



The supply of steroids and other performance and image enhancing drugs (PIEDs) in one English city: Fakes, counterfeits, supplier trust, common beliefs and access



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ABSTRACT

As with other illicit drugs, such as heroin or cocaine, illicit steroids and other performance and image enhancing drugs (PIED) have for some time been assumed to involve an inherent degree of danger and risk. This is due to the unknown and potentially dangerous substances present in them; fakes and counterfeits are of particular concern. Many of these 'risks' are unknown and unproven. In addition, a tendency to abstract these risks by reference to forensic data tends to negate the specific risks related to local PIED markets, and this in turn has led to much being missed regarding the broader nature of those markets and how buyers and suppliers interact and are situated within them. This article reports on research that sought to explore each of these issues in one mid-sized city in South West England. A snapshot image is provided of what the steroids and other image or performance enhancing drugs market 'looked like' in this particular city in 2013: how it operated; how different users sought out and purchased their PIED; the beliefs they held about the PIED they sourced; and the methods they employed to feel confident in the authenticity of their purchases. A forensic analysis was undertaken of a sample of user-sourced PIED as a complementary approach. The results showed almost all of these drugs to be poor-quality fakes and/or counterfeits. The level of risk cannot be 'read off' from forensic findings, and poor-quality fakes/counterfeits cannot simply be considered an attempt to defraud. Users believed they had received genuine PIED that were efficacious, and employed a range of basic approaches to try to ensure genuine purchases. Many, if not most, transactions at the 'street' level were akin to 'social supply' rather than commercial in nature.

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1. Introduction

1.1. Background

As long ago as 1991, [Strauss and Yesalis](#) claimed the non-prescription steroid and other PIED market to be increasingly besmirched by fakes and counterfeits and moreover, because these PIED were often being injected, these represented a real danger to those using them. Some years later [Lenehan \(2003\)](#) suggested that the 'majority' of PIED purchased by users were likely to be fakes and carried meaningful public health consequences. These concerns, about the public health risks of 'fake' or counterfeit PIED, are similar to concerns historically voiced about the 'dangers' contained in most illicit street drugs, particularly injectables,

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regarding dangerous cutting agents or substitutes/fakes. The equation of fake/counterfeit = danger/risk however should not be taken as a simple given.

In Coomber (1997a, 1997b, 1997c, 1997d, 1999, 2006) and later in Cole et al. (2011), it was established that nearly all that is believed about the ‘cutting’ of illicit drugs such as heroin, cocaine, ecstasy and other street drugs is mythical and/or misunderstood. Such substances are not ‘cut’ or ‘stepped on’ (adulterated/diluted) by drug dealers with dangerous substances such as rat-poison, brick-dust, ground-glass, talcum powder or scouring powder, and street drugs such as heroin and crack are not ‘cut’ down through the chain of distribution as is commonly supposed. Nor are they routinely cut at any stage. Adulteration does occur, but this is almost always purposive, mostly happens prior to importation and is usually done with either comparatively benign substances (compared with the main drug) or with substances that mimic or enhance the drug being supplied. So-called ‘fakes’ or substitutes are supplied to unsuspecting customers on occasion, but this is often either a direct attempt to simply defraud – for example, individual wraps sold by street dealers to transient buyers rather than buyers known to them (cf. Coomber & Maher, 2006) who might seek recompense – or, in the case of ‘pills’ (e.g. PMA in place of MDMA), it is either unknown to the seller (most likely) or, if known, is an attempt to supply something close to the desired product during a time of scarcity of the desired drug. For illicit street drugs, trust is a key criterion for users when they are choosing their source, and an attempt to protect against ‘rip-offs’ and ensure (to some extent at least) quality or reasonable potency (Coomber, Moyle, & South, 2015; Jacobs, 2000; Moyle & Coomber, 2015). The health risks assumed to be inherent in non-genuine street drugs, while clearly not an unimportant concern, are none-the-less often unreasonably exaggerated on the basis of assumption rather than evidence, as is the case with so many drug market-related fears (Coomber, 2011).

As with other street drugs, it is the controlled or prohibited nature of PIED use that produces a black market. In black markets, supply to users takes place in clandestine contexts, which means that products usually have little or no formal quality control to protect consumers and ensure that what is sold/purchased is authentic. Essentially, ‘the rise of the “black market” sources brings with it a host of risks, from poor quality doping products to a general “hardening” of the market’ (Lenehan, 2003: 239). To date, however, despite the solid body of evidence developing on the black market of illicit drugs, there has been little focus on either the nature of the black market for PIED or supply-side dynamics (Lenehan, 2003; Paoli & Donati, 2013). This is especially true for the market intersection with those non-elite athletes mainly engaged with PIED for body and image enhancing purposes.

