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ILLICIT DRUGS

How effective is the war on drugs?



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Editorial

DR AMANDA DAVIES

Editor, Assistant Professor Policing and Security at the Rabdan Academy, Abu Dhabi



It is however the dedicated work of these agencies...which provide the ground swell support in the fight against the illicit drug trade.

Welcome to the November edition of AiPOL. The focus of this edition is an environmental scan of the status of the 'war on drugs'. Whilst there is much global media which focusses on drug related activities in Mexico, South America, Philippines and Asia -more typically when there is major arrests or seizures, much of the work from the vast array of agencies involved in this war on drugs goes unreported. It is however the dedicated work of these agencies including: police forces, health services, social services, global, regional and local government offices, NGOs, individuals all of which are developing and implementing strategies which provide the ground swell support in the fight against the illicit drug trade.

The IDPC article offers a global perspective of the impact of drug policies implemented over the past decade and

offers a contribution to the development of strategies going forward. Unsurprising to those in the field of law enforcement and associated agencies, this report reflects the general consensus of the set of articles in this edition which suggests that developing strategies inclusive of all agencies and governance entities has the potential for major impact.

Professor Broadhurst's article draws the global to the regional in discussing the innovative and illicit global markets in Asia. The intense and rapid rate at which criminal entities develop regional and global markets for new and or alternative illicit drugs is a daily challenge for policing agencies. It is this dexterity of the organised criminal fraternity which places intensified pressure across all levels of governments and their respective agencies and ultimately impacts on the perceived rate of progress in the war on drugs.

Chief Executive Officer of the Australian Criminal Intelligence Commissioner, Mr Mike Phelan APM, provides significant insight into the holistic solutions being deployed within the Australian context, including

cross border cooperation both domestically and internationally, accurate measurement of demand for drugs and the effectiveness of the demand/supply/harm reduction measures, the regular information sharing through the National Wastewater Drug Monitoring Program and the Commission's annual Illicit Drug Data Reports.

As indicated in the collection of articles in this edition, there is evidence of a foothold being gained in the fight against the illicit drug trade, the tireless work of the plethora of agencies all working towards the common goal is to be commended, more importantly to be supported by governments and communities locally, regionally and globally, to keep accelerating efforts to combat this challenging and socially destructive area of criminal activity.

I trust you will find the articles insightful and provide a summary not only of the status of law enforcement vs illicit drug activity, also a brief on the changes in preferred illicit drugs of choice in the current market and the associated policing response strategies.



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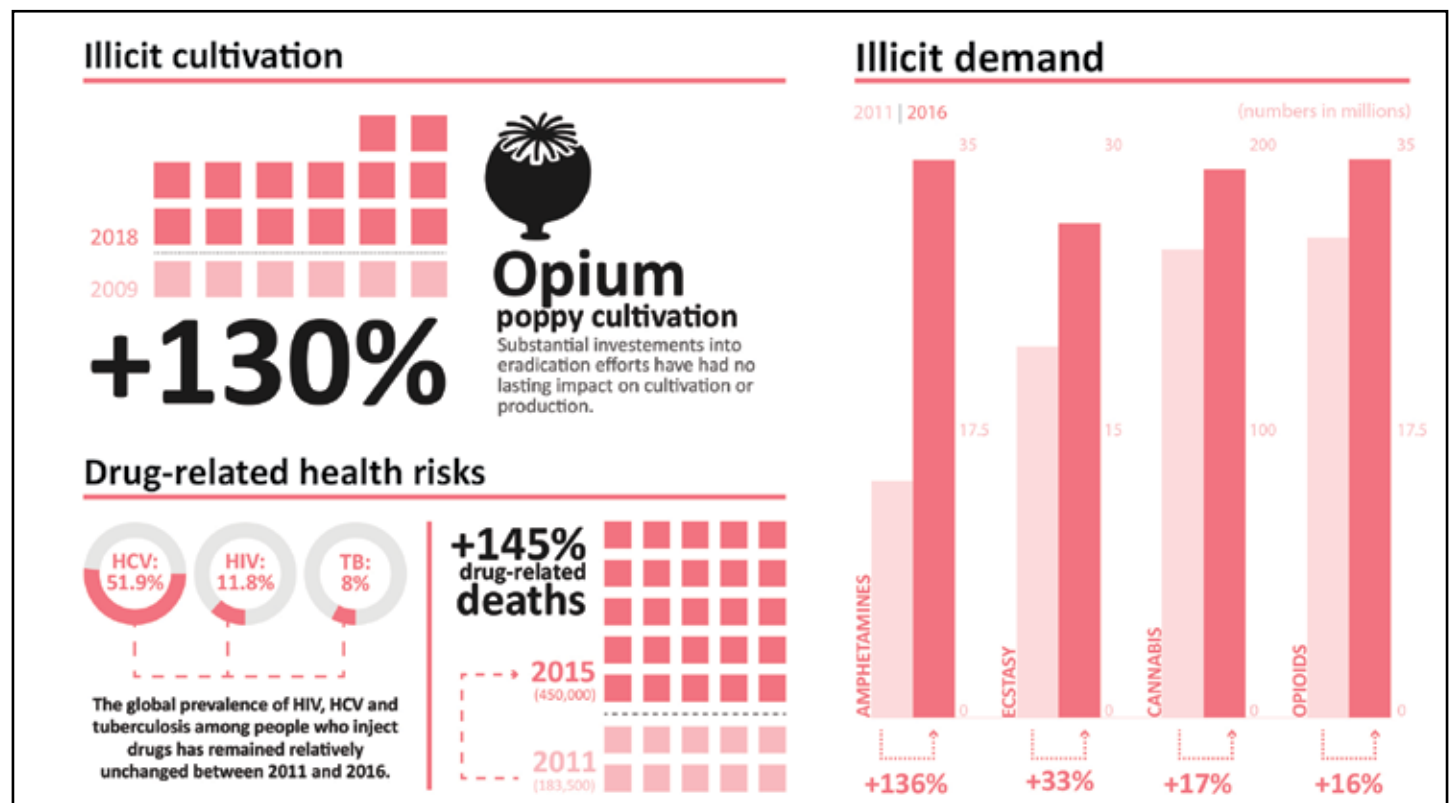
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Taking Stock: A Decade Of Drug Policy

A Civil Society Shadow Report - Executive Summary



Graphics Credits: Juan Fernandez Ochoa, IDPC.

Objective of the Shadow Report

'Taking stock: A decade of drug policy' evaluates the impacts of drug policies implemented across the world over the past decade, using data from the United Nations (UN), complemented with peer-reviewed academic research and grey literature reports from civil society. The important role of civil society in the design, implementation, monitoring and evaluation of global drug policies is recognised in the 2009 Political Declaration and Plan of Action on drugs, as well as in the Outcome Document of the 2016 United Nations General Assembly Special Session (UNGASS) on drugs. It is in this spirit that the International Drug Policy Consortium (IDPC) has produced this Shadow Report, to contribute constructively to high-level discussions on the next decade in global drug policy.

Background

In 2009, the international community agreed on a 10-year global drug strategy with the adoption of the 'Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem'. Article 36 of the Political Declaration established 2019 'as a target date for states to eliminate or

reduce significantly and measurably' the illicit cultivation, production, trafficking and use of internationally controlled substances, the diversion of precursors, and money-laundering.

As this target date is fast approaching, member states have agreed to hold a two-day Ministerial Segment at the 62nd Session of the Commission on Narcotic Drugs (CND) to take stock of progress made and delineate the global drug strategy for the next decade. Both the mid-term review of the 2009 Political Declaration in 2014 and the 2016 UNGASS were missed opportunities for an honest and objective review of the successes and failures of global drug policies since 2009. Only a few months away from the 2019 high-level event, no comprehensive review of the impacts of drug policies worldwide has yet been undertaken. This Civil Society Shadow Report seeks to fill this gap, firstly by assessing the progress made, or lack thereof, against the objectives set in the 2009 Political Declaration and Plan of Action. Secondly, the Report considers whether global drug policy has contributed to, or undermined, the broader priorities of the UN of protecting human rights, advancing peace and security, and promoting development.

continued on page 6

Key conclusions

- Data from the Shadow Report show that the targets and commitments made in the 2009 Political Declaration and Plan of Action have not been achieved, and in many cases have resulted in counterproductive policies.
- The Shadow Report highlights the urgent need to conduct more comprehensive and balanced research and evaluations on the impacts of drug policies worldwide, taking into account government data, but also academic research and civil society findings.
- The Shadow Report concludes that member states should identify more meaningful drug policy goals and targets in line with the 2030 Agenda for Sustainable Development, the UNGASS Outcome Document and international human rights commitments.

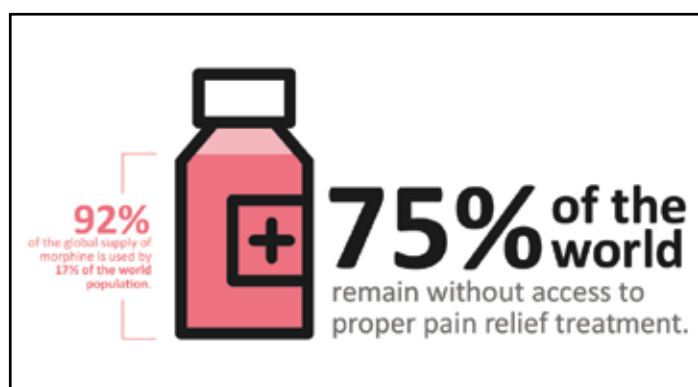
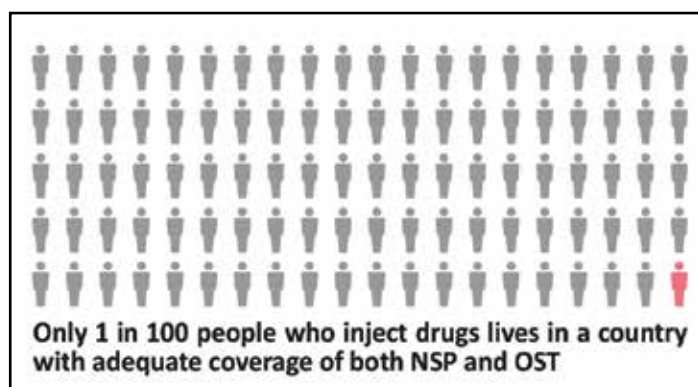
Evaluating progress made against the targets included in Article 36 of the 2009 Political Declaration

Target 1: Eliminate or reduce significantly and measurably ‘the illicit cultivation of opium poppy, coca bush and cannabis plant’. Data from the United Nations Office on Drugs and Crime (UNODC) shows no reduction in the global scale of cultivation of opium, coca and cannabis between 2009 and 2018. Over this period, cultivation has in fact increased by 130% for opium poppy and by 34% for coca bush. As for cannabis, although recent global estimates are unavailable, the UNODC concluded that cultivation was reported in 145 countries in the period 2010-2016, with no sign of reduction.

Target 2: Eliminate or reduce significantly and measurably ‘the illicit demand for narcotic drugs and psychotropic substances; and drug related health and social risks’. The overall number of people aged 15 to 64 who used drugs at least once in 2016 is estimated at 275 million, representing a 31% increase since 2011. The main drug of choice remains cannabis, followed by opioids, and amphetamines for which consumption has increased by 136% since 2011. The UNODC estimates that the global HIV prevalence among people who inject drugs has remained stable at 11.8%, as has the global prevalence of hepatitis C at 51.9% and tuberculosis at 8%. Meanwhile, the number of drug-related deaths surged by 145%, from 183,500 deaths in 2011 to 450,000 in 2015.

Target 3: Eliminate or reduce significantly and measurably ‘the illicit production, manufacture, marketing and distribution of, and trafficking in, psychotropic substances, including synthetic drugs’. Available UN data shows ongoing production and use of methamphetamines across the world with an expanding market in North and West Africa, North America, East and South East Asia and Oceania. In parallel, between 2009 and 2017, over 800 new psychoactive substances (NPS) have emerged on the global drug market, while the UNODC states that the illegal use of prescription drugs has reached record levels in various parts of the world, especially North America.

Target 4: Eliminate or reduce significantly and measurably ‘the diversion of and illicit trafficking in precursors’. Despite efforts made by member states to



control and monitor precursor chemicals, over the past five years the International Narcotics Control Board (INCB) has reported an increase in the use and number of precursors in illegal drug production. Furthermore, although seizures of precursor chemicals like potassium permanganate (used in the manufacture of cocaine) increased from 92,702 kg in 2012 to 585,072 kg in 2016, global cocaine production has risen by 44% since 2009.

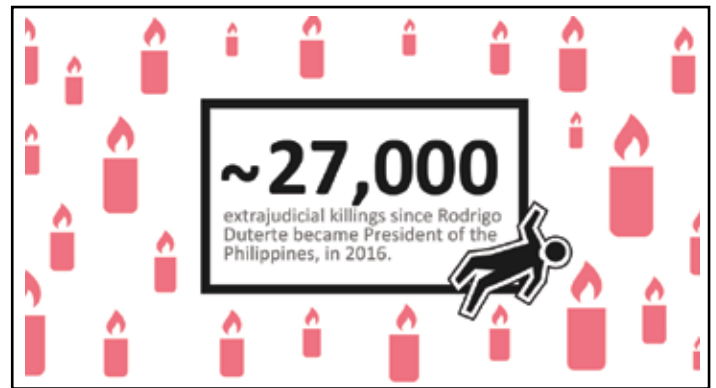
Target 5: Eliminate or reduce significantly and measurably ‘money-laundering related to illicit drugs’. Although tighter national, regional and global policies and regulations have been adopted to counter money-laundering, the amount of money laundered globally each year amounts to US\$ 800 billion to 2 trillion, representing 2 to 5% of global GDP – with a quarter of overall revenues of transnational organised crime proceeding from drug sales. The global drug market is currently estimated to turnover between US\$ 426 and 652 billion. Of this, well over half of the gross profits generated are channelled into money-laundering, and less than 1% of the total amount of money being laundered is seized.

Assessing progress made towards the 2009 Plan of Action against the broader priorities of the United Nations

This section of the Shadow Report assesses progress made towards selected actions of the 2009 Political Declaration and Plan of Action. Progress is evaluated against the broader UN priorities of protecting human rights, promoting peace and security, and advancing development.

Protecting human rights

Over the past decade, overly punitive drug policies focusing on eradicating the illegal drug market have been associated with wide-ranging human rights violations and threats to public health and order. These abuses have had dire implications on the lives of marginalised people and communities worldwide.



The right to life: At least 3,940 people were executed for a drug offence over the past decade, with 33 jurisdictions worldwide retaining the death penalty for drug crimes. Since 2009, various countries, including India, Iran, Malaysia, Palestine and Thailand, have taken steps to reduce or eliminate the use of capital punishment for drug offences, while others are considering reinstating the practice with bills in progress in Bangladesh, the Philippines and Sri Lanka. The recent escalation of punitive drug policies in South and South East Asia has resulted in the extrajudicial killings of over 27,000 people under Rodrigo Duterte's Presidency of the Philippines since June 2016.

The right to health: Despite increases in the number of countries providing various harm reduction interventions, only 1% of people who inject drugs worldwide live in countries with adequate coverage of both needle and syringe programmes (NSPs) and opioid substitution therapy (OST). Access to harm reduction is even more limited in prisons and other places of detention, resulting in the prevalence of HIV, hepatitis B and tuberculosis among people in prison being two to ten times higher than among the general population. The surge in overdose deaths – in particular in the United States where over 71,000 people died of an overdose in 2017 alone – is also a major issue of concern. While the federal response in the United States has overwhelmingly been law enforcement focused,

Canada – which has also been affected by a surge in overdose deaths – has adopted a number of public health measures, including the opening of 25 new drug consumption rooms since 2016. The criminalisation and stigmatisation of people who use drugs has been identified by a number of UN agencies as a major barrier to accessing service provision. At national level, 26 countries have adopted a decriminalisation model to facilitate access to health services and reduce stigma and prison overcrowding.

Meanwhile, 75% of the world population, concentrated in the Global South, remain without access to essential medications for pain relief, while 92% of morphine is being used by just 17% of the world population. Overall reforms remain inadequate to address this issue. However, countries such as Costa Rica, India, Mexico, Uganda and Ukraine have recently taken various steps to improve access to morphine for palliative care and pain relief, and 48 countries have now established medicinal cannabis systems for a number of ailments.

Criminal justice rights and right to be free from torture: The Shadow Report also sheds light on the human rights associated with incarceration and disproportionate punishments. According to UN data, one in five prisoners worldwide is incarcerated for drug offences, the overwhelming majority of

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1 in 5

prisoners worldwide
are incarcerated for
drug offences



In some parts of the world, **over 80% of women** incarcerated are serving sentences for drug-related offences.

~83%
serve sentences for
drug possession for
personal use



continued from page 7

whom for drug possession for personal use. In certain regions, this proportion is even greater for women, as is the case in various Latin American countries, and in Thailand where over 80% of the 47,000 women in prison are incarcerated for a drug offence. In several countries, drug offenders also continue to be victims of excessive punishments, sometimes including acts of torture or other cruel, inhuman or degrading treatment. This includes forced urine testing, compulsory registration requirements, incarceration in compulsory detention centres and corporal punishment, including on children. At the same time, tens of thousands of people have recently been arbitrarily arrested in Cambodia and Bangladesh for suspected involvement in illicit drug activities. Although discussions have been held at regional and international levels on these issues, on the ground little progress has been made to remedy these human rights abuses.

Promoting peace and security

Instead of reducing the overall scale of the illegal drug market, overly punitive drug policies have often exacerbated violence, instability and corruption. In the case of opium, while cultivation fell in South and South East Asia over the past decade, it has increased significantly in Afghanistan which now produces 86% of the world's opium. Academic research concluded that forced eradication campaigns had led to increased levels of crime, an ongoing Taliban insurgency and militias remaining active in the region, with severe consequences for subsistence farmers. Similarly, despite forced crop eradication campaigns in Colombia, coca cultivation increased by 115% between 2009 and 2016. Interdiction efforts in the country have resulted in violent clashes between affected communities and the police and the military, forcing millions of people to be internally displaced. In Mexico, a militarised war on drug cartels launched in 2006 resulted in over 150,000 deaths associated with the drug trade and more than 32,000 disappearances. In West Africa, several countries are now considered as drug trafficking

hubs, with the collusion between high-level officials and traffickers constituting a major threat to security, governance and development.

Posing an additional layer of complexity, the development of crypto-drug markets has forced policy makers to adapt their law enforcement strategies. However, available data show that only 17% of crypto-drug markets were closed down as a result of drug law enforcement interventions; the rest having been shut down because of exit scams, voluntary closure or hacking. Further studies concluded that only a small minority of those purchasing drugs in crypto-drug markets stopped using these markets because of drug law enforcement action – putting into question the efficacy of current drug control efforts. Nevertheless, the rise in the use of online drug markets has led to interesting developments in the field of health and harm reduction. For instance, online forums within crypto-drug markets have facilitated peer-based reviews and feedback on drug purchases, sellers, purity and effects of products bought online, enabling people who use drugs to reduce health harms, and facilitating discussions on the availability of drug support services.

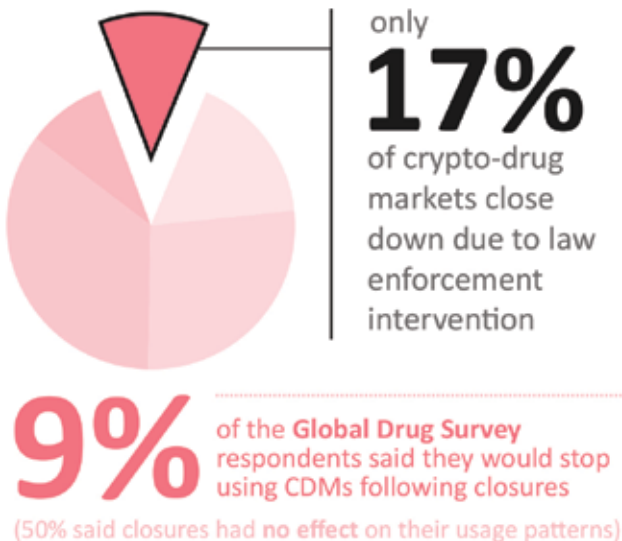
Advancing development

Tracking progress towards development – and the Sustainable Development Goals (SDGs) – constitutes the third key analytical research area of this Shadow Report. Evidence collected for the Report shows that drug control efforts have mainly consisted of eradication measures, with little attention given to the critical development issues faced by affected communities in rural and urban contexts.

