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EUROPEAN WEB SURVEY ON DRUGS 2024

National Report on the Study Results in Ukraine

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1. Glossary and list of abbreviations

SPSS	Statistical Package for Social Sciences
EWSD	European Web Survey on Drugs - is a standardized anonymous online survey conducted across European countries to collect comparable data on patterns, motives, and contexts of psychoactive substance use among the general population. The survey is based on a convenience (non-probability) sample, with respondents recruited primarily through online channels.
EUDA	The European Union Drugs Agency (prior known as the EMCDDA) - is a specialized EU agency that monitors, analyzes, and assesses the drug situation and associated risks, provides member states with comparable data, and supports drug policy development at the European level.
EU	European Union
PAS	Psychoactive substance
NPS	Novel psychoactive substances
NPS	New Psychoactive Substances are substances of natural or synthetic origin that are not included in the list of traditional controlled narcotics (such as cannabis, cocaine, MDMA, LSD, or heroin), but can have a similar psychoactive effect. They often emerge as "designer drugs" or "research chemicals" and may be temporarily legal or insufficiently regulated at the time of distribution.
CBD	Stands for Cannabidiol, a cannabinoid that does not cause euphoria or intoxication; it is used, among other things, for medical purposes.
Kratom	Is a psychoactive substance of plant origin, commonly used to achieve stimulating or sedative effects. The effects of kratom are associated with alkaloids that act on opioid receptors. Kratom use may be associated with a risk of developing dependence and other adverse health consequences. At the end of 2024, it was added to the list of narcotic drugs, psychotropic substances, and precursors in Ukraine.
THC	Tetrahydrocannabinol is the main psychoactive cannabinoid in cannabis responsible for its intoxicating effects.
HHC	Hexahydrocannabinol is a semi-synthetic cannabinoid, chemically related to THC that has psychoactive effects and acts on the central nervous system; it is typically produced through the hydrogenation of cannabinoids.
MDMA	3,4-Methylenedioxymethamphetamine is a synthetic psychoactive substance with empathogenic and stimulant properties that affects mood, emotional closeness, and perception.
GHB/GBL	γ -hydroxybutyric acid (GHB) and γ -butyrolactone (GBL) are psychoactive substances with depressant effects on the central nervous system; GBL is rapidly converted into GHB in the body.
3-CMC (3-chloromethcathinone)	A synthetic psychoactive substance from the cathinone group that has stimulant and empathogenic effects, impacts on mood, energy levels, and arousal.

2C-B	A synthetic psychoactive substance from the phenethylamine group that combines psychedelic and stimulant effects, affecting perception, mood, and sensations.
DMT (N,N-dimethyltryptamine)	A potent psychedelic psychoactive substance from the tryptamine group that causes short-term, intense changes in consciousness, perception, and thinking.
"Tuci" / "Tucibi" / "Pink cocaine"	An informal name for a pink, powdery mixture that typically contains various psychoactive substances in changing combinations (specifically stimulants, empathogens, and/or psychedelics); its composition is unpredictable and may vary significantly between samples.
Blotter	A paper medium impregnated with a psychoactive substance, intended for oral or sublingual use.
Nicotine Pouches	Smokeless nicotine-containing products for oral use that are placed under the upper lip. They do not contain tobacco and deliver nicotine through the oral mucosa. The use of nicotine pouches is associated with a risk of developing nicotine dependence.
Polydrug Use	Is a pattern of psychoactive substance use encompassing two dimensions: 1) the use of two or more substances simultaneously or sequentially during a single session (episode) to enhance or alter the effects; and 2) the use of different substances over a specified period (e.g., within the past year), regardless of whether they were taken simultaneously.
Sexualized drug use, SDU	Is a term referring to the intentional use of psychoactive substances before or during sexual encounters to enhance, prolong, or intensify the sexual experience. SDU encompasses a wide range of drugs and psychoactive substances and is practiced by people of all gender and sexual identities, however it is unevenly prevalent among sexual and gender minorities, who are more likely to engage in such behavior. SDU includes various subcultures of substance use in sexual contexts and is a subject of public health studies due to the associated risks to mental and sexual health.
Chemsex	This is a specific form of sexualized drug use that typically refers to the intentional use of certain psychoactive substances (often methamphetamine, GHB/GBL, and mephedrone) immediately before or during sexual sessions with the aim of enhancing, prolonging, or altering the sexual experience. While definitions in the literature may vary, chemsex is generally associated with encounters that may last for many hours or days and is predominantly practiced among men who have sex with men - though not exclusively within this group.
VET	Vocational Technical School
RTA	A road traffic accident
p.p.	Percentage points

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3. Introduction. Brief Overview of the European Web Survey on Drugs and Ukraine's Experience of Participating in the Project

The 2024 European Web Survey on Drugs (EWSD)¹, coordinated by the European Union Drugs Agency (EUDA), is the fifth round of this survey initiative, which has been implemented since 2016.

The survey was carried out from May to July 2024 and collected data from individuals aged 18 and over who use psychoactive substances (PAS) across 24 EU member states and in 11 countries and territories outside the EU, including Ukraine (data collection in Ukraine running from June through the end of July).

The survey aimed to obtain data on the behavior of psychoactive substance users, the structure of the drug scene, and recent trends in psychoactive substance consumption across European countries. Ukraine is participating in the European Web-Based Survey on Drugs for the second time, having been included for the first time in the 2021 round. The results of the 2021 survey are available in the 2021 fact sheet on Ukraine².

4. Study Methodology and Design

The 2024 European Web Survey on Drugs (EWSD) is an international comparative study implemented simultaneously across a number of European countries as an online self-administered survey using a standardized questionnaire³. Ukraine, as one of the participating countries in EWSD 2024, applied a unified methodology and questionnaire developed by EUDA, that were standardized across all participating countries. This approach ensures the comparability of results between European nations. To improve data quality in the Ukrainian study, specific, localized adjustments were made to the questionnaire to adapt it to the Ukrainian context (for example, relevant scales were used for questions about education and income).

As the authors of the EWSD methodology point out⁴, the use of web-based surveys makes it possible to obtain detailed information on patterns and practices of psychoactive substance use, as well as the characteristics of drug "markets." Web-based surveys are generally more cost-effective than other data collection methods due to lower costs associated with recruitment and questionnaire distribution, as well as the absence of data entry expenses; furthermore, respondents can complete the questionnaire at a time and place convenient for them.

The anonymity provided by this approach offers several additional advantages. In particular, anonymous online data collection has been shown to reduce response bias when addressing sensitive topics,

¹ European Web Survey on Drugs (EWSD): patterns of use – project page.

https://www.euda.europa.eu/activities/european-web-survey-on-drugs_en

² European Web Survey on Drugs 2021: Emerging findings in Ukraine.

https://www.euda.europa.eu/publications/data-fact-sheets/european-web-survey-drugs-2021-emerging-findings-ukraine_en

³ European Union Drugs Agency (2025), European Web Survey on Drugs (EWSD) 2024: methodology.

<https://www.euda.europa.eu/publications/data-factsheet/european-web-survey-drugs-2024-top-level-findings/methodology>

⁴ European Union Drugs Agency (2025), European Web Survey on Drugs (EWSD) 2024: methodology.

<https://www.euda.europa.eu/publications/data-factsheet/european-web-survey-drugs-2024-top-level-findings/methodology>

including drug use. A number of studies indicate that respondents report about substance use patterns more willingly and accurately in online surveys than in paper-and-pencil self-administered questionnaires⁵.

At the same time, online surveys have significant limitations: due to self-selection and the lack of a predefined sampling frame, the results are generally not representative of either the general population or predefined population groups. Therefore, such data cannot be used to estimate the prevalence of psychoactive substance use in the population, and the results should be interpreted with caution⁶. Web-based surveys are best viewed as a complement to traditional data sources and collection methods: when combined with these approaches, they help provide a more detailed, up-to-date, and realistic picture of changes in psychoactive substance use and related practices⁷.

Accordingly, the 2024 EWSD in Ukraine was conducted as an online self-administered survey using a non-probability (convenience) sample. The general sampling frame comprised people aged 18 and over who use drugs. Due to the lack of a sampling frame covering all people who use drugs in Ukraine, recruitment was conducted using a convenience sampling approach: through links dissemination to the questionnaire on relevant websites and social media networks (including the use of targeted advertising).

4.1. Structure and Logic of the Questionnaire

The questionnaire for the EWSD 2024 was developed by EUDA. It consisted of a core set of modules used across all participating countries and was translated into Ukrainian for the fieldwork stage in Ukraine. In addition, the questions regarding income and education level in Ukraine were adapted to better reflect Ukrainian realities and to be more comprehensible to Ukrainian respondents. The questionnaire is designed on a modular basis: in addition to set of questions posed to all study participants (e.g., experience of using specific psychoactive substances, socio-demographic questions, etc.), respondents could select modules covering the specific substances they had used and answer a detailed set of questions relating specifically to those substances. The substance-specific modules had a standard structure, covering: frequency of use; concurrent use of other substances; motivation for using a given substance; the context and locations of use; the quantity, method, and form in which the substance was used; methods of obtaining, purchasing, and delivering PAS; and experiences in receiving medical and social-psychological support related to PAS use, etc.

The questionnaire included the following thematic blocks of questions:

- 1. Demographic and identification characteristics: age, sex, gender identity, country of residence**
- 2. Experience of PAS use:** questions about the consumption of alcohol, tobacco, and a broad range of drugs
- 3. Cannabis use module**
- 4. Module on CBD/low-THC products use**
- 5. Module on cocaine use**
- 6. Module on ecstasy/MDMA use**
- 7. Module on amphetamine use**

⁵ European Union Drugs Agency (2025), European Web Survey on Drugs (EWSD) 2024: methodology. <https://www.euda.europa.eu/publications/data-factsheet/european-web-survey-drugs-2024-top-level-findings/methodology>

⁶ European Union Drugs Agency (2025), European Web Survey on Drugs (EWSD) 2024: methodology. <https://www.euda.europa.eu/publications/data-factsheet/european-web-survey-drugs-2024-top-level-findings/methodology>

⁷ European Union Drugs Agency (2025), European Web Survey on Drugs (EWSD) 2024: methodology. <https://www.euda.europa.eu/publications/data-factsheet/european-web-survey-drugs-2024-top-level-findings/methodology>

8. **Module on methamphetamine use**
9. **Module on heroin use**
10. **Module on NPS use (novel psychoactive substances)**
11. **Module on ketamine use**
12. **Socio-demographic characteristics:** education, income level, employment, source of income, etc.

Different reference periods were applied to various indicators within the questionnaire. In particular, indicators of psychoactive substance use frequency were assessed for the past 30 days and the past 12 months; questions regarding the concurrent use of substances referred to the most recent PAS use session; while the motives and settings of use were analyzed within the past 12 months, etc.

Questions regarding PAS forms used, the method of acquisition - whether purchased or obtained for free; and pattern of use were asked without a specified reference period, as well as about the respondent's usual practice.

Questions about PAS purchasing practices and the ways of receiving purchased substances used a reference period of the last 12 months.

4.2. Recruitment approach and procedures

Each participating country was responsible for planning and implementing its own respondent recruitment strategy. The sampling recruitment approach for the Ukrainian study was based on an analysis of the methods used by other EWSD participating countries, EUDA recommendations, and the experience of implementing the EWSD survey in Ukraine in 2021.

EUDA developed training materials on determining recruitment strategy that can be effectively applied in countries to ensure the coverage of key groups of users for each drug type. It also disseminated relevant recommendations and conducted training workshops for the participating countries teams.

Sampling Approach and Sample Type. Recruitment was carried out entirely online using a non-probability (convenience) sample. The recruitment strategy focused on reaching potential respondents through social media, the online channels of partner organizations, and targeted online advertising. When recruiting respondents, the focus was on utilizing existing networks for engaging with the target audience and digital tools.

Target population and survey languages. Individuals aged 18 and over who had used psychoactive substances during the past 12 months were invited to participate in the survey. The survey main language was Ukrainian. Given that a large number of people were forced to leave Ukraine due to the full-scale war, it was decided not to exclude respondents who were temporarily residing in other countries from participating in the study (there were 111 such respondents, or 9.6% of all those recruited).

Recruitment Channels and Tools

1. Promoting information about the study on social media

- Visually appealing posts were created and distributed across Facebook, Instagram, and Telegram to reach the study's target audience.
- The content was adapted to the algorithms of these digital platforms to minimize the risk of content being blocked, particularly on Facebook.
- A paid social media advertising campaign played a pivotal role in recruitment, providing precise targeting and efficient delivery of information regarding the study participation opportunities to the target audience. Advertising targeting parameters aimed at increasing ad relevance included the following settings: audience age – 21–39 years; interests including: Techno, Adult education, Rave, Tech house, Music festivals, Electronic dance music, Bars, Learning, Leisure, Distance education, Oci,

Alcohol, Web conferencing, Social network, Entertainment, Nightclubs, Nightlife, Alcoholic beverages, House music, Deep house, and Electronic music.

2. Drugstore platform as the primary recruitment source

- Drugstore platform⁸ of the Alliance for Public Health, through its website and active social media channels (Telegram, Instagram, and YouTube), served as the main recruitment tool. Its large and loyal audience, together with its reputation as a reliable source of information on psychoactive substance use, significantly expanded the study's coverage.

3. Partner networks and community-based organizations

- Partner organizations and community-based organizations disseminated information about the study through social media, email newsletters, and messengers (including Telegram and Viber). Their activity in recruiting respondents was lower compared to the 2021 survey, which reduced the overall contribution of this channel in the 2024 round.

4. Websites

- Information about the study was posted on several reputable platforms, including the websites of **Alliance Consultancy**⁹, **Drugstore**¹⁰ and **Alliance for Public Health**¹¹, which increased trust and expanded coverage of the target audience.

Monitoring and adjustments

The recruitment progress was continuously monitored by the project team; when necessary, ad campaign settings and messaging formats were adjusted to maintain the target pace of participants recruitment.

Quantitative recruitment goals

The goal agreed with the EUDA was to achieve a sample size of at least 900 participants. In total, 1,155 respondents were recruited and provided informed consent to participate in the survey, 1,044 of whom were residing in Ukraine at the time of the study.

Recruitment timeline

Preparatory activities were completed in May–June 2024, while recruitment activities were carried out during the main study period - from June to July 2024.

Analysis of recruitment channels

Study participants were asked how they had learned about the survey, and 1,083 respondents provided a response. In response to the question **“How did you hear about this survey?”**, the majority of respondents identified social media channels as their primary source of information. H The most effective recruitment tool was paid targeted advertising in social media (Google, Facebook, and Instagram), with 41% of respondents choosing this option.

Organic content on social media—such as shared posts on Facebook, TikTok, X (Twitter), and others—had a nearly identical impact: 34 respondents answered that they learned about the study this way. Together, these two channels accounted for the recruitment of more than three-quarters of the respondents.

⁸ <https://drugstore.org.ua/uk/>

⁹ <https://atac.org.ua/uk/>

¹⁰ <https://drugstore.org.ua/ru/>

¹¹ <https://aph.org.ua/>

Messaging apps (Telegram, Viber, WhatsApp, Signal) also played a significant role, through which 13% of participants learned about the survey. A noticeably smaller proportion of respondents learned about the survey from friends (6.8%) or specified the category “Other” (1.2%).

Overall, the results indicate the key role of social media and digital communication channels in the recruitment process. There are some differences between men and women regarding the channels through which they were recruited into the study. Men were more likely to indicate that they learnt about EWSD 2024 through paid social media advertising: 44.7%, compared with 36.5% of women¹². In contrast, women more frequently learned about the survey via shared organic posts on social media — 39.8% versus 29.3% for men¹³.

This completely online participants recruitment approach—relying on **Drugstore**¹⁴ as the main source and supported by community organizations—ensured that recruitment goals were met despite the difficult conditions under which Ukrainian service providers, communities, and the general public currently live and work.

4.3. Data collection

Data collection took place from 5 June to 31 July 2024. The questionnaire was programmed on the EU Survey platform, the European Commission’s official tool for surveys administering¹⁵. The use of this platform was recommended by the EUDA and was applied by all countries participating in EWSD 2024. EU Survey provides a user-friendly interface for self-administered questionnaire completion, accessible via computer, tablet, or smartphone. Upon following the survey link, respondents received brief information about the purpose of the survey, the estimated time required to complete the questionnaire, the conditions governing the use of data (including the anonymity and confidentiality of responses), as well as the informed consent form for participation in the study, which he/she confirmed by agreeing to take part in the survey. Respondents’ IP addresses were not recorded, and no financial or other incentives were provided for participation. Respondents were free to skip any question while completing the questionnaire; therefore, the responses base for different indicators may vary.

4.4. Characteristics of achieved sample

A total of 1,155 respondents agreed to participate in the study and provided informed consent. Of these, 1,149 answered at least one question included in the introductory section regarding the use of illicit psychoactive substances, while 985 respondents (85.3%) had used at least one illicit psychoactive substance during the 12 months preceding the survey.

895 respondents (77.5%) agreed to fill out at least one substance-specific thematic module in addition to the introductory questions, while another 260 (22.5%) did not select any of them (it should be noted that under the EWSD methodology, a respondent may stop participating in the survey at any time).

Most frequently respondents selected choose one or two substance-specific modules – 349 and 300 respondents, respectively – meaning that the vast majority of participants provided data on a limited number of substances. A total of 127 and 68 respondents agreed to fill out three and four substance-specific modules, respectively, while 51 respondents completed five or more modules covering different substances.

¹² p = 0,05

¹³ p = 0,05

¹⁴ <https://drugstore.org.ua/uk/>

¹⁵ EUSurvey is a free online platform developed by the European Commission for creating and managing surveys, collecting opinions, consultations, developing registration forms, and conducting studies among citizens, business, and other stakeholders. <https://ec.europa.eu/eusurvey/home/welcome>

The largest number of respondents chose to fill out module on cannabis – 732 persons, on ecstasy/MDMA – 302 persons, on CBD/low-THC products – 287 persons, and amphetamine – 200 people.

Given the sample sizes of the respondent sub-samples who selected each module, this report analyzes the following modules: cannabis (1); CBD/low-THC products (2); cocaine/crack cocaine (3); ecstasy/MDMA (4); amphetamine (5); novel psychoactive substances (NPS) (6); and ketamine (7). The methamphetamine and heroin modules are not analyzed due to the small number of responses (48 and 2 respondents, respectively).

Table 1. Number of respondents completing modules for different substances

Module (substance)	Number of respondents who selected the module to complete
CBD/low-THC products	287
Cannabis	732
Cocaine/crack cocaine	119
Ecstasy/MDMA	302
Amphetamine	200
Methamphetamine	48
Heroin	2
Novel psychoactive substances (NPS)	90
Ketamine	96

Note: The total number of respondents across the modules exceeds the overall quantity of respondents (895), as respondents could select multiple modules simultaneously.

Just over half (53.9%) of the study sample were men, 45.7% were women, and 0.4% of respondents declined to report their gender. The number of men in the sample was statistically significantly higher than that of women¹⁶. Among all EWSD 2024 respondents in EU countries and Norway, the proportion of men was higher (59%), while the proportion of women was lower (40%)¹⁷.

