

# [Mdma and globalization](https://assignbuster.com/mdma-and-globalization/)

[](https://assignbuster.com/)[Health & Medicine](https://assignbuster.com/essay-subjects/health-n-medicine/), [Drugs](https://assignbuster.com/essay-subjects/health-n-medicine/drugs/)

\* Adam Anwar \* Professor Mark Salter \* POL1102 \* 20 November 2012 \* \* The huge market for illicit drugs has been a persistent problem for politicians, parents and governments alike and will remain an issue into the foreseeable future. Meanwhile, the demand for such drugs remains at all time high and one class of recreational drugs in particular — ecstasy, has witnessed an explosive growth of trade since it hopped from the therapy clinic to the club scene in the 80’s. \* The modern scale of demand can be indicated by a recent UN reports that states 5. 4 tonnes was seized globally in 2011. Ecstasy refers to pills, powders, crystals, capsules and other substances containing a significant amount 3, 4 Methylenedioxymethylamphetamine, or MDMA, the actual psychotropic-stimulant drug and the ingredient of ecstasy in its various forms. It belongs to a larger family of drugs, amphetamine-type stimulants, popular around the world for similar reasons, namely affordability, lower perceived harm, association with a fashionable lifestyle and avoiding the stigma of non-oral substances. (UNODC, 2011) MDMA began its debut in medicine, adopted by eager psychotherapists in California and the West Coast who began to use it as alternative to the then recently banned LSD, initially for facilitating interactions in couples’ therapy. (Nutt 1) However, once the drug left the world of therapy it entered a stage of growing widespread recreational usage, originating in the nightclubs of Dallas and spreading like wildfire. By the mid-80’s it was prohibited, halting research but driving markets underground in order to meet demand that would continue well into the nineties, starting another rave scene, centred in Europe and reviled by parents and politicians alike. (Nutt 2) The consumption of MDMA results in the release of serotonin and dopamine within the brain, chemicals found in humans associated with bringing about positive ‘ feelings’ and emotions. Consequently, a user of MDMA feels an elevated mood, strong feelings of well being, closeness and empathy when dosing, but users also report a mildly unpleasant ‘ hangover’ effect lasting from a few days to a week. Moreover, some extensive studies in the past have suggested that heavy, recreational ecstasy use may be linked to transient and reversible neurotoxicity, especially when the drug is taken in frequent high doses. Yet still more studies need to be done to assess the long-term effects of MDMA as it is a relatively new drug. (Nutt 3) It should be noted however that surveying recreational users presents a challenge, as MDMA is taken where environmental factors can contribute to a harsh come down, including sleep deprivation, excessive physical exertion and other psychoactive drugs, which makes obtaining accurate data complicated. (Nutt 2) Needless to say, MDMA presents a unique case to enforcers because there are such few geographical limitations on choosing a location for manufacture. Labs can be placed within close proximity to their intended market, thus lowering the risk of getting caught trafficking end products across international boundaries. (ATS 12) This is clearly the case in Canada, where the RCMP continue to fight huge organized crime groups and traffickers in the battle against an explosion of illicit MDMA being produced in Canada destined for the US market. Organized crime is able to respond rapidly to law-enforcement by persistent adapting of production and distribution methods and continue to meet international and domestic demand. (RCMP 5) When a bust happens, the gangs disappear and simply relocate. Also worth noting is the deregulation that comes with black market drug manufacture and the problem it presents. Criminals looking to push profits at any cost will replace MDMA, which can be scarce after a big bust, with cheaper chemicals that replicate some effects. Much of the harm ecstasy users face comes from the existence of ‘ bunk pills’ that could contain little to no MDMA, plus any unknown quantity of other chemicals. This was confirmed to be the case in Europe between 2008 and 2009, as many countries reported instances whereby the declining supply and purity levels of MDMA in pills correlated with the emergence of other substances not under controlled by international laws, which replicate some effects of amphetamines and are sold as ‘ legal highs’ to circumvent existing laws. Widely used chemicals include BZP, mephedrone and MDVP, with sparse available research on the real possible harm to users. (ATS 12) \* The demand that the criminal organizations profit from is huge, the UNODC estimates that for the ecstasy group of drugs the global annual prevalence is between 0. 2% and 0. 