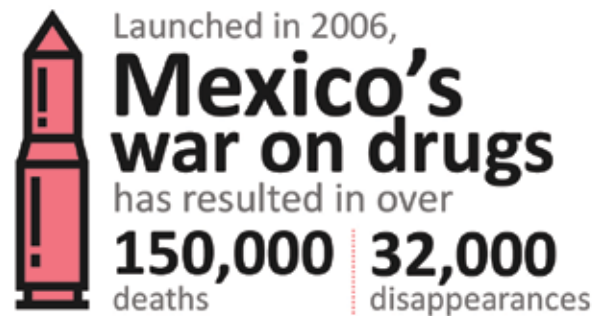
Although alternative development has gained much visibility in UN forums and discussions over the past decade, such programmes have generally been used to justify crop eradication campaigns, rather than focusing on creating the conditions that improve people's livelihoods and reduce their dependence on illegal crop cultivation. The use of harmful pesticides to destroy drug crops has impacted upon the health of local communities and damaged the environment

Assessing progress on Peace and security

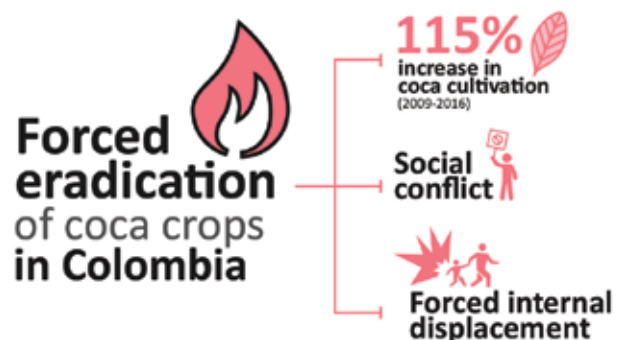
Crypto-drug markets



War on drugs and violence



Eradication and social conflict



by displacing subsistence farmers into new, more remote areas, including national parks and indigenous territories. In Colombia, 32% of coca is cultivated in national parks and indigenous reserves. In recognition of concerns over human and environmental harms associated with harmful pesticides, Bolivia, Ecuador, Peru and Thailand have banned the use of these chemical agents.

While alternative development programmes have mostly been counter-productive, two country examples stand out as more positive models. Since the 1960s, Thailand has adopted a long-term development strategy in areas where illegal opium cultivation was concentrated. This approach has led to reductions in poverty levels through increased access to education, employment, basic health and social services and infrastructure. On the other side of the world, since 2008 Bolivia has allowed farmers to grow a sufficient amount of coca for subsistence purposes, facilitating access to a national legal market for coca products, as well as improving access to safe water, education and other sources of income. Both the Thai and Bolivian models rely on strong community participation.

As in areas of illicit crop cultivation, poverty has now been recognised as a main driver of engagement in illicit drug trafficking and other supply-side activities. In Latin America, the overwhelming majority of women incarcerated for drug offences are first time, non-violent offenders, with limited formal education or employment opportunities and the sole care provider of several children and other dependents, who engage in illegal drug activities because of situations of socio-economic vulnerability. Although these issues are better understood and visible in regional and global forums, few member states have taken action on the ground. Costa Rica is a notable exception.


Since 2013, the country has adopted a number of reforms to reduce the high rate of incarceration of women in situation of vulnerability, by ensuring more proportionate sentences for certain drug offences, providing alternatives to incarcerations and offering social and health support for those in need.

What next: Designing new benchmarks for global drug policy

The 2016 UNGASS was instrumental in expanding the scope of global drug policy debates beyond the siloed three pillars of demand reduction, supply reduction and international cooperation to also focus on health (including harm reduction and access to controlled medicines), development, human rights and new challenges. Going forward, this seven-pillar structure should prevail in global drug control debates.

This Shadow Report demonstrates that the objective of achieving a drug-free world is unrealistic and unachievable. The pursuit of 'drug-free world' targets has resulted in policies and punitive enforcement practices which have undermined health, human rights, development and security. Beyond 2019, the overall goals of global drug policy – as well as the metrics and indicators used to evaluate progress – urgently need to be reconsidered. New goals, metrics and indicators should be aligned both with the UNGASS Outcome Document and the SDGs, and focus on the critical need to minimise drug-related health harms, improve access to healthcare, uphold basic human rights, ensure gender equality, reduce poverty in cultivation and trafficking areas, improve citizen safety and reduce corruption. A detailed list of indicators is proposed in the final section of the Shadow Report.

continued on page 11



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Conclusion

The commitments and targets set in the 2009 Political Declaration and Plan of Action have not been achieved, and in many cases have resulted in counter-productive policies. The Shadow Report also raises a number of issues on the past and future evaluation of global drug policies. Firstly, the Report highlights the urgent need to conduct more thorough and regular research on the broader range of impacts of drug policies at local, national, regional and international level.

Secondly, and related to the need for more research, the Report puts into question the sources of data currently being used for such formal evaluations. These rely heavily on government reporting. A more comprehensive and balanced

picture of the situation requires incorporating civil society and academic research. This is particularly important for sensitive issues related to drug policy and human rights.

And thirdly, the lack of progress made towards the drug-free targets, along with the negative consequences associated with efforts to achieve those targets, mean that member states should reflect upon what to measure. Focusing exclusively on measuring the scale of the illegal drug market is clearly not enough to understand the impact of drug policy on the key UN Charter commitments to health, human rights, development, peace and security. The third section of this Shadow Report attempts to provide some recommendations which we hope will provide a useful starting point for further discussions as to which goals and metrics could be considered for the post-2019 global drug strategy.

Recommendations

In preparation for the 2019 Ministerial Segment, the IDPC network recommends that:

- The international community should consider adopting more meaningful goals and targets in line with the 2030 Agenda for Sustainable Development, the UNGASS Outcome Document and international human rights commitments, and move away from targets seeking to eliminate the illegal drug market.
- Post-2019, member states should meaningfully reflect upon the impacts of drug control on the UN goals of promoting health, human rights, development, peace and security – and adopt drug policies and strategies that actively contribute to advancing the 2030 Agenda for Sustainable Development, especially for those most marginalised and vulnerable.
- Global drug policy debates going forward should reflect the realities of drug policies on the ground, both positive and negative, and discuss constructively the resulting tensions with the UN drug control treaties and any human rights concerns associated with drug control efforts.
- Beyond 2019, UN member states should end punitive drug control approaches and put people and communities first. This includes promoting and facilitating the participation of civil society and affected communities in all aspects of the design, implementation, evaluation and monitoring of drug policies.

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Targeting Illicit Drugs ACIC

MICHAEL PHELAN APM

APM Chief Executive Officer

The Australian Criminal Intelligence Commission (ACIC) is Australia's national criminal intelligence agency with a vision for a safer Australia that is better connected, informed and capable of responding to crime.

The ACIC works with state and territory, national and international partners on investigations and to collect intelligence to improve the national ability to respond to crime impacting Australia.

Australia's relatively high standard of living and the premium price in world terms that Australians pay for illicit drugs make it an attractive market for transnational serious and organised crime groups.

The Australian illicit drug market shows growing demand for a wide variety of substances. The ACIC has identified methylamphetamine, pharmaceutical opioids and cocaine, in that order, as the current highest priority drug threats.

The greatest profit for transnational serious and organised crime comes when drugs cross the Australian border. Drugs cultivated and manufactured overseas are cheap to produce, with the greatest threat emanating from China.

For law enforcement, the greatest impact comes when illicit drugs are seized before they hit the streets in Australia. Domestic and international

collaboration is essential, with 70 per cent of serious and organised crime based offshore or with offshore links.

Some holistic solutions to the problem include a balance of law enforcement action with demand reduction strategies, along with reliable data on illicit drug use.

Illicit drug data is a focus of the ACIC and enables emerging trends to be identified and helps governments to direct resources to priority areas.

The ACIC's National Wastewater Drug Monitoring Program (NWDMP) covers more than 50 per cent of the Australian population and measures the consumption of a range of illicit and



licit substances in both capital city and regional sites.

The program will deliver nine public reports over three years and is used as a regular, flexible, timely and stable data source. The data derived from the program supports policy and operational decision making and can also be compared with international wastewater data.

The NWDMP shows methylamphetamine remains the most consumed illicit drug monitored by the program, with increases in the consumption of cocaine and fentanyl since the commencement of the program.

Data from the NWDMP identifies sources of threat and changes in drug consumption with greater precision, and can assist in measuring the impact of demand and supply in reduction strategies.

The Illicit Drug Data Report (IDDR) brings together data from a wide range of sources into the one unique report and

includes detection, seizure, arrest, purity, profiling, clandestine laboratory and price data.

According to the 2016–17 IDDR, there were 113,533 national illicit drug seizures, the second highest number on record. Of this, 37,351 were for amphetamine-type stimulants (ATS) and a record 4,567 for cocaine.

A record 27.4 tonnes of illicit drugs was seized nationally in 2016–17, which included 7.5 tonnes of ATS and a record 4.6 tonnes of cocaine.

In 2016–17 there was a record 154,650 national drug arrests, of which 47,531 were ATS related and a record 3,366 were cocaine related.

This equates to one seizure every five minutes, one kilogram seized every 19 minutes and one arrest every three-and-a-half minutes.

The ACIC continues to tackle the highest risk serious and organised crime groups through the Highest Risk Criminal Targets No. 2 Special Investigation, which has led to the development/creation/establishment of the Australian Priority Organisation Target list, a key component of the Vestigo Task Force.

The Vestigo Task Force provides a single, flexible and responsive framework for engaging with overseas partners and Australian agencies regarding information and intelligence on targeting serious and organised crime.

This framework enables information to be shared quickly and efficiently between task force members across Australia and internationally.

Vestigo acts as a conduit for work across various investigations and operations, which means Vestigo results are incorporated within, and reflected throughout, the intelligence-led outcomes achieved with partners.

During 2017–18, Vestigo related intelligence and operational activity with partners resulted in:

- 208 intelligence products (29 analytical and 179 tactical) disseminated 790 times to 74 stakeholders.
- the seizure of more than \$7.26 million in cash
- the seizure of more than \$3.5 billion (estimated street value) of illicit drugs
- the disruption of 12 criminal entities
- the identification of 41 previously unknown targets.

Domestic and international collaboration is essential to address the

transnational threat posed by illicit drugs. By enhancing a shared understanding of illicit drugs and changes within drug markets, Australia can better target our collective efforts to address drug use and the harm it causes.

Mr Michael Phelan APM, CEO, Australian Criminal Intelligence Commission

As CEO of the ACIC, Mr Phelan is responsible for enduring delivery of national policing information



systems and services to Australian police and law enforcement partners. He is also responsible for management and administration of the ACIC's intelligence operations and specialist capabilities.

The ACIC has been in operation since 1 July 2016 and provides critical intelligence to law enforcement and intelligence partners to detect and disrupt significant threats to Australia, such as terrorism, transnational drug trafficking and cybercrime. The ACIC also facilitates the provision of accurate information and intelligence to law enforcement and protection agencies, allowing them to respond to immediate threats.

The ACIC has an increasing international presence with extensive work offshore to contact threats to Australia such as illicit drugs, firearms, money laundering, cybercrime and child exploitation. The majority of serious and organised crime threats to Australia are either based offshore or have strong offshore links, requiring the ACIC to strengthen its international partnerships to gather and share intelligence and undertake joint activities and responses to shared threats.

As Director of the AIC, Mr Phelan is responsible for leading Australia's national research and knowledge centre on crime and justice. The AIC promotes justice and crime reduction by undertaking and communicating evidence-based research to inform crime and justice policy and practice in Australia by undertaking, funding and disseminating policy-relevant research of national significance.

IDDR 2016–17

Illicit Drug Data Report

For more information visit www.acic.gov.au
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AMPHETAMINE-TYPE STIMULANTS

- Internationally, after cannabis ATS are the second most consumed drug worldwide. In 2015, methylamphetamine accounted for around two-thirds of the weight of ATS seized globally.
- Indicators of ATS supply and demand in Australia provide a mixed picture, but overall point to a large, relatively stable market in 2016–17.
- While figures remain high, both the number and weight of ATS (excluding MDMA) detected at the Australian border decreased for the second consecutive reporting period in 2016–17.
- Of the drugs tested in the National Wastewater Drug Monitoring Program, methylamphetamine was the most consumed illicit drug in regional and capital city sites.
- Both the number and weight of MDMA detected at the Australian border increased this reporting period, with the 4,763 detections in 2016–17 the highest on record.
- Of the substances tested by the National Wastewater Drug Monitoring Program, MDMA is one of the least consumed drugs.
- Consistent with previous reporting periods, drug profiling data of both border and domestic seizures indicates ephedrine and pseudoephedrine remain the dominant methylamphetamine precursors.
- Forensic profiling saw the re-emergence of the Leuckart route of manufacture in 2016. Last recorded in border samples in 2005, the method more commonly identified in methylamphetamine manufacture was identified in MDMA ENIPID samples for the first time.
- While the number and weight of national ATS seizures decreased this reporting period, they remain high.
- National ATS arrests remained relatively stable in 2016–17 following five consecutive increases to a record 47, 625 reported in 2015–16.



CLAN LABS AND PRECURSORS

- Many countries produce and trade chemicals that can be diverted for use in illicit drug manufacture. Preventing the diversion of precursors, reagents and solvents used in illicit drug manufacture is an effective and efficient way of limiting the supply of illicit drugs.
- Indicators of domestic drug production provide a mixed picture.
- The number of clandestine laboratories detected nationally decreased for the fifth consecutive reporting period in 2016–17.
- Around half of the clandestine laboratories detected nationally in 2016–17 were addict-based, with other small scale and medium seized laboratories accounting for an increasing proportion of detections this reporting period.
- Both the number and weight of ATS (excluding MDMA) precursor detections at the Australian border increased in 2016–17.
- Both the number and weight of MDMA precursor detections at the Australian border decreased in 2016–17.



COCAINE

- Colombia remains the largest cultivator of coca in the world. The weight of cocaine seized globally has continued to increase and is at record levels.
- Drug profiling data of both border and domestic seizures indicates the continued prominence of Colombia as a source country for cocaine in Australia.
- Indicators of cocaine supply and demand in Australia point to a potential expansion of the market in 2016–17.
- Both the number and weight of cocaine detections at the Australian border increased to record levels in 2016–17.
- The National Wastewater Drug Monitoring Program identified cocaine consumption in capital city and regional sites in all states and territories, with average consumption increasing between August 2016 and August 2017.
- Both the number and weight of cocaine seized nationally in 2016–17 are the highest on record, with a six-fold increase in the weight of cocaine seized this reporting period.
- National cocaine arrests increased for the sixth consecutive reporting period to a record 3,366 in 2016–17.

HEROIN

- The number of global heroin seizures decreased in 2016, while the weight of heroin seized increased. Afghanistan remains the largest cultivator of opium in the world.
- Drug profiling of both border and domestic seizures indicates the vast majority of heroin in Australia originates from South-East Asia.
- Overall, indicators of heroin supply and demand in Australia point to a small, relatively stable market in 2016–17.
- Both the number and weight of heroin detected at the Australian border increased in 2016–17.
- In August 2017 heroin was included in the National Wastewater Drug Monitoring Program for the first time, with consumption identified in all capital city sites.
- The number of national heroin seizures decreased in 2016–17, with the weight of heroin seized nationally remaining relatively stable.
- National heroin and other opioid arrests remained stable in 2016–17.

CANNABIS

- Cannabis is cultivated globally and remains the most frequently used and seized illicit drug worldwide.
- Indicators of cannabis supply and demand in Australia provide a mixed picture, but overall point to a large, relatively stable market in 2016–17. Specifically:
- There was a record 10,987 cannabis detections at the Australian border in 2016–17.
- The number of national cannabis seizures decreased this reporting period from a record high in 2015–16, while the weight of cannabis seized in 2016–17 increased.
- While national cannabis arrests decreased this reporting period, the 77,549 arrests reported in 2016–17 is the second highest on record.

OTHER DRUGS

- Many of the drugs and substances categorised as other drugs have both licit and illicit uses and may be lawfully or illegally produced. They reflect diverse and complex markets, both domestically and internationally.
- Globally the non-medical use of prescription drugs, particularly opioids, is a growing issue, with fentanyl use a significant concern.
- Statistics in the United States indicate fatalities caused by fentanyl and other synthetic opioids exceeded heroin overdose fatalities in 2016.
- According to the National Wastewater Drug Monitoring Program, estimated average consumption of fentanyl and oxycodone remained relatively stable between August 2016 and August 2017, with consumption of both drugs higher in regional sites than capital city sites.
- Indicators of demand and supply for other drugs in Australia provide a mixed picture.
- In 2016–17 the number of detections of PIEDs at the Australian border decreased, although the overall number of PIED detections has remained relatively stable since 2013–14. Decreases were also reported for national steroid seizures and arrests in 2016–17.
- There was a record number of tryptamine detections at the Australian border in 2016–17, the majority of which relate to LSD.
- The number of national hallucinogen seizures and arrests and the weight of hallucinogens seized nationally increased to record levels in 2016–17.
- The number of anaesthetic detections at the Australian border almost doubled this reporting period to a record 1,151 detections in 2016–17, the majority of which relate to ketamine.
- Forensic profiling of NPS indicate cathinone-type substances accounted for the greatest proportion of the number, with amphetamine-type substances accounting for the greatest proportion of the weight of analysed samples in 2016–17.
- There was a record number of national seizures and arrests of other and unknown drugs in 2016–17.



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Criminal innovation and illicit global markets —transnational crime in Asia

RODERIC BROADHURST

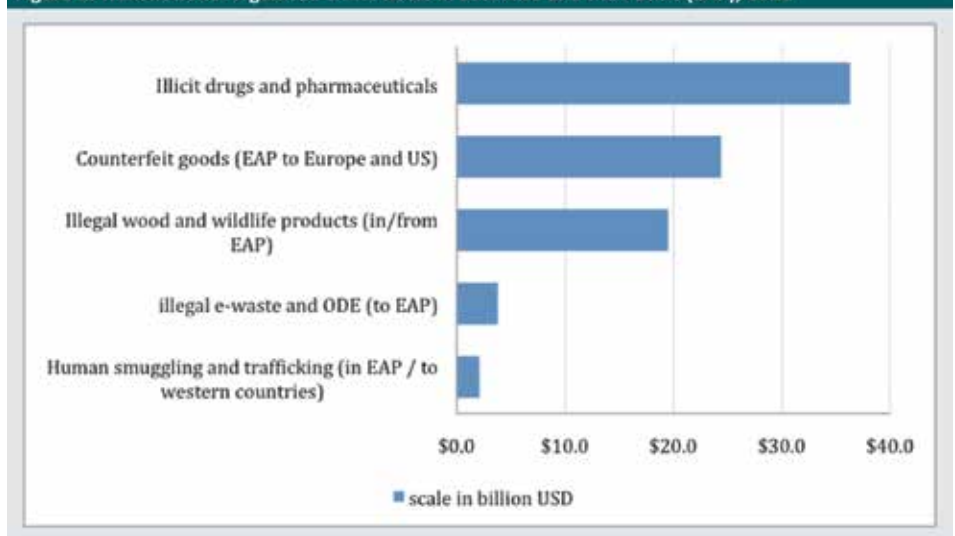
Spurred by the demand for the recreational use of ‘ice’ or amphetamine type stimulants (ATS, eg methamphetamines, ecstasy) and new psychoactive substances (NPS, eg synthetic opiates like fentanyl) as well as cocaine, traditional crime groups have revitalised. New entrepreneurial groups strategically capitalise on the opportunities created by these criminal markets, contributing to a surge in the profits from narcotics in Asia and worldwide (UN World Drug Report 2016).

The scope, diversity and form of organised crime in Asia have been re-energised by the opening up and intensification of the region's economy and the development of new infrastructure.

Illicit markets for counterfeit high street brands and pharmaceutical products or medicines, scarce timber and exotic wildlife trade are increasingly intertwined with the long established lucrative recreational drug and narcotic market. The organised armed groups that arise to protect these lucrative underground markets amass capital for their expansion and even to challenge or subvert state security (by corruption and fear) and undermine the traditional constitutional monopoly of violence and the protection of state revenue (Cockayne 2016; Broadhurst & Farrelly 2014; Broadhurst & Vy 2012).

In Asia and elsewhere, markets in cheaper synthetic narcotics not dependent on variable opium, cannabis or coca yields have developed, creating demand for the recreational use of methamphetamines (‘ice’), other ATSs and NPSs, synthetic opiates and cocaine (O'Connor 2016). Asian crime entrepreneurs engage in an industrial-like global business, exporting precursor chemicals such as ephedrine,

Figure 1: Transnational organised crime flows in East Asia and the Pacific (EAP), 2012



Note: Illegal drugs include opiates and methamphetamines within EAP and fraudulent pharmaceuticals from EAP to SE Asia and Africa. **Source:** UNODC, *Transnational Organised crime in East Asia and the Pacific: A threat assessment*. UNODC Regional Office for Southeast Asia and the Pacific, Bangkok, April 2013.

manufacturing illicit ATS or NPS drugs, and importing opiates from the Golden Triangle or Afghanistan and cocaine via Africa or directly from South America, often for re-export to the United States and valuable markets in Europe and Australia (Hamilton 2016; UNODC 2010, 2013).

