Experiences with mephedrone pre- and post-legislative controls: Perceptions of safety and sources of supply

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Abstract

Background: Drug scenes within several countries have changed in recent years to incorporate a range of licit psychoactive products, collectively known as “legal highs.” Hundreds of different legal high products have been described in the literature. Many of these products contain synthetic stimulants that allegedly “mirror” the effects of some illicit drugs. In 2009–2010, growing concern by the UK and Irish governments focused on mephedrone, a synthetic stimulant that had become embedded within several drug scenes in Britain and Ireland. In April 2010, mephedrone and related cathinone derivatives were banned under the UK’s Misuse of Drugs Act 1971. Setting aside “worse case scenarios” that have been portrayed by UK and Irish media, little is known about mephedrone use from the consumer’s perspective. The purpose of this paper was to (1) explore respondents’ experiences with mephedrone, (2) examine users’ perceptions about the safety of mephedrone, and primarily to (3) examine sources of mephedrone supply during the pre- and post-ban periods.

Methods: Semi-structured interviews were conducted with 23 adults who had used mephedrone during 2009–2010. Data collection occurred in May and June 2010, following the ban on mephedrone. A total of 20/23 respondents had used mephedrone during the post-ban period, and the vast majority had prior experience with ecstasy or cocaine. Respondents’ ages ranged from 19 to 51, approximately half of the sample were female and the majority (19 of 23) were employed in full- or part-time work.

Results: Most respondents reported positive experiences with mephedrone, and for some, the substance emerged as a drug of choice. None of the respondents reported that the once-legal status of mephedrone implied that it was safe to use. Very few respondents reported purchasing mephedrone from street-based or on-line headshops during the pre-ban period, and these decisions were guided in part by respondents’ attempts to avoid “drug user” identities. Most respondents purchased or obtained mephedrone from friends or dealers, and mephedrone was widely available during the 10-week period following the ban. Respondents reported a greater reliance on dealers and a change in mephedrone packaging following the criminalisation of mephedrone.

Conclusion: The findings are discussed in the context of what appears to be a rapidly changing mephedrone market. We discuss the possible implications of criminalising mephedrone, including the potential displacement effects and the development of an illicit market.

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Introduction

Drug scenes within several countries have changed considerably, to include legal psychoactive substances that mirror the effects of illegal drugs. Known in several European countries as “legal highs,” these substances tend to be classified into three categories: stimulants, depressants and hallucinogens. They are available in different forms (e.g., tablets, pre-rolled joints, herbal mixtures, powders, and crystals) and can contain (1) plants found in nature (e.g., kratom, kava, and salvia divinorum), (2) synthetic substances (e.g., 2-aminomethylindole, butylone, mephedrone, synthetic cannabinoids such as JWH-018), or (3) semi-synthetic substances that are derived from natural oils (e.g., DMAA). Legal high products are often sold in pre-sealed packages that feature “hippy style,” “new age” or other symbols. Many packages are labelled with nomenclature that reminds consumers of illegal street drugs or their effects, e.g., “Snow Blow,” “White Ice Resin,” “Charlie,” “Sub-Coca,” and “X Pillz.”

Research into the availability of legal highs has described hundreds of different products [Hillebrand, Olszewski, & Sedefov, 2010; Long, 2010; Schmidt, 2009], that contain various psychoactive substances and can differ in terms of potency, form (e.g., powder or crystal) and additives. The availability of some products can change quickly as new substances are developed in response to...
The use of mephedrone has emerged fairly recently amongst individuals connected to established drug scenes. Consequently, few studies have addressed behaviours relating to mephedrone use, particularly in the context of the transition from legal to illegal status. In this paper, we focus on recent UK legislation which banned mephedrone, related cathinones and various other synthetic substances in May 2010.

