A conference exploring local, national and international responses to the current issues of illicit drug use.

#streetdrugswales

Cynhadledd syn archwilio ymatebion lleol, cenedlaethol a rhyngwladol i'r materion gyfredol o ddefnyddio cyffuriau anghyfreithlon.

A public health approach to drugs in the UK:

Decriminalisation, harm reduction and social inclusion

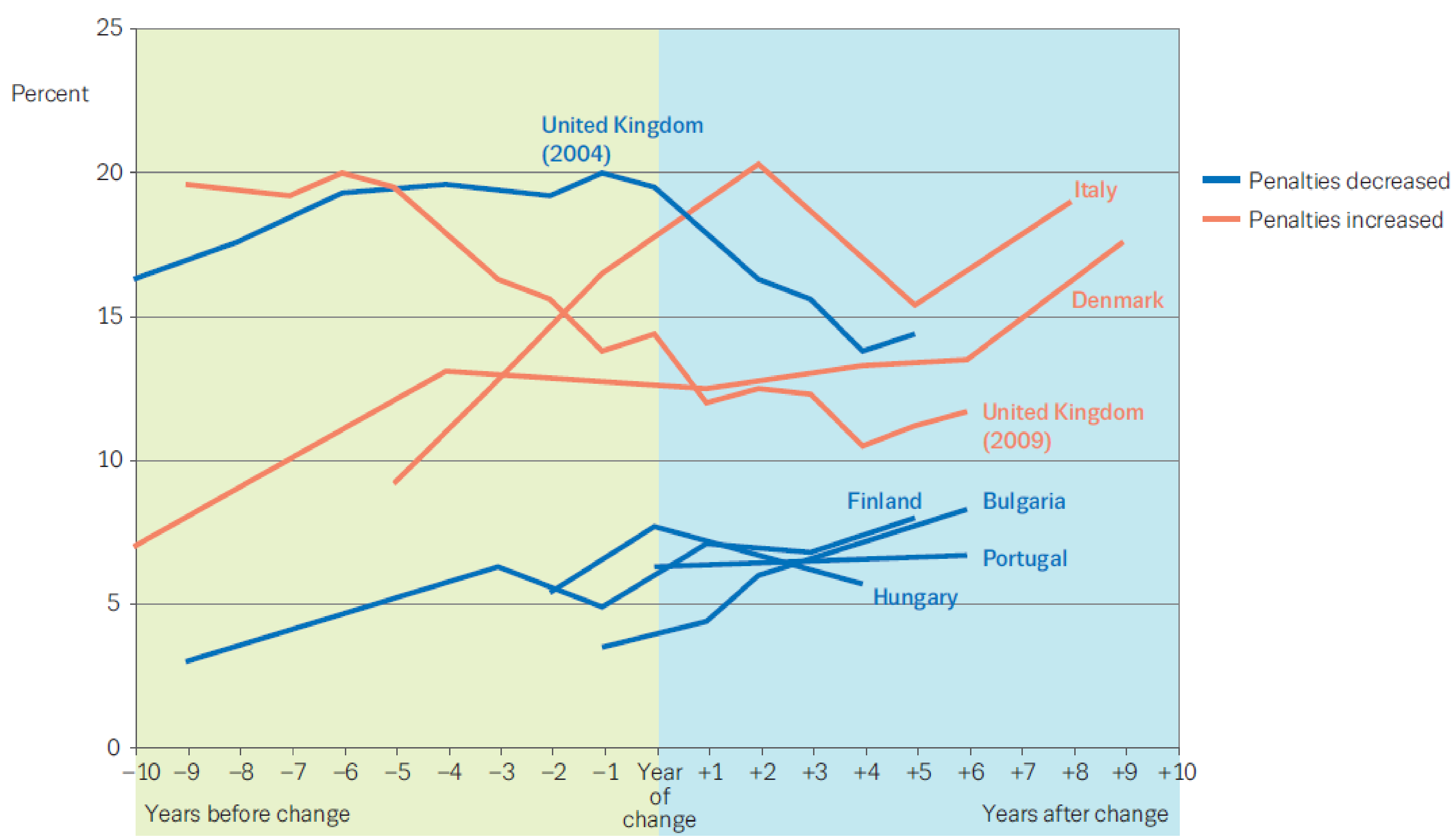
Alex Stevens, University of Kent

Twitter:
@AlexStevensKent

This talk

- Why do we need a public health approach in the UK?
  - Failure of the criminal justice approach
  - Rising inequality in life expectancy
  - Rising drug-related deaths and infections
- What does a public health approach mean in the UK?
  - Decriminalisation
  - Harm reduction
  - Social inclusion

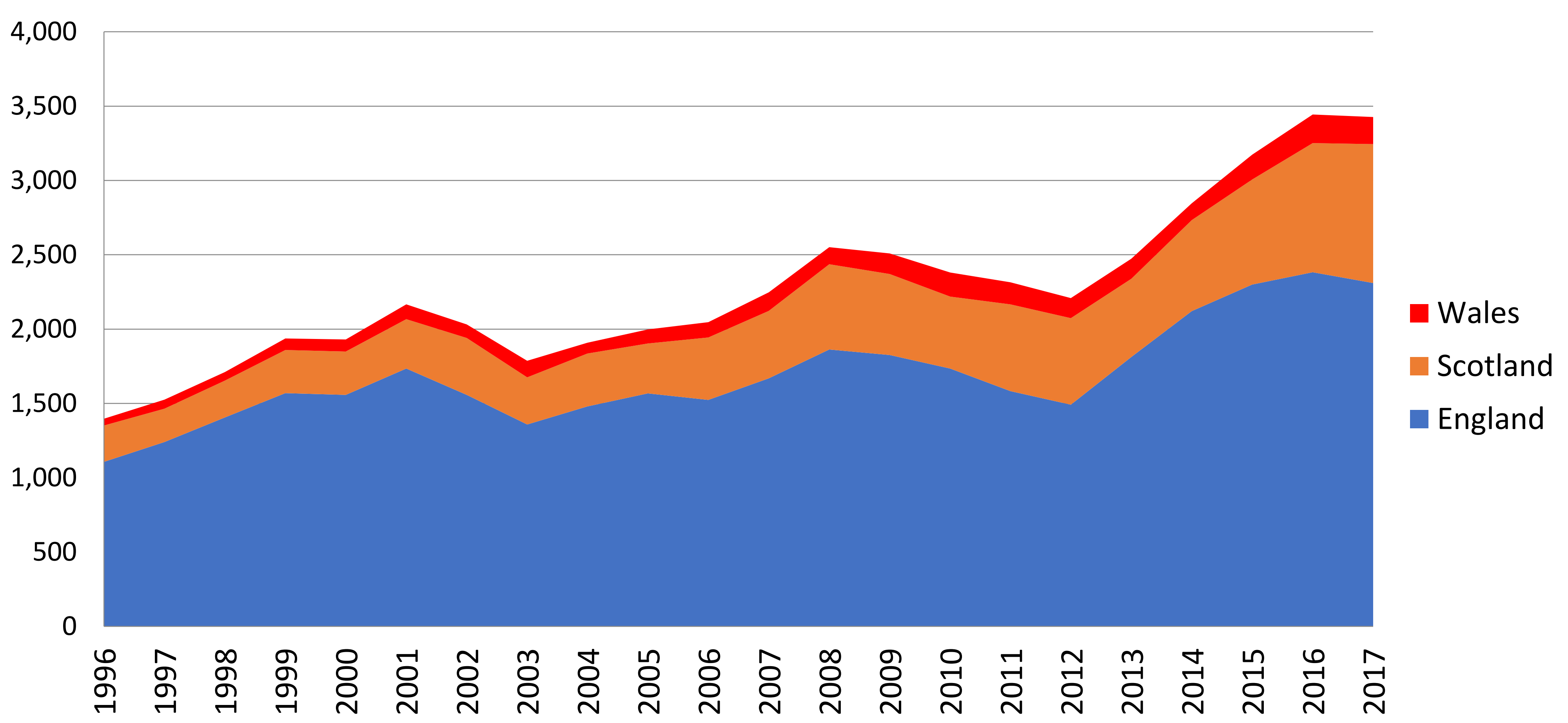
Does criminalisation reduce levels of drug use?



