)
 Yes (just once)
 No

If yes, THINKING ONLY ABOUT YOUR MOST RECENT EXPERIENCE....

- How much did you get caught with?
- 1/8th or less
 - ¼ or less
 - ½ or less
 - 1oz or less
 - >1oz

- What happened?
- Let off with a telling off
 - Given a caution/warning
 - Arrested and charged

- Where were you?
- In a pub
 - In a club
 - Outside an entertainment venue
 - In a public area
 - In a private area
 - At a festival
 - Other

If other, please specify:

What part of the UK were you in at the time?

DRUGS ON YOU - COCAINE

Thinking about the last 12 months.....

- Ever been found in possession of cocaine by the police? Yes (more than once)
 Yes (just once)
 No

If yes, THINKING ONLY ABOUT YOUR MOST RECENT EXPERIENCE....

- How much did you get caught with?
- ½ gm or less
 - 1gm or less
 - 2 gm or less
 - ½oz or less
 - 1oz or less
 - >1oz

- What happened?
- Let off with a telling off
 - Given a caution/warning
 - Arrested and charged

- Where were you?
- In a pub
 - In a club
 - Outside an entertainment venue

DRUGS ON YOU - MEPHEDRONE

Thinking about the last 12 months.....

• Ever been found in possession of mephedrone by the police?
.....

- Yes (more than once)
- Yes (just once)
- No

If yes, THINKING ONLY ABOUT YOUR MOST RECENT EXPERIENCE....

How much did you get caught with?

- ½ gm or less
- 1gm or less
- 2 gm or less
- ½OZ or less
- 1oz or less
- >1oz

What happened?

- Let off with a telling off
- Given a caution/warning
- Arrested and charged

Where were you?

- In a pub
- In a club
- Outside an entertainment venue
- In a public area
- In a private area
- At a festival
- Other

If other, please specify:

What part of the UK were you in at the time?

DRUGS ON YOU

Thinking about the last 12 months.....

- Have you been searched when in possession of drugs but the police have not found them? Yes (more than once) Yes (just once) No
-

- What do you think would happen to you if you got caught with.....

A spliff of cannabis

2 gram of cannabis

14 gm of cannabis

A line of cocaine

1gm of cocaine

5gm of cocaine

1 pill

5 pills

20 pills

PERSONAL DETAILS

We are interested to see if Mixmag reader's drug use changes each year. By answering the questions below we will be able to generate a unique number that will allow us to identify you if you fill in the questionnaire again. Please be assured that this information is confidential and will be safely stored by the research team. If you do not want to answer these questions please leave them blank.

Your sex Male Female

The day of your birthday (1-31)

The first letter of your first name (A-Z)

The year of your birth (00-99)

The first letter of your mother's maiden name (A-Z)

This is the end of the Mixmag Survey

When ready, please read and tick the consent statement below and click the **Submit Answers** button to complete the survey

I consent to take part and am happy for my data to be used in this survey. I confirm I am over 18.

ABOUT YOUR USE OF CANNABIS

Thinking about the last 12 months.....

- How many grams (or part of a gram) of cannabis do you usually use per day (when you use)?
- What is the most you have used in a day?
- What is the most number of days in a row you have smoked cannabis?
- Do you usually buy your own cannabis? Yes No

If yes....

How much do you usually pay for a gram of skunk?
(select nearest price)

- How many joints do you usually get from a gram of skunk?
- How often do you drink alcohol when you use cannabis? Always 75% of the time 50% of the time 25% of the time Never

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GIVING UP CANNABIS

Thinking about the last 12 months....

- Have you ever tried to stop smoking cannabis or been forced to go without cannabis for more than 2 days in the last year? Yes No

If yes, thinking back the last occasion you went without cannabis for more than 2 days....

Was it because you..... could not get any
 wanted to stop
 went away on a trip/holiday

Did you stop suddenly or cut down gradually? Suddenly
 Gradually

How many days in total did you go without?

In the weeks before you stopped before you stopped.....

Were you mostly smoking skunk, normal grass, or hash Skunk
 Normal Grass
 Hash

How many grams /week roughly were you smoking

How many joints/day were you smoking?

Please tell us which of the following symptoms you experienced during that last occasion and rate each one you experienced as mild moderate or severe?

Anger / aggression

Irritable

Nervousness/anxiety

Decreased appetite/weight loss

Restlessness

Sleep difficulties

Chills

Sweating

Headaches

Stomach pain

Low mood

Shakiness

During this period did you increase your use of tobacco? Yes No

- No
- Don't use alcohol
- Stopped alcohol as well

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DEPENDENCE

Thinking about your use over the last 12 months....