Criminal markets

The illicit supply of narcotics attracts many crime groups and entrepreneurs

and remains the single largest and most profitable criminal enterprise attracting venture capital and innovation. Out of the estimated US\$90–100b per annum generated by crime flows in East Asia and the Pacific, illicit drugs, including fake medicines, account for over one-third of these profits (UNODC 2013).

In Southeast Asia, drug-related

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criminal activities include the production and distribution of illegal drug and narcotic products (eg opiates, ATSs) and the trafficking of precursors (eg ephedrine). The mass manufacture of ATSs requires collusion at high levels of government with increasingly complex and diverse forms of organised crime. Fake or counterfeit medicines, particularly erectile dysfunction drugs and narcotic pain relievers, form a significant part of the market at around US\$5b (UNODC 2016a).

However, the trade in illicit drugs is typically enmeshed with other criminal activities. In Southeast Asia, other criminal activities most likely to impact on economic growth, resource sustainability and governance include: counterfeiting of 'high street' goods; wood and wildlife products trafficking—illegal logging, exotic and protected trade, wild meat trade; illegal disposing of e-waste and prohibited chemicals; human trafficking and smuggling, including sex and labour trafficking (UNODC 2013, 2016a, 2016b; INTERPOL 2014).

The diversity of the Asian and global market for illicit drugs (and other illicit products) necessitates a variety of organisational strategies and criminal formation (from corporations or cartels

In Australia and New Zealand, Outlaw Motorcycle Gangs have links with Canadian, United States, Thailand, Indonesian and Scandinavian crime groups and operate as importers and financiers of the illicit drug trade (summarised from Broadhurst, Gordon & McFarlane 2012; Broadhurst & Farrelly 2014).

with impunity the nexus between the underworld and upper-world. Also crucial is the ability to move money and profits that require expensive financial and legal services and stable 'safe havens'.

Organised crime groups and activities

Organised crime groups in East and Southeast Asia are diverse and sometimes ephemeral. Traditional ethnic, language and place identities are no longer critical to safe and secure criminal

active in illicit and 'grey' business in the entertainment and recreational drug markets in tourist destinations in the region and South America. Thai mafia, or jai pho, concentrate on the illicit drug trade but also engage in resource theft, small arms trading, human smuggling and trafficking and counterfeit products. Involved in both legitimate and criminal markets, they have ties with the Red Wa (Wa sub-state), élites, police and military. In Australia and New Zealand, Outlaw Motorcycle Gangs have links with Canadian, United States, Thailand, Indonesian and Scandinavian crime groups and operate as importers and financiers of the illicit drug trade (summarised from Broadhurst, Gordon & McFarlane 2012; Broadhurst & Farrelly 2014).

The size and reach of the market in illicit drugs reflect patterns of globalisation, economic growth and armed conflict as well as government and civil society responses to the impacts of these markets. In Asia, these markets have grown rapidly, with the opening up of trade and development of China, India and the Association of Southeast Asian Nations (ASEAN) boosted by infrastructure development and increased wealth. The One Belt One Road, the India– Myanmar–Thailand Trilateral Highway and the Trans-Asia Railway Network (eg the Singapore– Kunming rail-link), along with new financial infrastructure (eg Asian Infrastructure and Investment Bank), are quickening the pace of change and development (UNODC 2016c; Broadhurst 2017).

Global flows of illicit drug trade

Convergence and connectivity have been observed not only among different

Strengthening the monitoring and regulatory control over precursor chemicals should help to reduce the impact of the rise of potent new synthetic opiates.

through to gangs or single project 'entrepreneurs'). Substantial income is required to finance industrial scale production, supervise cell-networked distribution structures, protect revenues and gain political influence. It is debatable whether illicit drug markets underwrite or finance other illicit markets or whether it is the opposite. However, in Asia as elsewhere, the eclectic range of criminal 'services' on offer merges and overlaps with legitimate commerce.

Grey business has flourished, and dual role entrepreneurs are able to navigate

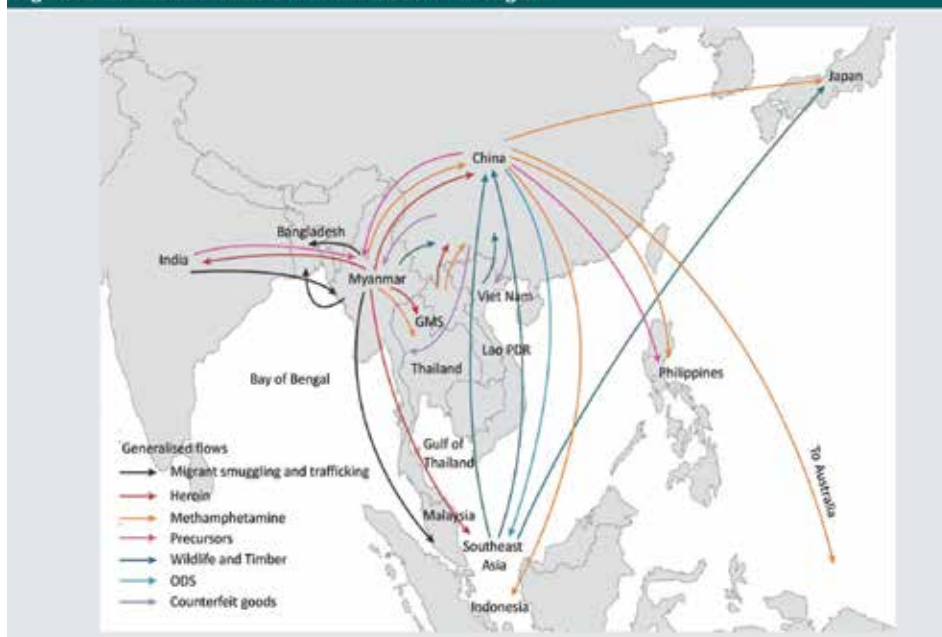
transactions, and crime groups operate under looser and less hierarchical forms of command and control.

Chinese mafia 'black societies' are involved in illicit market activities, protection services, loansharking, 'money trail' avoidance services and stock market manipulation. Mainland-based groups engage in large scale ATS production and export, while Hong Kong and Taiwan groups finance large drug shipments in the role of lender and insurer. Japanese organised crime groups—yakuza— provide essential protection but are also

Asian crime groups, but increasingly with West African, Iranian, South American and Russian crime groups. These new groups and their associations, alliances or mergers illustrate the global reach of transnational crime. Regional illicit production and supply chains intermingle with the global trade in illicit goods and services. Mexican and South American crime cartels engage with Chinese and African crime groups to obtain and trade cheap precursor chemicals for the ATS market while supplying cocaine and other contraband. A lucrative cross-Pacific and global traffic therefore develops and, aided by Asian trade growth, more transnational crime opportunities emerge (Hutt 2016; Broadhurst 2017).

Myanmar continues to be Southeast Asia's major opium producer and the world's second largest, after Afghanistan. The 2015 Southeast Asia Opium Survey estimated that Myanmar and Lao PDR produced around 820 tons of opium per annum (UNODC 2015). Traditionally the hub of the opium and heroin trade, the Golden Triangle—a lawless borderland at the tri-state confluence of Burma, Lao and China—has turned to the mass production of ATSs, and a thriving cross-border smuggling business operates, drawing small and big crime entrepreneurs. The heroin and

Figure 2: Generalised flows of criminal trade in the region



Note: ODS = ozone depleting substances Source: UNODC 2016c: 19

November 2016). Larger amounts may be diverted via Cambodia for transshipment to highly profitable overseas markets like Australia, where premium wholesale prices beckon.

The Philippines, Indonesia and other nations in Southeast Asia rely on imported sources of precursor chemicals to produce ATSs for their domestic illicit market, or alternatively

labs involving African crime groups were discovered in Malaysia. Along with India, where pharmaceuticals are diverted from legitimate producers, China is the major supplier of ephedrine and pseudoephedrine, the main precursors in the manufacture of ATSs (Boykoff & Berlinger 2016).

Despite rapid expansion of 'ice' production in the Golden Triangle, it is estimated that 80 percent of the overall Chinese 'ice' market is produced locally by crime groups operating clandestine methamphetamine labs in Southern China. The size of seizures from underground laboratories suggests a large and profitable business: between January 2015 and December 2016, nearly 5 tons of solid and liquid methamphetamine, just under 3 tons of precursors and 1.5 tons of ketamine were uncovered (Makinen 2016). Chinese organised crime groups also supply foreign illicit drug markets far and wide, illustrating the impact of the globalisation of the illicit trade and the increasing wealth of China and the region (Broadhurst 2017).

Connections between Chinese and Mexican organised crime groups, such as the Sinaloa and Gulf cartels, have been reported, notably with Hong Kong's 14K and Sun Yee On supplying the Sinaloa cartel in Mexico with raw materials to produce crystal methamphetamine (Harris 2015). Police arrested Chinese,

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Although opiates and ATSs are the predominant illicit drugs in Asia, cocaine imports have been discovered in Hong Kong, allegedly smuggled by a local syndicate specialising in transshipping illicit drugs from South America.

ATSs proceed from the Golden Triangle to neighbouring Yunnan China and then onwards—supplying consumers throughout East Asia, notably Japan, Korea and Taiwan. Small quantities of ATS 'ice' pills and high grade heroin produced in Northeast Myanmar are transported to markets in Bangkok, earning for the successful smuggler up to US\$2,000 per run (personal communication Royal Thai Police,

acquire ATS pills and opiates from producers in China, Afghanistan, the Golden Triangle and South Asia. In 2016, industrial scale 'ice' labs capable of producing 100kg of methamphetamine daily to supply Australia and Southeast Asian drug users were shut down in the Philippines, and Chinese and Filipinos were arrested (personal communication Philippines National Investigation Bureau, 18–19 March 2017). Similar



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Taiwanese and New Zealand men after shipments of methamphetamine with a 'street' value of \$AU950m were seized in 2016, along with over 6 tons of illicit drugs and precursors originating from Southern China (ABC News 2016).

Although opiates and ATSS are the predominant illicit drugs in Asia, cocaine imports have been discovered in Hong Kong, allegedly smuggled by a local syndicate specialising in transshipping illicit drugs from South America. Record seizures of 600 kg of ATSS smuggled via the Japanese port of Naha by Taiwanese nationals have also been reported. Illustrating the criminal utility of the direct transpacific sea route, in December 2016 and February 2017, three vessels seeking to deliver high-grade Columbian cocaine to Australian markets via Fiji and Tahiti were intercepted. The Melbourne crime syndicate behind the import is alleged to have had significant global relationships in Myanmar, Singapore, China and Japan (ABC News 2016).

Bloated with cash, organised crime groups, often enjoying a degree of state protection, constantly seek new markets, legitimate and illicit. By meshing with the rapidly evolving forms of connectivity and trade across the region and by mimicking best business practice underpinned by the strategic use of violence, these predatory groups can achieve impressive access to power and threaten societies which have weak rule of law enforcement. Illicit drug markets are constantly evolving and adapting and therefore require effective global, regional and local responses to reduce supply and demand, while adjusting and initiating regulatory reform and improving treatment mitigation for offending drug users. For example, a recent UNODC assessment noted that ASEAN has not yet managed to create 'a fully operational framework on tackling cross-border crime...By contrast, there are already fully operational and thriving networks of cross-border criminals' (UNODC 2016a: 12).

The scale of the problem, illustrated by record breaking illicit drug seizures, has attracted a sense of urgency about the risks to governance and the region's capacities to disrupt the trade and prevent and reduce harms generated by transnational crime. Economic development has been prioritised by most Asian governments and has trumped concerns about illicit trade and

The Australian Government invests in overseas prevention activities and provides expertise to ensure that law enforcement agencies' cooperation between Australia and its neighbours brings mutual benefits and provides some bulwark against the predatory conduct of criminal groups.

organised crime. Asia has the world's fastest growing economies, but also extremes of inequality and destitution that generate crime and are often ineffectively mitigated by governments. Where competent criminal justice systems operate effectively against illicit markets, trafficking flows and organised crime move to other countries with weaker regulatory and law enforcement capabilities. Displacement also occurs in response to 'strike hard' deterrence policies such as the controversial Philippines 'war on drugs' (Sombatpoonsiri & Aries 2016). Thus, policing organised crime has moved beyond purely localised national responses as it becomes increasingly evident that transnational organised crime groups operate in multi-dimensional globalised illicit markets. The current view of the morphology of organised crime is that loose, project driven networks of actors are involved in a range of illicit activities, and this is driven by the profitable opportunities offered by criminal markets. Thus, strategies aimed at attacking crime groups, such as criminal association laws or other measures to disrupt the trade such as 'war on drugs' campaigns, will not impact broadly on illicit markets unless the markets themselves are regulated (Broadhurst 2017). A handful of capable law enforcement agencies, a patchwork of cross-border mutual legal assistance agreements and a fledgling but fragile regional security response from ASEAN, APEC and other multilateral forums are trying to address these challenges (ASEAN 2010).

Eroding the power of organised crime

The 2003 UN Convention on Transnational Organised Crime (UNTOC),

signed by most Asian countries, provides a common platform for cross-border cooperation against organised crime and illicit markets. Cross-border cooperation and bilateral mutual legal assistance have developed accordingly; in addition, nascent ASEAN institutionalisation of policing and coordination of customs and immigration provide a framework for improved regulatory responses to criminal markets and organisations. Yet, regional integration and law enforcement capability remain limited, and the lack of effective action to suppress illegal drugs reflects ASEAN's relatively weak integration regarding the common non-traditional security problems (Broadhurst 2017).

Strengthening the monitoring and regulatory control over precursor chemicals should help to reduce the impact of the rise of potent new synthetic opiates. The pharmaceutical industries in India and China are substantial producers supplying traditional domestic medicine markets and are poorly monitored industries. Coordinated action on the suppression of the export of precursor chemicals across the region is essential and could have a significant impact on supply. Improved regulatory and export tracking controls of these precursors are urgently required (O'Connor 2017).

Over the past 50 years, countermeasures at the regional and national level have focused on the disruption of supply and distribution, increased expenditure on law enforcement and ramping up deterrence measures; yet, little sustained reduction

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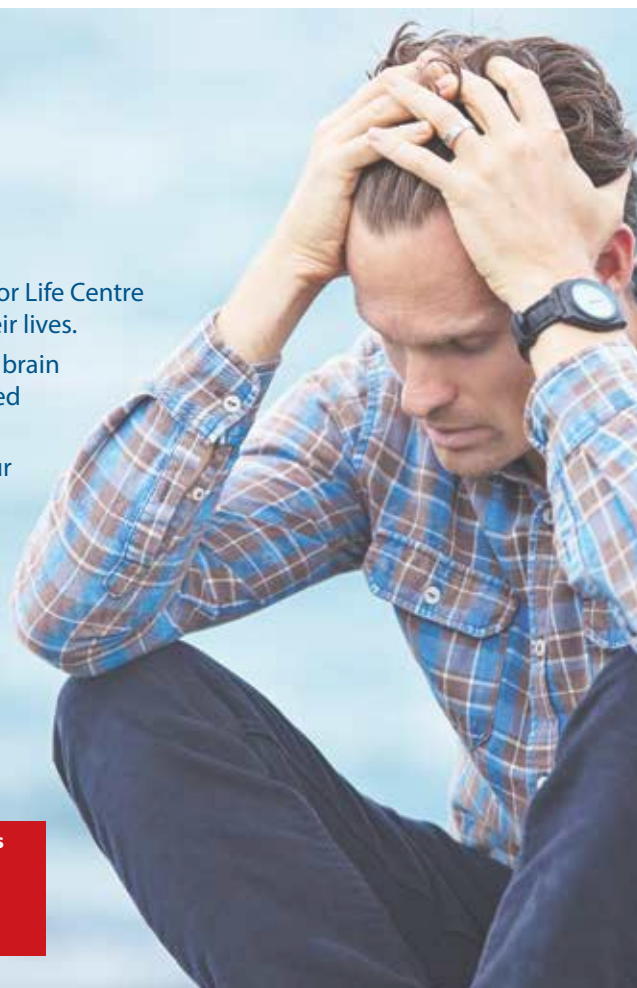
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has been achieved, and alternative 'harm reduction' approaches, including treatment and decriminalisation and innovative strategies to reduce the demand side, have not developed swiftly.

The Australian Government invests in overseas prevention activities and provides expertise to ensure that law enforcement agencies' cooperation

between Australia and its neighbours brings mutual benefits and provides some bulwark against the predatory conduct of criminal groups. Reducing the harm of black markets in contraband invites a reassessment of the policies that fuel unproductive 'drug wars' towards a focus on public health and civil society treatment measures (Amnesty International 2017). Such measures include, in some jurisdictions,

the recent legalisation of medical or recreational marijuana; this, in turn, has been associated with a decline in hospitalisation for opiate overdose (Shi 2017; RAND 2018, Powell, Liccardo & Jacobson 2018). Alternative policies to tackle the harms of criminal markets seek the regulation of recreational drugs. The pursuit of the 'lesser evil' of harm reduction would also help to undercut the profits of criminal groups.

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The international darknet drugs trade—a regional analysis of cryptomarkets

JAMES MARTIN, JACK CUNLIFFE, DAVID DÉCARY-HÉTU AND JUDITH ALDRIDGE

This report presents a descriptive analysis of illicit drug trading conducted via cryptomarkets, ‘eBay’ style marketplaces operating on the darknet (Martin 2014a, 2014b). Over the past seven years, cryptomarkets have emerged as a significant new vector for the retail and delivery of illicit drugs. One of the least understood aspects of cryptomarket-facilitated drug trading concerns the location of vendors who

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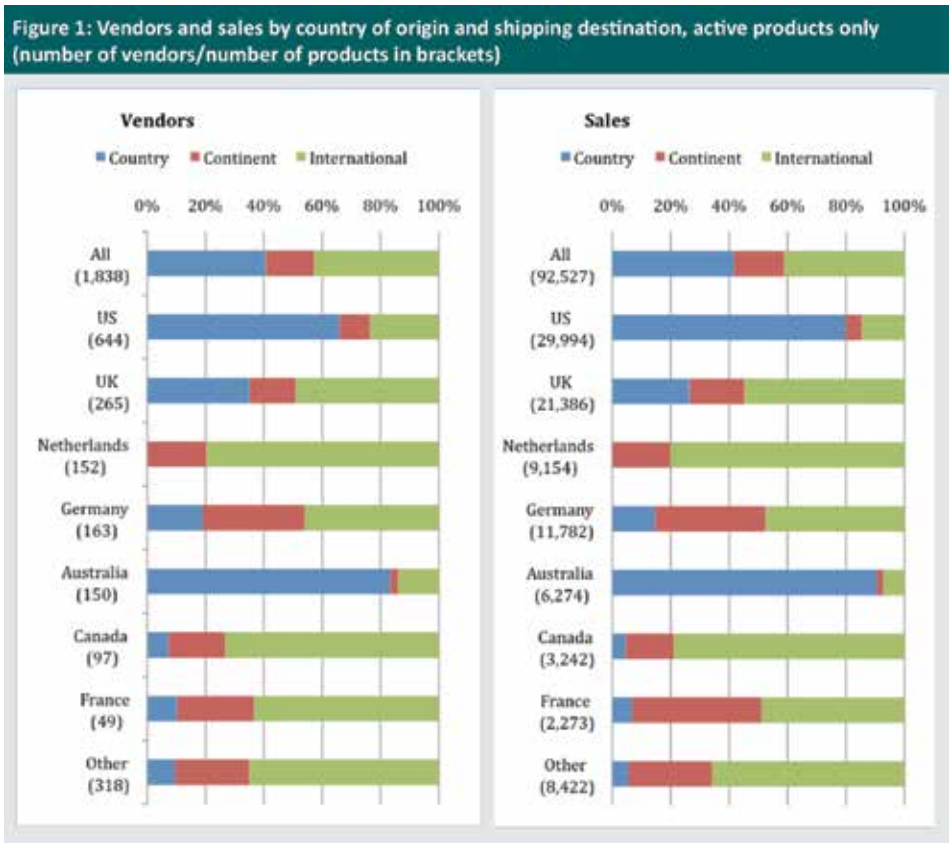
Table 1: Drug categorisations	
Drug Category	Drug types included in the category (in decreasing order of frequency within group)
Cannabis	Hash, herbal cannabis, extracts (these cover 85.6% of the group), seeds, synthetic cannabinoid, edibles and drinkable, cannabis products NEC
Ecstasy-type	MDMA (ecstasy) pills, MDMA powder, Mephedrone powder, MDMA capsules, MDA powder (covering 93.3% of group), other ecstasy-type drugs
Cocaines	Cocaine (covering 94.3%), crack cocaine, cocaine/coca seeds, coca leaf, cocaine paste
Methamphetamines	Methamphetamine (not tablet)
Opioids	Heroin (covering 88.5% of the grouping), opium, other opioids

use the darknet to trade illicit drugs across national borders. While previous quantitative papers in this area have noted the locations of vendors selling drugs on cryptomarkets (eg Christin 2013; Soska & Christin 2015), these previous studies have not differentiated between vendors who are prepared to sell drugs to international or domestic-only clientele. The aim of this research is to fill this gap in knowledge and determine which countries are the most active, in terms of both domestic-only and internationally oriented drug vendors, as well as which countries dominate the trade in particular drugs, specifically cannabis, ecstasy-type products, cocaine, methamphetamine and opioids.