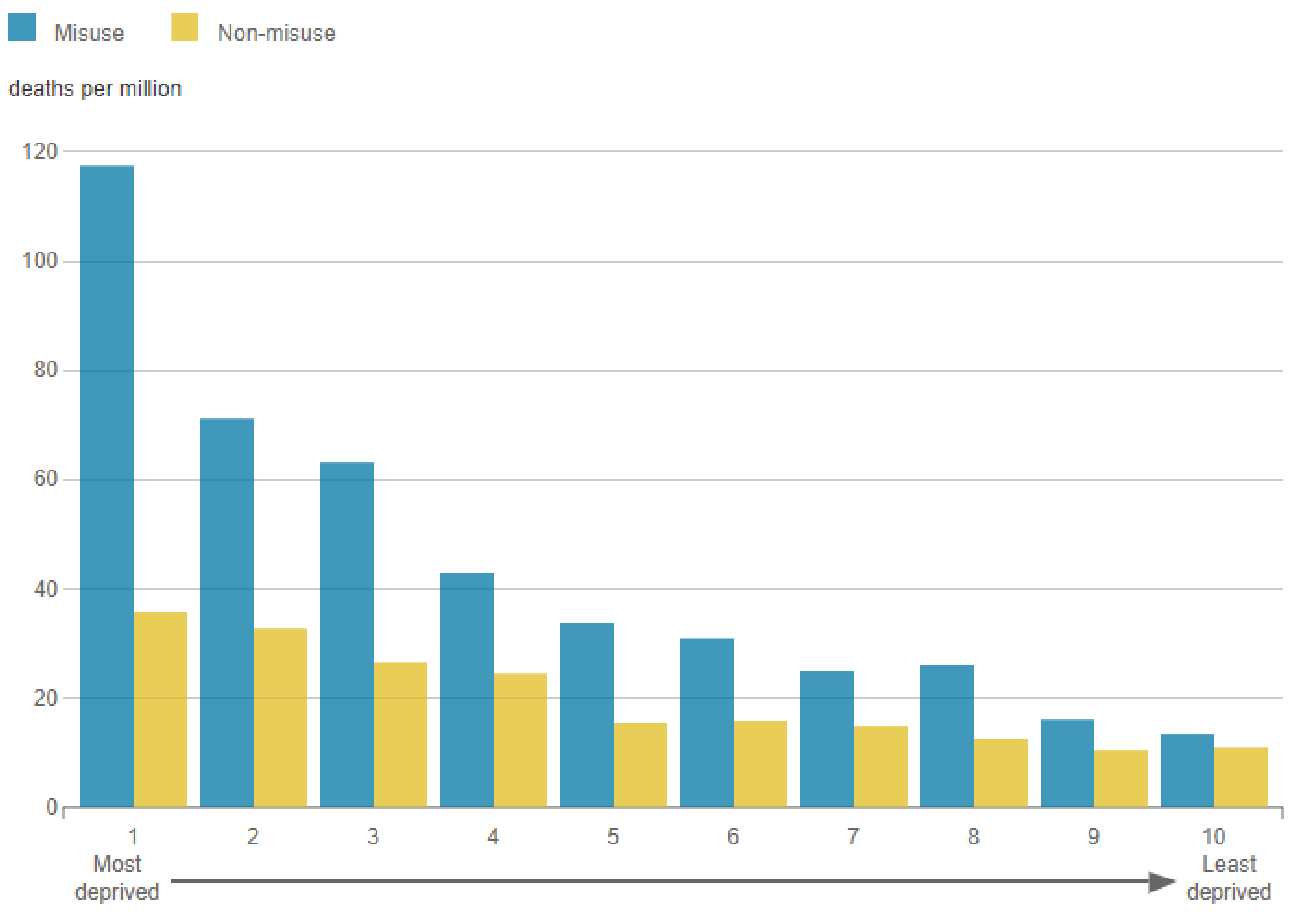
Source: EMCDD

The criminalisation of drug possession

Rising deaths

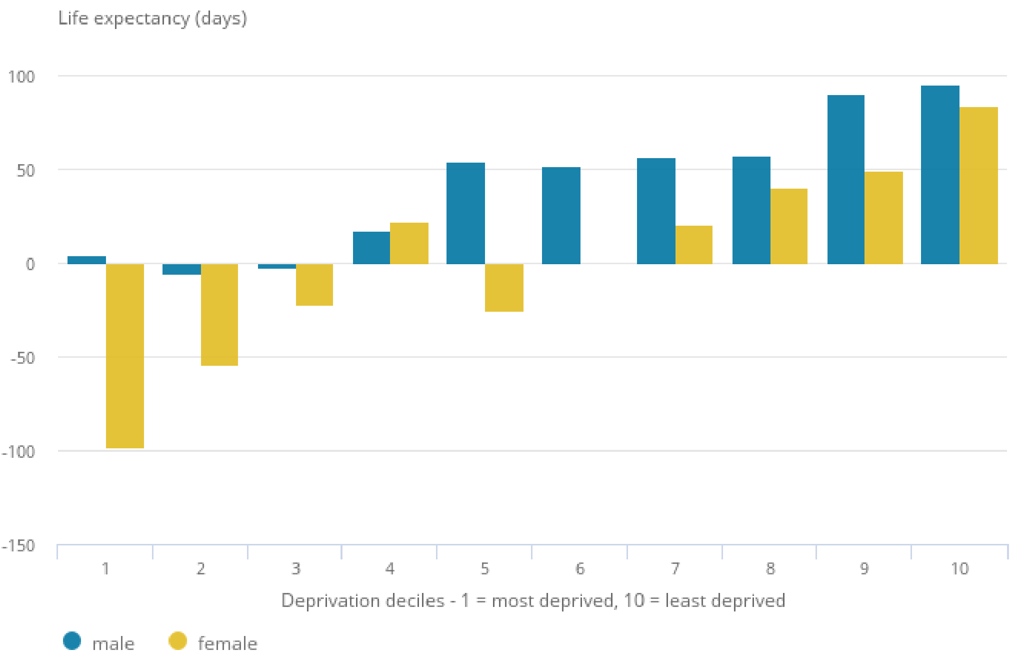


The distribution of death



Source: Deaths Related to Drug Poisoning, England and Wales, ONS

Growing inequality in life expectancy



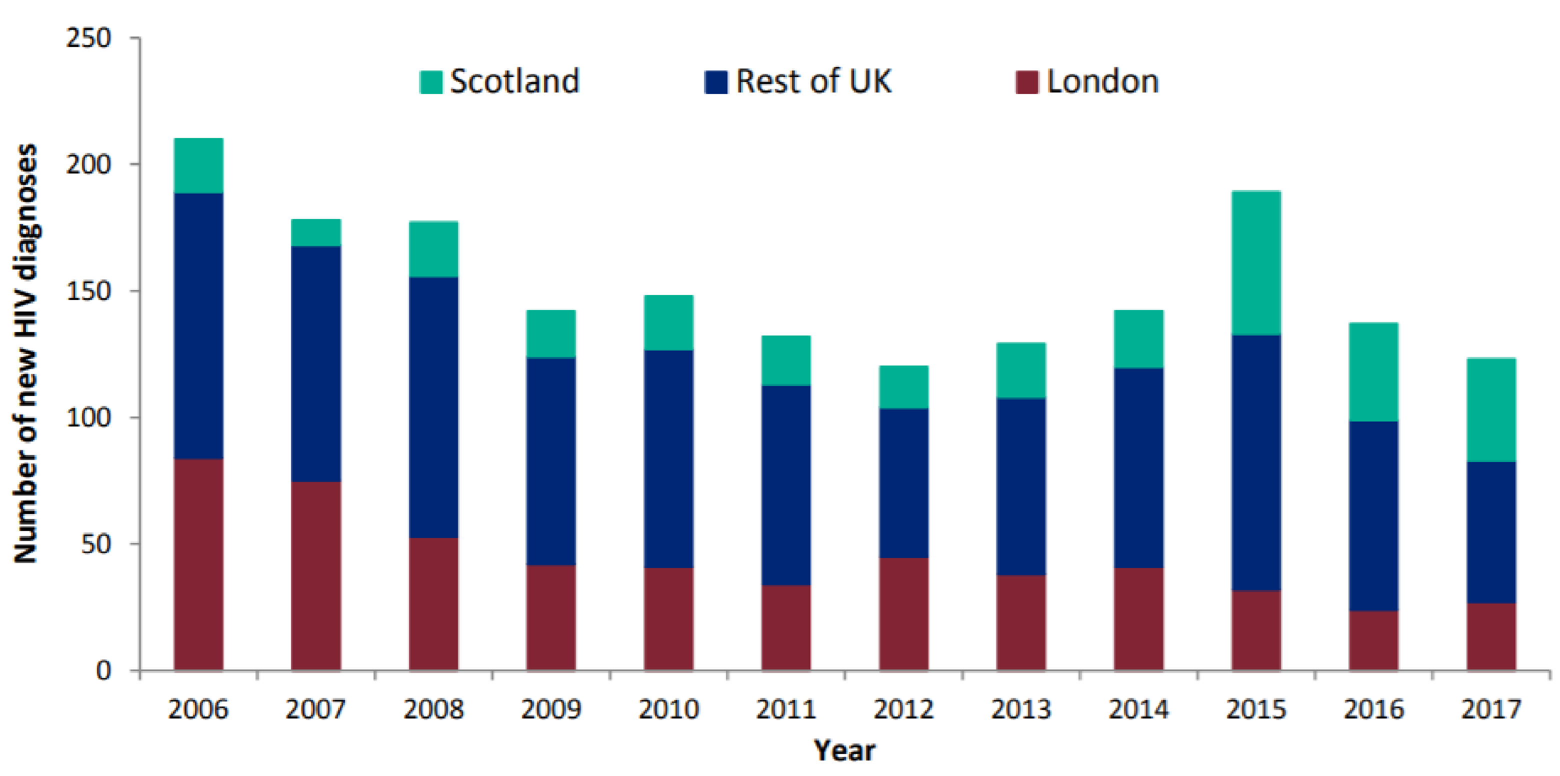
"It's not just that the worst-off groups are not increasing [in life expectancy] as fast as the better-off groups; life expectancy is actually going down in the most deprived groups"

"stop pouring money into the services that are mopping up problems which are preventable."

Tim Elwell-Sutton, Health Foundation
Quoted in *BMJ,* June 2019

Source: Office for National Statistics

HIV risks



Source: PHE, 2018, *Shooting Up*

From *partial* depenalisation to *full* decriminalisation

- Step 1: Expand the cannabis/khat warning scheme to other drugs.
- Step 2: Extend the warning scheme to repeat offences
  - No penalty notice or charge for second and third offences.
- Step 3: Amend the Misuse of Drugs Act to remove the offence of possession
  - Allow home cultivation of cannabis (up to 4-6 plants)
  - Allow pooling of plants for cannabis social clubs

Then legalise?

- Tightly regulated market for cannabis and other substances.

Future harm reduction

- Opioid substitution therapies of optimal dosage and duration
- Naloxone available over-the-counter
- Heroin assisted treatment for people for whom methadone and buprenorphine do not work.
  - With maintenance prescribing of heroin, where necessary.
- Drug consumption rooms in areas with high concentration of public injecting.
- Drug safety checking by post and at festivals/nightclubs
- Develop stimulant harm reduction services

Action for social inclusion

- *Support the building of social and recovery capital:*
- Increase the skills of the drug and alcohol workforce
  - From level 4 upwards
- Provide housing
  - Expand 'Housing First'
  - Invest in 'Supporting People'
- Service integration
  - Housing
  - Employment
  - Mental health
  - Smoking cessation
  - Primary care
  - Peer support
- Expand contingency management