The vast majority of respondents (91.4%) were residing in Ukraine at the time of the study. Among respondents who were abroad, the most frequently mentioned such countries of their current places of residence as Germany (2.2%) and Poland (1.1%), followed by the Netherlands (0.9%) and Spain (0.8%). Other countries were represented by single cases. Other countries were represented by single cases.

The average age of respondents in the sample is 27.5 years, while the median age is 26 years. The median age of EWSD 2024 respondents in EU countries and Norway is higher at 30 years¹⁸. The largest age group in the Ukrainian sample is the age group of 25–34 years old (44.8%). Nearly two-fifths of respondents (39.5%) are aged 18–24. The share of people aged 35–44 is 12.1%, while that of respondents aged 45 and older is 3.7%.

4.5. Data cleaning and analysis

Data from all participating countries, including Ukraine, were cleaned and verified by the EUDA. The principles and procedures used for data cleaning were presented to the national study teams during a special online seminar organized by EUDA, after which the participating countries received the final datasets for analysis.

¹⁶ $Z = -2.785$, $p = 0.005$

¹⁷ European Union Drugs Agency (2025), European Web Survey on Drugs (EWSD) 2024: methodology. <https://www.euda.europa.eu/publications/data-factsheet/european-web-survey-drugs-2024-top-level-findings/methodology>

¹⁸ European Union Drugs Agency (2025), European Web Survey on Drugs (EWSD) 2024: methodology. <https://www.euda.europa.eu/publications/data-factsheet/european-web-survey-drugs-2024-top-level-findings/methodology>

Data analysis for the Ukrainian segment of the study was conducted using SPSS software. Descriptive analysis included the calculation of percentages for nominal and ordinal variables, as well as means, medians, and percentiles for metric variables. Data for individual indicators are presented for respondents who answered the respective question; therefore, the total number of responses may vary.

A z-test with a significance level of 0.05 was used to analyze the difference in proportions between the groups. Associations between variables were assessed considering their type: for pairs of ordinal variables, the χ^2 -criteria for Linear-by-Linear Association was used, with the strength evaluation and direction of the association by γ (gamma) coefficient. For combinations of nominal and ordinal variables, Pearson's χ^2 -criteria was applied, by evaluating the strength of association using Cramer's V coefficient. Correlations between ordinal variables were also analyzed using Spearman's rank correlation coefficient. The statistical significance of associations was determined based on the corresponding p -values.

Count indicators (including, the number of different psychoactive substances the respondent used in the last 12 months) were analyzed using generalized linear models.

Results are presented separately for men and women. Respondents who selected option "prefer not to answer" were not treated as a separate analytical group due to the small sample size ($n = 5$). They were included in the overall univariate analysis but excluded from the sex-stratified analysis. By age, the sample was divided into four age groups: 18–24 years, 25–34 years, 35–44 years, and 45 years and older.

Categories "frequency of psychoactive substance use" were formed based on the number of days each substance was used over the past 12 months. For analytical purposes, the data has been categorized into four levels such as: infrequent use (less than 11 days per year), episodic use (11–50 days), frequent use (51–250 days), and intensive/heavy use (251 days or more). This approach allows for a consistent interpretation of the indicators across different PAS and distinguish differences between respondents with varying intensities of drugs consumption¹⁹.

Since respondents could skip individual questions, the report primarily analyzes percentages calculated based on the effective sample size for the respective indicators.

4.6. Study limitations

The main limitation of this web-based survey is the non-representative nature of the sample which is driven by respondent self-selection and the lack of a predefined sampling frame. Such surveys tend to attract individuals who are more engaged with the internet and social media and more motivated to participate, which may lead to systematic biases in the composition of the sample. Accordingly, the obtained data do not reflect the structure of the general population or predefined groups and cannot be used to estimate the prevalence of psychoactive substance use. The analytical value of the study lies primarily in identifying patterns, associations, and differences within the recruited sample, as well as in tracking trends of changes, rather than in deriving population estimates.

Additional methodological limitations are associated with recruitment mechanisms and the heterogeneity of respondent recruitment channels, which may affect the composition of the sample differently across specific subgroups or regions. The predominance of digital questionnaire distribution channels increases the likelihood of overrepresenting younger and more socially active users, while other groups may be underrepresented. Furthermore, as with any self-report survey, the results depend on the accuracy of respondents' recollections of events and their willingness to disclose sensitive information, which may lead to both underreporting and overreporting of certain indicators. Taken together, these factors

¹⁹ This approach was adapted from a publication by Mongan D, Killeen N, Evans D, Millar SR, Keenan E, and Galvin B (2022) European Web Survey on Drugs 2021: Irish results. Dublin: Health Research Board. <https://www.drugsandalcohol.ie/36571/> However, the authors of the cited report used a four-category classification for cannabis and a three-category classification for other substances. In our analysis, we used a single set of categories for all substances to make it easier to compare their frequency of use.

necessitate a cautious interpretation of the results and emphasize the value of using web-based surveys coupled with other data sources.

A specific limitation is that, in accordance with the EWSD methodology, respondents complete the questionnaire independently and may skip individual questions or choose to terminate the completion of modules at their own discretion. As a result, the effective sample size (i.e., the number of respondents who provided substantive answers) may vary depending on the indicator.

Another limitation of the study is that only a small number of respondents completed certain substance-specific modules, which makes it impossible to conduct a separate analysis for those substances.

5. Summary of study results

Among those surveyed, the most common illicit substances used are cannabis, ecstasy/MDMA, and amphetamine excluding alcohol and tobacco/nicotine. During the year, cannabis was consumed by 76.8% of respondents, ecstasy/MDMA by 36.5%, and amphetamine by 26.4%. Psilocybin mushrooms were used by 22.9% of those surveyed, cocaine by 18.6%, new psychoactive substances by 18.3%, and kratom by 18%.

Among psychedelics, LSD was mentioned most frequently (13.4% per year). Ketamine had slightly lower rates – 12.6% per year. Synthetic cathinones were used by 11.1% of respondents, semi-synthetic cannabinoids by 7.4%, and synthetic cannabinoids by 1.9%.

The prevalence of heroin use stood at approximately 1%, while that of other non-prescription opioids was 4.2%. Substances such as GHB/GBL, 2-CB, and nitrous oxide showed a very low prevalence, with up to 3–4% of respondents having used them within the past year.

Respondents' answers to the open-ended question about other PAS use not included in the survey list may indicate the growing popularity of gabapentinoids, particularly pregabalin and the medication Lyrica. However, the number of responses to this open-ended question is very small, this hypothesis requires verification in future quantitative studies.

It is worth noting the significant popularity of kratom in Ukraine. Since late 2024, kratom has been classified as a banned substance under a decision of the Cabinet of Ministers of Ukraine; however, for some time, it was available for purchase even in cafés, shops, etc.

There are few differences between men and women regarding the popularity and recency of psychoactive substance use: men are more likely to report cannabis use in the past month and ketamine use in the past year, whereas women more frequently mention alcohol consumption during 30 days preceding the survey.

There are some age-related differences in the popularity and recency of using various psychoactive substances, alcohol, and tobacco/nicotine products. Younger groups of respondents (aged 18–24 and 25–34) are more likely to report about using cannabis in the past 30 days. Respondents aged 18–24 are also the most active users of nicotine products (e.g., chewing tobacco, patches, nicotine pouches, etc.). In other age groups, these figures are lower. Substances such as ecstasy/MDMA, cocaine, amphetamine, heroin, and other opioids, on the other hand, are used least frequently by the youngest age cohort (18–24 years old).

The use of ecstasy/MDMA, cocaine, amphetamine, and psilocybin mushrooms is more typical for respondents aged 25–34 and 35–44, whereas heroin and other opioids are more common among users aged 45 and over.

The EUDA has publicized aggregated EWSD results for EU countries and Norway, enabling a comparison between the PAS using profile in Ukraine and the European one²⁰. The overall structure of PAS use in Ukraine almost mirrors the hierarchy observed across Europe as a whole: cannabis, ecstasy/MDMA, and psilocybin mushrooms are used most frequently, while opioids, GHB/GBL, and synthetic cannabinoids rank lower. At the same time, the Ukrainian sample shows somewhat higher prevalence of cannabis, ecstasy/MDMA, amphetamine, psilocybin mushrooms, LSD, and some other hallucinogens (e.g., DMT and 2C-B) compared to Europe, whereas the use of cocaine and semisynthetic cannabinoids is more widespread in Europe. Although the overall pattern of PAS use in Ukraine is similar to that observed in Europe, certain substances (e.g., amphetamine, for which motivations for use also differ) demonstrate specific local patterns that are important to consider when planning prevention programmes.

²⁰ European Union Drugs Agency (2025), European Web Survey on Drugs 2024: top-level findings, 24 EU countries and Norway, https://www.euda.europa.eu/publications/data-factsheet/european-web-survey-drugs-2024-top-level-findings_en

Polysubstance use during the year

When analyzing a one-year period, polydrug use is predominant among Ukrainian consumers, with three-quarters of respondents having used more than one type of drug within the past year (excluding alcohol and tobacco). Every third respondent has a history of intensive polydrug use (five or more different psychoactive substances per year), while one-fifth of the sample used between 6 and 10 different narcotic substances. On average, respondents used 3.65 different psychoactive substances per year and 1.74 per month. Polysubstance use was prevalent among both men and women, with no statistically significant differences between the genders regarding the number of different PAS used during the year. Similarly, no differences were observed in the number of PAS used across age groups.

Polysubstance use during a single session

In most cases, psychoactive substance use does not occur in isolation: users tend to combine several PAS within a single session. Most commonly, these combinations include tobacco or nicotine products, as well as alcohol. For example, more than half of respondents who used cannabis also consumed tobacco (56.4%) and alcohol (48%) during their most recent cannabis-use session. A similar pattern is observed with other substances use: during their most recent cocaine-use session, 69.7% of respondents also consumed alcohol, while respondents who used MDMA reported concurrent use of tobacco (48.3%), cannabis (42.1%), and alcohol (41.1%). This indicates that polysubstance use during a single session is the norm rather than the exception, regardless of the primary substance, and that PAS use is frequently accompanied by alcohol and tobacco consumption.

The identified trend is essential for PAS use data interpretation and planning of prevention interventions. Polysubstance use is associated with highest risk of the development of both physiological and psychological complications, particularly when depressants (alcohol, benzodiazepines, GHB/GBL) are combined with stimulants (cocaine, amphetamine, MDMA). Such combinations may simultaneously mask the effects of some substances and increase the toxic burden on the body, making it more difficult to identify risks in a timely manner and reducing the effectiveness of standard approaches to diagnosis and prevention.

Concerning one of the most frequent patterns of polydrug use — combining illicit drugs and alcohol during the same session — there is a statistically significant, yet moderate, correlation between the respondents' age and the prevalence of this practice. The proportion of individuals reporting this combination during their last episode of substance use is highest among the younger age cohorts and successively declines with age — from 59.2% among respondents aged 18–24 to 34.6% in the 45 and older group.

Characteristics of cannabis use

Cannabis is the most prevalent illicit substance in the Ukrainian sample. This PAS type is used frequently, which is its specific feature: every third respondent who answered the questions in the cannabis module reported frequent use (from 51 to 250 days per year); while every fifth reported heavy cannabis use (more than 250 days per year). The frequency of cannabis use depends on age: it is lowest among the youngest respondents (18–24 years old) and increases significantly in older age cohorts. At the same time, a higher proportion of recent cannabis users in the 18–24 and 25–34 age groups reported using the substance in the last 30 days — meaning their current use is more frequent — but the number of days on which they used cannabis was lower. Most often, cannabis use is accompanied by the consumption of alcohol and tobacco.

Characteristics of CBD/ low-THC products use

The use of CBD/low-THC products is widespread among Ukrainian PAS users: 58% of respondents reported using these products during the last year preceding the survey. The predominant reasons for substances use are functional in nature, namely: stress reduction and relaxation, sleep improvement, and coping with depression/anxiety.

Characteristics of cocaine use

Cocaine is the third most common substance in EU countries, but in Ukraine, it ranks significantly lower in popularity, trailing behind cannabis, ecstasy/MDMA, psilocybin mushrooms, and amphetamine. In terms of prevalence within the Ukrainian sample, cocaine aligns more closely with the group of new psychoactive substances (NPS), as well as LSD and other hallucinogens. The majority of respondents who used this substance reported about the infrequent cocaine use (fewer than 11 days per year) — accounting for 69% of consumers. The older the respondents, the more often they practice to use cocaine. Cocaine is most commonly used at home (reported by nearly three-quarters of respondents who completed the cocaine module), followed by clubs/bars and music festivals/parties (each second respondent). Relatively high rates of cocaine use are observed in cars (16%), at work (15%), and at chemsex parties (8%). The prevalence of cocaine use at chemsex parties increases linearly with the respondent's age.

Characteristics of Ecstasy/MDMA use

Ecstasy/MDMA is the second most popular illicit PAS in both Ukraine and EU countries. At the same time, respondents in Ukraine use it irregularly: 83% reported that they had used the substance for no more than 11 days during the past year. There are age-related differences in the motivations for and contexts of ecstasy use: “out of curiosity/to experiment” motive is most common in the youngest age group (18–24) and declines rapidly in older cohorts. At the same time, the likelihood of using ecstasy/MDMA in clubs or bars and at chemsex parties increases with age. The way to alter sexual experience is a the most frequently reported motivation among ecstasy/MDMA users (33.8%).

Characteristics of amphetamine use

The situation with consumption in Ukraine warrants particular attention for several key reasons. Firstly, the prevalence of this PAS use within the country exceeds the European Union average. Secondly, there are distinct variations in settings of this substance use: across the EU, an average of 16% of respondents reported having used amphetamine at work, while this figure is nearly twice as high in Ukraine, standing at 31%. Thirdly, there is a distinct difference in the motivation behind amphetamine consumption: enhancing performance in academic, professional, or athletic settings was reported as a reason by 45% of respondents in Ukraine, whereas the EU average stood at just 21%.

Unlike cocaine and ecstasy/MDMA consumers in Ukraine, respondents who used amphetamine were more likely to report about a heavy use – 251 or more days per year (accounting for 7% of users) and frequent use – 51–250 days per year (accounting for 17% of users).

It can be assumed that functional tasks and the need for physical endurance determine the specific pattern of amphetamine use in Ukraine. The strongest associations with increased frequency of substance use are linked to contexts involving high functional load and mobility (work, driving, public places), as well as to motivations oriented towards enhancing performance, maintaining alertness, pain relief, and managing one's mental state. In contrast, recreational motivations reasons (“for fun” and “out of curiosity”) show virtually no association with the frequency of drug use.

In particular, as the frequency of amphetamine consumption increases, the likelihood of using it at work rises significantly — this is the strongest recorded association between the frequency and context of use²¹. The second strongest association is observed between the frequency of use over the past year and the experience of using amphetamine in a car²².

A similar pattern is observed when it comes to motivation. The more frequently respondents cite motivations such as enhancing performance (education, work, sports, etc.)²³ or staying awake and alert, the more frequently they use amphetamines during the year.

Overall, the results obtained align with the hypothesis that as the frequency of substance use is increased the role of instrumental contexts (primarily work- and mobility-related) and functional motives are reinforced, whereas purely recreational motives show no distinct gradation by intensity of drug use.

Characteristics of new psychoactive substances (NPS) use

When referring to NPS, respondents most commonly meant stimulants – synthetic cathinones (“salts”), such as mephedrone. Nearly 60% of respondents who chose to complete module on NPS reported having used these substances. There were gender differences in the motivations for NPS use: women were more likely than men mentioned such motivations as “to stay awake/alert” and “to get high or for fun.” As in the case of ecstasy/MDMA, the motivation for NPS use “out of curiosity/to experiment” declines monotonically with increasing respondent's age. Regarding the settings of NPS use, these substances were used at chemsex parties exclusively by men – approximately 13% of male consumers reported about this, while no such cases were reported among female. As with other substances, the likelihood of using NPS in a car increased with age, reaching 33% in NPS users aged 35–44 who filled out the relevant questionnaire block.

Characteristics of ketamine use

The study included almost no respondents who used ketamine frequently or intensively. Recreational purposes were the most common motivation for ketamine use, with respondents most frequently reporting using it “to get high/for fun.” However, functional motives were also reported. Ketamine was used to reduce stress or for relaxation, and to cope with depression/anxiety.

Frequency of various PAS use

An analysis of the frequency of psychoactive substance use in the last 12 months preceding the survey shows that most of these substances are used rarely or sporadically. Cannabis has the highest proportion of frequent (32.8%) and intensive (18.7%) use over the past year among all substances. In contrast, substances such as cocaine, ecstasy/MDMA, and ketamine are mostly used infrequently, and about the frequent or intensive substance use are reported only in isolated cases. For example, only 2.2% of respondents reported about frequent or heavy use of MDMA over the past year, while as for ketamine use – there were reported almost no such cases. Amphetamine stands out against this background, showing a noticeably higher level of regular use. About a quarter of respondents (23.5%) reported frequent (16.8%) or heavy (6.7%) use of the substance within the last year.

An analysis regarding the intensity of psychoactive substance use over the past 30 days indicates that an episodic monthly profile dominates for most of them (a median of 1 day for cocaine, MDMA, and ketamine; 2 days for NPS). Cannabis is characterized by a significantly higher regularity of use during the month (a median is 6 days; mean is 10.75 days). Compared to other substances, amphetamine stands out due to a polarized pattern of use frequency: while the median is 2 days per month, the upper frequency

²¹ Cramer's V =0,478

²² Cramer's V =0,382

²³ Cramer's V =0,390

percentiles (75th – 6.25; 90th – 15.5; 95th – 25.15 days) indicate the existence of a subgroup of intensive consumers with weekly or almost daily substance use.

Sexualized drug use and chemsex parties

Drug using to alter the sexual experience is a relatively common practice among study participants. Among all respondents who completed at least one substance-specific module, 4.1% indicated that a chemsex-party was a place for PAS use within the last year. At the same time, 29.5% of respondents reported about using at least one of PAS to alter their sexual experience during the same period (sexualized drug use).

One in three ecstasy/MDMA consumers (33.8%) reported using this psychoactive substance over the past year to alter their sexual experience. The prevalence of this motivation in users of cannabis, cocaine, amphetamine, and other psychoactive substances is also notable — the indicator ranging from 15.1% to 23.3%.

It has been noted approximately the same prevalence of psychoactive substance use at chemsex parties among men and women included in study sample. This indicates that the practice is not limited exclusively to the community of men who have sex with men. At the same time, a clear correlation with age is observed: the older the respondent, the more likely they are to have used drugs at chemsex parties in the past year. Chemsex parties are the most frequently reported as a place and context for PAS use in the past year: cocaine users (8.4%), users of NPS (6.7%), amphetamine users (6.5%), and ecstasy/MDMA users (5.6%). Users of CBD/low-THC substances, ketamine, and cannabis reported chemsex parties as a location of substance use significantly less frequently.

With respect to the experience of sexualized drug use within the last year, its prevalence is not statistically correlated with respondents' gender or age; both male and female, as well as substance users from various age cohorts, report about this experience with equivalent frequency.