Methods

This report is based on data collected using the DATACRYPTO tool (Aldridge & Décary-Héту 2015) in January 2016. DATACRYPTO is a web-crawler that accesses online cryptomarkets and systematically downloads the HTML page contents before processing this data into a cleaned and analysable format. Eight of the largest markets that were in operation at the time were included in the analysis: Alphabay, Crypto Market, Darknet Heroes League, Dream Market, French Dark Net, Hansa Market, Nucleus and Python Market. The cleaning stage of the data processing separated the data into product listings—including drug type, package quantity and customer feedback on each product with their rating—and vendor level information, including the stated country of origin of the product and the destinations to which the vendor was willing to sell.

This dataset was previously used by Cunliffe et al. (2017), and many of the technical details of the data cleaning process are presented in greater detail in that paper. It is important, however, to reiterate or clarify some points. An important point to reiterate is that this work only focuses on ‘active’ products and vendors, that is, products/vendors who have made a sale in the previous 30 days. This is an established way of classifying the rate of sales of products on cryptomarkets (Aldridge & Décary-Héту 2014; Christin 2013; Kruithof et al. 2016) and works on the assumption that feedback is regularly given on these markets, although it is also accepted that this is likely to underestimate true activity rates.



The Cunliffe et al. (2017) paper focuses on Australia, and therefore, in that paper, an extra level of data cleaning was implemented to capture the specifics of the shipping route descriptions outlined in the detailed vendor and product text fields. With over 60,000 products and over 2,000 vendor descriptions requiring manual inspection of each field, attempting to do this for the broader geographical application within this chapter would have been inefficient. The origins and possible destination countries are therefore taken directly from the main reported fields of the data collection process. The impact of this is expected to be minimal, with Cunliffe et al. (2017) finding that less than two percent of products had contradictory information regarding the headline shipping location and whether the vendor was unwilling to send to Australia.

To aid presentation and to keep this report to a manageable size, this work only contains detailed information on the seven most frequently listed origin countries (as detailed in Figure 1), which account for over 90 percent of the total number of transactions identified worldwide. Five broad drug types are considered: cannabis, ecstasy-type products, cocaine, methamphetamine and opioids. Details of individual

products that make up these categories appear in Table 1.

Destinations are split into whether the product was listed as being available only to domestic customers, within their continent (the vast majority being Europe, North America or Oceania) or some large portion of that continent (such as Western Europe), or whether the listing states that it is available to customers worldwide (referred to here as international). In the product specific analysis of Figure 2, products available across any international boundaries (even if within a continent) are combined to allow succinct presentation.

The majority of the analysis presented here is descriptive, looking at the number of vendors or sales by various splits within the data. The exceptions are the price comparisons presented in Table 2. These are calculated using a Poisson regression with robust standard errors (Silva & Tenreiro 2006) controlling for the listed destination, the product weight/the package size (and their square to account for non-linear changes in the pricing as quantities get higher) and the specific drug category of each listing. The base comparator is usually the United Kingdom (UK), the largest European source country for most drug categories except for methamphetamine, where the base is taken to the United States (the UK has only 14 listings for this product).

Results and discussion

Figure 1 displays the total number of unique cryptomarket vendors identified during the period of data collection, as well as the number of transactions they conducted as proxied by the customer feedback that they received. We identified a total of 1,838 unique cryptomarket vendors operating worldwide, with the vast majority of these located in the Anglosphere and Western Europe. The largest number of online vendors is located in the United States (644), followed by the UK (265), Germany (163), the Netherlands (152), Australia (150), Canada (97) and France (49).

Numbers of sales were correlated to the number of dealers operating in each country, with the order of countries in which transactions took place the same as the order of the countries in which the greatest number of vendors are located. The total number of transactions identified worldwide was 92,527, with US based vendors conducting 29,994 transactions, followed by vendors located in the UK (21,386), Germany (11,782), the Netherlands (9,154), Australia (6,274), Canada (3,242) and France (2,273). Vendors located in 'other' countries conducted a total of 8,422 transactions.

With the world's largest economy (IMF 2017) and a population of approximately 320 million (UN 2017), the United States was, unsurprisingly, revealed as the country with the largest number of cryptomarket vendors conducting the greatest number of transactions. However, when the number of cryptomarket vendors was measured against national population sizes, a more intriguing picture emerges. The Netherlands was home to the highest number of vendors per capita, with 0.9 vendors per 100,000 of the national population. Australia had the second highest number of cryptomarket vendors per capita (0.65), followed by the UK (0.41), Canada (0.28), Germany (0.2), the United States (0.2) and France (0.07). These numbers indicate that the adoption of cryptomarket technology by drug vendors varies significantly from country to country.

Figure 1 also displays a breakdown of the potential destinations to which vendors located in each country are prepared to send drug consignments. Here we also identify significant divergences between the different source countries. Vendors based in the United

Figure 2: Percentage of sales by country of origin, all destinations and international/continental, and by drug type, active products only



States and Australia were those most likely to restrict sales to domestic-only destinations, with 83 percent of Australian vendors and 65 percent of US-based vendors only selling products within their respective countries. European-based vendors were those most likely to list their products for sale internationally, either within the continent or to other destinations worldwide.

One hundred percent of vendors located in the Netherlands sold products internationally, followed by French vendors (90%), German vendors (53%) and UK vendors (51%). Ninety-two percent of Canadian-based vendors were prepared to send drugs internationally, presumably to access the US market.

Cunliffe et al. (2017) explain the very high proportion of domestic-only sales by Australian vendors—which they term the 'island effect'—as a likely product of the relative geographic isolation of the country, with long postal delivery times from Australia to other international destinations acting as a significant disincentive for potential overseas customers. The relatively high price of drugs sold by Australian vendors also makes sales by Australian vendors significantly less attractive, compared to their international competitors. We hypothesise similar reasons for the high proportion of domestic-only sales by US-based vendors—drugs sold by US vendors are relatively highly priced (see pricing discussion below), and the United States is geographically isolated from customer markets in Europe. We also speculate that the size of the US online

drugs market further disincentivises US-based vendors from making overseas sales, because vendors located within the United States can still maintain large numbers of transactions without incurring the additional risks associated with international postal deliveries, which involve a greater risk of identification by border protection and law enforcement agencies (Décary-Héty, Paquet-Clouston & Aldridge 2016).

By contrast, European-based vendors tend to be prepared to send their drugs internationally in much higher numbers. We speculate that this is partly a result of the Schengen shared customs zone, in which mail may pass between European Union member states with more minimal border controls than would otherwise be the case for typical international shipments. The result of this is that the European darknet drugs market appears to be significantly more integrated than in other parts of the world, with a flow-on effect in terms of competition and drug pricing (see pricing section below).

Figure 2 represents the proportion of drug transactions conducted via cryptomarkets, divided according to country of origin. The 'all destinations' category includes sales that are available to domestic, intracontinental and worldwide destinations. The 'international/continental' category excludes domestic-only sales, focusing specifically on transactions by vendors who are prepared to send drugs internationally. When considering all

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drugs available for sale both domestically and internationally, the data reveal that US-based vendors conduct 32 percent of global cryptomarket drug transactions, followed by the UK (23%), Germany (13%), the Netherlands (10%), Australia (7%) and France (2%). When focusing specifically on international cryptomarket drug transactions, however, a significantly different picture emerges. The UK is revealed as home to the most prolific international cryptomarket drug vendors, accounting for 30 percent of international transactions, followed by Germany (19%), the Netherlands (17%), the US (11%), Canada (6%), France (4%) and Australia (1%).

Cannabis

By drug category, US-based vendors accounted for the greatest proportion of global darknet cannabis transactions (ie international cannabis transactions plus domestic transactions, 36%), followed by the UK (25%), Germany (15%) and Canada (7%). Given its long-standing association with (de facto) cannabis decriminalisation, the Netherlands surprisingly accounts for relatively few international darknet cannabis transactions (5%). France sits equally with the Netherlands, also accounting for 5 percent of international darknet cannabis transactions.

Ecstasy

The Netherlands is home to the most prolific darknet ecstasy traders, accounting for 28 percent of global transactions, followed by the UK (21%), US (17%), Germany (15%), Australia (9%), Canada (3%) and France (1%). The international darknet ecstasy trade is even more comprehensively dominated by the Netherlands, where vendors account for 42 percent of international ecstasy transactions, perhaps an unsurprising finding considering the Netherlands' reputation as a global centre of ecstasy production (AIC 2015; Spapens 2014). The UK and Germany each account for a further 20 percent of international ecstasy transactions, while non-European countries account for a very low proportion of transactions—Canada (5%), US (3%) and Australia (1%).

Cocaine

Vendors located in the UK account for the greatest proportion of global darknet cocaine transactions (37%), followed by the US (23%), the Netherlands (15%), Germany (9%) and Australia (4%). As with

Table 2: Percentage change from base for the expected price of drugs by country of origin, controlling for price, weight and specific drug type to any shipping destination, active products only										
	Cannabis		Ecstasy-type		Cocaine		Meth		Opioids	
	Exp(β)	P	Exp(β)		Exp(β)		Exp(β)		Exp(β)	
US	142%	***	146%	***	99%	0.88	(base)		164%	***
UK	(base)		(base)		(base)		272%	0.15	(base)	
Netherlands	108%	0.32	103%	0.78	70%	***	63%	*	60%	***
Germany	120%	*	106%	0.58	89%	0.25	121%	0.39	100%	1.00
Australia	137%	***	425%	***	242%	***	328%	***	197%	***
Canada	158%	***	170%	***	105%	0.58	128%	0.25	144%	*
France	125%	***	101%	0.99	78%	***	N/A		104%	0.80

* = significant at the 95% level ** = significant at the 99% level *** = significant at the 99.9% level

ecstasy and cannabis, the international darknet cocaine trade is dominated by European vendors, particularly those located in the UK, who account for nearly half (45%) of the world's international darknet cocaine transactions. This is followed by vendors located in the Netherlands (21%), Germany (10%), France (4%) and Canada (3%).

Methamphetamine

The US accounts for nearly half (47%) of global darknet methamphetamine transactions, followed by Australia at 27 percent. European-based vendors account for a relatively low proportion of methamphetamine transactions, with only 8 percent of transactions originating from vendors based in the UK, 6 percent in Germany and 4 percent in the Netherlands.

The relatively low proportion of methamphetamine transactions by European vendors probably reflects the relative unpopularity of the drug, compared to popularity in the United States and Australia (Degenhardt et al. 2016; EMCDDA 2014). Similarly, the international darknet methamphetamine trade is also dominated by the United States, which accounts for 36 percent of international methamphetamine transactions, followed by Germany (16%), the UK (11%), the Netherlands (10%), Canada (9%) and Australia (6%).

Opioids

As with cannabis and methamphetamine, US-based vendors comprise the largest single source of the darknet opioid trade, accounting for 36 percent of global opioid transactions. This is followed by vendors located in the UK (16%), France (14%), Germany (12%), the Netherlands (9%) and Australia (9%). Intriguingly, vendors based in France comprise the largest single source of international

opioids, with nearly a quarter (23%) of international transactions originating there. The remainder of the international darknet opioid trade is relatively evenly split between vendors based in Germany (18%), the US (18%), the UK (15%) and the Netherlands (14%). Just two percent of international darknet opioid transactions originate from Canada.

Table 2 contains drug pricing data from the principal countries included in the study. These figures combine prices for drugs that are sold both domestically and internationally. Cannabis is cheapest in the UK and the Netherlands, slightly more expensive in Germany and most expensive in the United States, Canada and Australia, all of which have approximately the same price. A similar picture emerges with pricing of ecstasy-type products, with prices lowest in the UK, Netherlands, Germany and France, 46 percent higher in the United States, 70 percent higher in Canada and more than four times the base price in Australia. Methamphetamine is most cheaply priced in the Netherlands, similarly priced in the United States and Germany and significantly more expensive in Australia. Opioids are again cheapest in the Netherlands, similarly priced in the UK and Germany, 64 percent higher than the base price in the United States and more than three times the base price in Australia. These figures are consistent with the hypothesis that the darknet drugs trade is significantly more integrated and, therefore, more competitive in EU countries, with the effect that increased competition drives prices down. The United States and Australian darknet drug markets appear to be relatively isolated, and this would account for the relatively higher drug prices evident in those countries.

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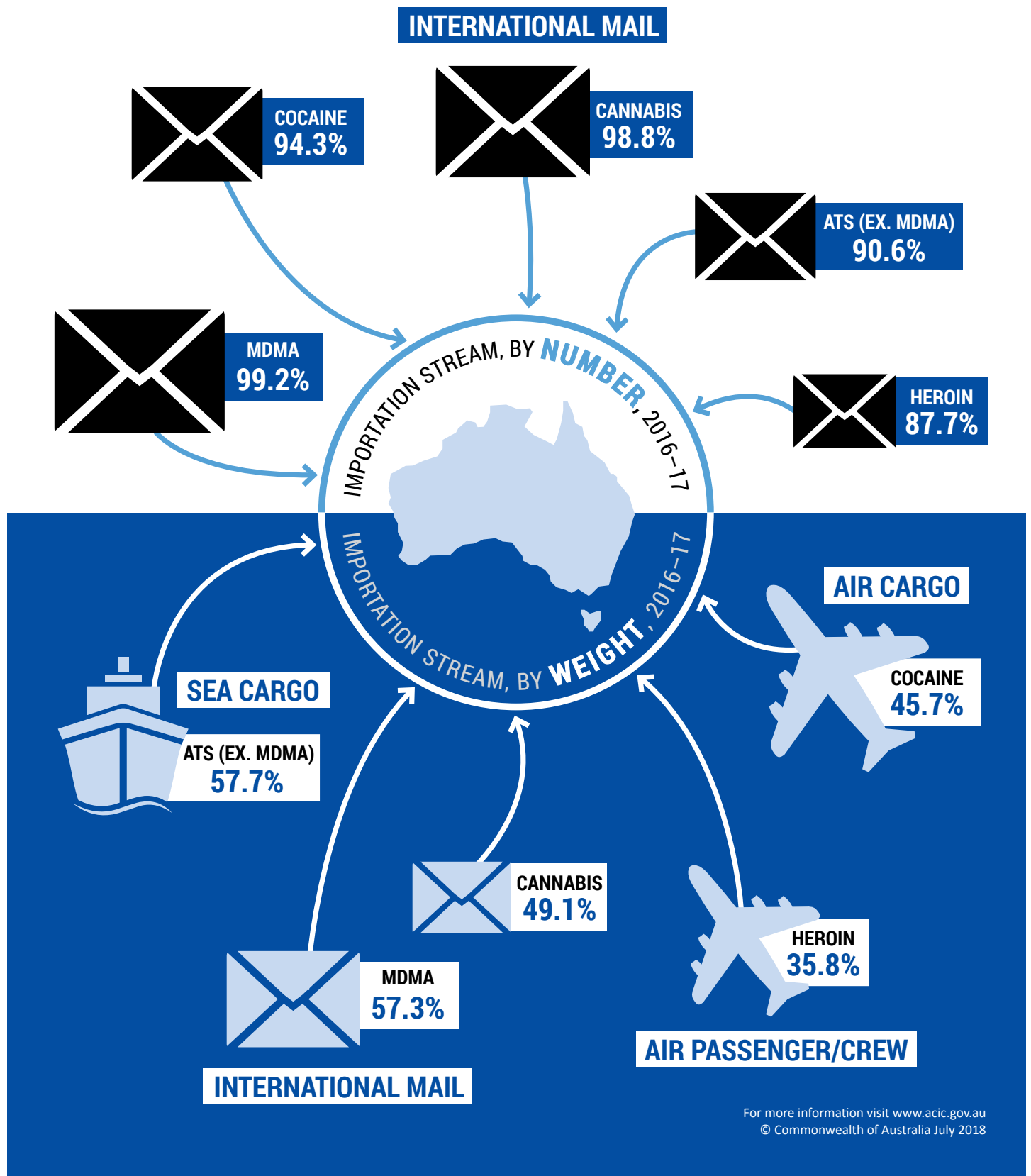
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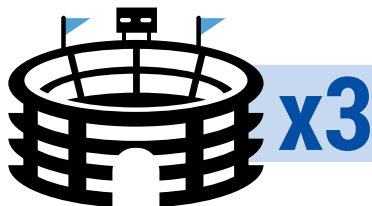


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Symbolic perceptions of methamphetamine: Differentiating between ice and shake

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Abstract

Background: Although public perceptions of methamphetamine (meth) consider all forms of the drug as the same, this is not true among those who use it. Our aim is to examine how those who use meth perceive two forms of meth (ice and shake) using the theoretical framework of symbolic boundaries. Methods: We rely on data collected from a photo-ethnography with people who use methamphetamine in rural Alabama. The ethnography consisted of formal interviews (with 52 participants), informal observations, and photography. Results: Participants had a strong preference for ice (49 of 52 preferred ice over shake). In discussing why they prefer ice they point to the various short- and long-term health problems associated with shake. This distinction allowed them to create symbolic definitions of shake as being dirty due to impure chemicals and its users as desperate.

Conclusion: We argue that this symbolic differentiation of the two forms allows users to frame themselves as rational users (i.e., they avoid the unsafe form of meth) and shape use patterns and prevalence, with shake being used infrequently and often intravenously.

Keywords:

Methamphetamine Qualitative Ethnography Identity

Recent trends in the prevalence of methamphetamine (meth) use have led to it being described as “the most dangerous drug in America” (Jefferson, 2005; Linnemann & Wall, 2013). Claims such as this, paired with the launch of anti-meth media campaigns like the Faces of Meth (FOM) and The Meth Project (TMP), have inscribed the image of the “meth head” in the social imaginary (Ferestad & Thompson, 2017; Linnemann et al., 2013). The visual representations of people who use meth presented by these campaigns have contributed to the public’s perception of them as a singular group of poor, rural Whites who have suffered severe mental and physical ailments due to chronic use of meth. The changes in their physical appearance, including the development of “meth mouth” and occurrence of extreme weight loss, paired with potential for erratic and paranoid mental states, foster this negative perception of those who use meth. Consequently, meth use is highly stigmatized (Linnemann & Wall, 2013).

Like others who engage in stigmatized behaviours, people who use meth actively resist stigma by creating symbolic boundaries to distance themselves from stereotypical “meth head” behaviour (Boeri, 2004; Copes, Leban, Kerley, & Deitzer, 2016; Lende, Leonard, Sterk, & Elifson, 2007). Symbolic boundaries

... people who use meth actively resist stigma by creating symbolic boundaries to distance themselves from stereotypical “meth head” behaviour.

include informal social categories that people use to categorize others (Lamont & Molnár, 2002). These symbolic boundaries act to produce feelings of similarity and social solidarity with other members of the group (Lamont & Molnár, 2002). For example, people who use meth often make distinctions among users based on their ability to maintain their looks, mental health, and daily obligations. Those who can effectively maintain these things are seen as functional and can position themselves as superior to those who do not (i.e., dysfunctional users) (Marsh, Copes, & Linnemann, 2017).

Another way people who use meth create symbolic boundaries is by emphasizing their use of particular types of the drug. While sharing many chemical characteristics, there are differences between various forms of methamphetamine. Two common varieties

of meth are referred to as ice and shake. Ice, a high quality form of meth, is believed to be manufactured in major laboratories and to contain few impurities. Shake is an easy, low cost way to prepare meth because it is manufactured using the one pot method. That is, individuals combine imprecise amounts of various chemicals and reactants into a single pot to cook by chemical reaction, or “shake” meth (Shukla, Crump, & Chrisco, 2012). By framing one form of meth as cleaner and safer than the other, people who use ice may be able to distance themselves from the negativity associated with those who use shake (Boeri, 2004; Copes et al., 2016; McKenna, 2013; Webb, Deitzer, & Copes, 2017). Our aim is to examine perceptions of two forms of meth (ice and shake) among those who actively use the drug. To explore these perceptions,

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we rely on ethnographic data and semi-structured interviews with 52 individuals who used meth in rural north Alabama. Using the theoretical framework of symbolic boundaries, we show how participants define shake as being dirtier than ice and how doing so allows them to better frame themselves as rational users because they avoid the unsafe form of meth (shake) in favour of the perceived cleaner form (ice). While there is a body of research detailing why and how drug users construct boundaries to maintain positive self-perceptions (Copes, 2016; McKenna, 2013; Rødner, 2005), there is a gap in the research regarding how people make distinctions between various forms of the same drug. By looking at how people perceive differences between types of meth, we shed light on how they manage stigma and how these perceptions shape use patterns (both prevalence and route of administration).