1.2. Sourcing PIED internationally

A report by the UK Advisory Council on the Misuse of Drugs (ACMD) in 2010 (Advisory Council on the Misuse of Drugs (ACMD), 2010) reviewed data suggesting that the illicit market for PIED has three basic sources: (1) products manufactured ‘legitimately’ in middle-income countries (for example, China and India) where regulatory oversight is weak; (2) products manufactured/packaged in ‘underground’ laboratories where quality and safety is not demonstrable (or guaranteed); and (3) legitimate products manufactured in high-income countries and bought either legally or illegally. The contribution of each source to the overall market is unknown.

The picture is further complicated in the sense that, although PIED are strongly controlled substances in many jurisdictions, they are nonetheless legal in some. Also, the addition of new products – and therefore new laws – complicates the legal standing of some substances (Denham, 2011). This means that the production and

distribution of PIED worldwide is in fact a ‘semi-legal’ market (Paoli & Donati, 2014).

Where non-prescribed use and non-licensed distribution of PIED are illegal, however – as in the non-sporting world – common assumptions are made about the drug market that tend to an over-homogenisation of what it looks like (cf. Coomber, 2015). In general, the ‘street drug’ market is stereotypically thought to be controlled from the top down by organised crime and characterised by control through endemic violence and intimidation, the use of predatory tactics and the drive for profits (Lenehan, 2003). This view has now largely been discredited, and drug markets and the people operating within them are increasingly seen as highly diverse (Coomber, 2010, 2015), although the traditional view continues to drive much enforcement policy (Erickson, 2001).

Further, in this vein, from research in Belgium and the Netherlands, Fincoeur, Van de Ven, Katinka, and Mulrooney (2014: 240) argue that, despite the widely held belief that ‘mafia type’ organised crime and commercially/profit-driven dealers control the supply of PIED, this is both ‘empirically unsubstantiated’ and contrary to the emerging evidence (see also Paoli & Donati, 2014). This should not be a surprise, as emergent concerns around doping in the sporting world have long mirrored (despite lagging behind and taking a policy lead from) the fears and misconceptions about street drugs from the non-sporting world (Coomber, 2013). Moreover, and as we shall see from the research presented here, Fincoeur et al. (2014) point to a non-elite PIED market that is often closer to that of social supply or minimally commercial supply (Coomber & Moyle, 2014) and a normalised supply (Coomber et al., 2015) than to ‘Mr Bigs’ or a market saturated with commercially orientated dealers.

1.3. The social supply of illicit substances

Rather than understanding ‘the’ drug market as a single entity, it is helpful to understand that there are often multiple drug markets (heroin/cannabis/pills, etc.) within any one geographical area, and that these markets will sometimes overlap and intersect but at other times they will not (Coomber, 2015; Coomber & Turnbull, 2007). Even within a single drug (e.g. heroin and crack) market, there can be numerous types of supplier and the market can operate on different levels, with each of these levels manifesting different market-related activities such as violence and intimidation to different degrees. Some groups will be violent, while others will not. Middle-class suppliers, women suppliers, youth-friendly suppliers, club-goers with a ‘designated buyer’ for the next night out, heroin user-dealers, young ‘runners’, female drug ‘mules’ and so on all differ meaningfully from the stereotype of a drug dealer. Overall – especially among those who broker and supply to/for/from friends – these variations from the stereotype of a drug dealer numerically dominate in the current milieu (Coomber, 2010).

As mentioned above, while it is a common assumption that PIED markets are stereotypically ‘top-down’, essentially controlled by drug dealers, this is not borne out by emerging research. Research, including this current study, continues to demonstrate that meaningful levels of social supply are commonly present. Social suppliers, or minimally commercial suppliers (because most supply transactions involve some level of ‘profit’ – such as getting drugs for free) are less motivated by commercial gain (Coomber & Moyle, 2014) than ‘dealers proper’. In a micro social context, where their own drug use is relatively normalised, it is easy for some users to drift into supply and for them to neutralise the idea that they are ‘dealers’ because they supply only/mainly to friends and acquaintances (Denham, 2011), often for altruistic reasons. Many of Fincoeur et al.’s samples of local PIED users (bodybuilders and recreational weight trainers) in Belgium and the Netherlands, for example, didn’t see themselves as ‘real’ dealers and saw their

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