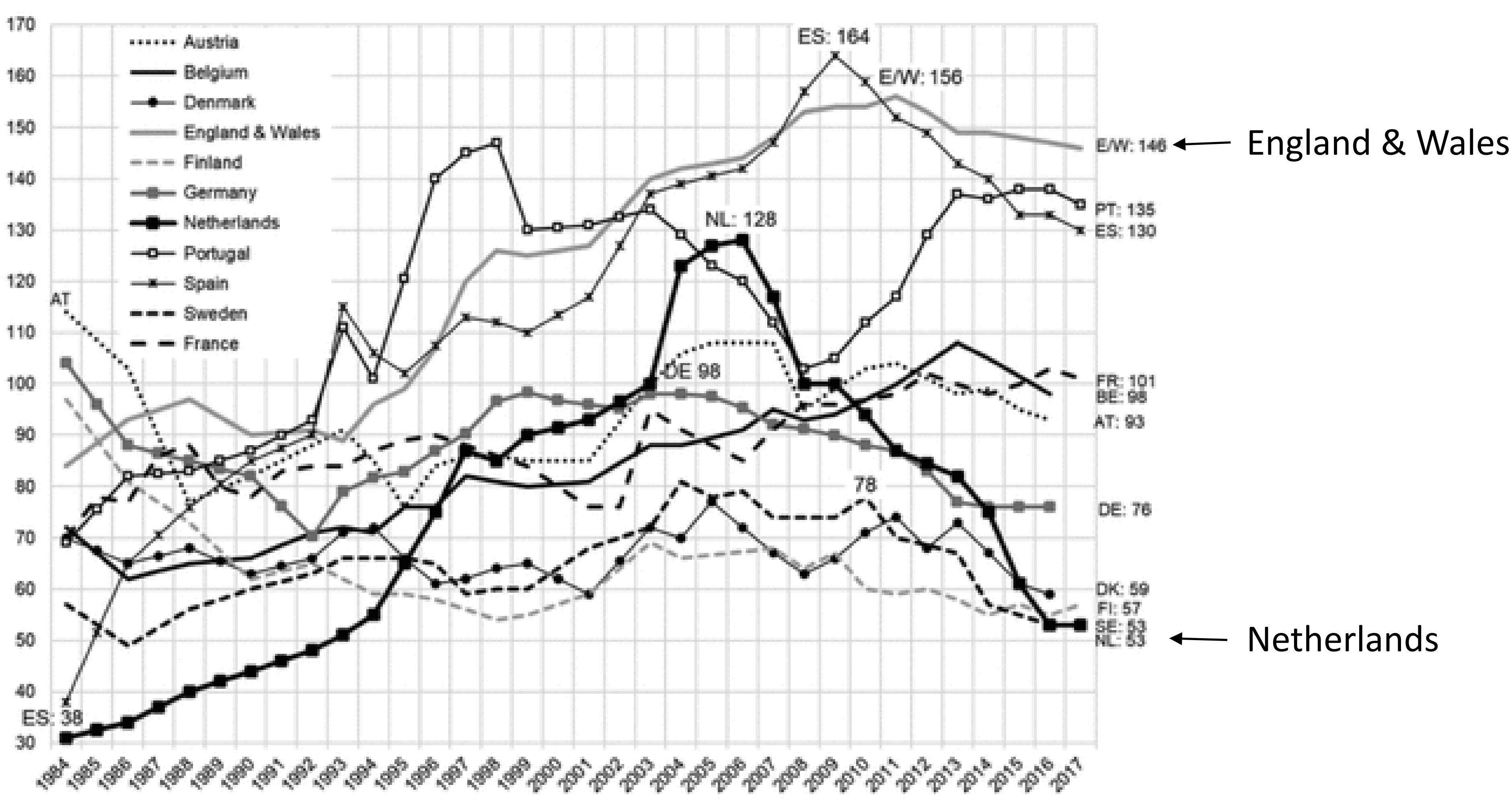
Tackling social determinants

- Education and jobs in deindustrialised areas
  - Regional investment
  - Stop Brexit
- Financial and emotional support to young families
  - Expand Flying Start in Wales, reinvent Sure Start in England
  - Nurse-family partnerships
    - (even Troubles Families saved £2.28 per £1 spent)
- Mend social security for people with mental health problems and disabilities.
  - Reflate Universal Credit and reform work capability assessments

Paid for by…

- Halving the prison population
- Transferring budget from Home Office and Ministry of Justice to Department of Health and Social Care
- Reversing/ending tax cuts for the rich
- Stopping:
  - Brexit (£40bn per year so far, £215bn per year if there is a no deal exit)
  - Trident (£2bn per year)
  - HS2 (£56bn over next 15 years)
- A Green New Deal:
  - More high-skilled jobs
  - Less climate change
  - Better public health

Can we halve the prison population?



Source: Dünkel, 2017, *European Journal of Criminology*

Conclusion

- Current drug policies are not working, but…
- … it is not enough just to change drug laws.
- A public health approach to reduce drug-related harms *combines*:
  - Decriminalisation
  - Harm reduction
  - Social inclusion

Not what the doctor ordered: The misuse of prescription-only medication among people who use illegal drugs

Professor Katy Holloway – USW
Dr Tom May – USW
Dr Marian Buhociu - USW
Dr Rhian Hills – Welsh Government

Introduction

- The UK has one of the highest rates of drug-related deaths in Europe (EMCDDA, 2018)

- *Prescription-only medications* are increasingly implicated as a cause of drug-related death and harm (ONS, 2018)

- “The *non-medical use* of prescription drugs is becoming a major threat to public health and law enforcement worldwide …” (UNODC, 2018)

- Welsh Government are committed to reducing “the inappropriate use of prescription-only medications …” (WG, 2018)

Background

- Little empirical research in the UK to guide policy and practice

- Funding from Welsh Government (and USW) to help fill this gap in knowledge

- To investigate the causes, patterns and consequences of the:

    - Misuse of prescription-only medication (POM)
    - Misuse of over-the-counter medication (OTC)

- Among people who use illegal drugs

Methods

- Ethical approval from
  - USW, HMPPS, NHS
- To conduct:
  - Semi-structured interviews with service users
  - Online questionnaire survey for staff [ongoing]
- Today, we're focusing on the interview data and on POM
- Qualitative data analysed using NVivo

Sample characteristics

- 60 interviewees recruited from three sources (HMPPS, NHS, third sector)
- The profile reflects the characteristics of people in treatment in Wales (i.e. male, white and mid 30s) and all had histories of illegal drug use (Public Health Wales, 2018)
- Most were receiving POMs and/or had histories of receiving them
- The most common were: mirtazapine, gabapentin, pregabalin, diazepam
- Among those receiving OST, most were receiving methadone

Data analysis

- Our analyses flagged up three areas of interest in relation to the non-medical use of POM

  1. Sources of POM
  2. Consumption of POM
  3. Diversion of POM

- We'll take each in turn and give examples

Sources of POM: Medical

(1) Falsifying symptoms

Yeah, I could go over health tomorrow and just say, look I'm feeling a bit down or ***someone can tell me what their symptoms are,*** *and then say, I'm a bit down, a bit anxious, a bit this and that,* ***and they'd prescribe them to me*** (32)

(2) Requesting specific doctors

Yeah, some doctors would question more than others, but I knew which doctors I could*, I had better rapport with shall I say?* (4)

The ones which I knew that I could go in, and, they'd say, right, what's the matter with you? Blah, blah, blah, here you go, *they probably wouldn't even look at me* (35)

(3) Corrupt doctors

*I know people in big cities, like Cardiff and Swansea****, I know doctors that'll give you a prescription pad. You can write your own prescription out.*** *… I've seen a doctor in a dealer's house, same as me, because he's on heroin as well* (1)

Sources of POM: Social

- It was more common to obtain POM from other sources

If I can't sleep, ***I'll get on the phone and I'll be like, listen boys, have you got any spare tablets for sale? Do you want to sell me some Valium? Do you want to sell me some?*** (15)

- The internet was rarely mentioned as a source

*I had a prescription right at the beginning but because I abused the trust of the doctor, he went no****. So then I started buying them off the internet*** *and then just buying them off the streets. It just spiralled from there then* (2)

Consumption

(1) Increased quantities

A … he gave me 84 Diazepam. It's meant to last me two weeks.
Q Okay. … how long did it last you?
*A About three days**. I ate them all! I ate 15 as soon as I walked out the chemist!*** (42)

(2) Method of administration

… the Espranors yes, because they're quick, dissolve on the tongue. Yes, they're being sold as well, and sniffed. … a lot of people who have subbies … Yes, ***they crush it like you're doing a line of coke, crush it down with the tablet, chop it up with the card and sniff it as a line*** (14)

Consumption

(3) Use of POM in combination with illegal drugs (i.e. as an enhancer OR stabiliser)

the gear up here is not strong enough to see you through the day*… In London I wouldn't have done more than a 0.2. As a matter of fact, in London I didn't even inject, I didn't need to, I got enough off of smoking it. Then when I came here and was smoking it, it weren't doing it,* ***I was having to eat Valiums on top and I never used to do all that*** (42)

OR

I take them (POMs) properly and then ***I will use heroin on top then, and methadone*** **(**11)

(4) Using POM in combination with other POMs

Q Did you mix it [espranor] with any other drugs?
A Gabbies, yes, gabapentin.
Q What effect does that have, mixing the two?
A It just gives you more… ***you don't get no high off it, just more energy I suppose****.* (7)

Motivations

- Recreational motives were rare

  *I do buy prescription medication every now and then, it's not abusing it, it's just every now and then I feel like **I fancy a day out from reality really**. So I'll buy something like pregabalin or gabapentin, or one that I've just recently found is carbamazepine, **that's a day and half out that is*** (33)

- The primary motivation was for the **therapeutic** value
  - To mitigate withdrawal symptoms
  - To relieve injury or pain

Therapeutic motivations

- Often linked to difficulties in accessing POM from doctors

Yes, I didn't have a choice really. ***I was prescribed them [Gabapentin], then they took me off them, so what did they want me to do?*** *Just lie there in pain?* (8)

Do you know, it was when I got out. They slowly started taking it away [diazepam] and then I started buying them little MSJ, blue ones. ***You self-medicate*** *…* (6)

- Or accessing the right dose 'to hold' them

It wasn't sustaining me at all, so I had to have the heroin on top*, 'cause I had such a high habit, so 30mls of methadone didn't touch the sides.* (46)

Diversion

- The third area of interest was **diversion**
- Many interviewees had either diverted their own POM or received POM from others
- A range of techniques were used to generate supplies of POM for diversion
- Supervision (or lack thereof) was a key driver

  *… **if you're not supervised and you can take your meth home, say they're on 50/60ml, they'll just neck 30ml of that and they'll put 30 away.** Then they'll do that for a while and build up, and they'll have, like, a good bottle of meth, and then they'll just go out and sell it in one big hit.* (51)

Diversion: techniques

- Poor supervision was also fruitful

    They don't check properly. *… Every day, if you wanted to keep your meds, you can keep them.* ***It all depends what nurses you can do it with and who you can't do it with.*** (2)

- Permitted diversion?