6. Discussion of the survey results and directions for future studies

Despite the high value of the data obtained, it is important to emphasize that the EWSD results do not allow for conclusions to be drawn about the actual prevalence of substance use in Ukraine. To obtain a more complete picture, it is necessary to conduct representative national studies that will make it possible to assess the prevalence of substance use, the number of users, and identify high-risk groups. Combining EWSD data with the results of representative surveys will enable the creation of a comprehensive monitoring system in the future, ensuring the development of an effective, evidence-based drug policy.

Gender-specific patterns of alcohol consumption by PAS users

The data obtained indicate the need to conduct a separate study regarding alcohol consumption among women who use psychoactive substances. According to EWSD 2024 data, women reported alcohol consumption within the 30 days prior to the study slightly more frequently than men — by approximately 6 percentage points — but this difference is statistically significant. It is important to determine whether the PAS use is a contributing factor to heavier alcohol consumption among women compared to men, and whether this pattern leads to a greater physical, psychological, or social burden for this group. Further studies should focus on identifying potential gender differences in the risks and consequences associated with the combined use of alcohol and other psychoactive substances.

Vulnerability of youth in the context of concurrent use of nicotine and PAS

The study results indicate a high prevalence of tobacco and nicotine products consumption across all age groups of people who use PAS, however, there are significant differences between age groups. Tobacco consumption, including electronic cigarettes and heated tobacco products, is a widespread practice — the rate of current use within the last 30 days exceeds 60% in all age groups of PAS users, but reaches over 80% among persons aged 18–24.

For other nicotine-containing products (chewing tobacco, nicotine patches, and nicotine pouches), the age gradient is even more pronounced than for tobacco. The highest rates of current use are observed among young people aged 18–24 (in the 18–24 age group 18.2% respondents reported about the use within the last 30 days, 7.7% – in the 25–34 age group, and 1.1% – in the 35–44 age group), whereas older age groups are dominated by those who have never used them. This indicates a concentration of new and alternative forms of nicotine consumption among younger respondents.

The high prevalence of tobacco and nicotine product consumption in younger people participated in EWSD 2024 is consistent with trends observed in the general population of Ukraine. According to data from the Kyiv International Institute of Sociology (KIIS) collected in February – March 2025, 45% of young people aged 18–39²⁴ consume tobacco or nicotine products, and this figure has increased significantly compared to 33% in 2024²⁵. According to KIIS researchers, one of the factors contributing to the rise in tobacco and nicotine consumption has been the aggressive marketing of heated tobacco products and e-cigarettes: 37% of young smokers aged 18–29 use heated tobacco products, and 39% use e-cigarettes²⁶.

In combination with well-known trends of aggressive marketing for e-cigarettes and heating tobacco devices, this consumption pattern may increase the vulnerability of young people to the co-use of nicotine and psychoactive substances. In particular, the normalization of alternative nicotine products and their

²⁴ Definition of the authors of the study we are citing.

²⁵ Tobacco and nicotine products consumption in adults and attitudes toward electrically heated tobacco products. <https://kiis.com.ua/?lang=ukr&cat=reports&id=1517&page=1>

²⁶ Tobacco and nicotine products consumption in adults and attitudes toward electrically heated tobacco products. <https://kiis.com.ua/?lang=ukr&cat=reports&id=1517&page=1>

perception of them as 'less harmful' may lower the barriers to their use simultaneously with PAS, creating additional health risks.

Further studies should focus on analyzing how the combination of nicotine and illegal tobacco products affects the health of young people, as well as on identifying differences among age groups in terms of accessibility, marketing exposure, and perceptions of the harm posed by alternative nicotine products, with the aim to develop targeted prevention and support interventions.

Polysubstance use as a key to understanding contemporary patterns of PAS use

Polysubstance use indicators within the Ukrainian sample demonstrate that the majority of respondents do not confine themselves to a single substance over a twelve-month period, but rather combine multiple substances, often across a wide spectrum. This highlights the limitations of approaches based on categories such as “amphetamine user” or “cannabis user,” which do not fully reflect actual behavioral patterns of substance use. In this context, it is more relevant to analyze typical substance combinations and consumption clusters, as it enables the identification of groups with distinct risk profiles and provides a better understanding of the motivations, contexts, and consequences of polysubstance use.

At the same time, it is essential to distinguish between polysubstance use over a given period and the combination of several psychoactive substances during a single session of use. The data indicate that a substantial proportion of people who use psychoactive substances practice such within-session combinations, which strongly associated with elevated health risks and adverse clinical outcomes. For instance, combining depressants with stimulants, particularly alcohol with cocaine, can be problematic (69.7% of respondents who use cocaine reporting about these substances combination). Such combinations are associated with an increased risk of adverse physiological effects resulting from complex pharmacological interactions.

Given these results, prevention and support programs should be reoriented from focusing on individual substances towards considering typical polysubstance use patterns, particularly the highest risk combinations used within a single session. This approach may improve the effectiveness of interventions by making them more relevant to real-world substances use practices and the needs of different risk groups.

“Work-Related” psychoactive substance use: contexts, motivations, and risks

The use of amphetamine and cocaine in the working environment represents an understudied but important area in Ukraine, related to the use of stimulants to enhance productivity, concentration, and endurance. At present, it remains unclear exactly in which specific sectors of employment and occupational groups such practices are prevalent, which categories of workers are involved, and what organizational and socioeconomic conditions contribute to their emergence.

The results obtained indicate that amphetamine use in Ukraine has a specific risk profile, characterized by higher prevalence, greater overall frequency of use, as well as more often use in work-related contexts, and a clearly expressed motivation to enhance efficiency. This configuration may reflect a combination of economic pressure, labor market characteristics, and behavioral adaptation strategies specific to the Ukrainian context.

Further studies should be focused on analyzing specific employment sectors and working conditions wherein stimulants serve as “performance enhancers”, as well as assessing the potential implications of these practices for occupational safety, mental health, and overall workers’ vulnerability. Particular attention should be paid to regular amphetamine users as a high-risk group, that may require specific preventive and support interventions.

Psychoactive substance use in the contexts of vehicle operation and road safety

The data obtained on substance use in vehicles highlights the need for a separate study regarding the potential impact of drugs on traffic collision risks, particularly in light of the inherently high rate of road traffic incidents in Ukraine. Our country has the lowest level of car ownership in Europe; however, the traffic accident mortality rate in Ukraine is significantly higher than in any EU country²⁷. Currently, we do not know whether the respondents are drivers or passengers, but the substance use practices in vehicles they reported indicate potential scenarios of unsafe behavior that remain unstudied. Between 2021 and 2024, the number of citations for driving under the influence of alcohol or drugs in Ukraine increased each year. During the same period, the number of road traffic crashes resulting in injuries or fatalities involving impaired driving increased by 19%²⁸. The number of road traffic accidents resulting in injuries increased by 11% in 2024²⁹. Unfortunately, data provided by the Patrol Police does not make it possible to distinguish between cases of alcohol and drug intoxication.

The EWSD module on cannabis use — the most common illicit psychoactive substance in Ukraine, with three-quarters of survey participants reporting use over the past year — provides some insight into the scale of the problem. Respondents who filled out this module were asked whether they held a valid driving license and whether they had driven a vehicle (car, motorcycle, etc.) within four hours after using cannabis³⁰.

Approximately 40% of cannabis users held a valid driving license, and 39% of this group reported having driven a vehicle within four hours after cannabis use: 15% in the last 30 days, 11% over the past year, and 13% more than a year ago. Thus, among drivers who use cannabis, the practice of driving shortly after using this psychoactive substance is quite common.

An important aspect is the age heterogeneity in the prevalence of PAS use while driving. Older people who use cannabis, cocaine, and NPS more frequently report such practices, which may reflect differences in mobility styles, work routes, or greater access to personal vehicles. Older age cohorts should therefore be a key focus of further studies into this phenomenon and related interventions.

A more accurate assessment of the prevalence of chemsex practices and sexualized drug use

The results obtained regarding psychoactive substance use in the context of chemsex parties indicate that this practice is not limited exclusively to men who have sex with men, but is part of the experience of both men and women. The likelihood of having such an experience during the year preceding the survey increases with age.

Chemsex parties are a distinct, narrower subtype of sexualized drug use. As indicated by scientific literature, the prevalence of sexualized PAS use in the general population is generally higher than the prevalence of chemsex in the narrow sense of the term³¹.

The EWSD study design allows only an indirect measurement of both the prevalence of sexualized drug use — through questions about drug use motivation, including choosing the variant "for better sex" as reason — and the prevalence of chemsex (captured through a separate response option regarding the settings of PAS use within the past year). The difference between the proportion of respondents who cite

²⁷ The road traffic fatality rate in Ukraine is five times higher than in Europe. <https://hnh.news/11027/riven-smertnosti-v-dtp-v-ukrayini-upyatero-vyshhyi-nizh-u-yevropi/>

²⁸ The number of traffic accidents caused by drunk drivers has increased by 19% since the start of the full-scale invasion. Last year, the highest number of drunk drivers was recorded in Dnipropetrovska, Odeska oblasts, and in Kyiv. January 24, 2025. <https://opendatabot.ua/analytics/drunken-dtp-2024>

²⁹ The number of road traffic accidents with casualties increased by 11% in 2024. Top most dangerous roads in Ukraine. October 4, 2024. <https://opendatabot.ua/analytics/dtp-2024-8>

³⁰ Other modules did not include such questions.

³¹ Ramazanova, M., Turdaliyeva, B., Igissenova, A. I., Zhakupova, M., Izbassarova, A. S., Seifuddinova, M., Nurlybaeva, G., Yergeshbayeva, R., & Karibayeva, I. (2025). Prevalence of Sexualized Substance Use and Chemsex in the General Population and Among Women: A Systematic Review and Meta-Analysis of Cross-Sectional Studies. *Healthcare*, 13(8), 899. <https://doi.org/10.3390/healthcare13080899>

“for better sex” as a motivation for using PAS and the proportion of those who report participating in chemsex parties may indicate that the latter figure reflects only a limited aspect of the sexualized PAS use phenomenon.

Indeed, respondents were more likely to choose “for better sex” as a reason than to report participating in chemsex parties. For example, 21.7% of respondents who completed the module on cannabis use selected this reason as a relevant, whereas only 1.9% of them chose chemsex parties as the context for substance use. For ecstasy/MDMA, the corresponding figures were 33.8% and 5.6%, respectively.

In future studies, it would be advisable to simultaneously employ at least two complementary approaches: a separate fact-based assessment of experiences of participating in chemsex parties and a separate assessment of sexualized drug use that is not limited solely to the motivational aspect. The additional use of cognitive interviews will provide a better understanding of how respondents interpret these wordings, which situations they include under each concept, and how they formulate their responses. Such a combination of quantitative and qualitative methods is essential for a more accurate assessment of the scale of both practices and the associated risks.

7. General results of the study

7.1. Demographic profile of the sample

Men accounted for slightly more than half of the sample (53.9%), women made up 45.7%, and 0.4% of respondents declined to disclose their gender identity. The proportion of men in the sample was statistically significantly higher than that of women ³².

Table 2. Gender distribution of total study sample

	n	%
Woman	526	45,7
Man	621	53,9
I don't want to answer	5	0,4
Total	1 152	100

More than half of the respondents in the sample (52.0%) identified themselves as men, while 43.6% identified as women. A total of 3.1% of respondents identified themselves as transgender or non-binary, while 1.3% declined to disclose their gender identity.

Table 3. Distribution of total study sample by gender identity

	n	%
Man	597	52
Transgender or non-binary person	36	3,1
Woman	500	43,6
Preferred not to answer	15	1,3
Total	1 148	100

The vast majority of respondents (91.4%) were residing in Ukraine at the time of the study. Among respondents residing abroad, most often cited Germany (2.2%) and Poland (1.1%) as their sites of location, followed by the Netherlands (0.9%) and Spain (0.8%). Other countries were mentioned only in a few cases.

Table 4. Distribution of respondents by country of current residence

	n	%
Ukraine	1044	91,4
Germany	25	2,2
Poland	13	1,1
Netherlands	10	0,9
Spain	9	0,8
France	6	0,5
Portugal	4	0,4
Slovakia	3	0,3
Turkey	3	0,3
Austria	2	0,2
Cyprus	2	0,2
Estonia	2	0,2
Italy	2	0,2

³² Z = -2,785, p = 0,005

Switzerland	2	0,2
Belgium	1	0,1
Czech Republic	1	0,1
Latvia	1	0,1
Montenegro	1	0,1
Sweden	1	0,1
Other countries	10	0,9
Total	1142	100

The most common living arrangement among the respondents participated in survey, are the following: a couple without children – 37.1%; those who live on their own – 27.1%, and persons live with their parents – 14.4% . 8.1% of respondents indicated that they sharing the housing with peers, live in student housing, or in a dormitory. 6.0% of those surveyed defined their living arrangement as a “couple with minor children”. The remaining options accounted for small shares: “other situation” — 3.2%, “no fixed address” — 1.5%, “couple with adult children” — 1.2%, “single adult with minor children” — 1.1%, and “single adult with adult children” — 0.3%.

Table 5. Respondent living arrangement

	n	%
Couple without children	404	37,1
Single person living alone	295	27,1
Living with parents	157	14,4
Shared living with peers / student housing / dormitory	88	8,1
Couple with minor children	65	6
Other situations	35	3,2
No fixed address	16	1,5
Couple with adult children	13	1,2
Single adult with minor children	12	1,1
Single adult with adult children	3	0,3
Total	1088	100

More than half of the respondents (51.2%) work full-time. Another 10.7% are self-employed part-time, 8.8% are self-employed full-time, and 7.3% are employed part-time. The share of unemployed respondents or those receiving social assistance stands at 6.8%. Unemployed students account for 5.4% of the sample, while working students represented 5.1%. 3.6% of respondents reported other options for income or employment status (e.g., retirement or family caregiving, etc.), and 1.1% – received disability benefits.

Table 6. Distribution of respondents by employment status

	n	%
Full-time employee	556	51,2
Part-time self-employed	116	10,7
Full-time self-employed	95	8,8
Part-time employee	79	7,3
Unemployed / receiving social assistance	74	6,8
Student (full-time or part-time)	59	5,4
Working student	55	5,1
Other (e.g., retired, homemaker/caregiver)	39	3,6
Disablement payout	12	1,1
Total	1085	100

Regarding educational attainment, the largest proportion of respondents includes the persons with a basic higher education (bachelor's degree)—29.3%. A total of 24.8% of respondents have a master's degree, and 10.2% have a specialist degree. An incomplete higher education (equivalent to an associate degree, technical or vocational college diploma) has been reported by 12.2%. 10.7% hold a certificate of complete secondary education. 3.0% had completed additional training based on secondary education. Smaller proportions were accounted for by respondents who had completed vocational school (2.4% with a full secondary education and 2.3% with an incomplete secondary education), had an incomplete secondary education (1.2%), had completed graduate studies or held an academic degree (1.7%), or fell into other categories (1.0%). A very small number of respondents had a primary education (0.1%) or an incomplete primary education (0.2%).

Table 7. Distribution of respondents by educational attainment

	n	%
Basic higher education (Bachelor's degree)	318	29,3
Complete higher education (Master's degree)	269	24,8
Incomplete higher education (Junior Specialist - diploma of a technical school, vocational school, or college)	132	12,2
Complete secondary education (certificate of complete general secondary education for 10–11 grades)	116	10,7
Complete higher education (Specialist degree)	111	10,2
Additional education following completion of secondary school (vocational and general education courses, etc.)	33	3
Vocational/technical school (PTU) based on complete secondary education	26	2,4
Graduated from a Vocational School (PTU) based on lower secondary education (Grade 8-9 Certificate), received a High School Diploma (Certificate of Complete Secondary Education).	25	2,3
Postgraduate Studies, Academic Degree (Candidate of Sciences / PhD, Doctor of Sciences)	19	1,7
Lower Secondary Education (Basic Secondary Education Certificate, Grade 8-9)	13	1,2
Vocational Education based on lower secondary school, without a Certificate of Complete Secondary Education	10	0,9
Incomplete primary education (less than 4 years of primary school)	2	0,2
Primary education (4–7 grades of secondary school)	1	0,1
Other	11	1
Total	1086	100

The most numerous age group is respondents aged 25–34, accounting for 44.8%. Almost two-fifths of the respondents (39.5%) are aged 18–24. The share of individuals aged 35–44 is 12.1%, while respondents aged 45 and older make up 3.7%.

Table 8. Distribution of respondents by age group

	n	%
18-24 years	451	39,5
25-34 years	512	44,8
35-44 years	138	12,1
45 years and older	42	3,7
Total	1143	100

The largest share of respondents (37.7%) reported an average monthly income of UAH 44,000 or more after taxes. Nearly one-fifth (19.6%) reported an income in the range of UAH 25,000–43,999. An income within the range of UAH 10,000–14,999 was reported by 12.1% of respondents, 20,000–24,999 UAH - by 10.6%, 15,000–19,999 UAH - by 10.1%, and 5,000–9,999 UAH - by 9.9%.

Table 9. Distribution of respondents by income level

Monthly Income Range (UAH, after tax)	n	%
5000–9999	106	9,9
10000–14999	130	12,1
15000–19999	108	10,1
20000–24999	114	10,6
25000–43999	211	19,6
44,000 or more	405	37,7
Total	1074	100

7.2. The consumption of illicit psychoactive substances, alcohol, and tobacco in the last year

7.2.1. Prevalence of polysubstances use in Ukraine

Methodological note: It should be noted, that according to the EWSD methodology, respondents could choose not to answer any given question, therefore, the number of respondents varies by substance—ranging from 915 to 1,148. As a result, the percentages based on the entire sample are consistently slightly lower than those calculated among respondents who answered the relevant question. This is particularly important for less common or stigmatized substances, for which non-response rates may be higher than for alcohol and tobacco consumption. Detailed comparative information is provided in Table 10. It should also be noted that, given the recruitment strategy utilized, the data presented here cannot be considered representative for the entire population using drugs in Ukraine.

The most commonly consumed substances among study participants were alcohol, tobacco, and cannabis. More than two-thirds of respondents reported about alcohol (66.9%) and tobacco consumption (64.8%) within the last 30 days, while over half (57.6%) reported cannabis use. Over a 12-month period (defined as use in the last 30 days or during the 12 months prior to survey), the corresponding figures for substances consumption are the following: 77.1% - for alcohol, 71.3% - for tobacco, and 76.8% - for cannabis. In the past year, 58.4% of all respondents used CBD/low-THC products.

The next most popular were ecstasy/MDMA and amphetamine. During the past year, 36.5% and 26.4% of respondents reported using these substances, respectively, while 13.6% and 11.4% reported use within the last 30 days.

Psilocybin mushrooms had been used by 22.9% of respondents during the past year and 5.9% - within the last month.

18.6% of respondents had used cocaine in the past year, and 7.9% - in the past month.

Almost the same percentage of respondents has used new psychoactive substances and kratom: 18.3% and 8.8% - in the last year, and 18% and 7.4% - within the past month respectively. Out of the psychedelic group, LSD mentioned most frequently (13.4% - over the year; 2.8% - over the month).

Ketamine accounts for a comparatively smaller, but still notable, share (12.6% in the past year; 4.5% in the past month).