Symbolic boundaries, drug use and self-perceptions

Symbolic boundaries are “conceptual distinctions made by social actors to categorize objects, people, practices, and even time and space” (Lamont & Molnár, 2002). People develop symbolic boundaries, which allows them to separate others into in-groups and out-groups, through daily interactions. Boundaries allow people to positively identify with the in-group, while socially distancing themselves from the out-group. Those in the out-group are categorized as the symbolic other. For people who use drugs, symbolic boundaries associated with drug use guide interactions with others, shape how they make positive and negative distinctions between themselves and the “other,” and direct how they manage stigma associated with their drug use (Copes, Hochstetler, & Williams, 2008; Copes et al., 2016; Rødner, 2005). The most common way that people who use drugs construct symbolic boundaries is by making distinctions between functional and dysfunctional users. This dichotomy between what makes a functional and a dysfunctional user is shaped by larger cultural narratives pertaining to drug use (Copes, 2016). People (including those who use drugs) value rationality and control in most aspects of life. In the contemporary Western world this

control is demonstrated by stability and potential for productivity in the workplace and family life, as well as in being dependable for family and friends. These cultural beliefs shape definitions of what constitutes functional users, including ideas about the proper ways to consume and ingest drugs (Kerley, Copes, & Griffin, 2015).

Functional users are typically defined as those who are in control of their drug use, while dysfunctional users are seen as giving up control of their lives to their drug of choice (Boeri, 2004; Rødner, 2005). Control in this situation refers to whether or not a person is able to use drugs and still maintain and fulfil obligations associated with other important social roles (Boeri, 2004). While precisely what makes for functional of

the poor and for racial minorities and is more stigmatized (Ahern, Stuber, & Galea, 2007). Young party-goers in Norway viewed MDMA as safer than ecstasy even though they are bio-chemically similar (Edland-Gryt, Sandberg, & Pedersen, 2017). Those who use meth may also make distinctions between people based on the type of meth they use. Despite the common assumption by the public that meth is all equally bad, meth has a variety of forms based on how it is manufactured. Its form is significant in determining stigma among users. The various methods of manufacturing meth lead to vastly different types of meth, which may lead knowledgeable people to make symbolic distinctions based on the perceived quality and purity of it (Patricia et al., 2008).

While persistent clandestine domestic production of shake from small-scale local manufacturers is now common, the contemporary meth market also continues to operate at a high level...

dysfunctional users (or to be in control of one's use) varies based on the type of drug in question, general patterns do emerge (Copes, 2016). Those who claim to be functional users often construct symbolic boundaries along six primary dimensions: physical appearance, mental health, maintaining obligations, route of administration, motivations for use, and procurement strategies.

People also make symbolic distinctions between people based on the types of drugs they use. Those who use legal or common intoxicants such as alcohol and marijuana typically view themselves as different from those who use harder or illegal drugs (Parker, Williams, & Aldridge, 2002; Room, 2005). Those who do not use intravenously see themselves as more functional than those who do (Rhodes et al., 2007). People also make distinctions between different versions of the same drug. Powder cocaine users are perceived as wealthy and their drug use is often viewed as an extension of status, while use of crack cocaine is viewed as a drug for

Types of meth

Meth is not a unitary type of drug. Indeed, there are numerous modes of manufacturing it, which creates various forms of meth—each with different forms of purity and potency. The prevalence of these forms of meth have changed over the years in the United States largely due to laws relating to precursor ingredients. Until the mid-1990s, the U.S. meth market was controlled by outlaw motorcycle gangs (Finckenauer, Fuentes, & Ward, 2001). It was manufactured in large quantities using the phosphorous or anhydrous methods and distributed within the nation's borders, typically regionally and in rural areas. Beginning in the late 1990s, disrupting rural meth markets became a major priority for law enforcement (National Drug Intelligence Center, 2010; Garriott, 2011; Jenkins, 1994). Intensified policing and chemical precursor laws, resulted in a shift in the use and production of meth in the

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mid-2000 s (Maxwell & Brecht, 2011). Regulations made it more difficult and risky to manufacture meth on a large scale, as the chemicals needed were tracked and regulated intensely. In response to these changes, people in rural areas across the United States began manufacturing meth for personal consumption in small, one-pot operations (i.e., shake) (National Drug Intelligence Center, 2010; Maxwell & Brecht, 2011). The one pot method to manufacture meth involves combining chemicals like pseudo-ephedrine, lithium from batteries, and various reactants (e.g., lye and ammonium nitrate) into plastic bottles and then shaking them until a chemical reaction occurs (Shukla, Crump, & Chrisco, 2012). Because shake is relatively easy to make, the shake market is distinct from other drug economies in America, as it is arguably less hierarchical and less gender segregated (Copes et al., 2016). This style of meth manufacturing produces relatively little meth, which is typically of low quality.

While persistent clandestine domestic production of shake from small-scale local manufacturers is now common, the contemporary meth market also continues to operate at a high level because of increased importation of ice from Mexico (Shukla, 2016; Shukla et al., 2012). Because Mexico has access to precursor chemicals that are difficult to obtain in the United States, ice can be more easily manufactured there and then transported into the United States (Cunningham et al., 2010). Unlike with shake, the ice market is highly hierarchical, and is run primarily by Mexican based transnational criminal organizations (TCOs) (NDIC, 2010). TCOs can be extremely sophisticated with super labs capable of producing hundreds of pounds of high quality meth per week (Brouwer et al., 2006; Finckenauer et al., 2001). With the aid of these super labs, Mexican TCOs have become the primary supplier of meth in the United States, with some estimates reporting that they control 70–90% of the entire meth market (Brouwer et al., 2006; Office of National Drug Control Policy, 2007). Additionally, ice is much more potent than shake. While the national average purity of meth in the United States was 48%, the DEA found that meth originating from Mexico had an average purity level over 80% (Brouwer et al., 2006; DEA, 2003).

Empirical tests of different forms of meth show that they do vary greatly in terms of purity, potency and effect (Topp, Degenhardt, Kaye, and Kaye, 2002). Those who use meth attest to these differences. They use these chemical properties to symbolically define and categorize the various forms of the drug. Here we examine how the symbolic definitions of the two forms shape people's perceptions of users and their use patterns. We do this by interpreting people's stories of meth within the theoretical framework of symbolic boundaries (Lamont & Molnár, 2002).

Methods

To explore people's perceptions of shake and ice, we rely on data collected from a photo-ethnography of people who used the drug in rural, North Alabama. The larger aim of the project was to understand how people who use meth make sense of their lives and navigate their drug use within the context of rural poverty. The ethnography consisted of formal interviews (with 52 participants), informal observations, and photography. We used photographs to document the lives and experiences of the participants and to aid in eliciting responses from participants. To do this we took photographs of participants and we solicited photographs from them.

We include photographs here as a means to provide context to the quotes and to draw readers into the participants' worlds. Such use of photographs is consistent with documentary photography (Schonberg & Bourgois, 2002). Even when presenting the words of participants, scholarly work is often abstract and detached from those whose lives are being studied. We believe that the photographs not only give insights into the themes under investigation (in this case perceptions of two forms of meth) but they also aid in connecting with and humanizing participants. We do recognize that care must be taken when using these types of images in research. Decontextualized images may reinforce negative cultural stereotypes more than counter them (Becker, 2007). This is because photographs are polysemic (Clark-Ibáñez, 2004), which can prompt multiple meanings in the viewing process (Becker, 2007; Schwartz, 1989). As such, we cannot control how others interpret the images included here; however, we hope that readers will

interpret the images within the context of the data presented and our intentions. We chose photographs that we believe represent the experiences and beliefs of participants and that reflect the various perceptions relating to types of meth use and their effects on users.

All participants were active users of meth who were living in rural or small towns in north Alabama at the time of the interviews. By active users we mean that they had used meth more than five times in their life and they had used within a month of the interview (although some did desist during the course of the project). To locate participants, we relied on a primary recruiter and on snowball sampling. The recruiter was a 29-year-old woman who was born and raised in the area and had strong personal contacts with people who used meth. At the time of the study she was living in public housing that was known for meth use and distribution. She was well liked and respected among the residents; even those who used meth respected her despite the fact that she did not use. Her role as recruiter consisted of setting up interviews before we arrived and vouching for our credibility. The interviews took place at her home, participants' homes, public parks, or other private areas (we let participants decide where they would like to meet and do the interview).

We also relied on snowball sampling to extend the sample beyond the initial recruiter's social networks. After the initial interview with a participant, we asked if they could refer others to us. This allowed us to go beyond our initial recruiter's network. We paid recruiters \$40 for each person they successfully recruited (i.e., people who completed an interview). The initial recruiter helped us located 30 participants. We recruited the remaining 22 participants from snowball sampling. The participants received a \$30 Visa gift card for the interview. We only paid participants for the formal interviews. They were not paid for informal interviews or for photographs. All interviews were audio recorded with participant permission, and ranged from 30 to 120 min each.

Data presented here come from the semi-structured interviews, unstructured interviews, and observations with the participants. The semi-structured interviews focused on such topics as their perceptions of their using career



Fig. 1. Fred holds two eight-balls of ice.



Fig. 2. JC's bag of ice, pipe and other paraphernalia.



Fig. 3. Chico lights a meth pipe.

(initiation, persistence, and plans for desistance), ways they define themselves as users, and the social organization of the meth market in the area. These interviews also contained a section where we asked about their perceptions of the various types of meth that they have used.

We obtained Institutional Review Board (IRB) approval from the lead author's home university. In compliance with this approval, we obtained informed consent for all participants and informed them that the interviews were voluntary and would be kept confidential. The IRB approval included taking photographs of participants and having them send images to us. All those who agreed to photographs signed a release for themselves and for their minor children if relevant. We do not include photographs of those who did not consent to having their photographs taken. We made it clear that they could decline having their photographs taken or sending us images and still be a part of the study. A total of 29 people agreed to have their photographs taken and used in the project. To ensure confidentiality, we use pseudonyms throughout. We do recognize that those who may know the participants will be able to determine their identity from the photographs. Accordingly, we described such possibilities to participants before taking any photographs of them.

We recorded all formal interviews and then transcribed them for analysis (redacting identifying information). However, we also rely on observations and informal interactions with a core group to inform the project. All authors coded interview transcripts based on the larger questions (e.g., what are the perceptions of the various types of meth). When analysing interviews, we first broadly coded for a variety of themes, one of these was perceptions of types of meth. This was a straight-forward category included all forms of talk about

the types of meth that were prevalent in the area. We began by coding the first 10 interviews independently and then coming together to discuss our codes to ensure inter-coder reliability. We discussed any differences in coding, came to agreement of how to proceed, and then recoded the initially coded interviews and the next five transcripts. We repeated this process until all transcripts were coded. After this initial coding, we refined the concepts to create the axial codes that make up the results of the current analysis. Such a style of coding is consistent with standards of qualitative research techniques (Corbin & Strauss, 2008; Kvale & Brinkmann, 2009). Caution should be taken if generalizing beyond the sample, as findings may be heavily contingent on the context of the interview setting and the social position of the interviewers and the participants.

All demographic categories were self-identified by the participants. The mean age of interviewees was 34 and ranged from 19 to 57. We interviewed 28 women and 24 men, of which 48 were White, 3 were Black, and 1 was Hispanic. Our sample was comprised of individuals at varying stages in their use, people who identified as heterosexual or homosexual, men and women of different ages, those with secure housing and those without it, and people who used different types of drugs (e.g., stimulant and opiate users) and different routes of administration (e.g., smoking, snorting, and injecting). The preferred route of administration among our participants was 27 smoking, 23 intravenous, 1 eating, and 1 unknown preference.

Perceptions of ice and shake

We found that 48 of the 52 participants strongly preferred ice over shake. Those who preferred ice said that they avoided using shake and only did so when they could not get access to ice. As Charlie said, "[Shake] is not something I would prefer to do. I would just leave it alone."

Sara summed up this belief succinctly: "Shake and bake is cheap, it's the poor man's crystal [ice]." When asked why he preferred ice, Adam said:

Fuck shake, nobody around here wants shake. Shake is just shit. It is the shit life of meth. I mean if you have no other way to get it and you don't know anyone that sell ice, yeah you can go shake it and make some, but it's not going to be like ice. Ice is what everyone around here smokes.

The clear preference for ice was evidenced by the fact that it was rare for those we interacted with to have shake on hand. Many said that they know how to cook it, but few said they still did because ice was too prevalent and cheap to bother cooking shake. Ice was nearly always present when we were around and many were happy to show us their supply. Fig. 1 shows Fred holding a newly bought bag of ice. He was excited that he was able to buy such a large bag as he would be able to sell half to recoup the money he spent on it. Their main reason for disliking shake was its perceived dirtiness, which they attributed to the inclusion of various chemicals in the cooking process. While only a small percentage had cooked shake, nearly all were familiar with the process. As Tara said, "There are a lot more nasty chemicals in shake and bake than there is with pure ice." These "nastier" ingredients included lye, lithium, and lantern fuel.

Tara described the shake manufacturing process and why she thought it was bad:

I believe [ice] is a lot stronger and a lot purer. You see when you're doing shake and bake you got the Coleman lantern fuel, you got the pills, you got the lithium batteries, and I mean they take the tops off lithium batteries, pull that strip out and drop it into the bottle, so you got a lot more chemicals. To me it's a lot more

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nasty chemicals in the shake and bake than there is with pure ice.

Outside the known ingredients used to manufacture shake, participants suspected that there were also a variety of dangerous, unknown adulterants added to it as well. When they did use shake they tried to get it from people they trusted. Too often participants did not trust the cooking process because they never knew what extra ingredients or “cuts” were put in it. As Cindy said:

Well ice is different. Ice has been around for years and years and years, shake hasn't. People throw anything in [shake], like one way you can do it is with a can of Raid and an oven rack. How do you make dope off a can of Raid and an oven rack? Bad dope will kill you.

Willow said that she liked ice the best because: “It seems like a cleaner high. I know that sounds crazy, but it is.” Participants acknowledged that both are bad but that shake just seemed worse. JC both used and sold ice. He said he rarely bothered buying or selling shake (even though he said he could cook it himself). On the first day we met him he showed us his supply of ice and praised its quality (Fig. 2). Such descriptions of ice were common.

Participants said that the dirtiness of shake was evident in its taste and smell, which was a key reason they did not like it. Watson thought it tasted like medicine: “I mean, I've smoked shake, but it makes you sick, like a bad mix of medicine.” Others believed that shake tasted like chemicals. LeAnne said that she never really tasted ice when she smoked it, but she thought shake “tastes horrible!” LaShay said that when she smoked shake, “All I could taste or smell was chemicals from the shake... That's when I realized it would be better not to do the shake.” Bella said that even when using needles she could “taste” the chemicals. She said, “You can smell that fuel. When you shoot it you taste that fuel. It's not like that with ice.” Nate believed that the taste of shake was so bad that it was “more or less a shooting dope. It don't taste good in a pipe so you can't smoke it. It's got a nasty fucking taste.”

Despite the overwhelming predilection for ice, three individuals did prefer shake over ice. When asked why they liked shake, two men said that it was because they were either addicted to

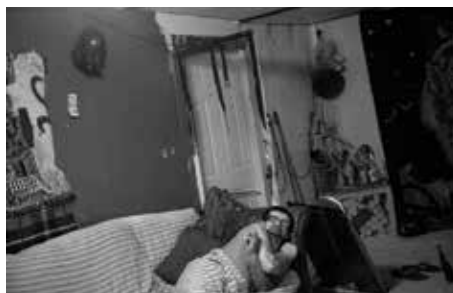


Fig. 4. Chico recovers from “trash fever”.

manufacturing it or they were sceptical of what Mexican manufacturers were putting in ice. Chico has been a long time user of meth and had strong opinions on its quality. Fig. 3 shows Chico with his pipe he was using to smoke shake that he had recently procured. He expressed a suspicion that the Mexican cartel was cutting ice with heroin to keep people addicted and to increase their desire for it:

Alright, some of this ice is heroin based. The reason they do that, what the Mexicans tell me, is to make it more addictive. Ain't that some shit? Here you are, you smoke a big ole bowl of motherfucking ice and the next thing you do, you're noddin'. Ain't nothing you can do about it either, it knocks you out. You might be nodded 15, 20, 25, 30 min. When you come back to, you're still high!

George also preferred shake. While he liked ice, he preferred shake because he was addicted to manufacturing it:

I didn't do too much ice 'cause I mean, like more really and truly, I like more of the high that I got from just cooking it. “Cause you know it was like an adrenaline rush. And I mean I like to see it turn when you pull it off. You know, you can watch it fall into the liquid and it's crazy.

Despite Chico's and George's preference for shake, that form of the drug was largely criticized. In fact, several went as far as to say that “shake isn't meth” and avoided using it altogether.

Problems with using shake

Chronic use of meth (of any variety) can lead to significant health problems for users; however, participants were convinced that shake exacerbated these health problems. The dirtiness of it not only made it smell and taste different, but they believed that the excess chemicals in shake contributed to more problems for users than did ice. Everything from excessive skin picking, to decayed teeth, to enhanced



Fig. 5. Jennifer's broken television.

paranoia was thought to be worsened by the use of shake. When discussing the problems shake caused, the participants pointed to both short-term and long-term issues relating to their physical and mental health.

Short term problems due to shake

Shake is often produced by people who do not follow a standard recipe or formula. This haphazard method of producing it can lead to variable potency and side effects. Participants said that they could not predict what the high would be like from simply looking at the final product. As Leprechaun described: “[Shake] is a different high, like sometimes it's wirier and sometimes not, every time you do shake it turns out different. It has to do with the moon and everything, humidity, temperature, you name it.” Indeed, the added moisture from excessive humidity can alter the potency even if the rest of the recipe remained consistent.

While unpredictable highs could be frustrating for users, it was the fact that shake often made them sick that was most troubling. Again, this increased risk of sickness was blamed on the various unknown additives and cuts thought to be common in shake. Beth said:

With ice you don't have that icky, icky feeling. When I smoke it [shake] I sweat immediately, first hit. I am all clammy feeling, dirty feeling, my pours open up, it's just not a good feeling. All that nasty, cut stuff they are putting in it. They even put laxatives in it.

The major short-term physical complaints with shake were headaches and nausea. ES, who had used shake a few times, was adamant that she would not use it again:

I will not touch shake. You can hand me the bag for free and I'll look at it like, “No.” It's a totally different feeling. Like with shake, you get a really bad headache. I mean you get high, but it's

a different chemical in it so it makes you feel totally different.

Participants said that they got high on both, but the high associated with shake was different—usually not as pleasurable. Like ES, Cindy believed that her experiences on shake and ice were noticeably different. On ice, she said she enjoyed her high and had great sexual experiences, but shake just gave her headaches:

Shake messes with you more than ice does. I don't know, when I was on shake, when I do shake and when I do ice, your sexual encounters are so much better on ice. You go for hours, whereas shake you don't. You just, shake just gives you real bad headaches because of all the real bad stuff that's in it. There's battery acid in there.

Outside of undesirable highs, participants complained that coming down from shake was much harder than coming down from ice. LaMar said that when he used shake he experienced withdrawal effects that were not present with ice: "Yeah, the ice high just mellowed me out for a minute and then I got the energy. No come down, I mean come down but not like the come downs that hurt." George, who preferred to use shake that he cooked, said that shake had a worse "come down" than ice:

Ice is a lot cleaner and you know purer, and the come down off of it is not nowhere near as bad because you don't hurt near as bad. Shake and bake, you got all the household chemicals like, Drano, liquid fire, muriatic acid, lithium. You can just imagine when you got that stuff in your body and you're starting to come off of it, it's going to do some damage. It hurts; it does. When you come off ice, you don't hurt near as bad as you do off shake.

When coming down from shake George said that his muscles and joints would ache and leave him feeling sick until the drug passed through his system.

Perhaps the most severe short term consequence of using shake was getting "trash fever" or "cotton fever." This occurs when ingesting drugs intravenously and impurities enter the blood stream. The symptoms of trash fever include chills, nausea, abdominal pain, and intense muscle aches (Shragg, 1978). Alice described what trash fever felt like:



Fig 6. Jennifer showing her arm and the small scars from picking.

I laid in the bed for hours, I just didn't even want to move, didn't want to smoke a cigarette, didn't want to do anything but lay there because everything in my body hurt, it felt like my veins were hurting. I felt like I was going to die, it was bad. It was scary.