    But it wouldn't surprise me if the more experienced ones think, if they want to get it back, they're going to get it back. … She might be aware he's got mental health issues and ***she's just trying to do the right thing****.* (6)

Diversion: techniques

- Diversion is not for the faint hearted

People keep it. They literally just walk off with it in their mouth. … If a Governor pursues them, if they have to they'll swallow it. Nine times out of ten they'll make it to the closest cell they can, ***spit it into a cup or something. It's horrible I know, it's what they do****.* (41)

Q So with the co-codamol and the DHC's, are they getting prescribed loads of them and they can take them into their cells?
A No, no, they just, they dose, they like keep it, hiding it, and then like ***coughing it back up or like that way.*** (6)

- The potential harm was understood but disregarded

… if people are bad they'll do anything, won't they? They don't care. (8)

Diversion: techniques

- Other strategies were also used

> ***Cling film, put it down into your tongue here****… Yes, and then they can't see it, so when they give it to you, when they say to stick it under your tongue, they go like that, keep it down here,* ***roll it back like that****, wrapped in a cling film, push it up like that.* (15)

> *Yes, I just… when they pass it [Espranor],* ***just pretend to put it in your mouth****. … But you've got to be careful not to be too hot.* (7)

- Short supplies were reported to go a long way

> *One tablet [Espranor],* ***you can break it up into 16 little squares*** *and sell one of them squares for £5 or £4 and a box of vapes.* (9)

Why divert?

- Sharing POM to help others

  My next door neighbour does it because he's got sleeping problems as well, ***he's on sleepers but his aren't as affective as mine****… I won't sell them to him, I'll say, here you go, hack on that because I get them every week and I can forget to take them sometimes ....* (33)

- This process resembled a supply 'support group'

  I mean especially when I was using more than I should have been, trying to make sure I had enough for the end of the week. ***The best way to do it was to lend someone some, so at the end of the week they can lend me some …*** (57)

Why divert?

- Trading or selling POMs for material gain

__Yeah, it's always [trading]…__ someone might want some canteen, someone might want a packet of vapes, some people might want spice … rivotril, gabbies, pregabs, subbies, whatever. (21)

Some people sell them … __mirtazapine__, they sell them seven for a quid. [gabapentin and pregablin] they're two for a fiver. (32)

- Diversion was not always through choice

… a lot of people have tried bullying me for my medication. They've even been waiting at the chemist for me, and __they're trying to get my tablets off me, threatening me and all.__ (15)

Well I've seen people getting threatened with dirty pins. __The one guy had the girl up against the thing trying to get her pregabs off her with a dirty pin__. (55)

Key findings

- Wide range of POMs were being prescribed to this group for legitimate medical reasons
- Restricted access to POM (particularly in prison) resulted in people seeking supplies from other sources
- Motives for this were primarily therapeutic rather than recreational
- Sharing of POM was common and at times resembled a supply ‘support group’
- Trading and selling for material gain was also reported

Implications

- Policies have focused on tightening the **medical supply** of POM (Hulme et al, 2018)

- Little attention has been given to the **social supply** side of POM

- Ways forward…

    - Develop strategies that **address the social supply of POM**

    - A need to **better balance legitimate patient need with the need to prevent misuse**

    - **Reduce stigma toward people who use illegal drugs** to enable support and treatment

Thank yc '

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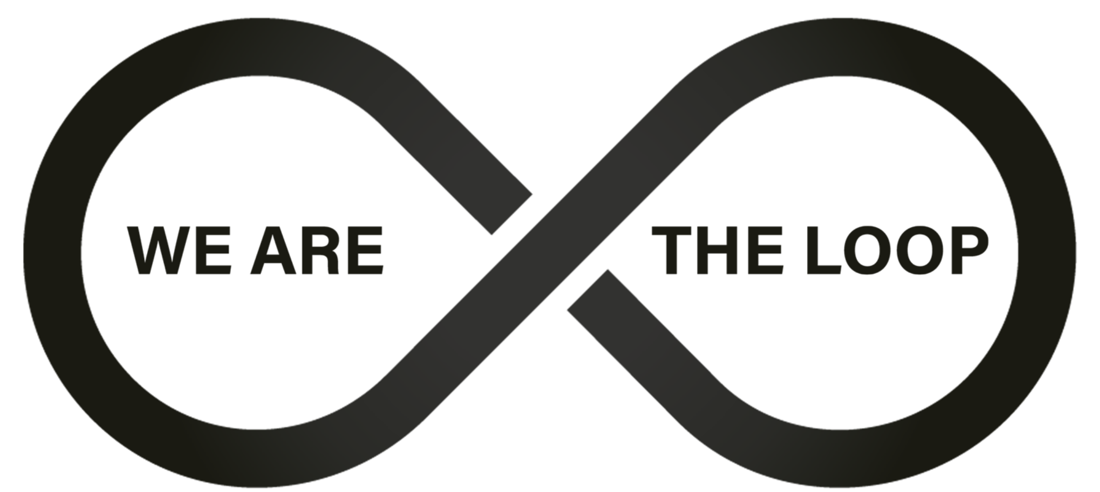


Testing boundaries: reducing harm at UK festivals

Joshua Torrance
Henry Simmons

What is MAST?

- The Loop was founded in 2013
- Three years of welfare provision and harm reduction
- Behind the scenes testing allowed social media alerts

- 2016 saw the leap to offering public analysis
- Partygoers submit a sample and return for analysis results later

- The pilots were incredibly successful and coincided with significantly reduced medical admissions

The Loop's Lab – Sample Intake

- The public drop off a sample and answer some questions about the sample
  - What it was sold as
  - What they think it actually is
- The sample is transferred to the lab and additional details are recorded for pills
  - Mass
  - Colour
  - Shape

My sample was sold/given to me as:

MDMA ☐ Ketamine ☐ Cocaine ☐

I found it ☐ Other: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Someone I know tried this batch: Y ☐ N ☐

<u>If</u> someone tried it, what do they believe it is?

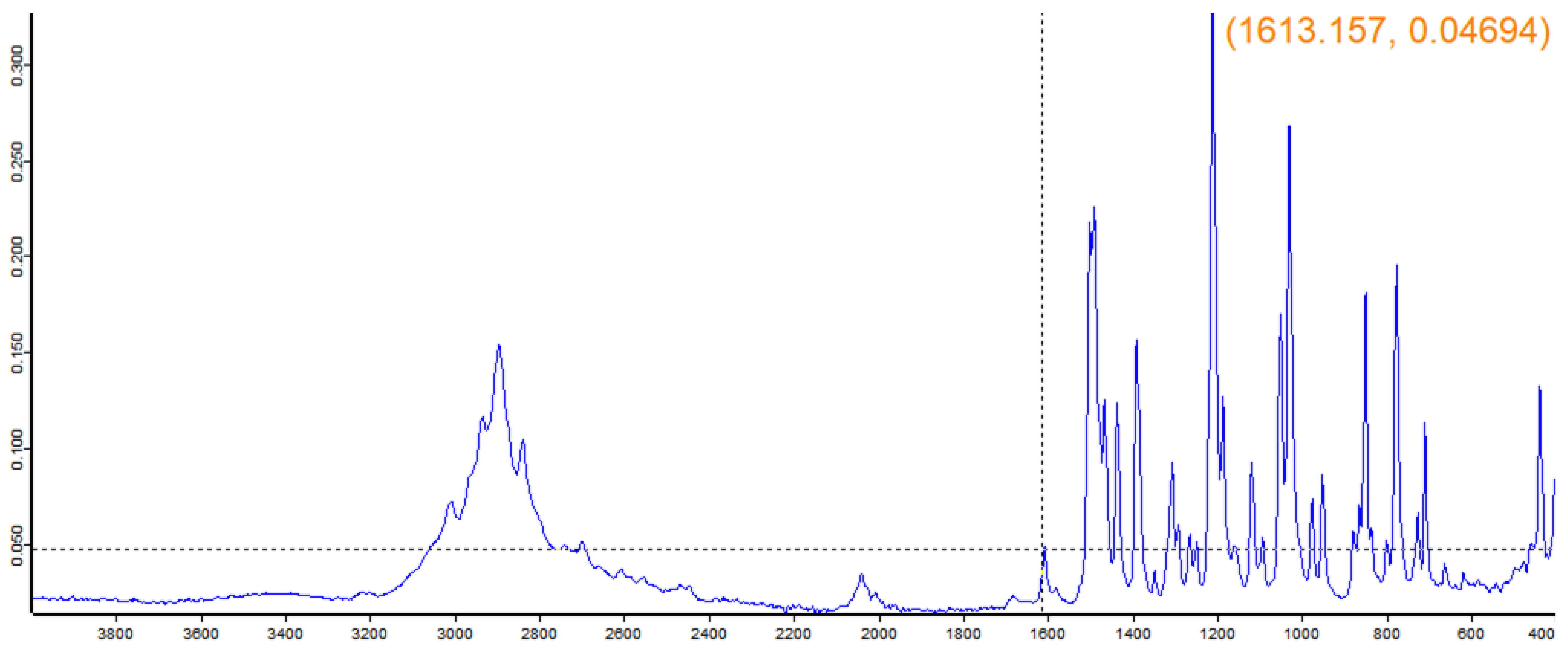
Roughly what it was sold as ☐ Don't know ☐

A different drug ☐ Not a drug (no effect) ☐

The Loop’s Lab – Primary Analysis

- Infrared spectroscopy is the keystone of the lab
- Different wavelengths (shades) of infrared light are shone at the sample
- Just like coloured items reflect different wavelengths of light to be a certain colour, the same happens with infrared light
- Every molecule absorbs light in a unique way