Synthetic cathinones have been used by 11.1% of respondents in the past year and 4.7% - in the past month, while semi-synthetic cannabinoids have been used by 7.4% and 2.3%, respectively.

The usage rate for synthetic cannabinoids is lower (1.9% over the past year; 0.5% over the past month).

The use of heroin and other opioids is not widespread: heroin was used by approximately 1% of people over the past year, while other opioids without a prescription (methadone, buprenorphine, fentanyl) accounted for 4.2%. Certain less commonly used substances (GHB/GBL, “Tuci”/“Tucibi”/“Pink cocaine,” and nitrous oxide) show very low prevalence rates: up to 3–4% over the past 12 months and less than 1% in the last month.

Table 10. Substance use during the last 30 days and in the last 12 months prior to the survey

Substance	Used within the last 30 days, % of those who responded	Used within the last 30 days, % of total respondents	Used within the last year, % of those who responded	Used within the last year, % of total respondents
Alcohol	79,7	66,9	91,9	77,1
Cannabis	58	57,6	77,4	76,8
Tobacco (including e-cigarettes and heated tobacco products)	76,7	64,8	84,5	71,3
CBD/low-THC products ³³	-	-	58,8	58,4
Ecstasy/MDMA	13,7	13,6	36,7	36,5
Amphetamine	11,5	11,4	26,6	26,4
Psilocybin mushrooms	7,2	5,9	28,1	22,9
Cocaine (powder cocaine, crack cocaine or cocaine base)	7,9	7,9	18,8	18,6
New psychoactive substances (NPS)	8,9	8,8	18,5	18,3
Kratom	9,2	7,4	22,5	18,1
Other nicotine-containing products (including chewing tobacco, nicotine patches, and pouches)	11,3	8,9	21,5	17
LSD	3,4	2,8	16,6	13,4
Ketamine	5,6	4,5	15,7	12,6
Synthetic cathinones (mephedrone, 3-CMC, etc.)	5,8	4,7	13,8	11,1
Other over-the-counter drugs	7,5	6,1	13,3	10,7
Over-the-counter benzodiazepines	5,8	4,7	11,9	9,5
Methamphetamine	3,8	3,7	8,3	8,2
Semi-synthetic cannabinoids	2,8	2,3	9,1	7,4
- Other hallucinogens (DMT, 2C-B, etc.)	2,5	2	7,7	6,1
Other opioids (methadone, buprenorphine, fentanyl) over-the-counter	3	2,4	5,3	4,2
GHB/GBL	1,2	1	4,4	3,6
“Tuci” / “Tucibi” / “Pink cocaine”	0,9	0,7	3,3	2,6
Synthetic cannabinoids (Spice)	0,6	0,5	2,4	1,9
Nitrous oxide	0,2	0,2	1,3	1
Heroin	0,4	0,4	1	0,9

There are few differences between men and women in terms of their experience of psychoactive substance use and its recency (i.e., when they last used these substances). Detailed data are provided in Annex 1.

³³ Respondents were asked only about substance use in the past 12 months.

Men are more likely to report using cannabis in the past 30 days (63.4% versus 51.5% in women³⁴). In contrast, women are more likely to report using it in the past 12 months (21.9% versus 17.3%) and more than a year ago (20.6% versus 15.5%).

The percentage of current nicotine product consumers (chewing tobacco, patches, pouches, etc.) is higher among men than women: 14.2% versus 7.7%, whereas the proportion of women who have never used them is higher than that of men (64.1% vs 53.1%).

Men are more likely to report about the recent experience of ketamine use (within the past 12 months: 12.5% vs. 7.3%), whereas women are more likely to report about having such experience longer ago (14.4% vs. 8.9%).

Among women, it is observed a higher proportion of those who have never used other hallucinogens (DMT, 2-CB, etc.)—77.5% versus 68.9%; synthetic cannabinoids (Spice)—86.1% versus 78%; and LSD—52.1% versus 44.9%.

However, women more frequently report consuming alcohol within the last 30 days (82.8% vs. 77.2%³⁵). No substantial gender differences are observed for other substances.

Regarding age-related differences in substance use, cannabis use in the past 30 days is more common among younger age groups (18–24 and 25–34 years) than in older age cohorts³⁶ (detailed data are provided in Annex 2).

Ecstasy/MDMA use experience is also associated with age: the youngest (18–24 years old) and the oldest (45+) groups have the highest percentage of those who have never used this substance: 42.1% and 58.5%, respectively.

Regarding cocaine use, two age groups stand out: respondents aged 35–44 - have a high percentage of use in the last 30 days at 15.9%; and those aged 18–24, who are the least likely of all groups to have ever tried cocaine (72.6% reporting that they had never used the substance).

Data regarding the experience of amphetamine use show a similar trend - in the 18–24 age group, there are fewer respondents who have used this substance than in the 25–34 and 35–44 age groups.

In terms of heroin, in the two youngest groups of respondents, almost no one has used this substance (1.6% and 3.1%); whereas in the 35–44 age group, the number rises sharply—21% have reported lifetime use it at some point, while in the 45+ age group, such respondents account for more than half—53.7%.

A similar pattern is observed for other opioids (methadone, buprenorphine, and fentanyl): the two youngest age groups are less involved in the use of these substances - approximately 1% having used them in the last 30 days, whereas already 8.2% of respondents of the 35–44 age group have used them within the last month, and in the oldest cohort - nearly half of respondents (47.6%).

The youngest respondents (aged 18–24) are the most active consumers of nicotine products (chewing tobacco, patches, pouches, etc.): among them - 18.2% have used these products in the last 30 days, while 51.6% have consumed them throughout life . The corresponding figures are lower in all other age groups.

The 25–34 and 35–44 age groups have the highest proportions of respondents with experience using psilocybin mushrooms—60.7% and 65.3%, respectively—whereas these figures are statistically significantly lower in the youngest and oldest age groups.

³⁴ Z-test for the difference between two proportions, p -value less than or equal to 0.05 ($p \leq 0.05$)

³⁵ All differences in proportions between men and women cited in this paragraph are statistically significant at the $p \leq 0.05$ level.

³⁶ All differences in proportions between age groups cited in this paragraph are statistically significant at the $p \leq 0.05$ level.

7.2.2. Comparison of data on psychoactive substance use in Ukraine with pan-European data

The EUDA has published aggregated data for 24 EU countries and Norway based on the 2024 EWSD survey results³⁷, making it possible to compare the prevalence of various psychoactive substances use in Ukraine with that in EU countries as a whole³⁸. To assess the similarity in the patterns of PAS use between Ukraine and the EU, the Spearman rank correlation coefficient was calculated between the substances ranks based on the indicator of past-year use, which amounted to 0.91³⁹. This means that the overall hierarchy of substance popularity is very similar: cannabis, ecstasy/MDMA, and psilocybin mushrooms are at the top of the ranking for both Ukraine and the EU, while opioids, GHB/GBL, and synthetic cannabinoids (Spice) are at the bottom position. At the same time, there are some differences reflecting the specifics of the Ukrainian consumption profile (for example, amphetamine and LSD rank higher in Ukraine, whereas cocaine and semi-synthetic cannabinoids rank higher on average in the EU).

Compared with the EU average, substantially higher prevalence rates in Ukraine are observed for:

- **Cannabis:** 76,8% versus 59,0% (+17,8 percentage points (p.p.))⁴⁰
- **Ecstasy/MDMA:** 36.5% vs. 30.0% (+6.5 p.p.).
- **Psilocybin mushrooms:** 22.9% vs. 18.0% (+4.9 p.p.).
- **Amphetamine:** 26.4% vs. 17.0% (+9.4 p.p.).
- **LSD and other hallucinogens:** 15.8% vs. 10.0% (+5.8 p.p., $p < 0.001$).

Significantly higher rates of drug use in the EU than in Ukraine were recorded for:

- **Cocaine:** 29.0% versus 18.6% (-10.4 p.p. for Ukraine).
- **Semi-synthetic cannabinoids:** 14.0% vs. 7.4% (-6.6 p.p.).

Table 11. Comparison of prevalence of various psychoactive substance use during the year in Ukraine and Europe as a whole

Substance or category	Ukraine, %	Europe, %	Difference, percentage points (p.p.)	Ukraine/ Europe rank
Cannabis	76,8	59	+17,8	1 / 1
Ecstasy or MDMA	36,5	30	+6,5	2 / 2
Psilocybin mushrooms	22,9	18	+4,9	4 / 4
Amphetamine	26,4	17	+9,4	3 / 5
Cocaine	18,6	29	-10,4	5 / 3
New psychoactive substances	18,4	16	+2,4	6 / 6
LSD or other hallucinogens	15,8	10	+5,8	7 / 10
Ketamine	12,6	14	-1,4	8 / 7,5
Synthetic cathinones	11,1	9	+2,1	9 / 11
Other over-the-counter drugs (ID11)*	10,7	6	+4,7	10 / 12
Over-the-counter benzodiazepines	9,5	12	-2,5	11 / 9
Semi-synthetic cannabinoids	7,4	14	-6,6	13 / 7,5
Methamphetamine	8,2	5	+3,2	12 / 13
Heroin or other opioids	4,8	3	+1,8	14 / 15
GHB/GBL	3,5	3	+0,5	15 / 15
Synthetic cannabinoids	1,9	3	-1,1	16 / 15

³⁷ European Union Drugs Agency (2025), European Web Survey on Drugs 2024: top-level findings, 24 EU countries and Norway, https://www.euda.europa.eu/publications/data-factsheet/european-web-survey-drugs-2024-top-level-findings_en

³⁸ For comparison purposes, the Ukrainian substance use data were recoded into categories comparable to those used in the European Union Drugs Agency (2025) publication, European Web Survey on Drugs 2024: top-level findings, 24 EU countries and Norway, https://www.euda.europa.eu/publications/data-factsheet/european-web-survey-drugs-2024-top-level-findings_en

³⁹ $p < 0,001$

⁴⁰ All differences presented here have statistically value at the $p < 0.001$ level.

7.2.3 Polysubstance Use

Two indicators were calculated for each respondent: (1) the number of illicit psychoactive substances⁴¹, used in the last 12 months and (2) the number of such substances used in the past 30 days. Further analysis was conducted for the subsample of respondents who had used at least one illicit substance within the last year.

In annual juncture, the use of a single substance was the most common (25.6%). However, polysubstance use practice is the predominant pattern: 74.4% of respondents reported using two or more substances in the past 12 months, and 57.7% reported using three or more. One in three respondents in this subsample (31.6%) has an experience of heavy polysubstance use (using five or more substances in a year), while almost one-fifth (19.5%) has used 6–10 different substances. The proportion of those who used more than 10 substances stands at 1.7%.

In the past 30 days, 17.3% of respondents had not used any illicit substances, 40.5% had used only one, and 42.2% - two or more substances. The prevalence of heavy polysubstance use over the past month was, as expected, substantially lower than over the 12-month period: 7.1% of respondents reported using five or more substances (including 3.5% who had used 6–10 substances and 0.1% who had used more than 10).

Among respondents who had used at least one type of illicit PAS in the last year, the mean number of various PAS used was 3.65 over the year period and 1.74 over the month.

Table 12. Polysubstance use in the last 30 days and the last 12 months

	During the last 12 months		During the last 30 days	
	n	%	n	%
No substances	-	-	170	17,3
1 substance	252	25,6	399	40,5
2 substances	165	16,8	204	20,7
3 substances	154	15,6	90	9,1
4 substances	103	10,5	52	5,3
5 substances	102	10,4	34	3,5
6–10 substances	192	19,5	35	3,5
More than 10 substances	17	1,7	1	0,1
Total	985	100	985	100

The average number of illicit substances used was estimated for each gender⁴². Over the 12-month period, the figures are 3.69 for women and 3.61 - for men, with a total average indicator of 3.65. The difference between men and women is also not statistically significant. Over the 30-day period, the corresponding figures are 1.71 for women and 1.77 - for men, with a total average indicator of 1.74. The gender difference for this indicator is also statistically insignificant. Thus, across both time frames—the year and the month—no gender-related differences are found in the average number of substances used. The values were close to each other and fell within the margin of statistical error.

The mean⁴³ quantities of illicit substances used do not differ statistically significantly across age groups. Over 12 months (analysis only among those with any use during the year): 3.74 - among those aged

⁴¹ CBD/ low-THC substances, alcohol, tobacco, and nicotine products were excluded from the analysis.

⁴² Expected values of used substances amount were estimated separately for each gender using generalized linear models. The model utilized a Poisson distribution and a log link function, with Pearson overdispersion correction (Pearson χ^2). For the past-12-month indicator, the analysis included only respondents who reported any substance use. No statistically significant differences were found between women and men.

⁴³ Expected values of used substances amount were estimated separately for each gender using generalized linear models. The model utilized a Poisson distribution and a log link function, with Pearson overdispersion correction

18–24; 3.59 - among those aged 25–34; 3.71 - in 35–44 aged group; 45+ – 3.30. The differences between the groups are insignificant. Over 30 days: aged 18–24 – 1.78; aged 25–34 – 1.64; aged 35–44 – 1.95; aged 45+ – 1.94. The higher values observed in the 35–44 and 45+ age groups do not differ significantly from those in the other age cohorts taking into account the margin of error. Therefore, no age differences in the average number of substances used have been recorded for either the year or the month period. The observed differences fall within the range of statistical error.

7.2.4. Frequency of various psychoactive substances use

Within each substance-specific module, respondents answered questions regarding the frequency of respective substance use during the last 12 months⁴⁴ and over the past 30 days preceding the survey⁴⁵.

An analysis of the frequency of psychoactive substance use within the 12 months prior to the survey indicates that for most substances, their use is characterized as rare or episodic. Among all PAS, cannabis has the highest proportion of regular use within the last year: 32.8% of respondents reported frequent use, and 18.7% reported about heavy use.

In contrast, substances such as cocaine, ecstasy/MDMA, ketamine, and new psychoactive substances (NPS) are mostly used episodically throughout the year, while cases of frequent or heavy consumption are rare. In particular, only 2.2% of respondents reported frequent or heavy use of MDMA in the past 12 months, whereas such patterns of use are virtually nonexistent in the case of ketamine.

Against this background, amphetamine stands out as a substance with a significantly higher level of regular use in the course of year. Almost a quarter of respondents (23.5%) reported frequent (16.8%) or heavy (6.7%) use within the last 12 months, which significantly distinguishes amphetamine from other substances in terms of consumption stability.

Table 13. Frequency of various PAS use in the last year (days per year), %

	Cannabis (herbal or resin)	Cocaine	Ecstasy/ MDMA	Amphetamine	NPS	Ketamine
Infrequent use (<11 days)	25,8	69,4	82,8	47,5	62,5	67,9
Occasional use (11–50 days)	22,6	20,7	15,1	29,1	20,8	29,8
Frequent use (51–250 days)	32,8	9,9	1,8	16,8	13,9	2,4
Heavy use (≥251 days)	18,7	0	0,4	6,7	2,8	0

The analysis of the intensity of psychoactive substance use in the last 30 days prior to the survey indicates that, for most substances, the monthly pattern of use is predominantly episodic. In particular, the median values for cocaine, MDMA, and ketamine are 1 day per month, and for NPS - is 2 days per month, indicating isolated or situational episodes of use during the month. Cannabis is characterized by more regular monthly use (median of 6 days, mean of 10.75 days), indicating a significantly higher frequency of use compared with other substances.

Amphetamine stands out in particular: despite a relatively low median (2 days per month), the distribution of its use is characterized by distinct polarization. The upper percentiles (the 75th percentile is 6.25 days, meaning that every fourth user consumes amphetamine approximately once a week or more frequently; the 90th percentile is 15.5 days; the 95th percentile is 25.15 days; and the maximum is 30 days)

(Pearson r). For the 12-month indicator, the analysis included only respondents who reported any use of PAS. No statistically significant differences by age were found.

⁴⁴ Respondents were offered the following response options: 1–5 days per year, 6–10 days, 11–20 days, ..., 251–300 days, and so on.

⁴⁵ The respondent answered an open-ended question by reporting the number of days.

indicate the presence of a subgroup of intensive users for whom amphetamine consume becomes regular or almost daily throughout the month. It is this subgroup that shapes the core risk profile and determines the priority given to amphetamine in the planning of service provision and preventive interventions.

Table 14. Frequency of various PAS use in the last month (days), %

	Cannabis (herbal or resin)	Cocaine	Ecstasy/MDMA	Amphetamine	NPS	Ketamine
Median (days)	6	1	1	2	2	1
Mean (days)	10,75	1,96	1,16	4,94	3,56	1,77
75th percentile	20	2	1	6,25	3	2
90th percentile	29	5	3	15,5	10	5
95th percentile	30	9,3	4,25	25,15	21,8	7,1

8. Cannabis Use

Sample of respondents completing the cannabis use module

The sample for the cannabis-related questions block consists predominantly of men (56.8%) and people aged 25–34 (47.7%). In total, 732 respondents chose to fill out this question block, with 730 people providing information about their age and gender.

Table 15. Respondents who completed the cannabis module by gender and age

	n	%
Woman	315	43,2
Man	414	56,8
18-24 years old	290	39,7
25-34 years old	348	47,7
35-44 years old	72	9,9
45 years old +	20	2,7
Total	730	100

Overall frequency of cannabis use

The most numerous groups of respondents were those who reported frequent cannabis use (32.8%). It is worth noting that nearly one in five (18.7%) respondents who completed the cannabis module reported heavy substance use—251 or more days per year.

Table 16. Frequency of cannabis (herb or resin) use in the last year (days per year)

	n	%
Infrequent use (<11 days)	178	25,8
Occasional use (11–50 days)	156	22,6
Frequent use (51–250 days)	226	32,8
Heavy use (≥251 days)	129	18,7

The frequency of cannabis use over the last year is associated with age, with older respondents more likely to fall into higher-intensity use categories⁴⁶. The proportion of respondents reporting about heavy drug use (≥251 days per year) increases from 12.1% in 18–24 age group to 21.6% in the 25–34 age cohort, 23.5% in the 35–44 age group, and 45.0% among those aged 45 and older. The 18–24 age group differs statistically significantly⁴⁷ from all other age cohorts showing the lowest rates of heavy cannabis use.

There is a clear and statistically significant association between gender and the frequency of cannabis use over the course of a year⁴⁸. Women are more likely to report infrequent use, whereas men report intensive use. 35.0% of women reported infrequent cannabis use (<11 days per year), compared to 18.8% of

⁴⁶ To assess the contingency between the variables, a linear-by-linear association χ^2 test was used ($\chi^2 = 8.08$, $p = 0.004$). The strength and direction of this contingency were assessed using gamma coefficient ($\gamma = 0.151$, $p = 0.003$), which indicates a weak positive relationship.

⁴⁷ $p < 0,05$

⁴⁸ Contingency tables for nominal and ordinal variables were analyzed using Pearson's chi-square test of independence. Cramér's V coefficient was used to assess the strength of the association. In this case, a statistically significant contingency was found between the variables ($\chi^2(3) = 30.36$; $p < 0.001$), with a moderate strength of association ($V = 0.210$).

men⁴⁹; at the same time, the proportion of men engaging in heavy cannabis use (≥ 251 days per year) is twice as high as that of women — 24.0% versus 12.2%⁵⁰.