Research into mephedrone is limited because of the fairly recent emergence of the substance within European drug scenes. We identified three studies that focused on users’ experiences with mephedrone prior to the UK ban. Dargan, Albert, and Wood (2010) conducted a survey of 1006 individuals enrolled in schools, colleges and universities in one area of Scotland in February 2010. One-fifth (20.3%) of the respondents reported ever using mephedrone. Of this group, 23.4% used on one occasion only and 4.4% reported using daily. Just over half (56%) reported at least one adverse effect that they associated with mephedrone. Nearly half the sample (48.8%) had obtained mephedrone from dealers and 10.7% had purchased from internet suppliers. However, 30.8% of respondents aged 25 and older reported sourcing mephedrone from on-line suppliers. A second pre-ban study featured an on-line survey that targeted UK readers of a leading dance/music magazine (Winstock et al., in press). A total of 41.3% of respondents had tried mephedrone and approximately one-third had used the drug during the past month. Additionally, 15.1% of respondents reported using mephedrone at least once a week. Intranasal route of administration was preferred by most respondents, and mephedrone episodes lasted 10.4 h on average. A third study was based on data collected from 10 focus group participants residing in an English town (Newcombe, 2009). Most respondents indicated that dosage and frequency of using mephedrone increased over time, although only a few progressed to daily use. Respondents often combined mephedrone with alcohol or skunk-cannabis (see also, Schmidt, 2009). Additionally, six of 10 focus group participants obtained mephedrone from dealers or from friends who had purchased the substance from dealers.

Purpose of this paper

The use of mephedrone has emerged fairly recently amongst individuals connected to established drug scenes. Consequently, few studies have addressed behaviours relating to mephedrone use, particularly in the context of the transition from legal to illegal status. In this paper, we focus on recent UK legislation which banned mephedrone, how that change created an illicit drug market, and the implications for individuals who continued to use mephedrone. We also address experiences with mephedrone, including perceptions relating to its safety.

Methods

The study site was Northern Ireland, which shares a land border with the Republic of Ireland. Semi-structured interviews were conducted in May and June 2010 (post-ban) with 23 individuals who had used mephedrone and resided in Northern Ireland at the time of the study. Data collection occurred within four and 10 weeks following the ban on mephedrone. Criteria for study participation included: (1) 18 years or older, (2) any use of mephedrone since January 2010, and (3) resident of Northern Ireland. The interviews

focused on access to mephedrone pre- and post-ban, the social context of first and last use, drug pathways into initiation, perceived effects and experiences, preferred social settings for use, and related issues. The interviews lasted between 1 and 2h and were conducted by the authors. The second author was a Privileged Access Interviewer (PAI) who had previously gained rapport with a number of individuals who had used mephedrone regularly. The PAI also had prior interviewing experience. Other respondents (N = 14) were recruited through personal contacts of the first author, chain referral (N = 3), and a social networking website that catered to university students.

Interview settings included a university office, private residences of respondents or their acquaintances, and to a lesser extent, semi-public spaces such as cars parked in retail area car parks. We encouraged respondents to choose the interview setting, in an attempt to shift the power balance that is generally tipped in favour of the interviewer. We anticipated that since the ban, potential respondents might have perceived wider societal stigma surrounding mephedrone use. The negative local and regional media reports into mephedrone coupled with often violent community resistance aimed at headshops led to our decision to take detailed fieldnotes during some interviews and avoid the use of recording devices. These fieldnotes were reviewed and typed within 12h of the interview. Additionally, and largely due to pre-existing relationships built on trust, interviews conducted by the PAI were digitally recorded and transcribed shortly after the interviews. The study was granted ethical approval from the Research Ethics Committee, School of Sociology, Social Policy & Social Work, Queen's University, Belfast.

Analysis

The analytical approach encompassed several reads of the interview transcripts, noting emerging themes and categories, and developing coding schemes. Preliminary patterns in the data were analysed, followed by a system of corroboration and comparison with other cases. We noted “outliers” and analysed the conditions under which outliers might be explained. As patterns and outliers emerged, periodic briefing sessions were held between the authors and the authors and a few other individuals connected to the mephedrone “scene.” The purpose of these discussions was to provide interpretive clarity about a psychoactive substance and associated respondents’ behaviours that had rarely been examined in the scholarly literature. In general, we followed the rules of analytic induction.

Sample characteristics and other drug history

Approximately half the respondents were female (12 of 23). Respondents’ ages ranged from 19 to 51 years, and 13 respondents were aged 20–29 years. The majority (19 of 23) were employed and most occupations were affiliated with business, trades, service industry and civil service. Eight respondents resided in or around a small town in Northern Ireland. The remainder lived in the greater Belfast area, the largest city in the region.

Most of the respondents had a history of drug taking prior to consuming mephedrone. This history included lifetime use of cannabis, amphetamine, cocaine, ecstasy, hallucinogens, ketamine and poppers. A total of 13 respondents reported fairly regular use of two or more of these substances. The majority of respondents had initiated illicit drug use during adolescence, although two respondents were aged 30 or older before initiation into any drug use at all. At the time of the study, respondents tended to report a preference for stimulants. We acknowledge the possibility that the results may have differed had we been able to recruit novice drug takers as study participants.