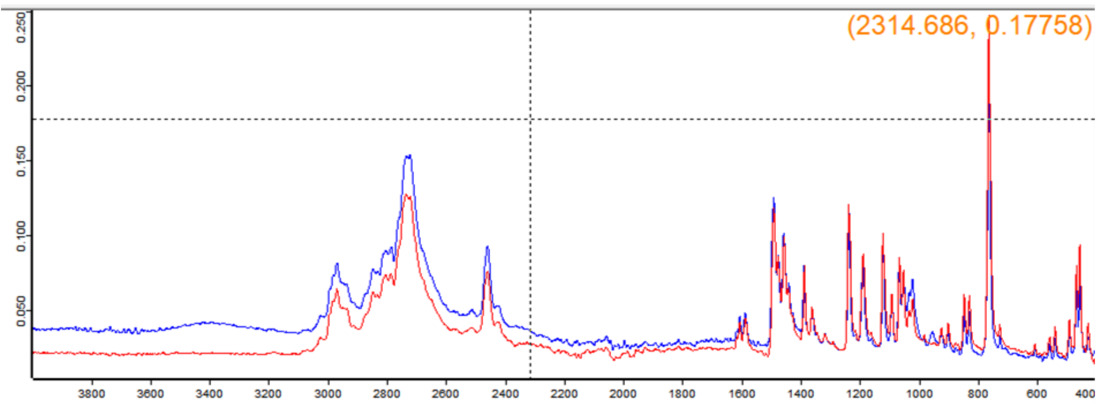
The Loop's Lab – Primary Analysis



2C-B

The Loop’s Lab – Primary Analysis

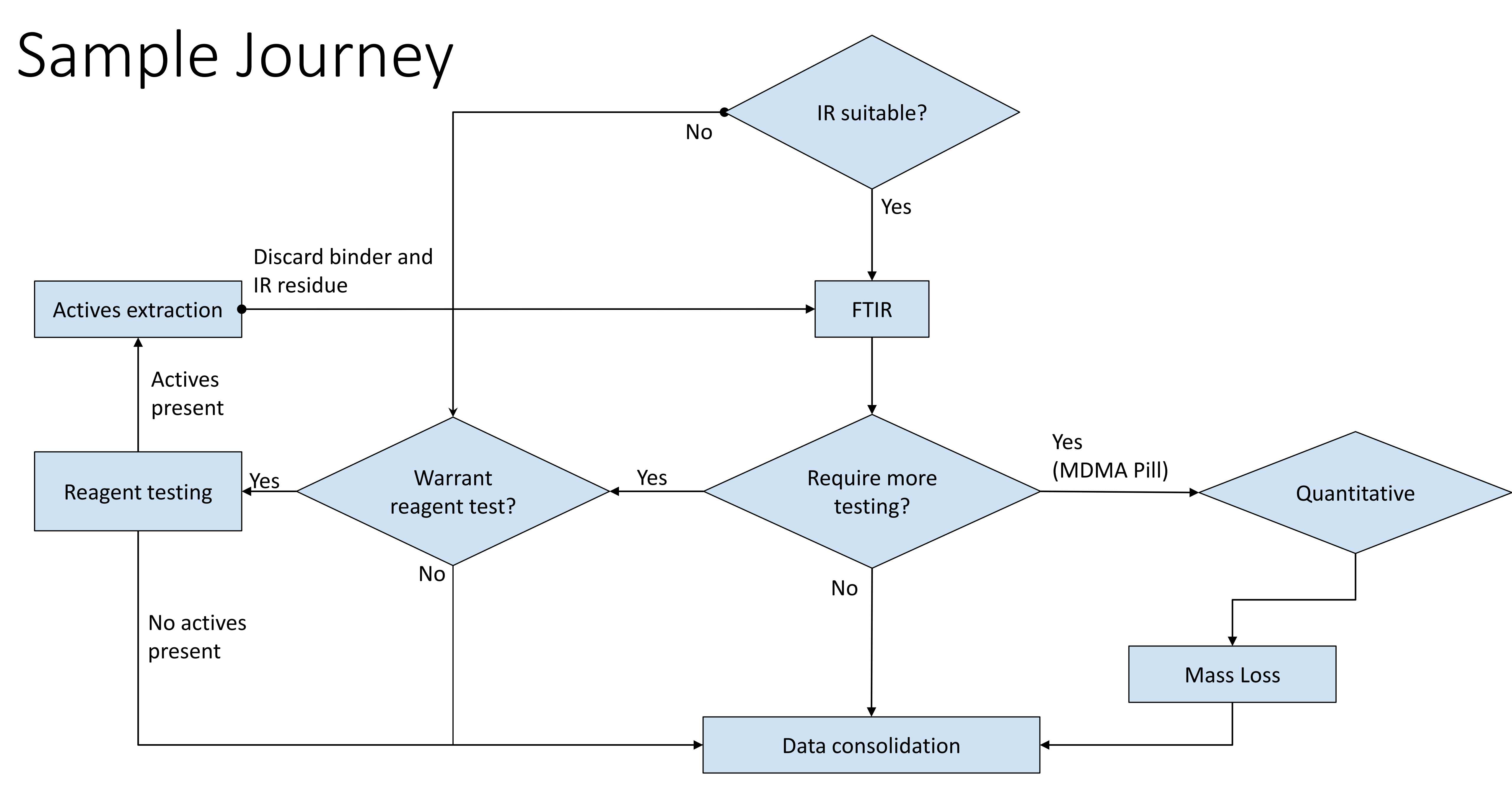
- The resulting “reflectance spectrum” is matched against a database of 80,000 chemicals and common products
- The instrument returns a list of possible matches, with a confidence score
- Each spectrum is highly unique so a confident match is very strong confirmation
- No need for solvents, cooling or special environment - perfect for a festival



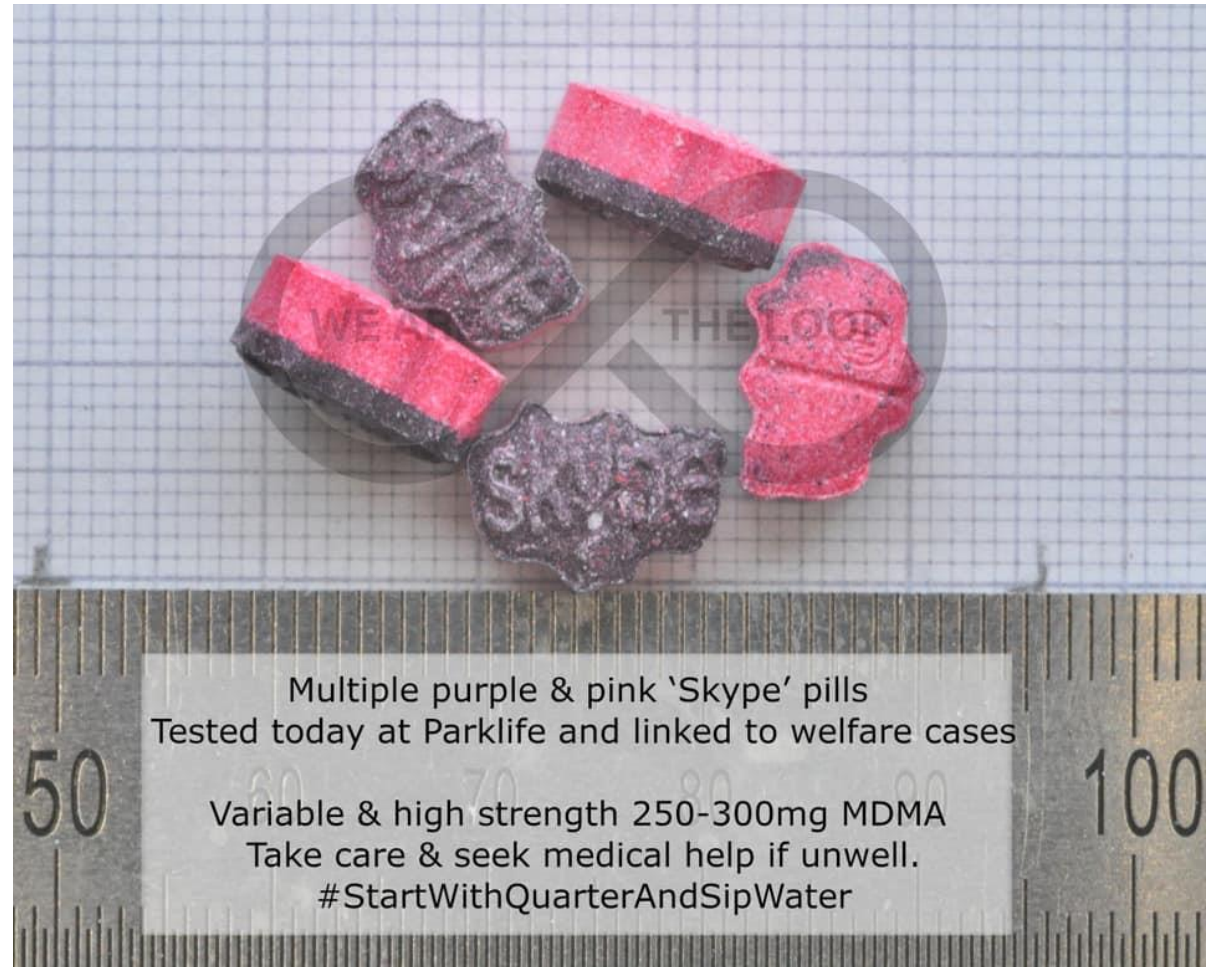
The Loop’s Lab – Secondary Analysis

- **Reagent testing** can detect very small quantities of a drug
- Low tech but vital!
  - Eg. LSD vs. 25i-NBOMe
- **Mass Loss Analysis** (MLA) can determine the MDMA content of pills
- This information helps us put out alerts

Compound	Marquis	Liebermann	Froehde	Mandelin	Mecke
2C-B	Yellow > Green	Very dark green	Yellow	Green	Yellow
3-MeO-PCP	No colour change	Reddish Brown	No colour change	Green > Green/Brown	Yellow
4-FA	No colour change	Reddish Orange	Faint purple-blue	Pale Blue	No colour change
Amphetamine	Red-Yellow > Brown	Orange	No reaction or Red	Greenish Brown	No colour change
Benzocaine	No colour change	No colour change	No colour change	Light orange-brown	No colour change
Ethylone	Bright Yellow	Greenish Brown	Yellow > Green	Brown	Bright Yellow
Cocaine	No colour change	Yellowish or Orange	No colour change	Very slight darkening	No colour change
Heroin	Violet - Reddish Purple	Black	Purple/Red > Green	Dark Brown	Yellow > Green
Ibuprofen	No colour change	Dark reddish brown	No colour change	Dark Brown	Light brown
Ketamine	No colour change	Light Yellow	No colour change	None or Faint Orange	No colour change
Levamisole	No colour change	Red-orange		Greenish Brown	No colour change
LSD (in liquid)	Olive Black		Yellow Green	Red	Greenish black
MDAI	Orange	Green > Black	Green > Black	Very Dark Brown	Green
MDA	Violet/Purple > Black	Green > Dark Violet	Greenish black	Purple/Blue > Black	Green > Dark Blue
MDMA	Blue > Violet > Black (Maybe hint of green)	Intense Brown - Black	Black with hints of greenish brown	Purple/Blue > Black	Green > Dark Blue
MDPV	Bright Yellow	Yellow > Green	Bright Yellow	Green/Brown	Bright Yellow
Mephedrone	No colour change	Bright Yellow	No colour change	No colour change	No colour change
Methamphetamine	Red-Orange > Brown	Red or Orange	No colour change	Green > Blue	No colour change
Methoxetamine	Pink (slow)	Orange - Brown	Yellow - Green	No colour change	Yellow > Green > Red
Modafinil	Yellow/Orange > Brown	Darkening Orange	Red/orange	Brownish red	Orange > Brown
MPA	Dark Brown	Dark Brown	Light Brown	Reddish Brown	Black
Paracetamol	No colour change	Brownish purple	Pale Blue	Moderate Olive	No colour change
PMA / PMMA	No colour change	Purple - Brown or Orange	Pale Green or Green > Red/Brown	Rust	Olive Green
Procaine	No colour change			Deep Orange	Very light yellow
Vitamin C	Very light yellow	Brown> Purple/Black	Pale Yellow	Pale Blue	Orange (slow)