Frequency of herbal cannabis use

A similar pattern is observed regarding cannabis use in general: 33% of respondents used herbal cannabis over the course of the year predominantly frequently, and approximately 20% of surveyed reported heavy use of herbal cannabis.

Table 17. Frequency of herbal cannabis use in the last year (days per year)

	n	%
Infrequent use (<11 days)	176	26,0
Occasional use (11–50 days)	146	21,5
Frequent use (51–250 days)	224	33,0
Heavy use (≥ 251 days)	132	19,5

Frequency of cannabis resin use

In contrast to herbal cannabis, cannabis resin was used by respondents predominantly infrequently (63.7%), and only 9.6% of those surveyed reporting frequent use during the year.

Table 18. Frequency of cannabis resin use in the last year (days per year)

	n	%
Infrequent use (<11 days)	93	63,7
Occasional use (11–50 days)	35	24,0
Frequent use (51–250 days)	14	9,6
Heavy use (≥ 251 days)	4	2,7

Form of cannabis used

Respondents were asked about the forms of cannabis they had used during the last year prior to the survey. The vast majority reported using cannabis in the form of herbal cannabis (95.4%). Furthermore, cannabis was relatively frequently consumed in the form of edibles (27.5%), e-liquids (22.3%), resin (21%), and oil/extract (16.1%).

Table 19. Forms of cannabis used

Multiple responses were permitted

	n	%
Herbal cannabis (“weed,” “buds”)	698	95,4
Cannabis edibles	201	27,5
E-cigarette liquid	163	22,3
Cannabis resin (hashish)	154	21,0
Cannabis oil/extracts	118	16,1
Cannabis-infused cosmetics	34	4,6
Other forms	5	0,7
Cannabis crystals	4	0,5

⁴⁹ $p < 0,05$

⁵⁰ $p < 0,05$

Routes of herbal cannabis administration

Herbal cannabis was most commonly consumed by respondents using a water pipe (55.4%), followed by a joint (23.4%) and a dry pipe (15.0%).

Table 20. Route of herbal cannabis administration

	n	%
Water pipe ("bong")	376	55,4
Hand-rolled cigarette ("joint", "doobie")	159	23,4
Dry pipe or pipette	102	15,0
Vaporizer	25	3,7
Oral ingestion (as an ingredient in food products)	7	1,0
Oral ingestion (as an ingredient in beverages)	2	0,3
Other	8	1,2

Routes of cannabis resin administration

Responses regarding the routes of cannabis resin consumption were broadly similar to those concerning herbal cannabis use. Cannabis resin was most commonly consumed using a water pipe (58.8%), followed by a dry pipe (19.6%) and joints (15.5%).

Table 21. Routes of cannabis resin administration

	n	%
Water pipe ("bong", "wet")	87	58,8
Dry pipe or pipette	29	19,6
Hand-rolled cigarette ("joint", "doobie")	23	15,5
Vaporizer	2	1,4
Oral ingestion (as an ingredient in beverages)	1	0,7
Oral ingestion (as an ingredient of food products)	1	0,7
Other	5	3,4

Reasons for cannabis use

Among the reasons for cannabis use in the last year, respondents most frequently cited stress relief and relaxation (73.2%). Using cannabis for getting high or fun was also commonly reported by respondents (60.7%). A substantial proportion of respondents using the drug to cope with their psychological: to improve sleep (45.1%) and to manage depression or anxiety (44.9%).

Table 22. Reasons for cannabis use
Multiple responses were permitted.

	n	%
To reduce stress / for relaxation	536	73,2
To get high / for fun	444	60,7
To improve sleep	330	45,1
To manage depression / anxiety	329	44,9
To socialize	238	32,5
To enhance sexual pleasure / for better sex	159	21,7
To enhance performance (study/work/sports, etc.)	150	20,5
To reduce pain / inflammation	149	20,4
Due to dependence	131	17,9
Out of curiosity / to experiment	117	16,0
For spiritual reasons	78	10,7

Younger respondents are more likely to report recreational and experimental motives for cannabis use. The proportion of those who chose the motive 'out of curiosity/to experiment' consistently decreases with age: 18-24 aged group – 21.4%, 25-34 aged group – 13.5%, 35-44 aged group – 9.7%, and 5.0% among those aged 45 and older⁵¹. The 'for socializing' motive is roughly equally prevalent across all groups, with the exception of the oldest respondents: 18-24 – 37.6%, 25-34 – 29.3%, 35-44 – 34.7%, and 45+ – 10.0%. The motive 'to enhance performance' is most frequently reported in the two youngest age groups: 18-24 – 23.4%, 25-34 – 21.3%, 35-44 – 6.9%, 45+ – 15.0%⁵². Other reasons for cannabis use (to improve sleep, to manage depression/anxiety, to reduce pain/inflammation, sexual purposes, dependence, spiritual motives, etc.) do not differ statistically across age groups.

The only clear difference in cannabis use motivation by gender is 'to improve sleep': men are more likely than women to report using cannabis for this reason (48.6% versus 40.3%)⁵³. For the motive 'to reduce pain/inflammation', there is only a borderline difference in favor of women (23.5% vs. 17.6%)⁵⁴.

Method of obtaining herbal cannabis

The majority of respondents do not engage in the self-production of cannabis. Respondents predominantly either purchase this PAS (63.5%) or receive it for free (32.6%). Only 2.5% of respondents reported about producing it themselves.

Table 23. Method of obtaining herbal cannabis

	n	%
Mostly buy	427	63,5
Mostly receive for free	219	32,6
Mostly produce myself	17	2,5
Other	9	1,3

Method of obtaining cannabis resin

Conversely, regarding cannabis resin, 16.3% of respondents produce it themselves. However, purchasing it and obtaining it free of charge remain the primary methods of acquisition (42.9% and 36.7% respectively).

Table 24. Sources of cannabis resin acquisition

	n	%
Mostly buy	63	42,9
Mostly receive for free	54	36,7
Mostly produce myself	24	16,3
Other	6	4,1

⁵¹ $\chi^2(3)=11,75$; $p=0,008$; Linear-by-Linear $\chi^2=11,15$; $p=0,001$; $\gamma=-0,301$.

⁵² $\chi^2(3)=10,14$; $p=0,017$; Linear-by-Linear $\chi^2=6,40$; $p=0,011$; $\gamma=-0,196$.

⁵³ $p=0,027$

⁵⁴ $p=0,051$

Sources of cannabis acquisition

The main channels of cannabis procurement are personal contacts (through friends/acquaintances – 61.2%; direct contact with a dealer – 51.2%), followed by purchasing through messaging apps (33.1%). Other channels of drug procurement are somewhat less common.

Table 25. Sources of cannabis acquisition

% among those who had purchased herbal cannabis in the last 12 months; respondents could select multiple response options.

	n	%
I bought it from friends or people I know	305	61,2
I contacted my source/dealer directly (in person, by phone, email, or text message)	255	51,2
Via messaging apps (e.g., Telegram, Viber, Signal)	165	33,1
On an encrypted online marketplace / darknet (e.g., using Tor or another browser)	44	8,8
In a legal/authorized retail outlet (including pharmacies and coffeeshops)	44	8,8
In an illegal/unauthorized shop	27	5,4
It was offered to me on the street	15	3,0
In a shop on surface internet	14	2,8
through social media (for example, Snapchat, Facebook, or Instagram)	13	2,6
In a cannabis club	11	2,2
Other	9	1,8

Sources of cannabis resin acquisition

Cannabis resin was purchased primarily through direct contact with a dealer (68%), through friends/acquaintances (52%), and via messaging apps (34%).

Table 6. Sources of cannabis resin acquisition

% among those who had purchased herbal cannabis in the last 12 months; respondents could select multiple response options.

	n	%
I contacted my source/dealer directly (in person, by phone, via email, or by text message).	34	68
I bought it from friends or people I know	26	52
Via messaging apps (e.g., Telegram, Viber, Signal)	17	34
On an encrypted online marketplace / darknet (e.g., using Tor or another browser)	4	8
In a legal/authorized retail outlet (including pharmacies and coffeeshops)	4	8
Through social media (for example, Snapchat, Facebook, or Instagram)	3	6
In a shop on surface internet	3	6
In an illegal/unauthorized shop	3	6
It was offered to me on the street	1	2
Other	1	2

Means of delivering cannabis resin and herb

Both cannabis resin and herbal cannabis were predominantly delivered via in-person visits near the respondents' homes.

Table 7. Means of delivering cannabis resin and herb

% among those who had purchased herbal cannabis in the past 12 months; respondents could select multiple response options.

	n	%
Handed over in person near my house	23	46
I picked it up without personal contact (from an agreed location)	19	38
Home delivery (in person)	15	30
Regular mail or shipping	9	18
Other	7	14

Table 8. Means of herbal cannabis delivery

% among those who had purchased herbal cannabis in the past 12 months; respondents could select multiple response options.

	n	%
Handed over in person near my house	221	44,4
I picked it up without personal contact (from an agreed location)	177	35,5
Home delivery (in person)	120	24,1
Regular mail or shipping	82	16,5
Other	60	12,0

Concurrent use of other substances with cannabis

Among respondents who use cannabis, the most common substances consumed simultaneously with cannabis during their recent session are tobacco/nicotine (56.4%) and alcohol (48.0%). A considerably smaller proportion of those surveyed reported combining cannabis with ecstasy/MDMA (6.8%) or amphetamine (6.3%). Psilocybin mushrooms (4.0%), LSD (3.3%), kratom (3.3%), and synthetic cathinones (3.1%) were mentioned somewhat less frequently.

More uncommon combinations with cannabis included non-prescription opioids (methadone, buprenorphine) (2.7%), powder cocaine (2.2%), ketamine (2.0%), and methamphetamine (1.5%). Only a few individual respondents reported the simultaneous use of cannabis with other substances (1.2%), other hallucinogens (1.0%), benzodiazepines (0.8%), crack cocaine (0.4%), “Tuci”/”Tucibi” (0.3%), as well as heroin, GHB/GBL, and synthetic cannabinoids (0.1% each).

Table 9. Substances consumption concurrently with cannabis during the most recent episode of use
Respondents could select multiple response options

	n	%
Tobacco / nicotine	413	56,4
Alcohol	351	48,0
Ecstasy / MDMA	50	6,8
Amphetamine	46	6,3
Psilocybin mushrooms	29	4,0
LSD	24	3,3
Kratom	24	3,3
Synthetic cathinones (mephedrone, etc.)	23	3,1
Other opioids (methadone, buprenorphine, etc.)	20	2,7
Cocaine (powder)	16	2,2
Ketamine	15	2,0
Methamphetamine	11	1,5
Other drugs	9	1,2
Other hallucinogens (DMT, 2C-B, etc.)	7	1,0
Benzodiazepines (without a prescription)	6	0,8

Crack cocaine	3	0,4
"Tuci" / "Tucibi" / "Pink cocaine"	2	0,3
Heroin	1	0,1
GHB/GBL	1	0,1
Synthetic cannabinoids (Spice)	1	0,1
No other substances	170	23,2

Settings of cannabis use

The vast majority of respondents reported using cannabis at home (91.1%), as well as outdoors (58.1%) in the last year. Notable proportions of surveyed also reported using cannabis at music festivals/parties (39.6%), in public places (streets, parks) (37.4%), and in clubs/bars (30.3%). Respondents less frequently reported using cannabis at the workplace (15.8%) or in a car (7.9%) over the last year. The cases of cannabis use at chemsex parties were mentioned very rare (1.9%).

*Table 30. Settings of cannabis use in the last year
Respondents could select multiple response options*

	n	%
At home (your own place or someone else's house)	667	91,1
In nature	425	58,1
At a music festival or party	290	39,6
In public places (street, park, etc.)	274	37,4
In a club or bar	222	30,3
At work	116	15,8
In a car	58	7,9
In educational settings	23	3,1
In a drug consumption room	16	2,2
At a chemsex party	14	1,9
Other	6	0,8

Men were more likely than women to report about the experience of cannabis use at work and in a car⁵⁵ during the year preceding the survey. As expected, the youngest respondents (aged 18–24) were more likely than those in other age groups to report about cannabis use in an educational settings⁵⁶. The prevalence of cannabis use in a car increases monotonically with age, reaching 25% among respondents aged 45 and older⁵⁷.

⁵⁵ $p \leq 0,05$

⁵⁶ $\chi^2(3)=18,35$; $p<0,001$; Linear-by-Linear $\chi^2=12,61$; $p<0,001$; $\gamma=-0,714$.

⁵⁷ $\chi^2(3)=13,26$; $p=0,004$; Linear-by-Linear $\chi^2=10,07$; $p=0,002$; $\gamma=0,293$.

9. Use of CBD/low-THC products

Sample of respondents completing the module on CBD/low-THC substances use

287 respondents chose CBD/low-THC products module to fill out, of whom 286 provided information on their age and gender. Among the respondents selected this module, the share of women and men is approximately equal. The vast majority of respondents in this module are people under 35 years old (88.2%).

Table 31. Distribution of respondents completing the module on CBD/Low-THC products use by gender and age

	n	%
Female	146	51,2
Male	139	48,8
18-24 years old	126	44,1
25-34 years old	126	44,1
35-44 years old	29	10,1
45+	5	1,7
Total	286	100

Form of CBD/Low-THC products used

CBD/low-THC products were most commonly consumed in the form of herbal cannabis (50.2%) and edibles (47.4%).

Таблиця 10. Form of CBD/Low-THC Products Used

Respondents could select multiple response options

	n	%
Herbal cannabis (plan, buds)	144	50,2
Cannabis edibles	136	47,4
Cannabis cigarettes/joints	100	34,8
Cannabis oils/extracts	97	33,8
E-liquids	75	26,1
Cannabis resin (hashish)	41	14,3
Cosmetic products	28	9,8
Crystals	4	1,4
Other forms	14	4,9

Reasons for using CBD/low-THC products

Among the reasons for consuming CBD/low-THC products in the last year prior to survey, functional use is predominated: for reducing stress/relaxation (78.7%), improving sleep (53.3%), and managing depression/anxiety (50.9%).

Таблица 11. Reasons for CBD/low-THC products use

Respondents could select multiple response options.

	n	%
To reduce stress /for relaxation	226	78,7
To improve sleep	153	53,3
To overcome depression/anxiety	146	50,9
Out of curiosity/to experiment	111	38,7
To get high/for fun	102	35,5
To reduce pain/inflammation	65	22,6
To enhance performance (studying/work/sports, etc.)	60	20,9
For socializing	57	19,9
To avoid/reduce illicit cannabis use	17	5,9
To prevent cannabis withdrawal syndrome (cold turkey)	14	4,9
Other	8	2,8

As for this question, a statistically significant difference between women and men is found only for the motive “to enhance performance (studying/work/sports)”: men citing this reason more often (26.6% versus 15.1%)⁵⁸.

The only reason for using CBD/low-THC products that shows statistically significant age-related differences is 'to reduce pain/inflammation'. The proportion of respondents selecting this reason generally increased with age: 18.3% among those aged 18–24, 21.4% among those aged 25–34, 41.4% among those aged 35–44, and 40.0% among those aged 45 and older⁵⁹.

Settings of CBD/low-THC product use

The vast majority of respondents who had used CBD/low-THC products in the last 12 months reported doing so at home (84.7%). A substantial proportion of those surveyed also indicated consumption of these products outdoors in natural (37.3%) and in public places, such as streets, parks, etc. (27.9%). Music festivals/parties (21.6%) and clubs/bars (17.4%) were also relatively common settings for substances use, whereas these practices occurred less commonly at the workplace (15.0%). The cases of episodic consumption in educational settings (5.9%) and inside vehicles (4.9%) were registered, while use substances at chemsex parties were rarely cited (0.3%).

Table 34. Settings of CBD/low-THC product use in the last year

Respondents could select multiple response options.

	n	%
At home (your own home or someone else's home)	243	84,7
In nature	107	37,3
Public space (street, park, etc.)	80	27,9
Music festival or party	62	21,6
Club or bar	50	17,4
At work	43	15,0
In educational settings	17	5,9
In car	14	4,9
Other	11	3,8
Drug consumption room	5	1,7
Chemsex party	1	0,3

⁵⁸ $p=0,016$

⁵⁹ $\chi^2(3)=8,22$; $p=0,042$; Linear-by-Linear $\chi^2=6,01$; $p=0,014$; $\gamma=0,260$.

Men are more likely than women to use CBD/low-THC products in educational institutions and in nature⁶⁰. As expected, the youngest respondents (aged 18–24) are more likely than those in other age groups to use these products in educational settings⁶¹, while older age cohorts tends to consume them at home⁶². It should also be noted that, the younger age group is more likely than others to use CBD/low-THC products in public places (such as streets, parks, etc.), accounting for 39%⁶³.

⁶⁰ $p \leq 0,05$

⁶¹ $\chi^2(3)=10,93$; $p=0,012$; Linear-by-Linear $\chi^2=7,36$; $p=0,007$; $\gamma=-0,663$.

⁶² $\chi^2(3)=22,90$; $p<0,001$; Linear-by-Linear $\chi^2=0,35$; $p=0,553$; $\gamma=0,206$.

⁶³ $\chi^2(3)=15,94$; $p=0,001$; Linear-by-Linear $\chi^2=15,63$; $p<0,001$; $\gamma=-0,458$.

10. Cocaine use

Sample of respondents completing cocaine use module

A total of 119 respondents answered the question included in the cocaine module, with equal representation of female and male participants; the modal age category was 25-34 years (47.1%).

Table 35. Distribution of respondents completing cocaine use module, by gender and age

	n	%
Female	60	50,4
Male	59	49,6
18-24 years old	40	33,6
25-34 years old	56	47,1
35-44 years old	23	19,3
Total	119	100

Type of cocaine used

Only two respondents reported using crack cocaine (none of whom used this type exclusively). Therefore, this section focuses solely on powder cocaine used by all respondents who completed this survey module.

Table 12. Type of cocaine used

	n	%
Both types	2	1,8
Cocaine powder	110	98,2
Crack cocaine	0	0

Frequency of cocaine use

No respondent reported about heavy use of cocaine— meaning 251 days or more per year. The majority of respondents (69.4%) reported infrequent cocaine use (fewer than 11 days per year).

Table 37. Frequency of cocaine use in the last year (days per year)

	n	%
Infrequent use (<11 days)	77	69,4
Occasional use (11–50 days)	23	20,7
Frequent use (51–250 days)	11	9,9
Intensive use (≥251 days)	0	0

The annual frequency of cocaine use does not depend on the respondent's gender. There is a statistically significant association between age and annual frequency of use: older respondents are more likely to report more frequent cocaine consumption⁶⁴.

⁶⁴ Although the results are marginally significant: $\chi^2=5,98$; $p=0,014$; $\gamma=0,310$; $p=0,053$.

Routes of cocaine administration

The vast majority of respondents (92.4%) used cocaine intranasally. A very small proportion of respondents used cocaine via other methods.