Results

Respondents had first used mephedrone between May 2009 and January 2010, and in general, initiation was influenced by market-level factors, e.g., availability and price of mephedrone, and reduced access to illicit drugs of choice. Recollections about initiation also suggested overlapping licit and illicit drug markets:

“It was a Friday night. . . There was no coke about, and the dealer said, ‘But I’ve got plant food [mephedrone] – it’s not the same as coke [so] don’t take as much’. So it was new to me. I never did it and I didn’t want to do it in public the next day [at a planned event] ‘cause I wasn’t sure what I’d be like. So I thought, ‘I’ll try this alone’. Went home, had a few vodkas, went up to my room and took it. Saturday – took some more and lost three hours.” (ID05, female, late 20s)

The vast majority of respondents (20 of 23) were described as “current users” who had used mephedrone within the past two months and planned to use again. Of the three remaining, a male had experienced very negative comedown periods which continued for up to four days. These effects prompted his desistance from further use of mephedrone. Two young adult females were hoping to abstain from subsequent mephedrone use because of vomiting they associated with the drug, and paranoia that extended over two or three days after taking mephedrone. They had ingested another cathinone the week before the interview although they were uncertain of the exact contents of the product. They were interviewed in a private residence when one turned to her friend and asked:

“What’d we do on Saturday? Was it methylene or methylyne?” (ID03)

They eventually agreed that the substance was probably methylone (another banned cathinone), but their willingness to ingest products without knowing the contents suggests decision-making that was influenced by spontaneity and availability, even with limited knowledge about the effects of a substance. All but two respondents had used mephedrone within the three-week period prior to the interview (post-ban), and nine individuals had used within the past week. Although some respondents reported gradual increases in mephedrone use and were using weekly by the time of the interview, the majority used mephedrone a few times per month. At last use, most respondents reported consuming dosages of between 1 and 2g of mephedrone, most often taken at various stages of an evening. One male respondent (ID23) reported using 4g at last use, but also acknowledged an overall increase in usage, e.g., he was beginning to “top up” during the week. Dosage levels at last use were not necessarily consistent with “regular” dosage intakes. Additionally, several respondents recalled mephedrone binges whereby upwards of 7–8g were shared amongst two to three people over a 24-h period. An 18-year-old female described participating in “Drone Olympics,” whereby those present would compete to sniff the longest or thickest line of mephedrone. In contrast, some respondents never ingested more than one shared gram of mephedrone per night. The preferred social context for using mephedrone was described as a shared experience in the company of a few close friends. We found little evidence that would categorise mephedrone as a “club drug”:

“Meph is a party drug but also a chill out drug. Loads of time we’d stay in someone’s house and sit on the sofa and have the craic [fun]. Small group of us. I can’t see you doing that with Es – staying home on the sofa.” (ID02, female, late teens)
At times the mephedrone experience occurred in a public place (e.g., club and concert) and later continued in a private residence. A business professional described her preferred sequence of settings:

“Not just any home. No, it has to be a comfortable place that I find comfortable. Certain houses I feel comfortable, and certain houses I don’t. Sometimes we’re out, and I can’t wait to get home. Get in my jammies [pyjamas], talking and laughing. I don’t want to sleep, I just want to get home and chill.” (ID05, female, late 20s)

In contrast, four respondents preferred that at least part of the mephedrone episode occur outside the home. Two reported the beneficial effects to self-confidence whilst dancing in public on mephedrone. Two others reported that they rarely used mephedrone at home; rather, they preferred to experience mephedrone with several friends at large parties or in pubs or clubs. These respondents were the two youngest members of the sample:

“We wouldn’t use it [sitting it]. No, I like my spliffs [cannabis joints] and a few drinks if I’m sitting in.” (ID04, female, late teens)