Sample Journey
IR suitable?
No
Yes
Discard binder and
IR residue
Actives extraction
FTIR
Actives
present
Reagent testing
Yes
Warrant
reagent test?
Yes
Require more
testing?
Yes
(MDMA Pill)
Quantitative
No
No
No actives
present
Mass Loss
Data consolidation

Alerts

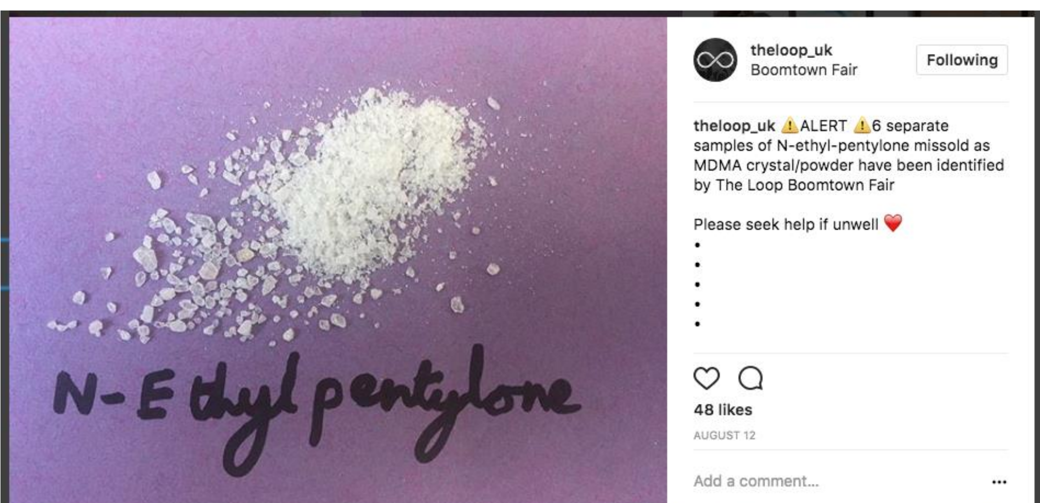


The Loop’s Lab

The Fifteen Minute Intervention

- Incredibly valuable opportunity to truly engage people
- Ten minute non-judgemental “harm reduction intervention” (chat)
- Delivered by a trained drugs professionals
- Test results hugely reinforce the credibility of the intervention
  - The results make it a trade instead of just a lecture

Impact on public



The Loop
@WeAreTheLoopUK

Ecstasy pills tested by The Loop's drug safety testing service @BoomtownFair this wknd containing 250+mg MDMA. Seek medical help if unwell.

6:29 PM - 12 Aug 2017 from Headbourne Worthy, England

The Loop
@WeAreTheLoopUK

N-ethyl-pentylone, a longlasting stimulant, is being missold as MDMA & causing medical & welfare probs @BoomtownFair

Pentylone: What is it, why should we care and how can Multi Agency Safety T...
The Loop has conducted drug safety testing for partner agencies behind the scenes, since 2013, and for the general public, since 2016, through our Multi Agency Safe...
volteface.me

5:43 PM - 12 Aug 2017 from South East, England

The Loop
@WeAreTheLoopUK

Blue 'Anonymous' containing 100+mg pentylone (bt no MDMA) seized on site (standard dose 20-40mg): 4 hour duration, causing problems on site.

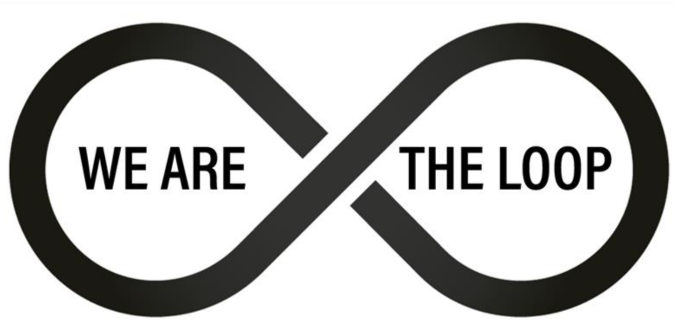
2:51 PM - Jul 28, 2017

5 46 29

The Loop
@WeAreTheLoopUK

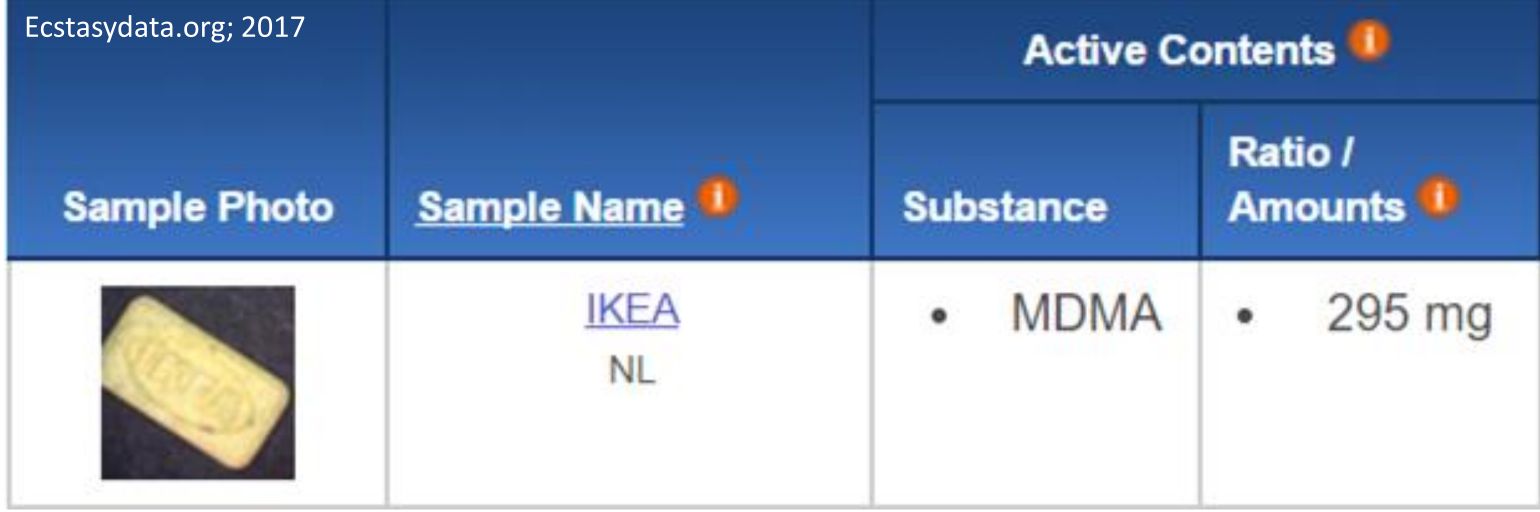
High strength Skype pills tested by The Loop at UK festivals & Safer Party in Zurich, 240+mg MDMA, take care & seek medical attention if ill

7:16 PM - 18 Aug 2017



Adulterants & Purity

- Adulterants aren't the only risk – in Europe *high* purity is a big issue



Ecstasydata.org; 2017

Sample Photo	Sample Name	Active Contents	
		Substance	Ratio / Amounts
	IKEA NL	• MDMA	• 295 mg

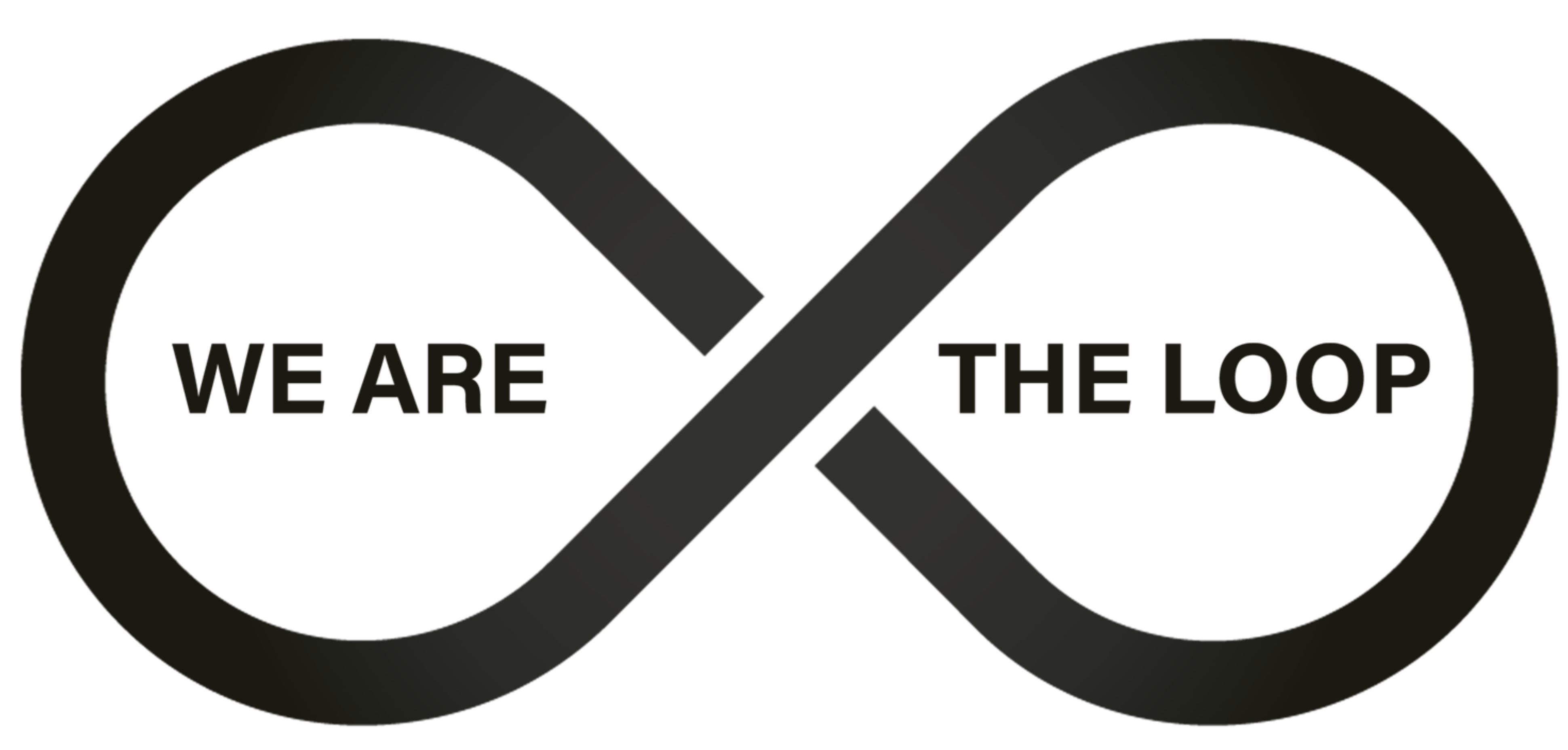
Does it work?