6% of the population aged 15-64, or between some 11 to 28 million users who have dosed in the last year. The true scale of the problem goes unreported, as large nations such as China and India have yet to conduct national surveys or collect data on ecstasy use. (ATS 111). Ultimately, the global MDMA trade is characterized by rapid changes in regional trends for manufacture, use and trafficking and this is why it presents a complex problem to governments around the world. \* \* The MDMA trade is truly global and many countries are involved with manufacturing precursors, trafficking and production. Historically, Europe has been the centre of production, primarily the Netherlands, but Belgium also. Before 2004 the bulk of MDMA available here in Canada originated from the Netherlands and Belgium, but imports declined as organized crime groups began up scaling MDMA production within Canada and since 2005 Canada is recognized as a global MDMA source. (RCMP 32). The resulting increase in ecstasy production in Canada coincides with a decline of manufacture in West Europe, mainly the Netherlands and Belgium, which were previous hubs and an increase of demand in North America for the drug. (RCMP 32) \* Occurrences such as these are proof of the worldwide scale of the market and how rapidly it reacts to changes in supply. One could observe that the international proliferation of organized crime running MDMA schemes is similar in character to the fairground game of whack-a-mole. In particular, over the last 5 years the manufacture of ecstasy has seen a spread to new areas where little production had taken place before. Countries in South-East Asia such as Indonesia, Malaysia and on a small scale, Cambodia, used to be used primarily for trafficking but now report an increase in the illicit manufacture of ecstasy and other ATS. Indonesia is a country of particular concern in the region, as in 2009 authorities reported a dismantling of 37 ATS manufacturing operations. Such continuing high levels of production are strong indicators that Indonesia could replace Europe as the regional source of ecstasy, and this seems likely given that European production is in decline. (ATS 11) As mentioned earlier, on the other side of the world, organized criminal gangs based in Canada are the main source of ecstasy for the North American market - the USA is the number one customer. Continuing a trend from previous years, Canadian authorities report an increase of trafficking, primarily from British Columbia, but also Ontario and Quebec, the last decade in particular witnessing a sharp increase in illicit manufacture. (RCMP 32) The increase in international drug trafficking means control issues remain paramount for both the USA and Canada. While the overwhelming majority of MDMA on the US market originates from Canada, it is often smuggled across and traded for cocaine travelling North through the US by Mexican gangs. Once instance saw 235kg of cocaine hidden in lorries moving shipments of fresh produce seized by the Canada Border Service Agency in three separate seizures at the Ambassador Bridge in Windsor between March and April 2009. The Ambassador Bridge connects Windsor to Detroit and is exploited more than other ports of entry. (RCMP 27. Police can also estimate the scale of the problem by the number of precursor seizures from gangs - chemicals needed for production. Since 2007, there has been a steady increase in the demand for and purchase of black market precursors, bringing us back to the continent of Asia, where unsurprisingly the two regional super powers China and India have been the main sources of raw materials going into Canadian synthetic drug production. (RCMP 40) Worryingly, the rising frequency Canadian-produced MDMA around the world, in or en route to other countries, indicated that Canadian-based organized crime groups are intent on expanding their international markets. Given that ecstasy production is already viral in nature and spreads rapidly, this presents a significant problem that ought to be contained. (RCMP 32) \* Politically, the medical establishment and policymakers run into difficulties over the MDMA debate, as the banning of MDMA meant research has been limited until very recently. Dr. David John Nutt (born 16 April 1951) is a leading British psychiatrist and neuropsychopharmocologist, specialising in the research of certain drugs that affect the way we think. Dr Nutt and others in his field of pharmacology and psychotherapy, contest that the political reaction and resulting ban on MDMA by governments has hijacked MDMA from science and medicine. Dr Nutt believes in the possibility that MDMA may have important therapeutic uses, and it’s label as having ‘ no medical use’ has prevented research for over 20 years. (Nutt 1) Moreover, recently there have been instances found where US Iraq and Afghanistan veterans suffering from PTSD actively seek out MDMA as alternative to prescription drugs or conventional therapy. This month the New York times reported about a husband and wife team, Michael whose field is psychiatry and Ann Mithoefer, a nurse, working in South Carolina who aim to provide a clinical MDMA therapy trial to soldiers. (NY Times) Comments from previous therapy patients on their treatment seem positive, a worker who helped clear the rubble of ground zero in the aftermath of the trade centre attacks said MDMA