While trash fever is typically the result of impurities (like cotton fibres) getting into the blood stream, LaMar believed that shake users were at a heightened risk of experiencing it. He found that this was true because of all the impurities inherent within shake: I mean if you know what you're doing, you're not gonna get sick from doin' ice. But if you don't you can get trash fever, but you get it a lot with shake. When I did shake the first time, I caught trash fever.

Whether shake users are at a heightened risk of getting trash fever is unknown, although there is no reason to doubt our participants' extensive combined experiences. On one visit with Chico he complained that he got sick immediately after using shake made by his friend. When we got to his home he was laying on the couch complaining of flu like symptoms, which he attributed to the poor quality meth (Fig. 4).

Long term problems due to shake

While participants framed the short term problems with the highs and withdrawals as unwelcome nuisances, they pointed to the long term problems as being the main reason they avoided using shake. The health risks of prolonged meth use may lead to various forms of physical ailments including heart failure, malnutrition, and tooth decay as well as psychiatric illness such as depression, anxiety, and suicidal ideations (Shoptaw et al., 2003; Vearrier, Greenberg, Miller, Okaneku, & Haggerty, 2012). These health issues can arise regardless of the types of meth one uses; however, participants believed that mental and physical health issues were exacerbated when using shake.



Fig. 7. Mama takes a late night walk.

Mental decline

In making symbolic boundaries between types of users, those who use meth emphasize the importance of maintaining a healthy mental state (Boeri, 2004; Copes et al., 2016; McKenna, 2013). For most who use meth, this means not becoming overly paranoid or erratic. Chronic use of meth is thought to change the way people think and act. The effects of meth and the potential long term sleep deprivation can make people paranoid and unpredictable and participants thought these effects were exaggerated with shake. Chico was often concerned that others were trying to steal from him or to have him arrested. In one instance, he was convinced Alice was in on a plot to have him arrested for kidnapping. He said that he planned to hire another woman to physically assault her—he later decided not to carry out with this plan. In an informal conversation with Alice, she said that Chico could be nice at times, but she believed that the chronic use of meth led him to be paranoid and erratic. We learned from another participants that Leprechaun was also paranoid and believed that we were planning on forcibly taking him and others into rehab.

Psycho-stimulants like methamphetamine are known to cause symptoms of delusions and hallucinations that manifest from auditory and visual senses (Darke et al., 2008). Along with psychosis, individuals can show signs of agitation and irrational hostile behaviour (Darke et al., 2008). The participants said that systemic violence relating to meth sales was not frequent where they lived; however, the effects of meth did contribute to domestic violence. Many of the women discussed violent encounters with their partners (both men and women partners). Michele described coming home and finding the house interior damaged, dishes broken, dishwasher busted, and television torn from the wall because her then boyfriend was coming down from meth and believed

that she had been unfaithful. Fig. 5 shows the aftermath of his violent outburst.

Ivory used shake a few times but believed she needed to stop and switch to ice:

All I know is the shake shit has lithium in it and my husband being schizophrenic, he used to be prescribed to lithium, but I think that's the shit that's in the shake that makes me like fucking crazy. I mean crazy, crazy, crazy...It just made me ridiculously crazy, and I am just like, no.

Similarly, Tara was adamant that she would no longer use shake because she was certain that it drove users insane:

What I have heard the last time from the shake and bake, when I moved out of the county in the shelter, there was a girl who said they have closed down a nursing home and they have started using it for everybody that does the shake and bake. Because some of them are going absolutely insane and there's supposed to be a hospital down there that houses nothing but these people.

Ivory and Tara chose to use ice because they believed it gave them a better sense of control over the long term mental effects of their use, compared to those who used shake and lost control. The decision to use ice to maintain control was a common choice made amongst the participants. For example, Justin tried to stick with ice because: "[Shake and bake] makes you a lot crazier; it burns your brain up." Like Justin, many of our participants believed that shake would lead to extreme forms of mental decline. They believed that by using ice they could decrease the likelihood of this, while still receiving the pleasures of meth.

Physical decline

The majority of the participants believed that shake leads to a quicker and more certain physical decline than does ice. Some of the common physical side effects attributed to shake use were excessive weight loss, skin picking, "meth mouth," muscle or joint aches, and headaches (Dwyer & Moore, 2013; Murakawa, 2011). They believed that these deleterious effects were due to low quality meth (Marsh et al., 2017). As Chelsea said:

Okay, shake and bake is dirty dope. That's where you're gon' get all your sores, people picking at themselves, they think they got bugs on them. Really all it is, is the dope's coming out through their

pours, and they get to looking at it and they think its bugs.

According to Chelsea, those who experienced hallucinogenic episodes would begin to see bugs on their skin, which lead to them picking their skin and the creation of sores. Jennifer, who said that sometimes she preferred shake because the high was less intense and easier to come down from, pointed out small scars she had from scratching her skin from using it (Fig. 6). Eliza described her friend who was hospitalized for digging at his arm so much. She feared that he may lose his arm because of the infection that stemmed from it (he did not). Additionally, Alice showed us images of her mother's chest with large open sores. These sores resulted from missing the veins when injecting up shake. Her mother regularly cooked shake with her long-time boyfriend.

Such stories led to participants believing that the components of shake were toxic and lead to physical ailments. One woman, known locally as Mama, wrestled with many of these issues. Fig. 7 shows her walking late one night, which illustrates how thin she was. While she insisted her weight was not meth related, her son, Legal, disagreed. Although Legal said that his mom has always been thin, he told us he regretted introducing his mom to meth because of the physical toll it had taken on her:

I introduced it to my Mama. Yeah, yeah, I feel bad for it everyday... I started showing her and stuff like that and yeah, shouldn't have did that [laughs]. Now I wish, I mean she is a good lady, she is. She really is. My mom, she is probably, 80 pounds soaking wet. Maybe, 75. But she has been small all her life so, but I just hate it because I can see if she don't eat or drink, or she'll get real dehydrated and pass out.

Ryan believed that shake was more likely to lead to problems with dental health: "With shake you're more prone to get meth mouth, you know? Rot your teeth out and everything." Tara believed that the main reason shake leads to tooth decay was because of the lithium and lye in it:

I think it's the Lithium, the Lithium and the lye mixed together since those are the two main things that really eating at you. I know it messes with your head and I know it eats up your teeth and your calcium. But I want to say I didn't start losing my teeth 'till I started doing the shake and bake and I've done it for maybe 2 to 3 years, and so after that incident [losing her teeth] that was it, I had to go.

Rather than abstaining from meth altogether, tooth decay ultimately led Tara to switch from shake to ice. Like Tara, Keith believed the lithium found in shake contributed to his physical downfall and preferred to now use ice "Cause with ice, your face don't sink in. Whatever's in that shake, it turns your eyes in, turns 'em black, you get skinnier faster. "Cause it's pretty much just the lithium and shit."

Discussion

Recent legislation controlling precursor ingredients for manufacturing meth have led to changes in the prevalence and distribution of various types of the drug. In many places in the United States, the meth economy is dominated by ice, with a smaller economy devoted to small, shake and bake meth. While those outside the meth economy may see all meth as the same, those within it do not. Instead, those who use meth make symbolic distinction among the various forms and have created a symbolic hierarchy of meth. Participants constructed a narrative that allowed them to position shake users as being at the extreme end of the meth addiction spectrum, a space occupied by users distinct from themselves (see Copes et al., 2016; Copes, 2016). They spoke in ways that resembled stereotypes of meth users presented in media portrayals like *The Faces of Meth*. Doing so allowed them to distance themselves from shake users (see Marsh et al., 2017), and portray themselves as more rational than those who used shake. While they took risks with their health by using meth, they mitigated these risks by avoiding the more damaging and harmful forms of it.

The stories people tell about shake and ice do aid in shaping their self-perceptions and in managing stigma associated with their drug use, but these stories may do more than construct identities. We believe stories relating to the types of meth may also influence behaviours. Recent work in narrative theory suggests that the stories people tell are instrumental in shaping future behaviour (Presser & Sandberg, 2015; Sandberg & Ugelvik, 2016). That is, stories are more than ways to form identities. They are also constitutive of behaviour. Our findings suggest that the symbolic boundaries people develop influences their prevalence of using meth and their route of administration. The perceptions of shake and ice had meaningful effects

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on prevalence patterns in the area we studied. Indeed, all but three participants said they rarely, if ever used shake. They believed that ice was affordable and easily accessible so they saw no reason to seek out shake. In fact, we had a hard time finding shake to photograph. When we asked around for who would have it so we could photograph it the consensus was that it would be difficult to find any because those who make it do not advertise it. The implication was that those who cook it usually do not want others to know they are using it because of the stigma associated with shake among others who use meth. This was not the case with ice. Nearly, everyone we interviewed said they could easily get us ice for photographs. Many had it on them during our interactions with them and showed it without hesitation.

The way that participants symbolically defined the two forms of meth also shaped the preferred routes of administration for each. Participants discussed eating (by wrapping in toilet paper and swallowing), snorting (often with Adderall), smoking, and injecting ice. The use of ice did not seem

to effect participants' preferred route of administration. This often was not the case with shake. Participants' perceptions about the physical effects of shake led them to see it primarily as a shooting drug. That is, they said that shake had a bad taste and smell when smoked; thus, the only way to really use it was to inject it. Accordingly, those who injected it were more likely to use it when ice was not available than those who had other routes of administration.

The high rates of injecting of shake (as compared to ice) may be one reason participants saw users of it as desperate. Despite an overwhelming preference for ice, participants did not necessarily demonize those who used shake. They did, however, perceive individuals who use shake as more desperate, either financially or physically (due to their addiction), than those who used ice. While it may have been the physical consequences of using shake rather than ice, the negative effects attributed to shake may have been due to the users' higher likelihood of injecting. It is commonly assumed among those who use drugs that using needles is indicative of someone who has lost control of their drug use (Simmonds & Coomber, 2009).

Those who use intravenously are thought to be further along in their addiction and are more likely to be dysfunctional users. The current data do not allow us to disentangle the findings about whether perceptions of shake (and its users) was due solely to the chemical makeup of the drug or to the increased likelihood of using it intravenously. Regardless, our findings do indicate that perceptions of the two forms does have implications for preferred routes of administration.

It is clear that those who use meth make symbolic distinctions among the various forms of the drug. We currently do not know whether the chemical properties of shake and ice differ enough to explain variations in the short- and long-term problems of users. The inclusion of lithium may in fact contribute to mental health issues relating to use of shake. Regardless, perceptions of the potency and of the health impact of two forms of meth did shape self-perceptions and influenced use patterns. Accordingly, our findings suggest that the symbolic meanings of meth may be just as important as the psychopharmacological effects and any policy geared towards reducing the harm of meth use should take these perceptions into account.




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Crime Does Pay, The War On Drugs Doesn't

JOHN RYAN

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The definition of insanity is doing the same thing over and over again, and expecting a different outcome. John Ryan from the Penington Institute weighs in on Australia's never-ending, never-winning war on drugs.



A sailor from Royal Australian Navy ship HMAS Warramunga prepares to remove packages of heroin from a boat during a boarding operation. (IMAGE: LSIS Tom Gibson, Defence Department)



The 2007 ecstasy drug bust in Australia uncovered more than 4 tonnes of drugs secreted in 3,000 tomato can tins.



GreatWhiteNorthEh, Flickr.

We all know the scene. A prominent politician, often a Justice Minister or a Police Minister, surrounded by uniformed police and sometimes even sniffer dogs, standing over a pile of illicit drugs.

"This is a record bust for [insert state/territory/city]", the Minister will announce with much somber nodding of heads. "This will severely hamper the operations of [insert organised criminal group(s)] and sends a strong warning to the community: crime doesn't pay."

Unfortunately, that just isn't true. The Australian Bureau of Statistics calculated in 2010 that Australians spend more than \$7 billion a year on illegal drugs and it has only grown since then. Although we often do achieve significant seizures of drugs via air, sea and land, there will never be a way to stop the smuggling of drugs into Australia.

This is not to denigrate the hard work of Australian law enforcement. These people are simply doing their job and we should always do what we can to fight the operations of organised criminal groups that prey on the most vulnerable and reap huge profits from doing so.

But when it comes to illicit drugs, the size of the problem is just too great. The

market is extremely lucrative, the avenues for drug importers numerous and always changing and the resources that can be disposed to fight supply necessarily finite.

It is incredible to consider the lengths organised criminal groups will go to in order to profit from illicit drug smuggling. Drugs coming into Australia have been hidden in boxed up toilets, electrical extension cords, tennis rackets and most famously tinned tomato cans in what was one of the world's largest ever illicit drug busts.

They have concealed drugs in kid's toys, beer and terracotta pots and labelled liquid methylamphetamine "vampire blood". The traffickers know their market. In a ploy that would confuse border officials from other countries they have even tried concealing drugs in humble boxed wine or 'goon bags' coming into Australia.

The old-fashioned post works just fine too; illicit drugs are regularly posted to addresses right across Australia. Almost 13,000 packages of illicit drugs were intercepted coming into Australia in 2015 alone. That sounds like a lot, but when you consider that tens of millions

of international mail items arrive in Australia each year, it's easy to see that many packages slip through the cracks every day.

This is just the drugs we have found or know about. Hundreds of seizures happen every week and it's impossible to know how many imports are missed. It reminds me of a quote from the popular television series *The Wire*. When consoling a police officer despairing at his inability to stop the Baltimore drug trade, a neighborhood spiritual leader tells him: "Oh, come on, man, you talking 'bout drugs. That's a force of nature, it's sweeping leaves on a windy day."

But we keep trying and trying.

Many countries, including Australia, are militarising their response. At the same time the United States Defence Department is authorising the bombing of opium labs in Afghanistan (with resulting loss of civilian life) Australia's navy is working with the New Zealand Defence Force to conduct drug seizures in the Middle East. Recently, the crew of the HMAS Warramunga announced a seizure of 915 kilograms of heroin valued at \$274 million.

Yet smugglers know that a certain amount of their product will be seized. They just factor it into their business model given how much money they can make. It's a cost of doing business.

Those responsible for seizing drugs announce the value of their hauls at expensive retail prices, not the wholesale cost to the trafficker. Given the price of heroin in Afghanistan is around \$1,200 per kilogram, the wholesale value of the HMAS Warramunga bust is a little over a million dollars, not \$274 million.

So if supply reduction will never be 100 per cent effective, if we can never realistically halt the never-ending flow of illicit drugs into Australia, what are we supposed to do?

The answer is to address the imbalance and change our approach. Of total government investment tackling the problem of illicit drugs, almost 65 per cent is spent on supply reduction via law

enforcement, compared to 22 per cent on treatment, 9.5 per cent on prevention and just 2.2 per cent on harm reduction. We must admit that our current strategy isn't working.

Right now, many Australian treatment services are under enormous pressure and some have to turn people away. Meanwhile, harm reduction services such as Needle and Syringe outlets face real challenges including a need to expand their opening hours, number of available sites and ability to improve their care and referral capacity.

This is such an enormous missed opportunity. Studies from the United States have found that treatment is two to three times more cost-effective than law enforcement in reducing drug use and 10 to 15 times more cost-effective at reducing drug-related crime.

Harm reduction measures like providing clean needles and syringes

also reap maximum reward. Between 2000 and 2009, needle and syringe distribution in Australia is estimated to have prevented 32,050 cases of HIV and 96,667 cases of Hepatitis C. For every \$1 invested in these programs we saved \$4 in health care costs and \$27 in overall costs to the community.

Imagine what else could be achieved if we boosted investment in these areas. As has been reported recently, if healthcare resources were distributed in accordance with the actual burden of disease, experts say we should be more than doubling what we currently spend on drug and alcohol treatment.

Surely it's time to change our approach. At a time when treatment services remain out of reach for many communities, will we ever realistically stop the flow of illicit drugs into Australia? Or are we just sweeping leaves on a windy day?

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Post-war prevention: Emerging frameworks to prevent drug use after the War on Drugs

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Abstract

The prevention of drug use is one of the primary goals of the War on Drugs. However, despite investment in high-profile interventions such as social marketing campaigns and enforcement-based deterrence, these efforts have generally failed. With the emergence of novel policy frameworks to control and regulate drug use, a window of opportunity exists to test approaches to drug prevention that take into account existing evidence and the rights of individuals who use drugs. Specifically, there is a growing consensus that entry into drug use is a socially-defined event that individuals experience within particular socio-structural contexts. This understanding, coupled with a distinction between the value of preventing problematic drug use rather than all drug use, provides a useful framework within which to develop effective and rights-based approaches to drug prevention.

The global 'War on Drugs' has been predicated on the notion that supply-side interdiction, coupled with stigmatizing social marketing, can prevent individuals from using substances (Suddath, 2009). By creating a scarcity of supply and an accompanying public discourse that reinforces social norms protective against drug use, individuals would be less susceptible to experimentation with drugs, and less able to acquire them if they were interested. Viewed from the perspective that entry into drug use represents a homogeneous step-by-step process that can be disrupted via individual behavior change (Beck, 1998), the approach of the War on Drugs represents an elegant and seemingly efficient means of drug use deterrence. However, as this policy approach has continued over decades, the massive research apparatus on substance use (ironically one of its most noteworthy unintended consequences) has increasingly problematized the conception of drug use initiation that the War on Drugs has popularized. Instead of a homogeneous phenomenon with a clearly defined 'before and after,' scientific evidence has instead described a complex set of pathways and varying socio-structural contexts that influence entry into substance use and individuals' subsequent drug-using careers (Degenhardt, Coffey, Moran, Carlin, & Patton, 2007; Hser, Longshore, & Anglin, 2007; Rhodes et al., 2011; Richardson & Edalati, 2016; Richardson, Kwon, & Ratner, 2013; Thombs, 2000; Wu, Pilowsky, Schlenger, & Galvin, 2007). Experts have also increasingly sought to weigh the relative merits of efforts to prevent substance use in general against those that seek to delay or prevent entry into specific problematic forms of substance use. This commentary, while in no way an exhaustive review, seeks to highlight some historical approaches to drug prevention within the War on Drugs model and to identify emerging tensions and opportunities to effectively prevent problematic substance use when appropriate.

The increasing fragmentation of the global consensus on drug policy has ushered in a new era of policy-making among United Nations member states, with countries moving in diverging directions away from the global framework (Bewley-Taylor & Jelsma, 2016). Among the highest profile case studies are efforts to regulate cannabis

at the national (e.g., Canada, Uruguay (Health Canada, 2017; Queirolo, Boidi, & Cruz, 2016)) and state (e.g., multiple US states (Hall & Lynskey, 2016)) levels. On the opposite end of the spectrum, mass campaigns of extra-judicial homicides ostensibly carried out to deter drug use and trafficking (e.g., Thailand, Philippines (Roberts, Trace, & Klein, 2004; Williams & Palmer, 2016)), as well as the use of torture and detention to 'treat' substance use disorders (e.g., Russia, China (Elovich & Drucker, 2008; Utyasheva, 2007; WHO Regional Office for the Western Pacific, 2009)) represent extreme adaptations of the War on Drugs model, and which appear to be firmly entrenched in certain settings. The rapid breadth of global drug policy change has been the subject of intense scrutiny. It has also overshadowed the emergence of increasingly sophisticated, rights- and evidence- based approaches to preventing problematic drug use, a key unmet goal of the War on Drugs.

One of the most visible approaches to drug use prevention within the War on Drugs model is the use of anti-drug public service announcements (PSAs) to deter youth. However, evidence has demonstrated that interventions seeking to prevent entry into drug use through social marketing are generally ineffective (Werb et al., 2011). This is because anti-drug PSAs generally seek to bolster protective social norms by highlighting the dangers – physical, mental and moral – that arise with the use of drugs, in line with classical approaches to deterrence (Yamatani, Feit, & Mann, 2017). This emphasis on fear-based deterrence, however, has been shown to negatively impact intentions to use drugs among PSA audiences (Wagner & Sundar, 2008). This may arise as a result of exaggerated depictions of the prevalence of drug use in PSAs, which may then expose gaps in viewers' experiential knowledge of drugs. This, in turn, may arouse curiosity among viewers to experiment with drug use and lead to a weakening of protective social norms against their use (Wagner & Sundar, 2008). The clear failure of such social marketing efforts, evidence for which has been generated by both independent experts (Werb et al., 2011) and government agencies (GAO, 2006; Orwin et al., 2004), belies a broader issue. Experts have posited that, because of the highly visible nature of these interventions, anti-drug social marketing

interventions may have a secondary benefit in bolstering support for policies of drug criminalization through the mass media (Blendon & Young, 1998). This phenomenon may explain their ongoing use despite their proven ineffectiveness.