Despite several reports that intranasal ingestion “burned” the nasal passages and felt like “snorting razor blades” (ID03), most respondents preferred to sniff (snort) mephedrone. Some suggested that the burning tended to disappear with subsequent use during an evening or that a stronger burn was associated with a “better high.” Three others sniffed initially but after several months of using mephedrone, switched to bombing (either wrapping in paper and swallowing, or dissolving in water and swallowing) because there was less pain or because they believed it to be a safer route of administration. Similar transitions have been described by people who inject heroin and gradually move to smoking or sniffing the drug after developing venous problems (Bravo et al., 2003; Pizzy & Hunt, 2008). Four respondents in the present study reported being in the company of others who had suffered severe nosebleeds after sniffing mephedrone. A male who preferred to bomb mephedrone was sceptical of those who preferred to sniff it. He described the aftermath of a mephedrone session involving young adult females who regularly sniffed the substance:

“And see snorting and what it does to the nose? The bathroom sink one day was covered in blood. From them snorting it.” (ID09)

The majority of respondents reported very positive effects of mephedrone, e.g., “chilling” with close friends or partners:

“For me it’s a great escape. I work hard and with the economic doom and gloom, plant food [mephedrone] is an escape from all that. I just want to chill for awhile and not talk about diesel prices and the fact that fags [cigarettes] are £6. I want to be young and carefree – even if it lasts for a wee bit.” (ID05, female, late 20s)

“It’s like no where else I’d rather be. The laughs, the craic [fun], the talking. …We’d [largely females friends] have hilarious laughs, but it has to be the right environment – the right place and people.” (ID01, female, early 20s)

Some respondents described adverse effects of mephedrone use, e.g., sleeplessness, difficult comedowns, heightened emotions (sadness) following use, periodic hallucinations, inability to control facial and neck muscles, paranoia and palpitations. Negative outcomes were not usually described as such; rather, respondents tended to view them as necessary stages that sometimes accompanied or followed pure enjoyment. When discussing difficult comedowns a male respondent reported:

“I just ride it out. I know it’s not going to kill me, so you just go with it and you know it will pass. Three days later and you’re alright. But you know where it’s coming from and just go with it.” (ID08)

Nearly all respondents consumed alcohol during their most recent mephedrone episode, although the amount and timing of alcohol use varied across respondents and social settings. We identified three patterns in relation to mephedrone/alcohol mixing: (1) consuming large amounts of alcohol (e.g., five vodka drinks and glasses of wine; 8–10 pints of beer) just prior to and in the early stages of the mephedrone episode, (2) consuming one or two drinks over the entire drug episode, and (3) consuming one or two drinks during the morning or day after the drug episode in order to ease the comedown from mephedrone. These themes are examined more thoroughly in a separate paper.

At last use, only six respondents reported using another psychoactive substance (other than alcohol) during the mephedrone episode. These substances included cocaine, ecstasy, Valium and/or poppers. However, several respondents reported other mephedrone episodes when they had consumed other psychoactive substances, namely cocaine or ecstasy.

Perceptions about the safety of “legal highs”

In the present study, none of the respondents perceived that legal highs were necessarily safe, and none recalled an interest in trying mephedrone because it was legal. Rather, the once-legal status of mephedrone meant that it was cheaper and easier to access:

“To be honest, the legal status didn’t matter. Wasn’t concerned about it When my mate brought it over [from outside Northern Ireland], don’t recall if he told me it was legal. Said it was like Es and that was enough for me. When it was legal, it was easier to get. No doubt about that. I’ve got loads of it still and friends buy it from me but I know they have trouble getting it from other sources [post-ban]. And being legal, it was cheaper. But safety? No, I don’t think it was safer than other drugs. Just cheaper and easier to get. That will change, but people who’ve tried meph will still want to use it, now they’ve had a taste for it.” (ID8, male)

“That [legal] status has nothing to do with it being safe. I mean, the country’s coming down with alcoholics and drink is legal. Is it [alcohol] safe though? Alternative drugs come along and they’ve just got to get rid of them. We were disappointed. Found something that we really liked and it was pretty cheap. Didn’t cause us any harm.” (ID10, female)

Sources of access

Prior to the ban in April 2010, respondents tended to obtain mephedrone through friends/acquaintances, dealers, Internet-based headshops, and less commonly, through street-based headshops. Access sometimes occurred without monetary cost, for example when “keys” of mephedrone were distributed in public settings (see also, Newcombe, 2009), e.g., clubs, pubs, music events, or lines were divided or cut by those holding supplies at house parties. Respondents had purchased mephedrone from dealers prior to the ban, but these transactions tended to be limited to individuals
(1) who did not have access to credit cards for on-line purchasing, (2) who lived outside the Belfast area where drug markets were more limited, and (3) whose mephedrone use occurred spontaneously, i.e., when the influence of alcohol contributed to decisions to use mephedrone:

“The notion to take it only ever came on me when I was drunk so ordering it online is never an option.” (ID18, female)

Most respondents reported never buying mephedrone from on-line suppliers. Despite its legal status prior to April 2010, several respondents recalled feeling anxious about being identified through their credit card details. The psychoactive effects of mephedrone led some respondents to describe it as a drug, even though it was legal. An affiliation with drug taking was perceived to be damaging to self-identities and some believed that on-line purchases could reveal this stigmatizing behaviour and affect others’ perceptions of them. A female civil servant explained:

“I've a fear of taking drugs because of the stigma about taking drugs. I'd lose my job for sure. I always make it to work and I do my work OK, but I'd lose my job anyway if they found out.” (ID07)

Others voiced similar concerns whereby legal mephedrone use was kept hidden from partners, family members and others who were not involved with drug taking:

“I don't want to buy it over the internet, 'cause of the credit card details. I don't want my name and address known.” (ID1, female)

“I was nervous it wouldn't come [arrive in the post] or that my parents would open it. What would they think of that 'not for human consumption'? (ID5, female)

Respondents who had purchased mephedrone through on-line suppliers were few in number (N=4) and considered “outliers” in this sample. In total, three of four were 30 years or older and self-employed. They recalled the anonymity and ease of on-line purchase as being beneficial:

“I used to get it on Ebay, but then they stopped that [before the ban]. Mostly bought it from X [on-line headshop which he believes is based in England]. . .I've also bought it on-line from the US and Thailand. I miss the Ebay sources. Used to pay with PayPal – safer – product doesn’t arrive or it's dodgy [adulterated; dangerous], you can get your money back.” (ID8, male, 30s)

The packaging of mephedrone bought from on-line headshops often listed the “chemical formula” associated with the substance and contained the words, “not fit for human consumption.” A female respondent reported regular purchases from a particular on-line supplier prior to the ban. Since the ban, she purchases mephedrone from a dealer-friend and the supplies are sold in clear plastic bags but without the chemical formula and labelling. Commenting on the change in packaging, she reported:

“There's no point [to include the information] anymore, now [that] it's illegal.” (ID10)

Some respondents believed that dealers had bought mephedrone wholesale over the internet prior to the ban. A female recalled that the bag of mephedrone purchased a few days before the interview (and nearly four weeks after the ban) resembled the packaging of mephedrone when it was legal:

“Clear cellophane . . . a plastic bag . . . kind of like those wee bags with an earing stud . . . some are marked with a symbol, like a tattoo. This one had a pit bull on it. The whole chemical name of it was on the bag, and then 'not fit for human consumption'.” (ID1, early 20s)

Measham et al. (2010) raised the issue of “stockpiling” mephedrone, i.e., wholesale purchases made for post-ban personal use or profit. In the present study, we identified both scenarios amongst male respondents. A consumer of and dealer in mephedrone reported:

“All the stuff that's in now is stuff that was brought in before the ban – we're still working from that reserve. From the fella I know, nothing new has or will be brought in. But he still has a rake [substantial amount] of that stuff buried somewhere. I've heard reports that X has bumped his prices up to 30 quid [pounds] a gram – madness. They'll just make the best of what's left. When the fella I go to runs out, then he runs out. I'm not saying I'll stop [supplying], but I'll not be making any plans to try and get more in. They'll probably bring it in like coke. I'll not be part of it, but I'll still distribute if the opportunity arises.” (ID23, male)

A few other respondents had purchased mephedrone in bulk before the ban but for the most part, designated the stock for personal use. Additionally, some younger adults described how they never needed to access mephedrone from on-line suppliers because it was widely available within their social networks:

I: “Did you ever buy mephedrone on-line, like before the ban came in?”
R: “No chance. Sure, why would I go to all that bother when I only have to go to the end of the road when I’m looking for it?” (ID22, male, age 24)

Dealers as a source of supply

Prior to the criminalisation of mephedrone, some respondents recalled purchasing the substance from a dealer or reported that they had obtained the substance from a friend who had bought it from a dealer. Since the ban, all but three respondents reported buying or otherwise accessing mephedrone from a dealer or from a dealer-friend. This finding may reflect the nature of the sample: the majority of respondents had experience with illicit drug use prior to mephedrone initiation. That experience probably included knowledge relating to routes of access to illicit drugs, including contacts, skills and confidence.