therapy helped him to reconcile his experience, and replace feelings of guilt and sadness with a sense of purpose. (NY Times) In retrospect the evidence seems good that this could be a useful aid in rehabilitating our troops. Sticking to strict government guidelines, the couple will not treat more than 24 veterans, in accordance with FDA protocols on testing experimental drugs, MDMA has yet to be assigned any medical value. However, since the secret was out they’ve had more than 250 veterans call them, demonstrating the demand. There is a long waiting list. (NY Times) It’s not hard to imagine why the demand exists for such treatment, the couple said that results show that their score on a standard measure of PTSD symptoms drops by around 75%, double that of conventional treatment. Furthermore, the couple state that 80% of patients from a previous, unrelated trial in 2000 reported that much of the perceived benefits of the treatment remained years after use. (NY Times) Too often the needs of the people are put aside to government intervention. Concerning the potential for MDMA in therapy, one could see the real demand for these treatments among the truly suffering and would be compelled to agree with Dr Nutt recommending we need more research without the political agenda influencing the argument. In Canada where the synthetic drug trade is well established, organized crime networks have an unprecedented level of power, earning capital from not only brokering chemicals and operating labs, but also supplying and controlling the bulk of synthetic drug production here. These type of groups which were once independent are now working together throughout the various stages of synthetic drug production (chemical brokering, production, and distribution). Groups within Canada have ties to Southeast Asia use their ties to various Asian countries to dominate chemical brokering operations. (RCMP 45) Ultimately it is Canadian based organized crime groups with links to China, based mostly in the Pacific and Central regions of Canada, that dominate production and wholesale distribution both globally and nationally. Other groups include those with links to Asian countries such as India and Vietnam, usually more involved with domestic and cross border Canada — USA trafficking. (RCMP 33) In addition, a plethora of other crime groups exist involved with Canada’s domestic trade including Quebec based independent groups, outlaw motorcycle gangs, crime groups with links to Eastern Europe and independent, less structured associates more common to the Atlantic regions. (RCMP 38) This is alarming because ecstasy trafficking within, and from Canada showed no signs of decreasing in 2009 – nationwide seizures of MDMA totaled an estimated 955, 000 tablets and 166 kg. (RCMP 37) While the successes in seizures that year were indeed significant, it is the profits derived from these operations that drive most organized crime in the country, which is why more must be done to clamp down or large scale production. Addressing the problem of MDMA is complex, considering the bunk pills, possible therapeutic value, mental harm and links to crime. The problem is exacerbated further when so many people perceive it to have low risk in comparison to other drugs within the same class. \* Nevertheless, the links with organized crime are undeniable, and more ought to be done to stem the tide of drugs entering the market. There are some global steps we can take, such as efforts made in Europe, where control over imports of the precursor chemicals led to reduced availability. There has been a decline in lab seizures as well as decreasing MDMA content in pills, but this can also lead to the growth of other markets. The 2011 UN Global Assessment on Amphetamine-type Stimulants calls for more research and the need for better understanding of the entire phenomena, at all levels. Data must be collected in order to make the real picture clearer and allow governments to plan better responses. (ATS 114) Not only this, but wide range of measures are required to increase awareness of the illicit MDMA trade across different groups and organizations. Manufacture and trafficking must be discussed within the fields of law enforcement, health and regulatory authorities as well as the general public. (ATS 114) The UN observed real gaps in the information systems that can alert governments to spreading ecstasy use and provide up to date and accurate information which law enforcement can act upon, therefore increased investment in these systems is needed to monitor nationally and sub-regionally. (ATS 114) \* \* \* \* \* \* \* \* \* \* \* \* \* \* Works Cited Canada. RCMP. Report On The Illicit Drug Situation In Canada. N. p.: RCMP, 2009. Print. Nutt, David J., and Ben Sessa. " MDMA, Politics and Medical Research, Have We Thrown the Baby out with the Bathwater?" Journal of Psychopharmacology 21. 8 (2007): 787-91. SAGE Publications. Web. 10 Nov. 2012. UNODC. Amphetamines and Ecstasy - 2011 Global ATS Assessment. N. p.: United Nations, 2011. Print. Carey, Benedict. " A ‘ Party Drug’ May Help the Brain Cope With Trauma." New York Times 20 Nov. 2012: D1. Print. \* \* Research. \*