Table 38. Route of cocaine administration

	n	%
Nasal administration (drug is insufflated through the nose, snorting)	110	92,4
Dissolving in the mouth	6	5,0
“Chasing the dragon” (inhaling vapours from foil)	1	0,8
Rectal administration	1	0,8

Concurrent use of other substances with cocaine

During their most recent use session, cocaine was most frequently combined with alcohol (69.7%) and tobacco/nicotine (54.6%). One in four respondents reported using herbal cannabis (25.2%), while ecstasy/MDMA (15.1%) and ketamine (13.4%) were also relatively common. Other combinations were less frequent: amphetamine (8.4%), hashish (5.9%), psilocybin mushrooms (4.2%), and synthetic cathinones (3.4%). Respondents also occasionally mentioned the use of methamphetamine, benzodiazepines, GHB/GBL, kratom (1.7% each), other hallucinogens, or crack cocaine (0.8% each).

Table 39. Substances consumed concurrently with cocaine during the most recent episode of use

Respondents could select multiple response options.

	n	%
Alcohol	83	69,7
Tobacco / nicotine	65	54,6
Herbal cannabis	30	25,2
Ecstasy / MDMA	18	15,1
Ketamine	16	13,4
Amphetamine	10	8,4
Cannabis resin (hashish)	7	5,9
Psilocybin mushrooms	5	4,2
Synthetic cathinones (mephedrone, etc.)	4	3,4
Other drugs	3	2,5
Methamphetamine	2	1,7
Benzodiazepines (without a prescription)	2	1,7
GHB/GBL	2	1,7
Kratom	2	1,7
Other hallucinogens (DMT, 2C-B, etc.)	1	0,8
Crack cocaine	1	0,8

Reasons for cocaine use

Among the reasons for cocaine use, the recreational motive—“to get high/for fun”— was predominated; 73.9% of respondents who completed this module gave this answer. In addition, cocaine was often used to improve socializing (41.2%). Less common but still widespread reasons for cocaine use include such as “out of curiosity/to experiment” (24.4%); “to stay awake” (22.7%); and “to reduce the effects of alcohol” (19.3%).

Table 13. Reasons for cocaine use

Respondents could select multiple response options.

	n	%
To 'get high' /for fun	88	73,9
For socializing	49	41,2
Out of curiosity/to experiment	29	24,4
To stay awake	27	22,7
To reduce the effect of alcohol	23	19,3
To reduce stress/to relax	20	16,8
To enhance sexual pleasure, for better sex	18	15,1
To enhance performance (study/work/sports, etc.)	16	13,4
To manage depression/anxiety	7	5,9
Hihe	2	1,7

There is one clear age-related difference in the prevalence of motives for cocaine use: the proportion of respondents who used the substance 'out of curiosity/to experiment' decreases with age: 18–24 years – 40.0%, 25–34 years – 17.9%, and 35–44 years – 13.0%. No differences are found by gender.

Settings of cocaine use

When responding to questions regarding the locations of cocaine use in the last year, respondents most frequently selected the options 'at home' (73.1%), followed by 'in clubs/bars' (52.9%) and 'at music festivals/parties' (51.3%). Less frequently, respondents reported using cocaine in cars (16.0%), at work (15.1%), and in public spaces or outdoors (13.4% each). Chemsex parties were noted as a location and context of consumption by 8.4% of respondents.

Table 41. Settings of cocaine use in the last year

Respondents could select multiple response options.

	n	%
At home (your own home or someone else's home)	87	73,1
Club or bar	63	52,9
Music festival or party	61	51,3
In car	19	16,0
At work	18	15,1
Public spaces (street, park, etc.)	16	13,4
In nature	16	13,4
Chemsex party	10	8,4
Drug consumption room	2	1,7
In educational settings	2	1,7
Other	0	0,0

Women were more likely than men to use cocaine in public places (e.g., on the street, in parks etc.). Cocaine use prevalence at chemsex parties increases linearly with age: 2.5% in the 18–24 age group, 8.9% in the 25–34 age group, and 17.4% in the 35+ group⁶⁵. It is likely that the 35–44 age group uses cocaine in a car more often (34.8%) than those in the 18–24 (12.5%) and 25–34 (10.7%) age cohorts⁶⁶.

⁶⁵ $\chi^2(2)=4,25$; $p=0,120$; Linear-by-Linear $\chi^2=4,17$; $p=0,041$; $\gamma=0,542$.

⁶⁶ The overall association is significant ($p = .023$) according to the chi-square test, and there is a significant monotonic trend with respect to age (significance of linear-by-linear association $p = .046$).

Method of obtaining cocaine

The majority of respondents who completed the cocaine-related module receive it for free (55.5%), while 41.8% purchase it. Women are more likely to obtain cocaine for free, at 65.5% compared to 44.2% among men⁶⁷.

Table 42. Method of cocaine acquisition

	n	%
Mostly purchase it	46	41,8
Mostly obtain it for free	61	55,5
Other	3	2,7

Sources of cocaine acquisition

When respondents do purchase cocaine, they most commonly do so through personal contacts (from a dealer – 76.1%; through friends/acquaintances – 71.7%). Other methods of purchasing cocaine are considerably less common.

Table 14. Sources of cocaine acquisition

% of those who purchased cocaine in the last 12 months, respondents could select multiple response options.

	n	%
I directly contacted my source/dealer (in person, via phone, e-mail, or text message)	35	76,1
I bought from friends or people I know	33	71,7
Through messaging apps (e.g., Telegram, Viber, Signal)	12	26,1
It was offered to me on the street	5	10,9
On an encrypted internet market/darknet (e.g., using Tor or another browser)	4	8,7
Through social media (such as Snapchat, Facebook, or Instagram)	2	4,3
In a shop on surface internet	2	4,3

Means of cocaine delivery

Respondents who purchased cocaine during the last year predominantly received it in person near their home (53.4%). Postal delivery was the least prevalent mode of delivery.

Таблица 15. Means of cocaine delivery

% of those who purchased cocaine in the last 12 months, respondents could select multiple response options.

	n	%
Handed over in person near my home	31	53,4
Home delivery (in person)	23	39,7
I picked it up without personal contact (from an agreed location)	17	29,3
Regular mail / Shipping	6	10,3
Other	3	5,2

⁶⁷ $p \leq 0,05$

11. Ecstasy/MDMA use

Sample of respondents completing the module on ecstasy/MDMA use

No statistically significant difference was observed between the proportions of male and female respondents (53% and 47%, respectively). The modal age group of respondents who chose to complete this block of questions is 25-34 years old, accounting for 49.7%.

Table 45. Distribution of respondents completing the module on ecstasy/MDMA use by gender and age

	n	%
Female	141	47,0
Male	159	53,0
18-24 years old	103	34,1
25-34 years old	150	49,7
35-44 years old	45	14,9
45+	4	1,3
Total	302	100

Frequency of ecstasy/MDMA use

According to respondents' responses, ecstasy/MDMA use is rare. Only 1.8% of respondents indicating frequent drug use in the last year, while an even smaller proportion (0.4%) reporting about the heavy use of them.

Table 46. Frequency of ecstasy/MDMA use in the last year (days per year)

	n	%
Infrequent use (<11 days)	236	82,8
Occasional use (11–50 days)	43	15,1
Frequent use (51–250 days)	5	1,8
Heavy use (≥251 days)	1	0,4

The frequency indicator of ecstasy/MDMA use during the year does not differ between women and men. Regarding age, older respondents may use ecstasy/MDMA somewhat more frequently than younger age groups⁶⁸. For example, respondents aged 35–44 have a lower proportion of 'infrequent' use, however, due to the small overall sample size, the significance value of the association between age and frequency of ecstasy/MDMA use is greater than 0.05.

Form of ecstasy/MDMA used

Tablets were the most common form of MDMA used, reported by 41.2% of respondents. A further 31.3% of those surveyed reported using both MDMA tablets and powder/crystals, and 27.5% stated about using only MDMA powder/crystals.

⁶⁸ $\chi^2(9)=19,43$; $p=0,022$; Linear-by-Linear $\chi^2=6,65$; $p=0,010$; $\gamma=0,238$.

Table 47. Form of ecstasy/MDMA used

	n	%
Tablets/pills	117	41,2
Both (powder/crystals and tablets/pills)	89	31,3
Powder/crystals	78	27,5

Routes of ecstasy/MDMA administration

The most common route of ecstasy/MDMA administration among respondents was oral ingestion (85.8%). A substantial proportion of study participants (21.5%) used this PAS intranasally. Other routes of administration were less common.

Table 16. Routes of ecstasy/MDMA administration

	n	%
Oral administration - swallowing (either alone or with beverage)	259	85,8
Nasal administration (drug is insufflated through the nose, snorting)	65	21,5
By dissolving in the mouth	20	6,6
By rectal administration	2	0,7
By injection	1	0,3
"Chasing the dragon" (inhaling vapors from foil)	1	0,3
Other	1	0,3

Concurrent use of other substances with ecstasy/MDMA

During their most recent ecstasy/MDMA use, respondents most frequently reported co-consuming tobacco/nicotine (48.3%), herbal cannabis (42.1%), and alcohol (41.1%). One in six respondents indicated the use of amphetamine (16.6%), around 7% reported ketamine use, and 6.6% - cocaine (powder) use. Other substance combinations occurred significantly less frequently.

Table 49. Concurrent consumption of other substances with ecstasy/MDMA during the recent episode of use

Respondents could select multiple response options.

	n	%
Tobacco / nicotine	146	48,3
Herbal cannabis	127	42,1
Alcohol	124	41,1
Amphetamine	50	16,6
Ketamine	21	7,0
Cocaine (powder)	20	6,6
Cannabis resin (hashish)	13	4,3
LSD	13	4,3
Synthetic cathinones (mephedrone, etc.)	10	3,3
Psilocybin mushrooms	7	2,3
Methamphetamine	6	2,0
GHB/GBL	6	2,0
Kratom	5	1,7
Other hallucinogens (DMT, 2C-B, etc.)	4	1,3
Other opioids (methadone, buprenorphine, etc.)	2	0,7
Benzodiazepines (without a prescription)	1	0,3
Crack cocaine	1	0,3
"Tuci" / "Tusi-bi" / "Pink cocaine"	1	0,3
Synthetic cannabinoids (Spice)	1	0,3
Other drugs	3	1,0

Reasons for ecstasy/MDMA use

By a wide margin, the most frequently cited reason for using ecstasy/MDMA was the desire 'to get high or for fun' – 79.5% of respondents selected this option. Next, trailing significantly behind the primary reason, are social motives (38.7%); followed by enhancing sexual pleasure and having better sex (33.8%).

*Table 17. Reasons for ecstasy/MDMA use
Respondents could select multiple response options.*

	n	%
To get high /for fun	240	79,5
To socialize	117	38,7
To enhance sexual pleasure, for better sex	102	33,8
To reduce stress/relax	77	25,5
Out of curiosity/to experiment	72	23,8
To manage depression/anxiety	37	12,3
To stay awake	14	4,6
To enhance performance (school/work/sport, etc.)	11	3,6
To reduce pain	6	2,0
To reduce the effect of alcohol	4	1,3
Other	9	3,0

In terms of motives for ecstasy/MDMA use by age, a distinct age gradient is observed only for the response option 'out of curiosity/to experiment': the proportion decreases from 32% in the 18–24 age group to 22% in the 25–34 group, 13% in the 35–44 group, and 0% in the 45+ group⁶⁹. The only statistically significant gender-related difference is 'to stay awake,' which is cited more frequently by women (7.8%) compared to men (1.3%)⁷⁰.

Settings of ecstasy/MDMA use

When answering the question regarding the locations in which they used ecstasy/MDMA, respondents most frequently selected the following options: at home (71.2%), at music festivals/parties (50.3%), and in clubs/bars (34.8%). Other answer options had a significantly lower shares: outdoors (14.2%), at chemsex parties (5.6%), in public places (3.6%), and at work (2.0%).

*Table 18. Settings of ecstasy/MDMA use in the last year
Respondents could select multiple response options.*

	n	%
At home (your own home or someone else's home)	215	71,2
Music festival or party	152	50,3
Club or bar	105	34,8
Outdoors	43	14,2
Chemsex party	17	5,6
Public spaces (street, park, etc.)	11	3,6
At work	6	2,0
In car	4	1,3
Drug consumption room	4	1,3
Other	1	0,3
In an educational setting	1	0,3

⁶⁹ $\chi^2(3)=8,08$; $p=0,044$; Linear-by-Linear $\chi^2=8,02$; $p=0,005$; $\gamma=-0,324$.

⁷⁰ $p=0,005$

The proportion of respondents reporting about ecstasy/MDMA using in clubs or bars within the last year shows a linear increase correlated with age: 25.2% among those aged 18–24, 39.3% among those aged 25–34, and 42.2% among those aged 35–44⁷¹. A similar trend is observed regarding this PAS use at chemsex parties: the older the respondent, the more likely they were to have used it within the last year: 2.9% among those aged 18–24, 5.3% among those aged 25–34, and 13.3% among those aged 35–44⁷².

Method of obtaining ecstasy/MDMA

Purchasing is the main way to obtain MDMA (69.1%). Only 29.4% of respondents received the substance predominantly for free.

Table 19. Method of obtaining ecstasy/MDMA

	n	%
Mostly purchase it	195	69,1
Mostly obtain it for free	83	29,4
Other	4	1,4

Sources of ecstasy/MDMA acquisition

Unlike the substances mentioned previously, purchasing via instant messengers emerged as one of the most popular methods, accounting for 37%. However, MDMA was also frequently sourced through personal contacts with friends/acquaintances (38.6%) and dealers (34.4%).

Table 20. Sources of ecstasy/MDMA acquisition

% of those who purchased ecstasy/MDMA in the last 12 months, respondents could select multiple response options.

	n	%
I bought from friends or people I know	73	38,6
Through messaging apps (e.g., Telegram, Viber, Signal)	70	37,0
I directly contacted my source/dealer	65	34,4
On an encrypted internet market/darknet	22	11,6
In a shop on surface internet	13	6,9
It was offered to me on the street	4	2,1
Through social media (such as Snapchat, Facebook, or Instagram)	4	2,1
Other	4	2,1

Means of ecstasy/MDMA delivery

Among those study participants who had purchased ecstasy/MDMA within the last year, the most common delivery methods were in-person handover near the respondents' homes - 31.2%, and "dead drops" (delivery to an agreed location without personal contact) - 30.7%.

⁷¹ $\chi^2(3)=6,77$; $p=0,080$; Linear-by-Linear $\chi^2=4,33$; $p=0,037$; $\gamma=0,237$.

⁷² Лінійний тест на тренд значущий $p=0,044$, порядкова асоціація на межі значущості ($\gamma=0,419$; $p=0,053$).

Table 21. Means of ecstasy/MDMA delivery

% of those who purchased ecstasy/MDMA in the last 12 months, respondents could select multiple response options

	n	%
In-person handover near my home	59	31,2
I picked it up without personal contact (from an agreed location)	58	30,7
Regular mail / Shipping	36	19,0
Home delivery (in person)	32	16,9
Other	16	8,5

12. Amphetamine use

Sample of respondents completing the module on amphetamine use

A total of 200 respondents completed the block of questions regarding amphetamine use. Of these, 53% were men and 47% were women (with no statistically significant difference between the proportions). The amphetamine block was most frequently chosen by persons in the age groups of 25–34 (46.5%) and 18–24 years (39.5%).

Table 55. Distribution of respondents completing amphetamine use module by gender and age

	n	%
Female	94	47,0
Male	106	53,0
18-24 years old	79	39,5
25-34 years old	93	46,5
35-44 years old	25	12,5
45 years and older	3	1,5
Total	200	100

Frequency of amphetamine use

Compared with cocaine and ecstasy/MDMA, amphetamine users more frequently reported about heavy (6.7%) and frequent (16.8%) use of this drug during the last year. However, infrequent (47.5%) and occasional (29.1%) use remained the predominant patterns.

Table 56. Frequency of amphetamine use in the last year (days per year)

	n	%
Infrequent use (<11 days)	85	47,5
Occasional use (11–50 days)	52	29,1
Frequent use (51–250 days)	30	16,8
Heavy use (≥251 days)	12	6,7

There is no significant difference between men and women regarding the annual frequency of amphetamine use. Furthermore, there is also no correlation between age and the frequency of amphetamine use.

Form of amphetamine used

Powder/crystals were the most commonly used form of amphetamine, reported by almost 96% of respondents. Only 3.3% reported about using tablets, while 0.6% reported using both forms.

Table 22. The form of amphetamine used

	n	%
Powder/crystals	172	95,6
Tablets/pills	6	3,3
Both forms (powder/crystals and tablets/pills)	1	0,6
Other form	1	0,6

Routes of amphetamine administration

Since amphetamine is predominantly consumed in powder or crystal form, intranasal administration is the most prevalent route of use (88%). Other routes of administration are less common.

Table 23. Routes of amphetamine administration

	n	%
Nasal administration (drug is insufflated through the nose, snorting)	176	88,0
By dissolving into the mouth	29	14,5
"Chasing the dragon" (inhaling vapors from foil)	4	2,0
Rectal administration	2	1,0
Nasal administration (nasal snorting)	1	0,5
By dissolving into the mouth	1	0,5

Concurrent use of other substances with amphetamine

During the most recent episode of amphetamine use, it was most frequently combined with tobacco/nicotine (62.5%), alcohol (55.5%), and herbal cannabis (39.0%). Other substances reported included ecstasy/MDMA (14.5%), and, less frequently, cocaine (5.5%) and ketamine (5.0%). Other substance combinations were rarely recorded.

*Table 59. Concurrent consumption of other substances with amphetamine during the last episode of use
Respondents could select multiple response options.*

	n	%
Tobacco / nicotine	125	62,5
Alcohol	111	55,5
Herbal cannabis	78	39,0
Ecstasy / MDMA	29	14,5
Cocaine (powder)	11	5,5
Ketamine	10	5,0
Benzodiazepines (without a prescription)	8	4,0
Synthetic cathinones (mephedrone, etc.)	7	3,5
Cannabis resin (hashish)	7	3,5
Other opioids (methadone, buprenorphine, etc.)	6	3,0
Methamphetamine	3	1,5
LSD	3	1,5
GHB/GBL	2	1,0
Kratom	2	1,0
Other hallucinogens (DMT, 2C-B, etc.)	1	0,5
Synthetic cannabinoids (Spice)	1	0,5
"Tuci" / "Tucibi" / "Pink cocaine"	1	0,5
Psilocybin mushrooms	1	0,5
Other drugs	4	2,0

Reasons for amphetamine use

Respondents mentioned three main reasons for using amphetamines when answering the question about their motives for using this PAS during the past year, namely: 'to get high/for fun' (46%), 'to stay awake' (45.5%), and 'to enhance performance (studying/work/sports, etc.)' (44.5%).

Table 24. Reasons for amphetamine use
Respondents could select multiple response options.

	n	%
To get high/for fun	92	46,0
To stay awake	91	45,5
To enhance performance (studying/work/sports, etc.)	89	44,5
For socializing	71	35,5
To overcome depression/anxiety	39	19,5
To enhance sexual pleasure, for better sex	39	19,5
To reduce stress/to relax	38	19,0
To reduce the effect of alcohol	36	18,0
Out of curiosity/to experiment	27	13,5
To reduce main	13	6,5
Other	3	1,5

The only significant difference in motives for amphetamine use across age groups pertains to 'enhancing sexual pleasure or for better sex.' The older the respondents, the more frequently this serves as their motive for amphetamine use: 10.1% for ages 18–24; 20.4% for ages 25–34; 44.0% for ages 35–44; and 33.3% for those aged 45 and older⁷³.