- Of all the drugs you have used, are there any that you would like to use less of?
 - None
 - Alcohol
 - Ecstasy powder
 - Nitrous Oxide
 - 2CI
 - Blue Mystic (2C-T-7)
 - GHB
 - LSD (trips)
 - Methylone
 - Steroids
 - Tobacco (cigarettes)
 - Cannabis
 - Ketamine
 - Amphetamine
 - BZP LHP pills
 - Heroin
 - Magic mushrooms
 - Ritalin
 - Temazepam
 - Tobacco (joints)
 - Cocaine powder
 - Speed
 - Amphetamine powder
 - Crack
 - Isopropyl nitrate
 - MDPV
 - Salvia Divinorum
 - Valium
 - Ecstasy pills
 - Mephadrone/Methadrone/MCAT
 - 2CB
 - Benzodiazepines
 - GBL
 - LHP pills-other
 - Methamphetamine
 - Spice/magic/warrior
 - Viagra

- Of all the drugs you have used, are there any that you would like help with to cut down or stop?
 - None
 - Alcohol
 - Ecstasy powder
 - Nitrous Oxide
 - 2CI
 - Blue Mystic (2C-T-7)
 - GHB
 - LSD (trips)
 - Methylone
 - Steroids
 - Tobacco (cigarettes)
 - Cannabis
 - Ketamine
 - Amphetamine
 - BZP LHP pills
 - Heroin
 - Magic mushrooms
 - Ritalin
 - Temazepam
 - Tobacco (joints)
 - Cocaine powder
 - Speed
 - Amphetamine powder
 - Crack
 - Isopropyl nitrate
 - MDPV
 - Salvia Divinorum
 - Valium
 - Ecstasy pills
 - Mephadrone/Methadrone/MCAT
 - 2CB
 - Benzodiazepines
 - GBL
 - LHP pills-other
 - Methamphetamine
 - Spice/magic/warrior
 - Viagra

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COCAINE DEPENDENCE

Thinking about the last 12 months.....

- When did you first take mephedrone? (month) (year)
- How accurate would you say the media coverage of risks associated with mephedrone has been?
(0 - not accurate at all, 10 - totally accurate)
- How do you think media representation of mephedrone has influenced your use?
- What is the most you have taken in a session?
- What is the most number of days in a row you have taken mephedrone?
- How often do you drink alcohol when you use mephedrone?
 Always
 75% of the time
 50% of the time
 25% of the time
 Never

- Do you usually buy your own mephedrone? Yes No

If yes....

How much did you last pay for a gram?
(select nearest price)

How many grams do you usually buy at a time?

- Do you think you will ever stop taking illicit drugs? Yes No

If yes....

What will be the last to go?

How old do you think you will be when you stop taking all illegal drugs?

Would you be interested in completing a [survey on mephedrone](#)? This separate survey is aimed at developing health information for mephedrone users.

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ABOUT YOUR USE OF MEPHEDRONE

We are interested in your use of mephedrone and how recent legislation has impacted on your use.

- Have you used mephedrone since it became illegal on April 16th 2010? Yes No

If yes, please answer the following questions...

Overall since it was made illegal has your use.....

- Have you gone looking for mephedrone especially? Yes No

Has mephedrone becoming illegal impacted upon your use of cocaine?

Has mephedrone becoming illegal impacted upon your use of Ecstasy?

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ABOUT YOUR USE OF MEPHEDRONE

Comparing the 6 months before & after....

In the 6 months before it was made illegal

In the 6 months after it was made illegal

Average price you paid per gram

Average amount you would buy at a time

How would rate purity

Amount you used in a typical session

Number of days of used in a month

Ease of access/availability (1=easy, 10=almost impossible)

In the 6 months before it was made illegal

In the 6 months after it was made illegal

Where you had purchased it from (tick as many as apply)

- Dealer
- Website
- Head shop
- Friend

- Dealer
- Website
- Head shop
- Friend

Most common source you got it from

Did you ever think your mephedrone powder was cut with something

Yes No

Yes No

Did you ever think your E pill or MDMA powder was cut with mephedrone

Yes No

Yes No

Did you ever think your cocaine powder was cut with mephedrone

Yes No

Yes No

Your overall concern about the health risks associated with its use (0=none, 10=extreme worry)

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- 25% of the time
- Never

• Do you usually buy your own speed?

- Yes
- No

If yes....

How much do you usually pay for a gram?
(select nearest price)

How many grams do you usually buy at a time?

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ABOUT YOUR USE OF KETAMINE

Thinking about the last 12 months.....

• How many grams (or part of a gram) do you usually take in a session?

• What is the most you have taken in a session?

• What is the most number of days in a row you have taken ketamine?

• How often do you drink alcohol when you use ketamine?

- Always
- 75% of the time
- 50% of the time
- 25% of the time
- Never

• Do you usually buy your own ketamine?

- Yes
- No

If yes...

How much do you usually pay for a gram?
(select nearest price)

How many grams do you usually buy at a time?

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ABOUT YOUR USE OF KETAMINE