While social marketing represents a demand-side drug prevention intervention, the use of criminal sanctions and drug law enforcement has been hypothesized to deter substance use initiation in multiple ways via supply-side approaches. For instance, experts have suggested that 'enforcement swamping' – in which an increase in the frequency of contact between drug law enforcement and individuals at risk of drug use – operates through a positive feedback mechanism wherein increased enforcement reduces the risk of drug use initiation (Caulkins, 2005; Kleiman, 1993). This is based on optimal control theory, a mathematical discipline that explores the efficient application of interventions on a system (Todorov, 2006). In the context of drug use, optimal control theory has been cited as a method to optimize the application of drug law enforcement, taking into account various stages of the epidemic-like expansion of drug use initiation across a vulnerable population (Caulkins, 2005). Importantly, economic experts have concluded that its deterrent effect relies on its intensity (i.e., the amount of enforcement per individual) rather than on its overall application across a drug market (Caulkins, 2005), and that enforcement is likely to be much more effective as a prevention tool at the initial stages of a drug use epidemic (Rydell, Caulkins, & Everingham, 1996). Unfortunately, while mathematical models provide insight into the potential preventive impact of large-scale drug law enforcement (Caulkins, 2005), the lack of real-world policy experiments has hindered confirmation of this hypothesis.

Similarly, the deterrent effect of drug law enforcement is posited to prevent drug use initiation by limiting the availability of illegal drugs, thereby leading to a scarcity of supply and a concomitant increase in price. However, evidence that reduced availability is achievable in the long-term through the application of enforcement-based supply-side interventions is lacking. Very little data supports the hypothesis that drug law enforcement can achieve reductions in the short-term. Australia's heroin 'drought' – a massive reduction in the

country's heroin supply that significantly increased price and decreased availability – has been attributed by some to national law enforcement practices (Weatherburn, Jones, Freeman, & Makkai, 2003) (though data from other settings suggest that this phenomenon may have been caused by drug market patterns external to Australia (Wood, Stoltz, Li, Montaner, & Kerr, 2006)), and represents one of the few observed examples of effective supply-side intervention. However, research suggests that while the heroin drought resulted in a reduction in heroin injection in Australia, this was likely offset by an increase in the use of methamphetamine and cocaine by injection among individuals formerly using heroin (Day, Degenhardt, & Hall, 2006). Problematically, this shift towards cocaine injection in the wake of the heroin drought appears to have increased the risk of HCV incidence among Australian PWID (Maher et al., 2007).

Recently, supply-side interventions targeting non-illegal drug markets have relied on interventions other than drug law enforcement to reduce supply. For instance, the removal of OxyContin by Purdue Pharma and its replacement with a slow-acting, tamper-resistant formula (OxyNeo) in Canada is a 'classic' supply-side intervention on the pharmaceutical drug market (Diebel, 2012; Di Costanzo, 2012). While this market has generally been considered largely distinct from the illegal drug market, the de-listing of OxyContin appears to be one of the most effective supply-side interventions undertaken since the War on Drugs, resulting in a massive disruption to the opioid supply on a scale unachievable through enforcement-based interdiction (Fischer, Jones, & Rehm, 2014). However, subsequent spikes in the prescription, illegal production and trafficking of fentanyl, a highly potent opioid, suggest that such market disruptions may be highly undesirable (Gomes, Mamdani, Paterson, Dhalla, & Juurlink, 2014; Paperny, 2014). This is because the overall use of opioids appears to have remained relatively stable, and declines in prescribing and use of OxyContin were offset by increases in fentanyl use, leading to a rapid increase in the incidence of opioid overdose fatalities attributable to this drug across North America (Gomes, Mamdani, Paterson et al., 2014; Gomes, Mamdani, Dhalla et al., 2014; Harris, 2016; Paperny, 2014; Paulozzi,

Third, and perhaps most importantly, the only way to meaningfully tailor drug prevention interventions is to engage directly with populations of people who use or are at risk of using drugs.

Budnitz, & Xi, 2006; Rudd, Aleshire, Zibbell, & Matthew Gladden, 2016).

These data suggest that supply-side interventions that produce large-scale market disruptions might nevertheless be limited in impacting population-level prevalence of use. This is consistent with previous research on the association between drug policy and prevalence (Degenhardt et al., 2008). Further, it appears that such approaches, as demonstrated in both the Australian heroin drought and the North American opioid overdose crisis, are likely to cause a range of unintended negative consequences. Even when ineffective, a large body of evidence suggests that drug prevention via deterrence provides at best a marginal benefit in the form of reduced use, while being associated with a range of harms (Global Commission on Drug Policy, 2010, 2012; Wood et al., 2010).

The near-consensus regarding the ineffectiveness of supply-side prevention approaches has been coupled with a move away from the conceptualization of drug use initiation as a discrete binary phenomenon. Instead, drug-using careers are increasingly understood as a series of events taking place along individual trajectories within particular socio-structural contexts, consistent with life course theory (Genberg et al., 2011; Hser et al., 2007; Lee, Winters, & Wall, 2010; Raikhel & Garriott, 2013; Tucker, Ellickson, Orlando, Martino, & Klein, 2005; Werb, 2013; Windle & Wiesner, 2004). In this framing, initiation into drug use is understood as one among many socially-defined events. This has a number of implications for drug prevention. First, preventing entry into drug use must take into account the social context for individual decision-making. Indeed, the combination of the socio-structural environment in which an individual makes drug-using decisions (Fast, Small, Krusi, Wood, &

Kerr, 2010; Rhodes et al., 2011), along with the presence of individual-level factors influencing the risk of drug use initiation, suggests that broad, general population drug prevention interventions are unlikely to be effective in addressing the many contexts and pathways by which individuals initiate drug use. This likely explains, at least in part, the ineffectiveness of population-based supply-side and social marketing interventions. Second, to be effective, drug prevention strategies likely require tailoring to specific forms of drug use, subpopulations at risk, socially-defined drug-related events, and socio-structural contexts. Third, and perhaps most importantly, the only way to meaningfully tailor drug prevention interventions is to engage directly with populations of people who use or are at risk of using drugs.

In the context of the War on Drugs, which produces criminal sanctions on behalf of the state and moral sanctions among the general public, meaningfully including people who use drugs (PWUD) in research on drug use faces severe challenges. Nevertheless, over the past decade, increasing efforts to overcome this challenge and ensure the ethical engagement of PWUD in research on a variety of drug-related issues have been undertaken, most notably in HIV prevention trials and harm reduction intervention development (Arosteguy, Gutnick, Osmanov, & Hankins, 2011; Higgs et al., 2006; Paterson & Panessa, 2008; Small et al., 2012; Souleymanov et al., 2016; Watson et al., 2013). Efforts to extend this approach to drug prevention have, however, been limited (Werb et al., 2013), though the waning of the War on Drugs presents an opportunity.

The difficulty in involving PWUD in prevention work stems in large part from the fact that most people receive information regarding drug

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use from the mass media (Blendon & Young, 1998), and that the prevailing media representation of PWUD is as a source of criminality and danger (Blood, Williams, & McCallum, 2003; Coomber, Morris, & Dunn, 2000; Elliott & Chapman, 2000; Taylor, 2008). This negative portrayal serves to undercut the presumed reliability of information from PWUD, thereby limiting their capacity to communicate educational and experiential information; consequently, this has led to the development of drug prevention interventions designed without meaningful input from affected communities or individuals at greatest risk. In the case of preventing entry into problematic drug use, this represents a critical barrier to effective programming, given the central role of PWUD as models of drug-using behavior, as sources of drug use expertise, and as initiators (Bryant, Bryant, Treloar, Bryant, & Treloar, 2007; Chami et al., 2013; Crofts, Louie, Rosenthal, & Jolley, 1996; Draus & Carlson, 2006; Eaves, 2004; Fuller et al., 2003, 2005; Hunt, Stillwell, Taylor, & Griffiths, 1998; Martin, 2010; Richardson et al., 2013; Storr, Westergaard, & Anthony, 2005). Without their involvement, the multiple social contexts, pathways, and the subpopulations at risk of problematic drug use initiation are likely to remain largely hidden, thereby severely hampering prevention efforts. A related concern is that developing prevention programming without the inclusion of PWUD has the potential to replicate previous failed efforts relying on moral sanctioning to prevent entry into drug use. As standards for ethical engagement of PWUD are established and formalized in related fields (i.e., harm reduction intervention development and disease prevention trials), failing to establish similar standards for drug prevention would likely expand the already substantial gap in effectiveness between prevention work (shown to be largely ineffective (Werb et al., 2013)) and other modes of responding to problematic drug use, which have yielded a range of tangible improvements in health and social outcomes among PWUD (Amato, Davoli, Ferri, & Ali, 2002; Dubois-Arber et al., 2008; Fischer et al., 2007; Mattick, Breen, Kimber, & Davoli, 2009; Strang, Groshkova, & Metrebian, 2012; Wood, Tyndall, Montaner, & Kerr,

2006). A secondary challenge is that, unlike the development of interventions to reduce drug-related harms, which can provide tangible health or social benefits for PWUD participating in such research (i.e., access to treatment for infectious disease, implementation of supervised injection facilities), few obvious advantages for PWUD involvement in drug prevention work exist. By contrast, if the history of drug prevention intervention development is taken as a guide, prevention research carries the non-trivial risk that any individuals who participate may inadvertently further stigmatize PWUD as 'social vectors' of problematic substance use.

Recognizing this tension – between the goal of the 'War on Drugs' to prevent all drug use, and a harm reduction-based focus on reducing drug-related harms – is essential to ensuring that prevention approaches are effective and appropriate. This requires an understanding of drug use that incorporates three foundational tenets: first, that most drug use is not inherently problematic (Hart, 2017); second, that drug policies contribute disproportionately to the harms experienced by people who use drugs (particularly illegal ones) (DeBeck et al., 2017; Rhodes et al., 2003, 2012; Wood et al., 2010); and third, that drug use is a legitimate source of individual expression and fulfillment outside of moral sanctioning (Room, 2005; Keane, 2003). The implication here is that drug prevention must be understood as only one among a paradigm of potential responses, and that even when prevention interventions are shown to have a statistically significant impact on reducing drug-related harms, they may nevertheless fail to be the optimal mode of addressing harms that could otherwise be prevented via drug policy reform or the application of harm reduction interventions.

Despite these challenges and caveats, the changing drug policy space presents an opportunity to integrate multiple approaches in order to optimize drug prevention.

This can be done by incorporating both the emerging conceptual framework around drug use initiation as a dynamic social process, and the perspectives of PWUD on rights-based approaches to prevention that take into account the variety of reasons for which individuals use drugs. This is needed to not only ensure that preventive interventions are effective, but also so that they do not inadvertently

increase the harms experienced by PWUD as a result of intensified stigmatization through misguided prevention approaches, as has previously occurred.

Even though anti-illicit drug social marketing campaigns represent the most visible articulation of the War on Drugs, such campaigns have generally represented only a fraction of the total budgets allocated towards drug control (Government of Canada, 2007; ONDCP, 2004, 2007, 2009, 2010, 2012, 2015). So, despite the presumption that the War on Drugs has sought to prevent entry into drug use, it has not meaningfully operationalized this end goal. As this set of policies is challenged by increasing interest in the regulation or decriminalization of drugs, a focus on prevention is emerging among some governments seeking to defend decisions to move away from drug criminalization, such as Canada, where legislation to regulate recreational cannabis use was explicitly introduced as a strategy to reduce youth availability and access (Health Canada, 2017). This is unsurprising, given the few counterfactuals to drug criminalization that have been enacted, and ongoing concerns that policies of drug regulation and legalization reflect efforts to increase the use of drugs (Smart Approaches to Marijuana, 2017). To take advantage of the new playing field, policymakers should seek to move away from anti-drug PSAs and drug law enforcement as empty symbols of commitments to drug prevention, and invest resources in meaningfully incorporating preventive interventions into drug policy aims. The twin emergence of a coherent conceptual framework to understand drug use initiation, and a policy space in which PWUD can be understood as sources of education, provides a novel opportunity to do just that.

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Conflict of interest

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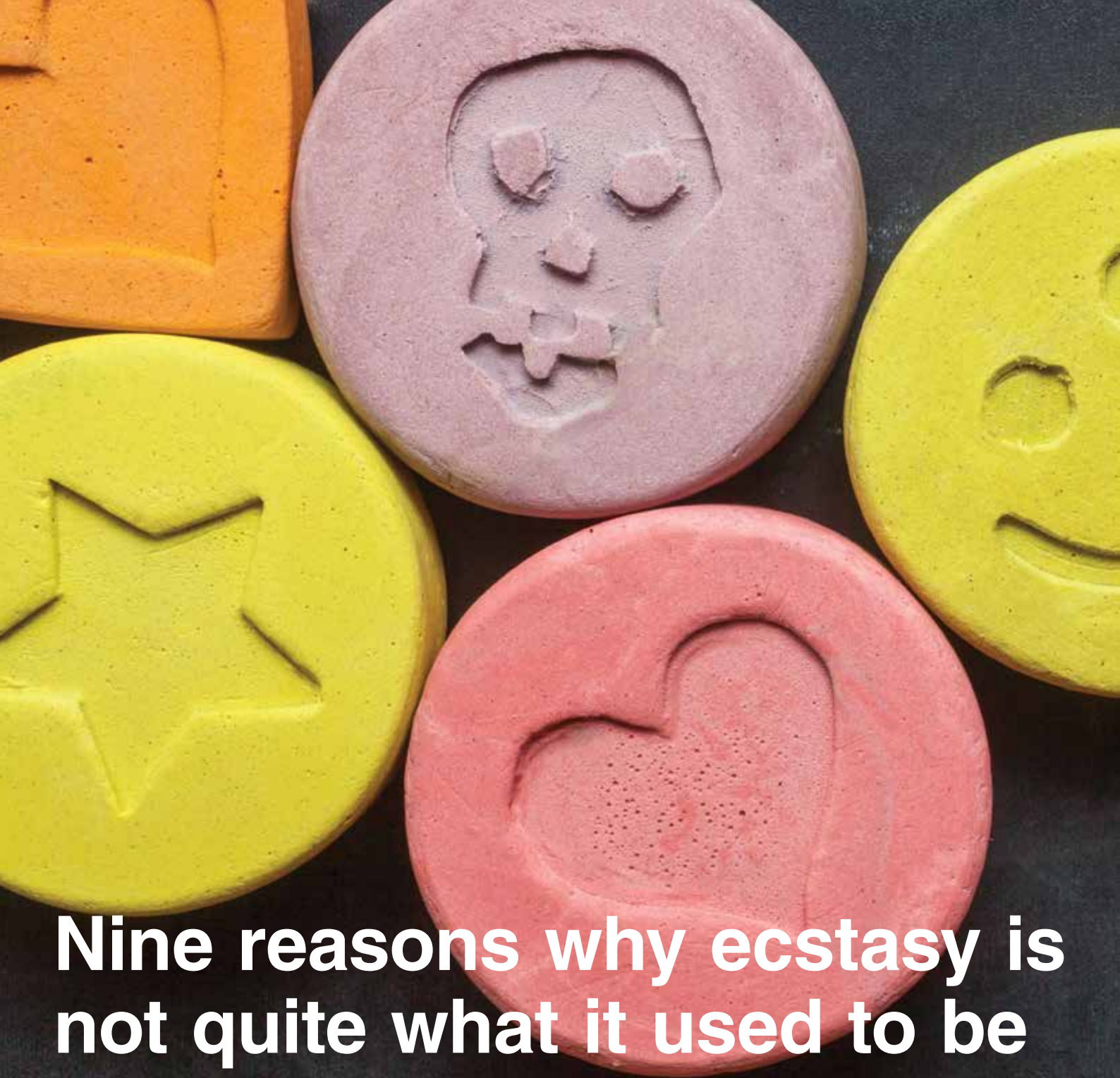


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Nine reasons why ecstasy is not quite what it used to be

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MDMA in Europe

In this paper we focus on the recent re-emergence of MDMA on Europe's drug market, and explore the continuity and important changes evident when considered alongside the historical peak of ecstasy use in the late 1980s and 1990s. Taken together, recent developments appear to be more generally illustrative of ways in which the modern illicit drug market has evolved, including continuities alongside some significant changes in manufacture, marketing to demand and consumption patterns.

MDMA (3, 4 - methylenedioxymethamphetamine) in the form of ecstasy tablets first came to public and scientific attention at the end of the 1980s although the drug had been used prior to this whilst going largely unobserved (EMCDDA, 2016a). The drug was socially and culturally linked with emergence of electronic music genres and large, often clandestine, dance events or parties. Ecstasy remained popular throughout the 90s and early years of the millennium before reduced MDMA availability and an associated decline in the MDMA content of ecstasy tablets, saw a reduction in availability and use. During the first decade of the twenty-first century the content of tablets sold and consumed as ecstasy varied considerably and forensic analyses indicated that in Europe, MDMA was increasingly replaced by new psychoactive substances such as mCPP and later mephedrone (EMCDDA, 2016b). Since around 2010 there has been a gradual upswing in the availability of MDMA products on the global drug market, a phenomenon documented in Europe, Australia and the United States among others (EDRS, 2016; UNODC, 2016). In Europe recent prevalence of use estimates of the drug indicate a return to levels approaching those documented in the early 2000s (EMCDDA, 2016c).

Concerns regarding increasing problems associated with use of MDMA, alongside law enforcement intelligence suggesting market changes in the production and supply of the drug, prompted wider investigation of the phenomenon by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), in order to map the magnitude of the problem and to inform

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Abstract

This paper explores the recent resurgence in use of ecstasy/MDMA in Europe and highlights key areas of continuity and divergence between the ecstasy market of the 1990s and the current MDMA market. Based on a scoping study involving a targeted multi-source data collection exercise on MDMA, it highlights nine areas that have undergone some level of change, linked with both supply and demand for the drug. Factors discussed include: innovation in production techniques; changes in precursor chemical availability; the role of online markets; competition with other stimulants and new psychoactive substances; the increased availability of high-strength MDMA; and the shift from subcultural towards more mainstream use of the drug. The paper proposes that the MDMA on Europe's contemporary market is in some respects a third generation product with a different consumer profile, with implications that responses developed at the time of the drug's earlier iteration, may be in need of a review and revamp.

policy responses. For this purpose, a scoping study involving a targeted multi-source data collection exercise on MDMA was undertaken during 2015, culminating in a 'synthesis' meeting in Lisbon in October of that year.

The study design incorporated a range of investigative approaches and data collection from multiple sources. This included a review of the international literature and available European monitoring data (general population, school and targeted surveys; seizure, price and purity data; wastewater monitoring data; pill testing reports; hospital emergency cases; drug-related deaths and reports to the EU Early Warning System). In addition an online survey was undertaken with representatives from 30 European countries reporting to the EMCDDA, and with experts working in the area. Supplementary qualitative input was gathered via structured working groups and expert presentations, which allowed the incorporation of expert opinion and law enforcement intelligence. Analysis was based on triangulation of these data sources, with a view to providing as complete and verified a picture as possible.

This approach is designed to critically explore the available information on emerging threats or developments. It is taken that the information will be partial and incomplete. Whilst proving timely and valuable insights, the approach has obvious weaknesses, based on the incompleteness on the information available. Therefore, interesting hypotheses can be generated for follow up research and a useful purpose is served by auditing the information available on the situation, but caution must be exercised in over-inferring from the data available. More details of the methodology can be found elsewhere (EMCDDA, 2012; Griffiths, Mounteney, & Laniel, 2012; Mounteney, Giraudon, Denissov, & Griffiths, 2015).

Innovation in precursors, pre-precursors and routes of synthesis

One of the most striking changes between the 1990s and present day MDMA market is linked to availability of precursors. Traditionally, MDMA precursors such as safrole (3,4-methylene- dioxallybenzene, a

For example, Dutch labs appear to be producing higher purity products than elsewhere, which may be linked to the skills of the illicit chemists (cooks) involved.

liquid extracted from sassafras plants) and PMK (piperonyl methyl ketone, itself derived from safrole) have been imported from Asia to production sites in Europe (EMCDDA, 2013). Indeed, a shortage of safrole from 2008 onwards has been associated with the development of new alternative substances, in particular the synthetic pre-precursor PMK-glycidate which became available in China around 2010 and is more reliably available than safrole or PMK. PMK-glycidate and other glycidic acid derivatives, have been linked with revitalising MDMA production in recent years. It appears that a significant proportion of European MDMA is nowadays produced from PMK, probably made from a PMK-glycidate pre-precursor (EMCDDA, 2013).

To date, trade in glycidic derivatives of PMK remains legal, which makes it difficult for law enforcement intervention. Nevertheless some seizures of PMK-glycidate are documented, typically en route from China to Europe via the ports of Rotterdam and Antwerp for MDMA production (UNODC, 2012). For example, in 2013 a total of 2077 kg of PMK-glycidate was confiscated in Europe while in June 2014 one tonne of the pre-precursor (enough to make seven million ecstasy tablets), was seized in Barcelona on a shipment from Shanghai bound for Maastricht in the Netherlands (EMCDDA, 2016a).

Industrial scale and flexible production processes

A small number of organised crime groups have historically been linked to the production of MDMA in Europe, with facilities primarily based in the Netherlands and Belgium (EMCDDA, 2016b). The predominant synthesis technique used is reductive amination. A number of new developments appear to be specifically linked with the increased production of high-quality MDMA products. These include reports of more sophisticated and industrial-scale MDMA labs and increasing production expertise.