Settings of amphetamine use

Respondents most often indicated using amphetamine during the past year in the following locations: at home (80.5%), in clubs/bars (37.5%), at music festivals/parties (32.5%), and at work (31.0%). Study participants less frequently selected the following options: outdoors (19.0%), in public places (12.5%), in a car (10.5%), and at chemsex parties (6.5%).

Table 25. Settings of amphetamine use in the last year
Respondents could select multiple response options.

	n	%
At home (your own home or someone else's home)	161	80,5
Club or bar	75	37,5
Music festival or party	65	32,5
At work	62	31,0
In nature / outdoors	38	19,0
Public spaces (street, park, etc.)	25	12,5
In a car	21	10,5
Chemsex party	13	6,5
In educational settings	8	4,0
Drug consumption room	5	2,5
Other	3	1,5

⁷³ $\chi^2(3)=14,40$; $p=0,002$; Linear-by-Linear $\chi^2=12,51$; $p<0,001$; $\gamma=0,496$.

Some significant differences are observed between age groups regarding the locations of amphetamine use. The probability of using amphetamines in the last year at a chemsex party increases with age, reaching its highest level in 35–44 age group (24.0%)⁷⁴. These indicators are substantially lower in the 18–24 and 25–34 age groups, standing at 3.8% and 4.3%, respectively. Amphetamine use in educational settings is most prevalent among the 18-24 age cohort (7.6%)⁷⁵.

Method of obtaining amphetamine

Respondents were split roughly evenly between those who mainly buy amphetamine (54.7%) and those who prefer to get it for free (42.5%).

Table 26. Method of obtaining amphetamine

	n	%
Mostly purchase it	98	54,7
Mostly receive it for free	76	42,5
Other	5	2,8

Sources of amphetamine acquisition

Most often, respondents indicated that during the last year they had purchased amphetamine through messaging apps (52%) and through personal contacts with friends or acquaintances (42.2%) or with a dealer (41.2%).

Table 27. Sources of amphetamine acquisition

% of those who purchased amphetamine during the last 12 months, respondents could select multiple response options.

	n	%
Through messaging apps (e.g., Telegram, Viber, Signal)	53	52,0
I bought from friends or people I know	43	42,2
I directly contacted my source/dealer (in person, via phone, e-mail, or text message)	42	41,2
On an encrypted internet market/darknet (e.g., using Tor or another browser)	14	13,7
In a shop on surface internet	6	5,9
Through social media (such as Snapchat, Facebook, or Instagram)	3	2,9
It was offered to me on the street	1	1,0
Other	1	1,0

Means of amphetamine delivery

For those respondents who purchased amphetamine within the past year, the substance was delivered through "dead drops" (45.1%), or respondents received this substance personally (35.3%) near their place of residence.

⁷⁴ $\chi^2(3)=14,50$; $p=0,002$; Linear-by-Linear $\chi^2=5,87$; $p=0,015$; $\gamma=0,493$.

⁷⁵ $\chi^2(3)=4,65$; $p=0,199$; Linear-by-Linear $\chi^2=4,13$; $p=0,042$; $\gamma=-0,681$.

Table 28. Means of amphetamine delivery

% of those who purchased amphetamine during the last 12 months, respondents could select multiple response options.

	n	%
I picked it up without personal contact (from an agreed location)	46	45,1
Handed over in person near my home	36	35,3
Home delivery (in person)	26	25,5
Regular mail / Shipping	16	15,7
Other	7	6,9

13. Use of new psychoactive substances (NPS)

Sample of respondents completing the module on NPS use

A total of 90 respondents chose to fill out the block of questions regarding new psychoactive substances use. The proportions of men (53.9%) and women (46.1%) in the sample for this module do not differ significantly. People in the 18–24 (44.4%) and 25–34 (43.3%) age groups were most likely to select this block of questions to fill out.

Table 65. Distribution of respondents completing the module on NPS use by gender and age

	n	%
Female	41	46,1
Male	48	53,9
18-24 years old	40	44,4
25-34 years old	39	43,3
35-44 years old	9	10,0
45+	2	2,2
Total	90	100

Frequency of NPS use

Like most other psychoactive substances, NPS were generally used infrequently by the study participants. However, 20.8% of respondents reported occasional use, and 13.9% reported frequent use in the last year.

Table 66. Frequency of NPS use in the last year (days per year)

	n	%
Infrequent use (<11 days)	45	62,5
Occasional use (11–50 days)	15	20,8
Frequent use (51–250 days)	10	13,9
Heavy use (≥251 days)	2	2,8

The frequency of NPS use during a year does not depend on the respondent's gender or age.

Type of NPS

Among the different types of new psychoactive substances (NPS) used by respondents in the last year, synthetic cathinones (“salts”), such as mephedrone, were the most prevalent. A total of 57.8% of respondents reported that these substances were the most frequently used type of NPS over the past 12 months. Hallucinogens and benzodiazepines/tranquillizers were less common types of NPS.

Table 67. Type of NPS used

	n	%
Stimulants, such as synthetic cathinones (e.g., mephedrone, 3-CMC)	52	57,8
Hallucinogens	14	15,6
Other	11	12,2
Benzodiazepines or tranquilizers	10	11,1
Synthetic cannabinoids (e.g., "Spice")	7	7,8
Opioids (e.g., carfentanil, protonitazene, or isotonitazene)	2	2,2

Form of NPS used

Powders, crystals, or tablets were the most common forms of NPS used by survey participants (73.3%). Liquids, blotters, herbal smoking blends, and other forms were mentioned much less frequently.

Table 29. Forms of NPS used

	n	%
Powders, crystals, or tablets	66	73,3
Liquids	7	7,8
Blotters	3	3,3
Herbal smoking blends	2	2,2
Other forms	2	2,2

Routes of NPS administration

Most commonly, NPS were consumed via insufflation (nasally) (57.8%) and ingestion (34.4%). Other routes of administration proved to be significantly less prevalent.

Table 30. Routes of NPS administration

	n	%
Nasal administration (drug is insufflated through the nose, snorting)	52	57,8
Oral administration - swallowing (either alone or with beverage)	31	34,4
By dissolving in the mouth	8	8,9
Smoking in pipes	5	5,6
By injection	4	4,4
«Chasing the dragon» (inhaling vapors from foil)	3	3,3
Other	2	2,2
By rectal administration	1	1,1

Concurrent use of other substances with NPS

During their recent episode of NPS use, respondents most often reported co-consuming tobacco/nicotine (48.9%) and alcohol (40.0%). One in four respondents mentioned herbal cannabis as an additional substance (27.8%). Other combinations were less frequently reported, including amphetamine (10.0%) and MDMA (7.8%). Hashish, methamphetamine, and synthetic cathinones were reported even less frequently (4.4% each).

Table 70. Concurrent consumption of other substances with NPS during the last episode of use

Respondents could select multiple response options.

	n	%
Tobacco / nicotine	44	48,9
Alcohol	36	40,0
Herbal cannabis	25	27,8
Amphetamine	9	10,0
Ecstasy / MDMA	7	7,8
Cannabis resin (hashish)	4	4,4
Methamphetamine	4	4,4
Synthetic cathinones (mephedrone, etc.)	4	4,4
Cocaine (powder)	3	3,3
Other opioids (methadone, buprenorphine, etc.)	3	3,3
GHB/GBL	3	3,3
Ketamine	2	2,2
Kratom	2	2,2
Benzodiazepines (without a prescription)	1	1,1
LSD	1	1,1
Psilocybin mushrooms (magic mushrooms)	1	1,1
Other substances	1	1,1

Reasons for NPS use

In the last year, the most frequently cited motivation for using NPS was recreational reason, namely, 'to get high / for fun' (55.6%). Other commonly reported motives included 'for socializing' (34.4%), 'to reduce stress/to relax' (32.2%), and 'out of curiosity / to experiment' (32.2%).

Таблица 31. Reasons for NPS use

Respondents could select multiple response options.

	n	%
to get high / for fun	50	55,6
for socializing	31	34,4
to reduce stress/for relaxation	29	32,2
out of curiosity / to experiment	29	32,2
To cope with depression/anxiety	26	28,9
To enhance sexual pleasure, for better sex	21	23,3
To stay awake /to get more energy	19	21,1
To enhance performance (school/work/sport, etc.)	18	20,0
To improve sleep	12	13,3
To overcome health problems or treat symptoms	6	6,7
Because my usual drug of choice was unavailable	6	6,7
Because it is easily accessible	5	5,6
Because it is inexpensive	4	4,4
Other	2	2,2
Because it is legal	1	1,1

There are two reasons for using NPS, and the prevalence of these reasons differs statistically significantly between men and women. First of all, the motivation 'to stay awake/get more energy' is more common among women (31.7%) than in men (12.5%)⁷⁶. Secondly, women are more likely to report using NPS 'to get high/for fun': 73.2% compared to 41.7% of men⁷⁷.

Age groups vary in the prevalence of the 'to improve sleep' motive for NPS use. This motive is least common among the youngest users aged 18–24 (5.0%), whereas its frequency increases in older groups (17.9% for 25–34; 11.1% for 35–44; and 100% for 45+⁷⁸). Meanwhile, using NPS 'out of curiosity/to experiment' shows a monotonously decline with age: 42.5% in 18–24 age group, 28.2% in 25–34 age group, 11.1% in 35–44 age group, and 0% in the 45+ cohort⁷⁹.

Settings of NPS use

Respondents most commonly reported using NPS at home in the last year (70.0%), followed by social and recreational settings, including festivals/parties (27.8%) and clubs/bars (26.7%). Other respondents mentioned such settings as outdoor or natural environments (23.3%), public places (16.7%), cars (12.2%), and workplace (11.1%).

Table 32. Settings of NPS use in the last year

Respondents could select multiple response options.

	n	%
At home (your own home or someone else's home)	63	70,0
Music festival or party	25	27,8
Club or bar	24	26,7
In nature/outdoors	21	23,3
Public space (street, park, etc.)	15	16,7
In a car	11	12,2
At work	10	11,1
Chemsex party	6	6,7
Drug consumption room	4	4,4
In an educational setting	4	4,4
Other	4	4,4

Men were more likely to use NPS at chemsex parties (12.5%), while no such cases were reported among women. The prevalence of NPS use in vehicles demonstrates an upward trend with age. The proportion of respondents who had used NPS in a car during the 12 months preceding the survey increases from 7.5% in the 18–24 age group to 33.3% in the 35–44 age group⁸⁰. The prevalence of NPS use outdoors also has an age gradient: the percentage of affirmative responses increasing from 17.5% in those aged 18–24, to 23.1% in 25–34 age group, and to 33.3% in the 35–44 age cohort⁸¹.

⁷⁶ $p=0,028$

⁷⁷ $p=0,003$

⁷⁸ $\chi^2(3)=16,16$; $p=0,001$; Linear-by-Linear $\chi^2=7,62$; $p=0,006$; $\gamma=0,567$.

⁷⁹ $\chi^2(3)=5,01$; $p=0,171$; Linear-by-Linear $\chi^2=4,93$; $p=0,026$; $\gamma=-0,427$.

⁸⁰ Overall association: χ^2 ($p<0.001$); linear trend: Linear-by-Linear association ($p=0.002$); $\gamma=0.54$ ($p=0.062$).

⁸¹ Overall association: χ^2 ($p=0.050$); linear trend: linear-by-linear association ($p=0.034$); γ is non-significant.

Method of obtaining NPS

Although the majority of respondents procured NPS (57.7%), a significant number of those surveyed reported obtaining the substances for free (42.3%).

Table 33. Method of obtaining NPS

	n	%
Mostly purchase it	41	57,7
Mostly receive it for free	30	42,3

Sources of NPS acquisition

NPS were most frequently purchased through messengers (51.2%), through direct contact with a dealer (23.3%), and from friends/acquaintances (23.3%).

Table 34. Sources of NPS acquisition

% of those who procured NPS in the last 12 months, respondents could select multiple response options.

	n	%
Through messaging apps (e.g., Telegram, Viber, Signal)	22	51,2
I directly contacted my source/dealer directly (in person, by phone, email, or text message)	10	23,3
I bought from friends or people I know	10	23,3
In a shop on surface internet	7	16,3
On an encrypted internet market/darknet (e.g., using Tor or another browser)	4	9,3
In a store on a main street (e.g., CBD shop, tobacco shop, etc.)	3	7,0
Through social media (such as Snapchat, Facebook, or Instagram)	2	4,7
Other	2	4,7

Means of NPS delivery

NPS were most commonly delivered via “dead drops” (pre-arranged hidden locations), without in-person contact (39.5%).

Table 35. Means of NPS delivery

% of those who procured NPS in the last 12 months, respondents could select multiple response options.

	n	%
I picked it up without personal contact (from pre-arranged hidden location)	17	39,5
In-person handover near my home	10	23,3
Regular mail / Shipping	6	14,0
Home delivery (in person)	4	9,3
Other	4	9,3

14. Ketamine Use

Sample of respondents completing the ketamine use module

A total of 96 participants chose to complete the question block on ketamine. The majority of respondents were male (60.4%) and aged between 25 and 34 (52.1%).

Table 76. Distribution of respondents completing the ketamine use module by gender and age

	n	%
Female	38	39,6
Male	58	60,4
18-24 years old	31	32,3
25-34 years old	50	52,1
35-44 years old	15	15,6
45 years old +	96	100

Frequency of ketamine use

No respondents reported heavy ketamine use in the last year. Instead, the majority of respondents (67.9%) reported infrequent use. Nearly one in three respondents (29.8%) fell into the category of episodic ketamine use.

Table 77. Frequency of ketamine use in the last year (days per year)

	n	%
Infrequent use (<11 days)	57	67,9
Occasional use (11–50 days)	25	29,8
Frequent use (51–250 days)	2	2,4
Heavy use (≥251 days)	0	0

The frequency of ketamine use does not depend on the respondent's age; however, women are more likely than men to fall into the higher-frequency ketamine use categories, although this result is statistically highly volatile ⁸².

Form of ketamine used

Ketamine was predominantly used in powder/crystal form (92.8%). Only a few respondents reported using other forms.

Table 36. Forms of ketamine used

Form of ketamine used	n	%
Powder/crystal	77	92,8
Liquid	3	3,6
Tablets/pills	2	2,4
Both powder/crystals and tablets/pills	1	1,2

⁸² According to the likelihood ratio test, the association is statistically significant (is at $p = 0.045$ level), whereas based on Pearson's chi-square test (χ^2), the result is on the borderline of statistical significance (is at $p = 0.063$ level).

Routes of ketamine administration

Nasal use was the main route of ketamine administration among the survey participants (83.3%). Another 8.3% of respondents reported about injection drug use.

Table 37. Routes of ketamine administration

	n	%
Nasal administration (insufflation / snorting)	80	83,3
Injection	8	8,3
Smoking using pipes	1	1,0
Oral administration - swallowing (taken the drug alone or with a beverage)	2	2,1
Sublingual / Buccal administration (by dissolving in the mouth)	2	2,1

Concurrent use of other substances with ketamine

During the most recent episode of ketamine use, it was most commonly combined with tobacco/nicotine (44.8%), alcohol (38.5%), and herbal cannabis (37.5%). Combinations with cocaine (22.9%) and ecstasy/MDMA (15.6%) were also relatively common.

*Table 80. Substances consumed concurrently with ketamine during the most recent episode of use
Respondent could select multiple response options.*

	n	%
Tobacco / nicotine	43	44,8
Alcohol	37	38,5
Herbal cannabis	36	37,5
Cocaine (powder)	22	22,9
Ecstasy / MDMA	15	15,6
Amphetamine	10	10,4
Psilocybin mushrooms	4	4,2
LSD	3	3,1
Synthetic cathinones (mephedrone, etc.)	3	3,1
Kratom	3	3,1
Other hallucinogens (DMT, 2C-B, etc.)	2	2,1
Cannabis resin (hashish)	2	2,1
Crack cocaine	1	1,0
Methamphetamine	1	1,0
Other opioids (methadone, buprenorphine, etc.)	1	1,0
Benzodiazepines (without a prescription)	1	1,0
Other drugs	1	1,0

Reasons for ketamine use

Recreational purposes are the primary drivers of ketamine use. Over the last year, respondents, most commonly, used it 'to get high/for fun' (64.6%), while 37.5% of surveyed reported use 'out of curiosity/to experiment'. Nevertheless, functional purposes were also evident: ketamine was utilized for stress reduction/relaxation (30.2%) and to manage depression/anxiety (21.9%), among other reasons.

Table 81. Reasons for ketamine use

Respondent could select multiple response options.

	n	%
To get high/for fun	62	64,6
Out of curiosity/to experiment	36	37,5
To reduce stress /for relaxation	29	30,2
To overcome depression/anxiety	21	21,9
For socializing	14	14,6
To enhance sexual pleasure, for better sex	9	9,4
To reduce pain	8	8,3
To stay awake	3	3,1
To enhance performance (studying/work/sports, etc.)	3	3,1
To reduce the effects of alcohol	2	2,1
To improve sleep	1	1,0

The only significant gender-related difference in the reasons regarding ketamine use was the motive 'out of curiosity/experimentation,' which was selected more often by men (48.3%) than by women (21.1%)⁸³.

Settings of ketamine use

Regarding the settings of ketamine use over the past year, the most frequent response was consumption at home (63.5%), followed by clubs/bars (40.6%) and music festivals/parties (35.4%). Other environments accounted for significantly smaller shares of respondents' answers, including in nature (7.3%), public spaces (6.3%), as well as the workplace and vehicles (4.2% each).

Table 82. Settings of ketamine use in the last year

Respondent could select multiple response options.

	n	%
At home (your own home or someone else's home)	61	63,5
Club or bar	39	40,6
Music festival or party	34	35,4
In nature	7	7,3
Public spaces (street, park, etc.)	6	6,3
At work	4	4,2
In a car	4	4,2
Chemsex party	1	1,0
Drug consumption room	1	1,0
In educational settings	1	1,0
Other	1	1,0

⁸³ p=0,007

Method of obtaining ketamine

More than half of respondents reported that they predominantly received ketamine for free (53.7%), while 46.3% informed that they mostly purchased it.

Table 38. Method of obtaining ketamine

	n	%
Mostly purchase it	38	46,3
Mostly receive it for free	44	53,7

Sources of ketamine acquisition

Over the past year, respondents most commonly purchased ketamine through personal contact with a dealer (53.8%) or from friends/acquaintances (46.2%).

Table 39. Sources of ketamine acquisition

% of those who purchased ketamine in the last 12 months, respondents could select multiple response options.

	n	%
I directly contacted my source/dealer (in person, via phone, e-mail, or text message)	21	53,8
I bought from friends or acquaintances	18	46,2
Through messaging apps (e.g., Telegram, Viber, Signal)	10	25,6
On an encrypted internet market/darknet (e.g., using Tor or another browser)	3	7,7
In a shop on surface internet	3	7,7
It was offered to me on the street	2	5,1
Through social media (such as Snapchat, Facebook, or Instagram)	1	2,6

Means of ketamine delivery

Ketamine was most commonly delivered in person near the respondent's home after purchase. This method of delivery was reported by 43.6% of respondents.