Dealers responded to the criminalisation of mephedrone by raising prices.

Prior to the ban, a female respondent regularly purchased mephedrone through on-line headshops, often paying £5 per gram. She used dealers only when time or other circumstances prevented her from buying from on-line sources. She noted that dealer prices before the ban were as high as £15 per gram – treble the cost of on-line purchases. Post ban, she purchases mephedrone exclusively from a dealer-friend, at a cost of £25 per gram. (ID10, age 40s)

Prior to the ban, another female purchased 10 g of mephedrone from an on-line headshop. She recalled that the substance arrived in “one big massive bag.” She paid £90 total for the supply (£9 per gram) at a time when a local dealer “was charging £25 per gram.” (ID21) Additional charges often were incurred when dealers provided delivery of mephedrone to private residences. The cost per gram post-ban was reported to be lowest in Belfast but still showed an increase from pre-ban levels:
In some areas outside Belfast, the price of post-ban mephedrone escalated from £15 to £30 per gram. Overall, the price escalation did not appear to occur because of the reduced availability of mephedrone; rather, respondents reported that mephedrone was still widely available – at least during the first 10 weeks following the ban when the interviews were conducted:

“...As far as I know, it’s still as easily accessible. Availability has actually got better. At the start when it first came out, there was a boy puttin’ his prices up, thinking he was the only one [sole dealer]. But soon, there were other ones doing [selling] it too... If anything, it [availability] got better.” (ID15, male, mid-20s)

We suggest the possibility that the increase in dealers’ prices appeared to result from two factors: (1) dealers’ knowledge of the continued demand for mephedrone and awareness that current stocks might eventually be reduced, and (2) dealers’ perceptions that consumers would be willing to pay higher prices for an illegal substance.

Several respondents believed that the change from legal to illegal status had created more risk for them. However, perceptions of risk were not framed in terms of the potential for arrest; rather, risk was described in relation to adulteration. The sample was largely comprised of people with a history of other drug taking, who were accustomed to the risks associated with buying products from the illegal market. They anticipated that similar risks would emerge with mephedrone purchases in post-ban Northern Ireland:

“...It’s illegal now. That means the stuff we get now is adulterated. So it seems to me the stuff becomes less safe when it’s illegal.” (ID7, female, early 30s)

“...Now that it’s illegal, what’s it cut with? It’s probably more dangerous to use now that it’s illegal. They [government] don’t think about that.” (ID9, male, 40s)

Street-based headshops

Street-based headshops in North/South Ireland emerged regionally as media and political scapegoats during late 2009 and 2010. These headshops were blames for the “evil scourge” of legal highs that were said to permeate youth culture in particular (An Phoblacht, 2010; Heffernan & McHale, 2010; McHale, 2010). In contrast, the vast majority of respondents in the present study had either (1) never been in a headshop, or (2) had visited a headshop on one occasion only, out of curiosity or to buy a product other than a legal high, e.g., an Indian blanket, a t-shirt. Moreover, two young Belfast respondents were uncertain about the meaning of “headshop”:

I: “Ever been in a headshop?”
R: “What do you mean? Like an adult shop? Sex shop?” (ID3, female)

Other respondents were deterred from entering headshops because of the stigma associated with them. A male respondent had not visited a headshop but his friend had purchased “herbal pills” from a headshop in Northern Ireland in October 2009:

“I didn’t go [into the headshop] like. My friend went. But then we went looking about it one day and it was closed. It’s no longer. There was another one too and it’s closed now to. It didn’t last long like. I was going to get my hair cut and it was the same week that the headshop was on the front page [of the local newspaper]. X [staff member in shop] said to me, ‘Jesus, there’s a fucking drug shop opened down below,’ and he showed me the paper. I was going [saying], ‘Fuck me, brutal like. Young ones these days, they’re bad bastards. It’s all them 18 year olds. I wouldn’t be at it’. (ID15, mid-20s)

In this instance, the respondent concealed his affiliation with drug-taking in an effort to identify with and appear as one of the “normals” (Goffman, 1963). He attempted to publicly distance himself from the “young ones” and “bad bastards” who allegedly frequented headshops. The data suggest that the urban-ness of Belfast provided more anonymity for potential headshop customers. In contrast, the stigma associated with headshops was perceived largely by respondents who resided in small towns:

“I wouldn’t go into one of those shops to buy anything like that, like mephedrone or herbal pills. Especially up the town and stuff. Imagine what people watching would say. And me a mother too – no way. I definitely would have to be out of sorts in one way or another to do that.” (ID18, female)

“. . .Just in case like someone from work or someone from my family seen me going in. Even though it [mephedrone] was legal, it wouldn’t matter. People would still look and think, ‘look at that scumbag’.” (ID20, female)

“I was in there looking for herbal coke. Got it no bother, think it was like £25 a gram. I think going in like, you don’t give a fuck, but then you realise that people from about the town are watching you. And they’d talk about you. That town is so fucking small.” (ID17, male)

Two respondents reported purchasing mephedrone from street-based headshops prior to the ban, however, both transactions were characterised by “social distance” between the buyer and the headshop. That is, a female from Northern Ireland recalled one purchase from a headshop during a visit to another country. A male in his 40s was originally from outside Northern Ireland and purchased the product in a Belfast headshop. This “social distance” might have helped them avoid the perceived stigma associated with drug use.

Discussion

The major findings of this study are as follows: (1) the perception that legal psychoactive drugs are not necessarily viewed as safe by consumers, (2) the limited use of street-based and on-line headshops for accessing mephedrone during the pre-ban period, (3) the relatively widespread availability of mephedrone in Northern Ireland during the 10-week period following the ban, and (4) the shift to a greater reliance on dealers for mephedrone supplies during the immediate post-ban period. These issues are discussed below.

Legal status and perceptions about safety

Respondents did not perceive that psychoactive substances were safe simply because they were legal. This finding differs from the results of a New Zealand study into the use of BZP party pills (Sheridan & Butler, 2010). Based on data from semi-structured interviews with 58 respondents, the New Zealand study found that
respondents tended to view BZP as safe because it was legal. The different results might be explained by the sample characteristics of the two studies. The New Zealand respondents were younger (age range = 17–23 years) than the respondents in the Northern Ireland study (age range = 19–51 years). Moreover, approximately 21% of the New Zealand respondents had no experience with illicit drugs. In contrast, respondents in the present study tended to be seasoned drug takers. Their experience with different substances – illegal and legal – that yielded similar effects may have emphasised to them the subjective nature of drug controls. To them, the safety of a substance was determined more by the context in which it was used, than by the legal status.

The findings also demonstrate that the once-legal status of mephedrone did not have a direct effect on initiation amongst respondents in this study. Rather, it was a contributory factor in that its legal status made it cheap and easy to access. Although most respondents had heard of mephedrone prior to initiation, few had gained any scientific knowledge that might inform drug-taking. We observed that respondents tended to trust the reports of friends who had used mephedrone previously, and also reports and assurances from selected dealers.

Identity management and stigma avoidance

Retrospective accounts of sources of supply prior to the ban showed that only a few respondents had purchased mephedrone from on-line suppliers, and two had purchased mephedrone from headshops. Pre-ban purchases of mephedrone were largely obtained from friends and dealers. Respondents who resided outside the urban area of Belfast avoided street-based headshops because of the perceived stigma that had been attached to these outlets. The “village-ness” of small towns, with their public gaze and mechanisms of informal social control (see also, Lichtenstein, 2003) deterred respondents from being associated with outlets that sold psychoactive products – legal or otherwise. Several respondents also avoided pre-ban, on-line purchases of mephedrone. In an attempt to avoid the “drug user” identity, respondents preferred the “safer” transactions with dealers. Others concealed their use from friends, partners, work colleagues or local residents. Secrecy was used as a coping behaviour (Link, Struening, Rahav, Phelan, & Nuttbrock, 1997) that allowed respondents to avoid stigma – real or perceived.

Reliance on dealers

In the present study, sources of mephedrone supply prior to the ban were consistent with other research findings (Dargan et al., 2010; Newcombe, 2009). We acknowledge that on-line and street-based headshops were used as sources for mephedrone by others in Northern Ireland and elsewhere, but that friends and dealers were probably the main source of supply prior to (and after) the ban on mephedrone. On-line suppliers probably still profited – albeit indirectly – from individuals who purchased mephedrone from dealers. Some of the data presented here suggest that at least some dealers had purchased mephedrone from on-line suppliers (who generally provide cheaper wholesale prices for bulk purchases), and then sold it to individuals.