- 51% said that they would use less of the substance
- Roughly 15% of service users ask us to dispose of their drugs, taking the most dangerous drugs offsite.
- Powerful opportunity for medics to understand drugs on site
- 2019 will give us an even better understanding of the outcomes

What does the future hold?

- Many more events in negotiation for 2019.
- Well over 50 BSc, MChem and PhD chemists
- Overhauled system takes **under 60 seconds per sample.**
- Continued development of new techniques

https://wearetheloop.org



Jamie Harris

Chill Welfare & Barod

Presentation link

https://prezi.com/mbzdmfwv8rno/?token=5d67cea962c34614d06307287cb7a240ffa95095417328353cfa628ccf87aac8&utm_campaign=share&utm_medium=copy

Online drug markets

The use of digital platforms to buy illegal drugs

Silje Anderdal Bakken

PhD student, Dep. of Sociology

UNIVERSITY OF COPENHAGEN

Online drug markets

Online platforms where illegal drugs are being sold

Clearnet
- Websites
- Forums
- E-mails
- Etc.

Darknet
- Cryptomarkets
- Forums
- Etc.

Apps and social media
- Facebook, Instagram
- Messenger, Snapchat
- Wickr, Signal
- Etc.

Nordic Drug Dealing on Social Media (NDDSM)

Jakob Demant (PI, DK), Atte Oksanen (FIN), Helgi Gunnlaugsson (ICE) Silje Bakken (NO/DEN) + 15 local students

Where on social media does drug dealing take place? How is it done? And how do the participants perceive risk?

Digital ethnography

(Sep.-Dec. 2017)

- Approx. 3 months in each country
- Searched various social media for drug-related keywords

Semi-structured interviews

(Nov. 2017-Jan. 2018)

- Interviewed on Wickr
- Recruited through Facebook, discussion forums, social relations

This presentation

What social media are being used for selling drugs?

How are these social media being used?

-

Why do they prefer using some media and others not?

-

What is being done?

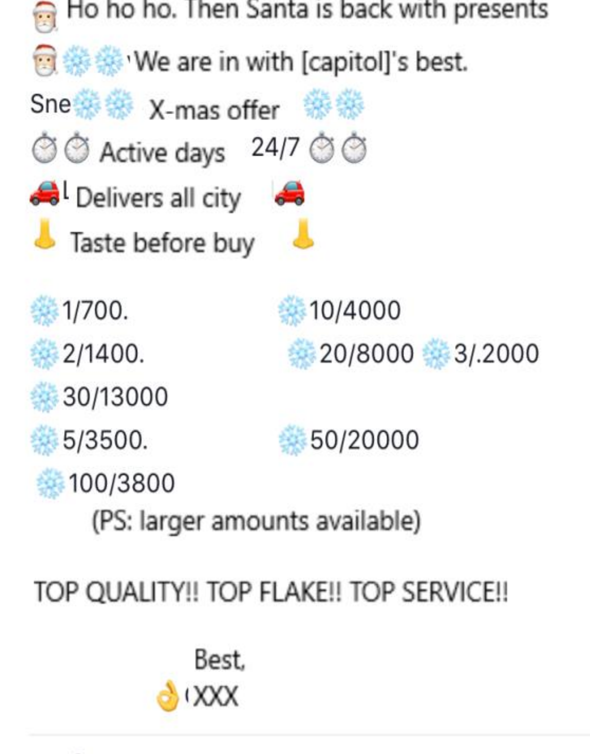
Important points

In which social media do drug dealing take place?

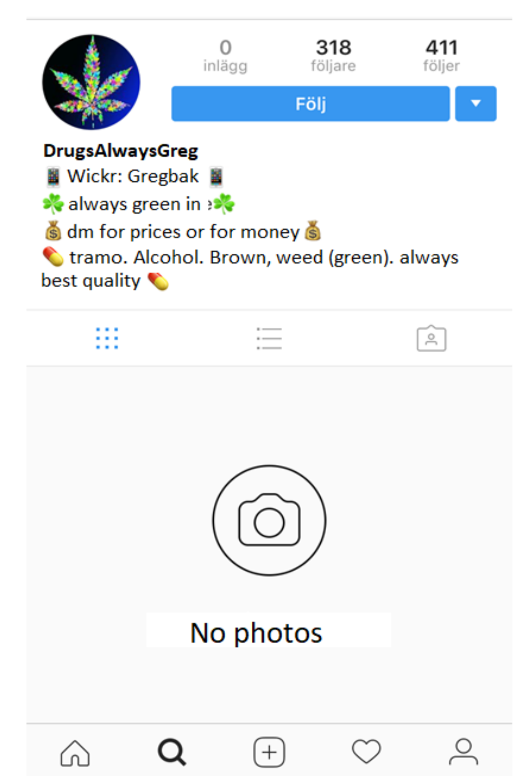
	DK	ICE	SWE	NO	FIN
Observations - Seller posts - Seller profiles - Groups - Etc.				*None*	*None*
Interviews - 107 in total - 63.4% sellers - 36.5% buyers	wickr	*Only phones*	wickr	wickr Tor	Tor

How are the social media being used?

Facebook



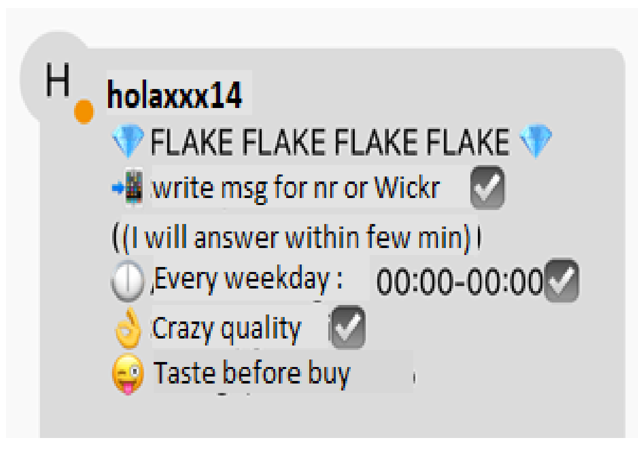
Instagram



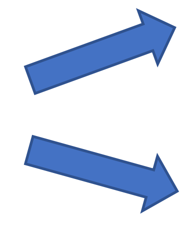
Public post Private conversation → Meeting in public

Wickr

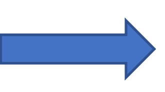
Snapchat



Connection through friends or earlier deals



Seller sends out information



Meeting in public

Buyer contacts seller privately

Meeting at home or close to home

Why these national differences?

- **Cultural**
  - Drug culture
  - Social media culture
- **Technological**
  - Buying SIM cards without ID card/social security number
- **Risks**
  - Police activity
  - Perceived risks
- **Social actors**
  - A sellers' market?
- **Others...**

Why do they use social media to sell and buy illegal drugs?

Easy and "natural"
"Well, I just wanted to get rid of my mushrooms [laughs] (…) It felt pretty naturally. (…) It's clearly the easiest because everybody uses [Facebook]."

"It's quick and easy to get stuff to move."

What everyone uses

"*Social media is easy and people are on Facebook every day. So it's just an easy way to reach out to people.*"

"Just a tool"

"[Facebook] is just a tool to reach more buyers that didn't exist before. There are always new people in the Facebook groups, while on the street you mostly meet the same people."

Why public online markets (Facebook and Instagram)?

A local network

"The advantage is that you have collected all "addicts" in your area in one place. I would never have reached so many at once without Facebook. (…) I started [using Facebook] 2 years ago by using the groups to sell because I moved to [larger city]."

Large selection of drugs

"Facebook has a bigger assortment than I was used to from the street."

Easy to move in and out

"(…) I look at [Facebook] as a platform for advertisement, wherein I can post and get more customers. Then I pull them off this media to avoid the risk"

Why social media and not cryptomarkets?

Easy to use

"I: Do you still buy on darknet? I would imagine it would be quite attractive in Iceland. IP104: No – too much of a hassle to be honest, the markets are so unstable and acquiring bitcoin is time consuming. I do think a lot of the drugs I buy [on Facebook] do come from the dark net though."

Different markets for different needs

"(…) Facebook was exclusively for personal use and darknet was for resale."

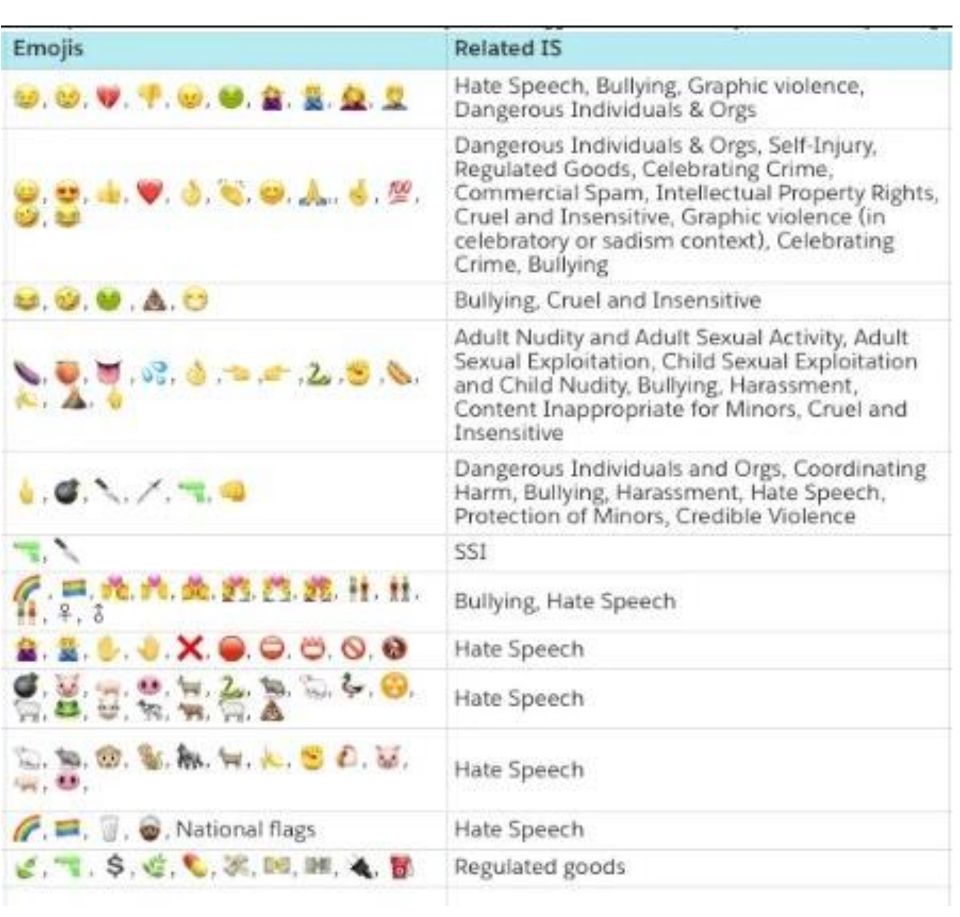
"I: Can you summarize for me why you use darknet for buying and not some other way?