Table 40. Means of ketamine delivery

% of those who purchased ketamine in the last 12 months, respondents could select multiple response options.

	n	%
Handed over in person near my home	17	43,6
Home delivery (in person)	11	28,2
Regular mail / Shipping	8	20,5
I picked it up without personal contact (in a designated location)	8	20,5
Other	1	2,6

15. Sexualized drug use: chemsex parties and psychoactive substances use to alter sexual experiences

Among all respondents who completed at least one substance-specific module, 4.1% reported that a chemsex party had been a setting for psychoactive substance use in the last year; at the same time, 29.5% reported using at least one psychoactive substance during this period to alter their sexual experience (sexualized drug use). Certainly, these figures do not provide a precise estimate of the prevalence of these practices among all psychoactive substance users in Ukraine, as it remains unknown to what extent the cohorts of respondents who completed the substance use modules in this study are representative of entire population of drugs user. Concurrently, these data help estimate this behavior's prevalence and understand how the prevalence of these two practices correlate.

Chemsex parties were most frequently reported as a setting and context for psychoactive substance use during the past year by users of cocaine, new psychoactive substances, amphetamine, and ecstasy/MDMA. Users of CBD/low-THC products, ketamine, and cannabis were considerably less likely to report chemsex parties as a venue for using these PAS.

Users of ecstasy/MDMA (33.8%) most frequently cite the motivation to use psychoactive substances to alter their sexual experience, while ketamine users (9.4%) report this least frequently. The prevalence of this motivation among users of cannabis, cocaine, amphetamine, and NPS is relatively similar, ranging from 15.1% to 23.3%.

Table 41. Psychoactive substances (PAS) consumption at chemsex parties and PAS use as a motivation to alter the sexual experience in the last 12 months among users of various PAS

	% of respondents who used this substance at chemsex parties	% of respondents who used this substance 'to enhance sexual pleasure or for better sex'
All substances (any study module)	4,1	29,5
Cannabis	1,9	21,7
CBD/low-THC substances	0,3	-
Cocaine	8,4	15,1
Ecstasy/MDMA	5,6	33,8
Amphetamine	6,5	19,5
NPS	6,7	23,3
Ketamine	1	9,4

The prevalence of substance use⁸⁴ at chemsex parties over the last year does not differ statistically significantly between women (3%) and men (5.1%). However, there is a clear dependence on age: only 1.7% of the youngest respondents (18–24 age group), reported such an experience, while the figure rises to 5.1% in the 25–34 age group and 9.6% in the 35–44 age cohort⁸⁵.

In terms of sexualized drug use in the last year, the prevalence of such experience did not statistically depend on the respondents' gender or age. Both male and female respondents, as well as users from various age groups, reported this experience at similar rates.

⁸⁴ The answers of those respondents who selected at least one substance module to complete were analyzed; n=895.

⁸⁵ $\chi^2 - p=0,002$; $\gamma=0,430$; $p=0,002$.

ANNEXES

Annex 1. Experience and recency of various psychoactive substances use, by gender

In the tables, asterisks (*) indicate those alternatives for which there is a statistically significant difference between men and women at the $p \leq 0.05$ level.

Cannabis

	Female	Male
In the last 12 months, but not during the last 30 days	21,9%*	17,3%*
In the last 30 days	51,5%*	63,4%*
More than 12 months ago	20,6%*	15,5%*
Never	5,9%	3,7%

CBD/low-THC products

	Female	Male
No, did not use in the last 12 months	39,9%	42,4%
Yes, used in the last 12 months	60,1%	57,6%

Cocaine

	Female	Male
In the last 12 months, but not during the last 30 days	12,6%	9,4%
In the last 30 days	8,8%	7,3%a
More than 12 months ago	17,2%	19,8%
Never	61,5%	63,5%

Ecstasy/MDMA

	Female	Male
In the last 12 months, but not during the last 30 days	25,1%	21,0%
In the last 30 days	12,0%	15,2%
More than 12 months ago	30,2%	31,2%
Never	32,7%	32,5%

Amphetamine

	Female	Male
In the last 12 months, but not during the last 30 days	15,8%	14,6%
In the last 30 days	11,4%	11,7%
More than 12 months ago	29,5%	33,7%
Never	43,3%	40,0%

Methamphetamine

	Female	Male
In the last 12 months, but not during the last 30 days	4,8%	4,4%
In the last 30 days	4,2%	3,4%
More than 12 months ago	16,2%	17,3%
Never	74,9%	74,9%

Heroin

	Female	Male
In the last 12 months, but not during the last 30 days	0,6%	0,5%
In the last 30 days	0,4%	0,5%
More than 12 months ago	4,9%	6,0%
Never	94,1%	93,0%

New psychoactive substances (NPS)

	Female	Male
In the last 12 months, but not during the last 30 days	9,8%	9,4%
In the last 30 days	10,3%	7,8%
More than 12 months ago	17,4%	19,5%
Never	62,5%	63,3%

Alcohol

	Female	Male
In the last 12 months, but not during the last 30 days	9,8%*	14,1%*
In the last 30 days	82,8%*	77,2%*
More than 12 months ago	6,9%	7,9%
Never	0,4%	0,8%

Tobacco (including electronic cigarettes and heated tobacco products)

	Female	Male
In the last 12 months, but not during the last 30 days	10,3%*	5,7%*
In the last 30 days	74,8%	78,4%
More than 12 months ago	8,5%	9,4%
Never	6,5%	6,5%

Other nicotine-containing products (including chewing tobacco, nicotine patches, and pouches)

	Female	Male
In the last 12 months, but not during the last 30 days	8,4%*	12,0%*
In the last 30 days	7,7%*	14,2%*
More than 12 months ago	19,9%	20,7%
Never	64,1%*	53,1%*

Benzodiazepines (without a prescription)

	Female	Male
In the last 12 months, but not during the last 30 days	6,1%	6,0%
In the last 30 days	6,6%	5,2%
More than 12 months ago	6,6%	8,9%
Never	80,7%	79,9%

GHB/GBL

	Female	Male
In the last 12 months, but not during the last 30 days	3,1%	3,4%
In the last 30 days	0,2%*	2,0%*
More than 12 months ago	8,9%	8,7%
Never	87,8%	85,9%

Ketamine

	Female	Male
In the last 12 months, but not during the last 30 days	7,3%*	12,5%*
In the last 30 days	5,6%	5,6%
More than 12 months ago	14,4%*	8,9%*
Never	72,7%	73,0%

“Tuci” / “Tucibi” / “Pink Cocaine”

	Female	Male
In the last 12 months, but not during the last 30 days	2,1%	2,6%
In the last 30 days	0,9%	0,8%
More than 12 months ago	9,9%	12,4%
Never	87,0%	84,2%

LSD

	Female	Male
In the last 12 months, but not during the last 30 days	12,1%	14,1%
In the last 30 days	3,0%	3,8%
More than 12 months ago	32,7%	37,2%
Never	52,1%*	44,9%*

Psilocybin mushrooms

	Female	Male
In the last 12 months, but not during the last 30 days	17,6%*	23,6%*
In the last 30 days	6,7%	7,7%
More than 12 months ago	27,5%	25,2%
Never	48,1%	43,5%

Other hallucinogens (DMT, 2C-B, etc.)

	Female	Male
In the last 12 months, but not during the last 30 days	5,2%	5,2%
In the last 30 days	1,9%	3,0%
More than 12 months ago	15,4%*	22,8%*
Never	77,5%*	68,9%*

Synthetic cathinones (mephedrone, 3-CMC, etc.)

	Female	Male
In the last 12 months, but not during the last 30 days	9,2%	6,8%
In the last 30 days	5,2%	6,4%
More than 12 months ago	13,6%	13,8%
Never	72,0%	73,0%

Synthetic cannabinoids (Spice)

	Female	Male
In the last 12 months, but not during the last 30 days	1,2%	2,2%
In the last 30 days	0,5%	0,8%
More than 12 months ago	12,3%*	19,0%*
Never	86,1%*	78,0%*

Semi-synthetic cannabinoids

	Female	Male
In the last 12 months, but not during the last 30 days	5,9%	6,6%
In the last 30 days	2,8%	2,8%
More than 12 months ago	6,3%	7,4%
Never	85,0%	83,2%

Nitrous oxide

	Female	Male
In the last 12 months, but not during the last 30 days	0,9%	1,2%
In the last 30 days	0,5%	0,0%
More than 12 months ago	3,3%	4,9%
Never	95,3%	93,9%

Kratom

	Female	Male
In the last 12 months, but not during the last 30 days	13,8%	12,8%
In the last 30 days	9,3%	9,2%
More than 12 months ago	13,1%	13,6%
Never	63,8%	64,3%

Other opioids (methadone, buprenorphine, fentanyl) without a prescription

	Female	Male
In the last 12 months, but not during the last 30 days	3,1%	1,6%
In the last 30 days	2,1%	3,9%
More than 12 months ago	5,4%	7,1%
Never	89,4%	87,4%

Other medications (without a prescription)

	Female	Male
In the last 12 months, but not during the last 30 days	4,9%	6,7%
In the last 30 days	9,1%	5,8%
More than 12 months ago	14,0%	15,3%
Never	72,1%	72,2%

Annex 2. Experience and recency of various psychoactive substances use by age group

a, b, c — Each index denotes a subset of categories whose column proportions do not differ significantly from each other at the $p < .05$ significance level. If the index for the 18–24 age group and the 25–34 age group is the same — index (a) — for the question category about cannabis use in the past 30 days, it means there is no statistically substantial difference between these groups regarding cannabis use in the past 30 days. Conversely, if the indexes are different, e.g., 'a' and 'b', then the age groups do statistically differ from one another in this category, as observed between the 18–24 and 35–44 age groups in terms of cannabis use in the past 30 days.

Cannabis

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the last 12 months, but not during the last 30 days	20,7%a	16,3%a	25,5%a	24,4%a
In the last 30 days	59,3%a	61,6%a	46,0%b	43,9%a,b
More than 12 months ago	13,1%a	19,8%b	24,1%b	26,8%a,b
Never	6,9%a	2,4%b	4,4%a,b	4,9%a,b

CBD/low-THC products

	18-24 years old	25-34 years old	35-44 years old	45 years and older
No, I did not use in the last 12 months	41,2%a	39,7%a	43,8%a	48,8%a
Yes, I used in the last 12 months	58,8%a	60,3%a	56,2%a	51,2%a

Cocaine

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the last 12 months, but not during the last 30 days	9,4%a	13,3%a	9,4%a	2,6%a
In the last 30 days	5,8%a	8,2%a	15,9%b	2,6%a,b
More than 12 months ago	12,2%a	22,7%b	23,9%b	17,9%a,b
Never	72,6%a	55,8%b,c	50,7%b	76,9%a,c

Ecstasy/MDMA

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the last 12 months, but not during the last 30 days	19,7%a	25,9%a	26,1%a	12,2%a
In the last 30 days	13,3%a	12,9%a	20,3%a	7,3%a
More than 12 months ago	24,8%a	37,1%b	28,3%a,b	22,0%a,b
Never	42,1%a	24,1%b	25,4%b	58,5%a

Amphetamine

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the last 12 months, but not during the last 30 days	15,3%a	16,0%a	10,9%a	14,6%a
In the last 30 days	9,8%a	12,7%a	14,6%a	7,3%a
More than 12 months ago	25,8%a	34,1%b	39,4%b	41,5%a,b
Never	49,1%a	37,2%b	35,0%b	36,6%a,b

Methamphetamine

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the last 12 months, but not during the last 30 days	5,3%a	4,3%a	4,3%a	0,0%1
In the last 30 days	2,7%a	3,7%a	6,5%a	7,3%a
More than 12 months ago	12,2%a	18,3%a,b	22,5%b	29,3%b,c
Never	79,8%a	73,7%a,b	66,7%b	63,4%a,b

Heroin

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the last 12 months, but not during the last 30 days	0,2%a	0,6%a	0,7%a	2,4%a
In the last 30 days	0,0%1	0,2%a	1,4%a,b	4,9%b
More than 12 months ago	1,3%a	2,3%a	18,8%b	46,3%c
Never	98,4%a	96,9%a	79,0%b	46,3%c

New psychoactive substances (NPS)

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the last 12 months, but not during the last 30 days	10,2%a	8,5%a	9,4%a	12,5%a
In the last 30 days	9,8%a	7,1%a	13,0%a	7,5%a
More than 12 months ago	13,3%a	22,1%b	18,1%a,b	30,0%b
Never	66,7%a	62,3%a	59,4%a	50,0%a

Alcohol

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the past 12 months, but not during the last 30 days	10,3%a	13,5%a	11,8%a	19,0%a
In the last 30 days	83,5%a	78,1%a	73,5%a	76,2%a
More than 12 months ago	5,7%a	8,0%a	12,7%a	4,8%a
Never	0,5%a	0,4%a	2,0%a	0,0%a

Tobacco (including electronic cigarettes and heated tobacco products)

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the past 12 months, but not during the last 30 days	7,2%a	7,7%a	11,9%a	4,3%a
In the last 30 days	80,2%a	76,8%a	61,4%b	82,6%a,b
More than 12 months ago	7,0%a	9,2%a,b	15,8%b	8,7%a,b
Never	5,7%a	6,4%a	10,9%a	4,3%a

Other nicotine-containing products (including chewing tobacco, nicotine patches, and pouches)

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the past 12 months, but not during the last 30 days	10,3%a	11,2%a	5,3%a	14,3%a
In the last 30 days	18,2%a	7,7%b	1,1%b	4,8%a,b
More than 12 months ago	23,1%a	20,1%a	13,8%a	4,8%a
Never	48,4%a	60,9%b	79,8%b	76,2%a,b,c

Benzodiazepines (without a prescription)

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the past 12 months, but not during the last 30 days	6,5%a	5,5%a	5,3%a	15,0%a
In the last 30 days	6,5%a,b	3,4%a	11,7%b	10,0%a,b
More than 12 months ago	6,5%a	8,5%a	6,4%a	20,0%a
Never	80,5%a	82,5%a	76,6%a,b	55,0%b

GHB/GBL

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the past 12 months, but not during the last 30 days	0,8%a	5,1%b	4,2%a,b	4,8%a,b
In the last 30 days	0,5%a	0,5%a	3,1%a	19,0%b
More than 12 months ago	4,6%a	10,4%b	14,6%b	23,8%b
Never	94,0%a	84,0%b	78,1%b,c	52,4%b

Ketamine

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the past 12 months, but not during the last 30 days	8,6%a	10,9%a	13,3%a	5,0%a
In the last 30 days	5,1%a	5,3%a	9,2%a	5,0%a
More than 12 months ago	8,6%a	13,0%a	13,3%a	20,0%a
Never	77,6%a	70,8%a,b	64,3%b	70,0%a,b

"Tuci" / "Tucibi" / "Pink Cocaine"

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the past 12 months, but not during the last 30 days	2,2%a	2,6%a	2,1%a	5,0%a
In the last 30 days	0,8%a	0,7%a	1,1%a	5,0%a
More than 12 months ago	8,6%a	13,1%a	12,8%a	5,0%a
Never	88,4%a	83,7%a	84,0%a	85,0%a

LSD

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the past 12 months, but not during the last 30 days	12,8%a	14,4%a	11,6%a	5,0%a
In the last 30 days	4,5%a	2,3%a	4,2%a	5,0%a
More than 12 months ago	25,9%a	42,8%b	38,9%a,b	25,0%a,b
Never	56,8%a	40,5%b	45,3%a,b	65,0%a,b

Psilocybin mushrooms

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the past 12 months, but not during the last 30 days	20,0%a	20,9%a	28,6%a	4,8%a
In the last 30 days	8,0%a	6,8%a	5,1%a	9,5%a
More than 12 months ago	17,9%a	33,0%b	31,6%b	9,5%a,b
Never	54,1%a	39,3%b	34,7%b	76,2%a

Other hallucinogens (DMT, 2C-B, etc.)

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the past 12 months, but not during the last 30 days	4,9%a	5,3%a	6,3%a	5,3%a
In the last 30 days	2,2%a	2,1%a	5,2%a	5,3%a
More than 12 months ago	11,1%a	24,9%b	24,0%b	21,1%a,b
Never	81,9%a	67,7%b	64,6%b	68,4%a,b

Synthetic cathinones (mephedrone, 3-CMC, etc.)

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the past 12 months, but not during the last 30 days	9,7%a	6,7%a	6,2%a	10,0%a
In the last 30 days	6,2%a	4,8%a	9,3%a	5,0%a
More than 12 months ago	12,6%a	15,5%a	9,3%a	15,0%a
Never	71,6%a	73,0%a	75,3%a	70,0%a

Synthetic cannabinoids (Spice)

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the past 12 months, but not during the last 30 days	1,4%a	2,3%a	1,1%a	0,0%
In the last 30 days	0,5%a	0,5%a	2,1%a	0,0%
More than 12 months ago	10,6%a	20,5%b	13,7%a,b	20,0%a,b
Never	87,5%a	76,8%b	83,2%a,b	80,0%a,b

Semi-synthetic cannabinoids

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the past 12 months, but not during the last 30 days	7,8%a	6,0%a	3,1%a	5,0%a
In the last 30 days	2,7%a	2,8%a	4,1%a	0,0%
More than 12 months ago	4,8%a	7,6%a	7,2%a	30,0%b
Never	84,7%a	83,6%a	85,6%a	65,0%a

Nitrous oxide

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the past 12 months, but not during the last 30 days	0,5%a	1,6%a	1,0%a	0,0%
In the last 30 days	0,5%a	0,0%	0,0%	0,0%
More than 12 months ago	2,7%a	4,4%a	7,3%a	5,0%a
Never	96,2%a	93,9%a	91,7%a	95,0%a

Kratom

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the past 12 months, but not during the last 30 days	15,0%a	13,3%a	8,2%a	5,6%a
In the last 30 days	11,8%a	7,4%a	9,2%a	5,6%a
More than 12 months ago	12,6%a	14,9%a	10,2%a	5,6%a
Never	60,6%a	64,4%a	72,4%a	83,3%a

Other opioids (methadone, buprenorphine, fentanyl) without a prescription

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the past 12 months, but not during the last 30 days	1,9%a	1,9%a	5,2%a	4,8%a
In the last 30 days	1,1%a	0,9%a	8,2%b	47,6%c
More than 12 months ago	3,8%a	7,9%a	6,2%a	4,8%a
Never	93,2%a	89,3%a,b	80,4%b	42,9%c

Other medications (without a prescription)

	18-24 years old	25-34 years old	35-44 years old	45 years and older
In the last 12 months, but not during the last 30 days	8,9%a	3,0%b	3,1%a,b	14,3%a
In the last 30 days	9,4%a	4,6%b	6,3%a,b	33,3%c
More than 12 months ago	11,0%a	17,3%a	16,7%a	14,3%a
Never	70,7%a	75,1%a	74,0%a	38,1%b