We acknowledge the possibility that novice drug takers (e.g., individuals with very limited experience of drug use) may have been more inclined to access pre-ban supplies of mephedrone from headshops rather than from dealers. In comparison to experienced drug takers, novices probably lacked knowledge about illicit drug markets and how to connect with them. Additionally, novices may intentionally have avoided contact with illicit markets. Unfortunately we could not examine these possibilities because we were unable to recruit novice drug takers into the study.

The criminalisation of mephedrone led to further reliance on dealers as the source of mephedrone. This transition was accompanied by consumers’ concerns about adulterated mephedrone. Pre-ban packaging of mephedrone, including that purchased from dealers, usually included labels which described the chemical formula, molecular structure and the words, “not fit for human consumption.” In the 10 weeks following the ban, the usual mephedrone packaging began to disappear, replaced with small plastic bags that were void of labels altogether, or “branded” with particular logos. New and empty logo bags were sold by some area headshops and it is possible that dealers purchased the new bags, and used them to re-package supplies of mephedrone. The change in packaging and the greater reliance on dealers prompted some respondents to become concerned about adulteration. Although consumers lacked knowledge about the contents of pre-ban mephedrone supplies, the pre-ban packaging and labelling contributed to users’ perceptions of unadulterated contents. The findings presented in this paper also indicate that dealers raised the price of mephedrone despite widespread availability during the 10-week period after the ban.

Displacement effects or drug market expansion?

Measham et al. (2010:19) suggested that if availability of mephedrone is the primary factor that contributes to user preference for the drug (as opposed to legality of mephedrone), we might expect a “displacement effect,” whereby former consumers of mephedrone – faced with declining availability of the drug – replace it with other substances that are more readily available. In the present study, a few respondents suggested that they are waiting to see “what comes next” in terms of legal psychoactive substances.

Approximately one to three months after we had completed our interviews (July to September 2010), we noted an extremely fluctuating mephedrone market in Northern Ireland. Observations of the PAI, follow-up contact with a few respondents who were interviewed by the first author and communication with a researcher from the South of Ireland (Van Hout, 2010) pointed to the following market changes: (1) very limited mephedrone supplies between mid-July to early-August, suggesting the possibility that early post-ban supplies were derived from stockpiles acquired prior to the ban, (2) some availability of poorer quality mephedrone in mid-August, with users reporting headache effects that they associated with this batch, and (3) the availability of better quality mephedrone in September 2010. Six weeks after the interview data were collected, the PAI heard reports of the availability of higher purity cocaine and better quality ecstasy in the region. Some respondents are likely to (re)turn to these substances as a source of “leisure-pleasure,” indicative of a displacement effect to which Measham et al. (2010) refer. In this study, however, we were struck by how the majority of respondents thoroughly enjoyed their experiences with mephedrone, and for many, mephedrone emerged as their primary drug of choice. In part, the largely collective embrace of mephedrone fit well with the changing drug market that was characterised by low purity cocaine and limited availability of ecstasy that occurred at various times in 2009 and 2010:

“...I take [mephedrone] more now than when it was legal. Nothing to do with the ban though, just timing. And probably the fact that it came along when Ec weren’t the drug of choice and the quality of coke was shite. If coke had been great around here, few people would have felt the need to turn to meph. You’d need Pablo [Escobar] to be sending you coke first class.” (ID23, male)
Several respondents compared the effects of ecstasy and cocaine to the effects of mephedrone, and even with “good pills [ecstasy],” some respondents clearly preferred mephedrone. Given this preference, and drawing from our limited observations of the mephedrone market in recent months, we suggest the possibility that new illicit drug markets may emerge in the region, catering specifically to those who prefer mephedrone. In other words, demand may very likely determine supply. We are less certain whether traditional routes of other illegal drug supply will be used to import mephedrone or whether alternative ones will be developed.

In conclusion, the mere transition of a psychoactive substance from legal to illegal status can create unintended risks for consumers. In the absence of legal mephedrone, will individuals explore other legal stimulants, revert back to previous illegal drugs of choice, or both? New and legal psychoactive substances continue to be available through various markets. The relative newness of a psychoactive substance means that negative drug outcomes experienced by users take time to circulate across social networks, and reach other potential users. In the present study, respondents’ knowledge about mephedrone was shaped largely from personal experiences and the experience of trusted others. It is likely that “legal highs” will have a lasting impact on various drug scenes and that drug controls over previously legal substances may represent increased risk for some individuals.

References

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