IP: I don't know anyone who has the drugs I find interesting, other than the weed I pick up in Christiania."

What is being done to prevent this?

- **Danish police**
  - Quite active
  - A result of several news articles on the topic

- **Social media companies**
  - Search words without results
  - Facebook:
    - Get reports from users
    - Actively looks for illegal activity
    - Difficult to create a fake profile
    - Guidelines to group administrators



Emojis	Related IS
	Hate Speech, Bullying, Graphic violence, Dangerous Individuals & Orgs
	Dangerous Individuals & Orgs, Self-Injury, Regulated Goods, Celebrating Crime, Commercial Spam, Intellectual Property Rights, Cruel and Insensitive, Graphic violence (in celebratory or sadism context), Celebrating Crime, Bullying
	Bullying, Cruel and Insensitive
	Adult Nudity and Adult Sexual Activity, Adult Sexual Exploitation, Child Sexual Exploitation and Child Nudity, Bullying, Harassment, Content Inappropriate for Minors, Cruel and Insensitive
	Dangerous Individuals and Orgs, Coordinating Harm, Bullying, Harassment, Hate Speech, Protection of Minors, Credible Violence
	SSI
	Bullying, Hate Speech
	Hate Speech
	Hate Speech
	Hate Speech
National flags	Hate Speech
$	Regulated goods

Important points

- **Social media markets**
  - Where people communicate about everything, also drugs
  - National differences
  - Changes across time
  - Local markets (with international possibilities)
  - Movements across various market types
- **Online vs. offline**
  - Many of them were not aware how illegal their actions were
  - Easy to drift between buying and selling (to strangers)
  - Easy to drift in and out of the criminal activity
- **Digital tools**
  - Use them to communicate with young people
  - … and hard-to-reach populations
  - Follow the developments and be curious
  - Be open to creative solutions

Thank you!

Check out these publications for more information:

Bakken, S. A. & Demant, J. (2019a) Sellers' risk perceptions in public and private social media drug markets. *International Journal of Drug Policy*.

Bakken, S. A. & Demant, J. (2019b) Narkotikamarkeder på nett: en begrepsutvikling av digital kapital. *Norsk sosiologisk tidsskrift.*

Demant, J., Bakken, S. A., Oksanen, A. & Gunnlaugsson, H. (2019) *Drug dealing on Facebook, Snapchat, and Instagram: A qualitative analysis of novel drug markets in the Nordic countries.* Drug and Alcohol Review.

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The right to pleasure: drug dealing and use within a London Chemsex scene.

Cardiff, 25th June 2019

Ms Christine Schierano, Public Health Institute, LJMU.

what is Chemsex

“Chemsex is most commonly understood to be the use of specific drugs, used specifically for sex, by gay and other men who have sex with men. The drugs most commonly associated with chemsex are: crystal methamphetamine, mephedrone, and GHB/GBL (gammahydroxubutyrate/gammabutyrolactone). These drugs are referred to as “chems”, though other drugs are often involved too, such as Viagra, alcohol, ketamine, cocaine, amyl/akyl nitrate (poppers)”. (Stuart, 2018)

Methodology

- The first interviews were conducted with pre-existing contacts, including people who were actively involved in drug dealing. **To gain a more in-depth understanding of the chemsex drug market, a larger sample of active dealers was recruited through a basic snowballing approach:** existing contacts (dealers and non-dealers) were encouraged to introduce me to (other) dealers.
- **Seventeen (17) dealers were recruited for face-to-face, semi-structured interviews**, some on a one-to-one basis and others in the form of group interviews.
- **Interviews followed initial observation of the individuals which took the form of an ethnographic approach** although with obvious limitations with regards the degree of participation in certain aspects of the lifestyles observed.

Why a snowballing approach …

- Considering the illegal nature of the activities, having someone to introduce and vouch for me **encouraged potential participants to trust me**.
- Issue of **time management**: personal recruitment of active dealers via obtaining their trust could have taken months, but having an intermediary to make introductions significantly sped up this process.
- Snowballing via known and trusted intermediaries helps to **minimise concerns over possible risks** relating to the personal safety of both the researcher and the participants.

The Market: where and how to obtain drugs

Traditionally, researchers and policymakers have understood end-use drug distribution in terms of ‘retail drug markets’ – where drugs are purchased from dealers by users – and have categorised these into ‘**open**’ and ‘**closed**’ markets. Open markets are those where anyone can approach a dealer and buy drugs (clubs and app); in closed markets, dealers generally only supply customers they already know, or who are introduced to them by a trusted intermediary (chill-out parties)(Hough & Natarajan, 2000).

- ✓ A key setting for obtaining (or supplying) drugs is in **nightclubs**. Observations and interviews suggested that buying drugs inside or outside clubs was important **for newcomers, occasional users, and more regular users who had failed to obtain sufficient supplies through other means**.
- ✓ A second key setting for drug dealing is in **private houses in which people take part in chill-out and sex-parties** where drugs are obtained in situ for consumption, or by arranging to visit at a different time to buy drugs for use on a later occasion.
- ✓ A third common way to acquire drugs within this scene is through **phone apps** like Grindr.

'I don’t want to go out with drugs. I don’t walk the street with stuff on me. I do it only at home with my closest friends...
I do it in a controlled environment where there is no danger to anybody. [It] is not the same as selling drugs in a club.
If I see people going out of control I just stop [selling] and I say “I ran out [of drugs]”
(James)

Costs and profits

A full discussion of the pricing structures encountered in this market is beyond our scope here (and prices have likely changed since data collection), but dealers reported buying mephedrone for as little as £3–£5per gram and reselling it for £20 per 0.7g. Crystal meth prices ranged from £30–£40 per gram when bought by dealers and £160–£180 when sold, with even greater profits if retailed in ½ or ¼ gram quantities. The reported potential profit for GHB/GBL was huge: it could be purchased for £30-£40 per litre and sold for as much as £25 for a 30 ml bottle. Although this could potentially equate to over £750 profit per litre, the realities for GHB/GBL (and, albeit to a lesser extent, the other drugs) were more complicated: lower prices were charged not just for greater quantities purchased, but also if customers were buying GHB/GBL alongside other drugs, and prices were cheaper depending on how friendly the buyer was with the seller and whether they had (or had had) sex with the dealer – and cheaper again for those who were seen to be particularly good at sex. Sellers also tended to provide a lot of GHB/GBL at no cost during parties, thus significantly reducing overall levels of profit.

Reasons to start…

- Popularity: being accepted, needed and loved (dealers do not consider themselves as “real dealers” but they are simply helping each other to have good fun)
- As a means of paying for their own drugs
- Quick Fix for financial problems (people can easily finds some drugs for free/cheap price just to start - open networking structure for new comers)

“My dealers were good friends and after knowing my [poor] economic situation told me “try to find some money. Fix your life” and he gave me five grams of mephedrone [of which] I used one, lost another one and sold three. After a few times I was able to sell 20 bags every night.’ (Leon)

"Definitely, being very popular in the club [scene] made it very easy to start the job. Having so many people around you who need drugs made me see easy money and low risk." (Nicholas)

Dealing timeline

- **0 – 6 months:** small quantities sold in/out clubs / delivered to customers' houses.

An individual starts dealing small quantities in a club 10-20 (0.7g) bags per night.

Then, he increases the quantity sold first in the club then at a chill-out parties.

- **6 – 18 months:** dealing mainly at privates house parties hosted and regulated by the dealers

once an individual is well-established as dealer, the distribution move from club to private houses.

If in a first moment houses are only used as collection point, then dealer start to host chemsex parties.

- **18 + months:** drugs are mostly delivered / picked up and sold in bigger quantity to new dealers

Dealers' personal life is dramatically influenced by clients. Lack of privacy and sleep influence dealer's well-being;

there is an increase of paranoia and psychosis. Dealers first time to step back from the scene, then leave it completely

(sometimes moving to another city or aboard)

…Reasons to Stop

- Lack of privacy / sleep
- Increase in paranoia and psychosis
- Did not experience a real gain

''I woke up in places I didn't know…

I ruined the relationship with all my closest friends [and] with my family because I thought they were all plotting against me.'' (Ben)

Nicholas (one of the participants who had been involved in the scene the longest) told us that the stress was 'not worth it'.

[…] at some point you have to choose between becoming big or giving up [as a dealer]'

and that, in his view, 'no one is so stupid as to keep selling drugs in this way''

Findings and discussion

Most participants are involved in **social supply**, at least at the level of sharing drugs. The shared experience of drug use is central to the activities that define the subculture and its participants' identities as members. But high levels of drug consumption demand is more than just social supply: 'real' retail-level dealers are essential in meeting the demand. For sociological reasons, it is both important and inevitable that these dealers come from within the subculture. This has implications for theory, and also for policy. Understanding how dealers emerge from within the scene sheds light on the nature of chemsex itself and those who participate in it, as well as on the dynamics of how drug markets work more generally.

- ✓ This study suggests that **retail drug dealing is fundamental in enabling the drug use**, partying and sex that define the chemsex scene.
- ✓ **The combination of profit-making, popularity** – the sense of being needed, or even of being loved – and related opportunities for sexual encounters easily **turn an individual into drug dealing**.
- ✓ However, **the status of drug dealer is far from problem-free**, and the stresses accompanying the role led most of our participants to **deal for only a limited period of time**. But the dynamics of the scene as a whole seem to ensure that there is always someone else ready to take their turn.

Thank you!

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