For example, Dutch labs appear to be producing higher purity products than elsewhere, which may be linked to the skills of the illicit chemists (cooks) involved.

Compartmentalisation of the production process aimed at reducing vulnerability to law enforcement threats represents a new development, and it has become increasingly common for individual sites to specialise in a single stage of the manufacturing process (pre-precursor conversion, MDMA oil synthesis, crystallization or tableting) (EMCDDA, 2016b).

The use of specialised equipment has facilitated a rise in production volumes and in some MDMA production sites custom- built reaction vessels have been found with a capacity of up to 750 L. Law enforcement sources report other recent developments including the use of mobile production sites on trucks, which both expands the geographical reach of production and helps avoid detection. There are also reports of 'production to order', with pop- up MDMA laboratories being set up and then rapidly dismantled once a production run is completed. Producers also appear now to have easy on-line access to relatively inexpensive tableting machinery from China, and to pre-mixed coloured excipients and tablet die stamps (EMCDDA, 2016b). The issue of low-level but increasing local production of ecstasy tablets has also been identified. There are reports of 'hobby chemists' from a number of countries, and also individuals who purchase MDMA crystals from internet markets and produce tablets themselves (EMCDDA, 2016a).

A more globalised market place

Until recently, facilities in the Netherlands and Belgium have represented the major global MDMA production hub, with products trafficked by crime groups primarily to European and North American markets. In recent years, however, reports of significant production taking place

outside of Europe, including in Canada, the US and China (UNODC, 2015) have also now become more common.

Despite this development, a significant proportion of the MDMA manufactured in Europe still appears to be intended for intercontinental export (to the Americas, Asia and Australia), probably stimulated by the higher unit prices this drug can generate in some of these markets. International trafficking also appears to be taking advantage of the opportunities of internet sales of the drug and distribution through legitimate high speed postal and parcel delivery services. Further innovation that facilitates export is the new trade in MDMA oil, which is trafficked within Europe and globally, for subsequent processing and chemical conversion, at its destination.

MDMA production and trafficking may also now be more integrated with the movement of other illicit cargos. Seizures of MDMA alongside other products indicate that MDMA trafficking is often linked to more extensive multi-commodity trafficking networks. Some MDMA is known to be exported along the so-called reverse Balkan Route, usually associated with heroin trafficking into Europe, with large amounts of the drug recently seized in Turkey (3.6 million tablets in 2014 EMCDDA, 2015).

Changes in MDMA tablet content and adulterants

MDMA was the original psychoactive chemical in ecstasy tablets, often along with adulterants such as caffeine. Prior to 2005 most tablets tested in Europe contained MDMA or another MDMA-like substance (MDEA, MDA) as the only psychoactive ingredient. In France, for example, the SINTES monitoring system reported that 82% of more than 7000 tablets collected and analysed between 1999 and 2004 contained MDMA (Giraudon & Bello, 2003, 2007). Changes occurring in the mid to late 2000s saw a dramatic decline of MDMA as the active ingredient in ecstasy tablets, accompanied by increased adulteration and substitution with other psychoactive substances. The downward trend was most pronounced in 2009 when seizure data suggest that the majority of ecstasy tablets on European markets contained substances other than MDMA (EMCDDA, 2016a).

Numerous NPS have been used as MDMA substitutes or adulterants in ecstasy tablets, but the euphoric and

entactogenic effects of MDMA have proven very difficult to replicate and most seem to produce less desirable effects. In 2009, piperazines like BZP, mCPP and TFMPP were present in most 'ecstasy' tablets sold in Europe, which probably contributed to the decrease in popularity of the drug observed at that time. However, mephedrone emerged between 2007 and 2009, and became popular in several EU countries during the times of MDMA shortage (Brunt, Poortman, Niesink, & van den Brink, 2011). Other substances reported to be found in ecstasy tablets included 2C-B, ketamine, amphetamine, PMA and PMMA — Poly(methyl methacrylate). Recently, 4- fluoroamphetamine (4-FA), an amphetamine derivative that is not under international control has been gaining popularity in the Netherlands, where it is known as 'ecstasy light' because of its effects, reportedly ranging between those of amphetamine and MDMA (Linsen et al., 2015).

PMA and PMMA have proven particularly hazardous substitutes and in recent years, all EMCDDA alerts of adulterants/substitutes present in MDMA/ecstasy tablets were related to these substances, including 11 alerts of PMMA-associated deaths between 2011 and 2015. Similarly, an alert relating to tablets containing PMMA was released in June 2015 by saferparty.ch in Bern, Switzerland, and in July 2015, three deaths associated with tablets containing PMMA were reported in Poland.

Since 2010/11, MDMA products have gradually re-emerged on the market, with tablets having higher levels of MDMA content, possibly representing an attempt to win back the tarnished reputation of ecstasy. Data provided from the Drug Information and Monitoring System (DIMS) in the Netherlands, which tests around 10 000 drug samples annually, confirm the re-emergence of MDMA in the country, starting in 2011–12 then increasing rapidly from 2013.

High MDMA content products available

In the 1990s and 2000s the average MDMA content of ecstasy tablets was somewhere between 50 and 80 mg, as reported by drug checking services and forensic institutes (Wood et al., 2011). Tablets with more than 150 mg of MDMA were very rare before 2005 (Giraudon & Bello, 2003, 2007). At present, the



averages are closer to 125 mg MDMA per tablet, while there are also 'super pills' found on the market in some countries with a reported range of 270–340 mg. There are also reports of large variations in the amount of MDMA present in tablets with the same design. Data from the Drug Information and Monitoring System (DIMS) in the Netherlands, confirm the trend of increasing MDMA-content of ecstasy tablets with over half (53%) of all MDMA-containing ecstasy tablets tested in 2015 containing over 140 mg of MDMA compared to just 3 % in 2009.

Awareness of a rise in serious adverse events associated with tablets containing high levels of MDMA is reflected in a number of public health alerts. In March 2014 the EMCDDA and Europol jointly released an early warning notification highlighting several MDMA tablet designs with dangerously high levels of MDMA found in the Netherlands, Belgium, Switzerland and the United Kingdom. On 2 October 2015 the Dutch Trimbos Institute issued an alert warning about tablets with the Amsterdam Dance Event (ADE) logo, in circulation in the Netherlands, containing 300 mg MDMA per tablet (www.mixmag.net/read/dutch-health-officials-warn-of-ade-ecstasy-tablets-news). Commensurate with increases in MDMA content, there has also been an increase in the size of some of the tablets available. In France the SINTES monitoring system reported that the average weight of an MDMA tablet increased from 204 mg in 2009 to 325 mg in 2014 (EMCDDA, 2016a).

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Molly, Mandy, crystal: new names and new products

A key feature of the contemporary MDMA market has been the creative and sometimes aggressive marketing of products. The use of iconic logos for MDMA tablet brands has always been popular, however, the recent trend is for tablets to be produced in the particular shape of the logo, and in a variety of bright and even fluorescent colours. MDMA tablets are also now commissioned, produced and tailored for specific events, typically electronic dance music festivals. A sharp increase in the number of new tablet designs has been noted by the Dutch police, from 50 new designs identified in 2012 to 174 in 2014. This product specialisation and differentiation has created its own micro trends. Once a new brand of high-quality MDMA tablets are released on the market by a particular producer and gain a reputation among customers, they appear to be rapidly copied by other producers, and within weeks, copycat lower potency versions of the same product are sometimes detected on the market place.

However an important new feature of the MDMA market is that, while during the late 80s and 90s ecstasy tablets were the primary vehicle for the drug, the contemporary market sees a more diverse set of products available to the consumer. These include crystals of relatively pure MDMA, powder (finely ground MDMA crystals, with other substances then added) as well as the traditional tablet form, albeit with re-vamped designs. Crystals and powders may be sold loose (in bags or papers/parachutes) or in capsules. Tablets are usually made using fine MDMA powder mixed with microcrystalline cellulose, but occasionally there may be discernible MDMA crystals present.

In terms of trends, a discernible shift occurred around ten years ago as users lost trust in ecstasy tablets and began to switch to using MDMA powders and crystals (Smith, Moore, & Measham, 2009; Korf, Nabben, & Benschoop, 2007). Since 2010, tablets once more improved their reputation, and on the contemporary European market MDMA crystal/powder and tablets can be parallel and sometimes competing products. Among users, the preference for particular

product types varies by country and appears to be associated with availability and driven largely by a search for quality/potency. Crystal/powder MDMA may be regarded by users as less adulterated or as a premium product compared to ecstasy tablets and therefore likely to be perceived as better quality and safer than tablets (though this is not necessarily true in reality) (Smith et al., 2009; Palamar, Salomone, Vincenti, & Cleland, 2016). Results from the recent online Global Drugs Survey confirm this mixed and alternating pattern of use of both MDMA tablets and powders, and differing product preferences by country (Winstock, 2015). The current generation of MDMA users also have their own product names, including 'Molly', 'Mandy', 'MD' and 'crystal'. This means that some new users do not associate MDMA with the 1990s name of 'ecstasy', leading to potential under-reporting from surveys using this nomenclature (Palamar, Acosta, Ompad, & Cleland, 2016).

Increasing importance of the internet drug markets

Major advances in communication technology that have taken place since the 1980s have had a clear impact on illicit drug markets, carving a space in terms of providing platforms for sale, information exchange as well as health and social interventions geared towards drug use. MDMA is one of the most popular drugs bought through online and anonymised darknet markets. These markets (the now defunct Silk Road being the best documented) exist on the deep web, an area of the internet that has been intentionally hidden and is inaccessible through standard web browsers. Based on an analysis of 16 darknet drug marketplaces between 2013 and 2015, Soska and Christin estimated that MDMA accounted for about 25% of market demand (Soska & Christin, 2015). Similarly, Cincaglini et al. of TrendLabs conclude in their 2015 report that MDMA is the third most commonly sold drug on darknet sites (after cannabis and 'pharmaceuticals') (Cincaglini, Balduzzi, McArdle, & Rösler, 2015). From a user perspective, Winstock (2015) reported MDMA to be the most commonly purchased drug through darknet markets among their sample of global internet users (EMCDDA 2016d; Van Buskirk, Griffiths, Farrell, & Degenhardt, 2017).

Studies suggest that a large proportion of darknet purchases of MDMA may be for resale. MDMA annual revenue on the Silk Road marketplace was estimated at just under USD 20 million, with 45% of the value generated by high-price product listings — suggesting transactions at the middle to wholesale level (Aldridge & Decary-Hetu, 2014). In 40% of the most expensive listings of MDMA, the average listing price (mean USD 2072) and the quantities (mean 26 g) were consistent with purchase for resale (Aldridge & Decary-Hetu, 2014).

For MDMA, and for other drugs sourced via darknet markets, studies have highlighted user reports of higher quality products being available than from alternative supply sources (Barratt, Ferris, & Winstock, 2014; Winstock, 2015; Van Hout & Bingham, 2013a), although this is often subjective. Purchasing from the darknet also enables customers to buy from vendors located in producing countries (Van Hout & Bingham, 2013b).

A shift from subcultural towards more mainstream use

Among the European countries that have produced new surveys since 2014, results suggest a recent overall increase in the prevalence of MDMA use in Europe, with five countries reporting higher estimates, nine relatively stable trends and no decreases, when compared to previous comparable surveys. Across Europe there appears to be time differences in prevalence increases, with countries such as the Netherlands and the United Kingdom reporting earlier rises, than others. Some countries such as Latvia and Lithuania, for example, have not reported increases in MDMA use nor in the availability of high-purity tablets. Where information is available from city-level drug monitors, this appears to confirm an overall rising trend (Werse & Kamphausen, 2015; Flesland & Knoff, 2015). Where it is available, data from wastewater studies generally supports the prevalence and trends highlighted by surveys. A 2016 multi-city analysis found the highest mass loads of MDMA in the wastewater in cities in Belgium and the Netherlands, and in the majority of cities with data for both years, wastewater MDMA loads were higher in 2016 than in 2011, with sharp increases observed in some cities (EMCDDA, 2017).

It is now thirty years since MDMA in the form of ecstasy first came onto the

European drug scene and this means a new generation of consumers is now in place. Among these contemporary users, patterns of consumption appear to be less associated with specific subcultures and settings than in the past. Current indications suggest that in higher prevalence countries the use of MDMA is now used by a broader group of young people in mainstream nightlife settings, bars, festivals and house parties.

Amongst this group of new younger users there is in some cases misunderstanding and restricted knowledge about MDMA effects, composition and harms, with reports of brands or logos being perceived as sufficient indicators of quality and some reports that crystal and tablets are thought to be different drugs. MDMA has historically always been closely linked with nightlife settings and especially electronic dance music (EDM). The Global Drug Survey reported levels of last year prevalence of MDMA use among regular clubbers (37%) at nearly 25 times higher than those found among the same age group in the general population of the EU (GPS 1.5%) (EMCDDA, 2015). From the late 1990s to around 2010 the EDM genre remained mostly confined to a limited number of dedicated electronic dance festivals across Europe and favoured by a sub-population of party-goers. From 2010 onwards electronic dance music has become more commercialised with major entertainment corporations investing in the promotion of events some of which attract very large numbers of young people. The global commercial success of EDM provides an important new more mainstream market for the distribution of MDMA among a new generation of potential consumers.

A more complex stimulants markets with NPS

Overall in Europe, both the illicit drug market and patterns of drug use are now probably more dynamic and complex than in the first iteration of ecstasy use in the 1980s and 1990s. Use of illicit stimulants varies by country and culture, and the degree of market stability versus change may vary considerably at this national level. Nevertheless from a European perspective, cocaine, MDMA and amphetamines can be seen to be competing and sometimes interchangeable products, with consumer choices based on availability, price and

The global commercial success of EDM provides an important new more mainstream market for the distribution of MDMA among a new generation of potential consumers.

purity among other things. Perhaps the biggest single difference between the period of the early emergence of ecstasy and the current wave is the availability of vast numbers of new psychoactive substances (over 500 NPS detected in Europe since 2008) — ecstasy/MDMA is now competing in a much more crowded stimulant drug marketplace. As noted in the section on the risks of adulterants, some level of interplay between MDMA and local NPS markets is evident. During the mid-2000s NPS rather than MDMA were the normal active ingredient in ecstasy tablets. In addition, the emergence of mephedrone coincided with a period of MDMA scarcity. However there is also evidence to suggest that NPS may be used in addition to other drugs rather than replacing them, particularly by experienced users (Moore, Dargan, Wood, & Measham, 2013). Nonetheless, since 2010, MDMA has re-occupied a central place in the drug market as a distinct commodity in itself. It remains to be seen and researched as to whether this re-emergence will have any impact on the burgeoning NPS market.

Conclusion — a third generation product?

Whilst important, the narrative and analysis presented here are based on a mixed method, multi-source data collection, and will require further documentation and elaboration to confirm the findings. A particular limitation is the overall dearth of epidemiological data and studies documenting the patterns and trends in Europe's ecstasy and MDMA market from the 1980s to the present day.

If correct, however, this analysis suggests that Europe's ecstasy/MDMA market is characterised by both continuities and change. A degree of stability is recognisable for example in respect of the drugs primary producer

and consumer countries and the central role of particular national organised crime groups. The consumption patterns continue to be recreational and reports of problematic forms of use are relatively low compared with other stimulant drugs.

Nevertheless, the MDMA market and use culture widespread in Europe and beyond in 2016/2017 differs in a number of significant ways from the early documented phenomenon of ecstasy use in the late 1980s. From a historical perspective it might help to consider that Europe has witnessed three rather distinct phases or generations of ecstasy/MDMA use. The first manifestation is characterised by MDMA's associations with ecstasy tablets, acid house and techno music culture and associated with the media-named 'second summer of love' in 1988. A small number of high profile ecstasy-related deaths, such as Leah Betts in 1995, provided the catalyst for the development of a gamut of nightlife-situated prevention and harm reduction interventions that have lasted to this day. Between 2000 and 2010, a second generation of ecstasy users witnessed a severe decline in MDMA content in ecstasy tablets and the emergence of tablets more likely to contain piperazines and cathinones offering a second class replacement. This period saw an almost universal decline in reported ecstasy tablet use in general population surveys in European countries, and is strongly linked with the emergence of NPS on the recreational drugs market. A third and in some countries still emerging generation of MDMA products and consumers, constitute the focus of this paper. This more recent phase is characterised by an extended assortment of products, some with exceptionally high MDMA content, which are increasingly available from hidden online platforms in new globalised markets.

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These continuities and developments are in many respects illustrative of elaborations for other illicit substances and tell us something more generally about the modern drug market. In particular, generational changes are clearly important and this means we cannot assume the same user populations continue to be involved or that established models still apply.

Additional problems remain, for example MDMA-related harms are not fully understood and associated deaths continue to be underreported and poorly observed. It also seems that our present day harm reduction responses to MDMA are by default based on those developed in response to the drug's earlier iteration, and will benefit from a careful review and revamp.

The rapid pace of change continues, with renewed interest in the drug both

in the wild and – in what may represent a future possible 4th wave – in the lab for therapeutic purposes. As finally, and somewhat paradoxically, the cutting edge of MDMA research today is focusing on the drugs therapeutic potential, something of a throwback to the 1950s and 60s when trials began into MDMA's possible medical uses.

Conflict of interest

None declared.

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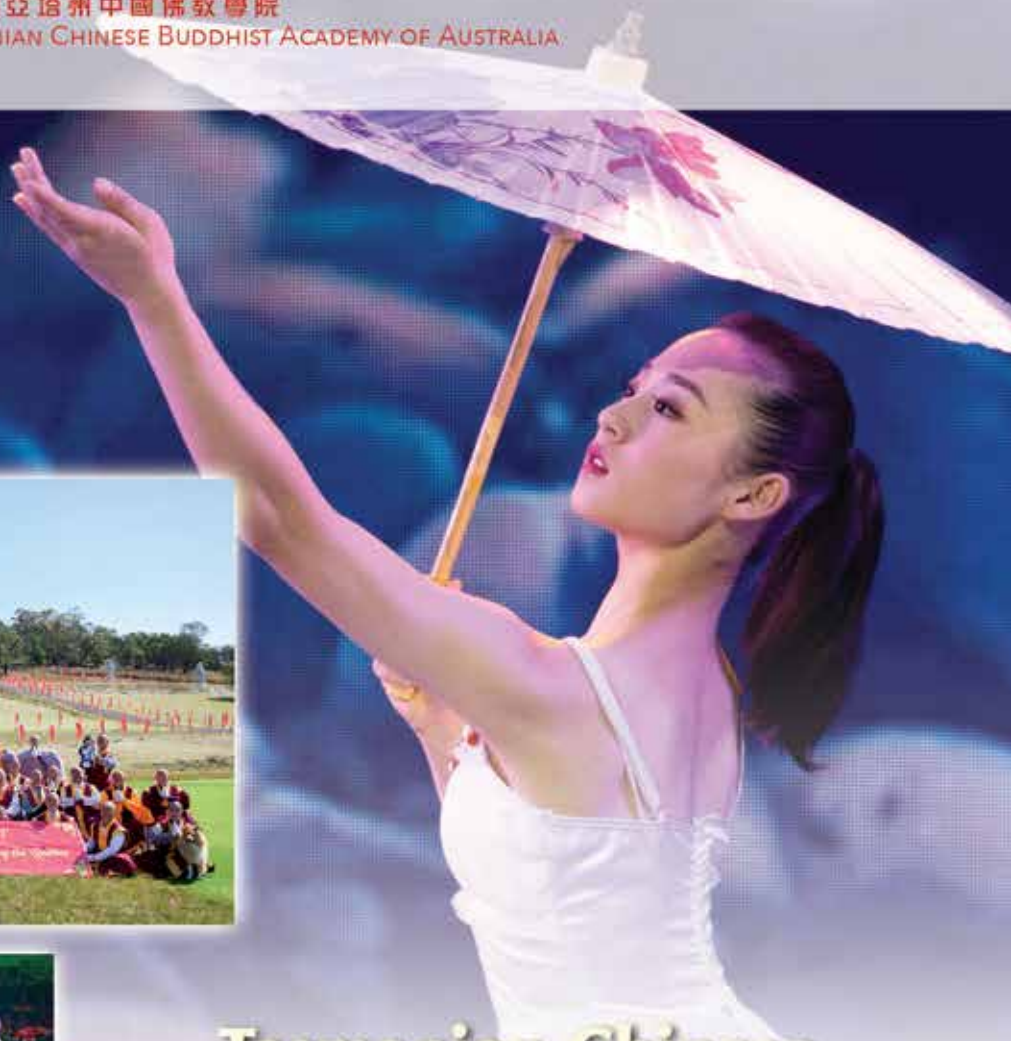
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