

The sharps shooter

JULY 23

BLITZED

**A Brief History Of
Warfare and Drugs**

**The War on Drugs
Has Failed.**

**Scottish Government
calls for change**

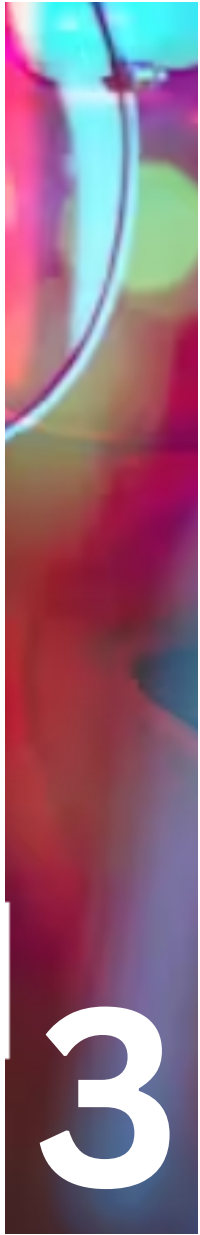
**Welcome To The
World Of Prodrugs**

**The New Era Of Virtually Undetectable
Drugs**

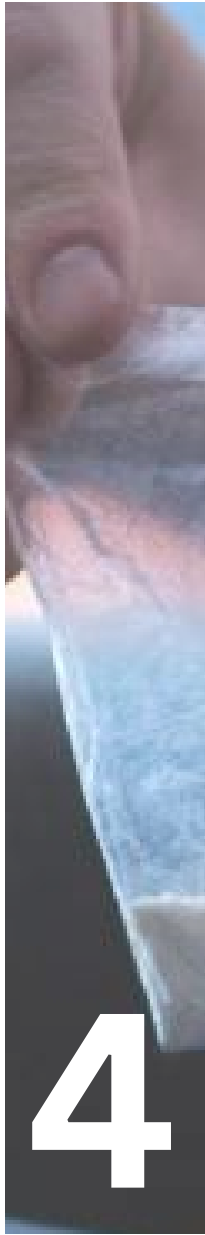
Stay Out Of The Water!

Wastewater analysis shows our love for drugs.

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Extra Protonitazene
3 x stronger than fentanyl



Prodrugs: pills your body converts into an illicit drug can evade detection, but we don't know how big the problem is

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Drug traffickers have found a way to trick enforcement agencies by using one of the most potent tools our bodies have: our metabolism. **Welcome to the world of prodrugs.**

Prodrugs are substances that can only cause an effect after being broken down by enzymes in the digestive system or other chemical reactions in the body. While they have legitimate pharmacological uses (between 5% and 7% of approved drugs fall under this category), their use as street drugs is a relatively new phenomenon.

Most illicit drugs work by interacting with specific brain cell receptors, stimulating or blocking the release of chemicals called neurotransmitters. They last for a short time before being transformed into inactive or less active chemicals, which are then eliminated from the body, usually in urine.

For prodrugs, however, a small part of the molecule needs to be removed or substituted before it can act on those receptors. This is done inside the body by natural processes. ALD-52 (1-acetyl-LSD), for example, is a prodrug that is converted by the body into LSD after the removal of two carbon and one oxygen atom.

Although some reports indicate that ALD-52 has been around since the 1960s, it was first officially detected in 2016 by the authorities in France. Since then, many other prodrugs have been identified. Seizure of LSD prodrugs, such as ALD-52, increased at the height of the COVID pandemic in Italy. Japanese authorities have been dealing with an increasing number of similar LSD prodrug compounds.

The party drug GHB also has a prodrug equivalent. It is called GBL (gamma-butyrolactone). The UK introduced tougher controls for GBL – which is usually sold as a cleaning agent – in 2022. Following strong recommendations from the government's Advisory Council on Misuse of Drugs, GBL is now classified as a class B drug, alongside cannabis and ketamine.

Hard to detect

A major problem with prodrugs is they are difficult to detect. Police forces need reference samples to compare the drug with, or advanced equipment to discover its molecular structure. Since the list of these compounds is not known and minute chemical changes can lead to different patterns to be analysed, these new drugs are easy to miss.

In the UK, new psychoactive substances are defined as either a compound controlled by the Psychoactive Substances Act 2016 or a compound controlled by the Misuse of Drugs Act (post-2008). However, to be included in the Psychoactive Substances Act 2016 there has to be evidence of causing psychoactivity - defined as those compounds that can affect mental functions, such as cognition, mood and emotions.

There are potentially unknown effects – in intensity and duration – but also difficulty in prosecuting people who supply these prodrugs. For example, with one new psychoactive substance reaching the illegal market roughly every week in 2021, the sheer diversity of drugs on the market has been indicated as one of the main challenges for toxicologists and forensic chemists.

Drug wastewater monitoring reveals regional Australia's drug use

Anna McGuinness

Consumption of pharmaceutical opioid fentanyl is rising in regional Australia as alcohol and nicotine use falls to some of the lowest recorded levels.

The use of opioids oxycodone and fentanyl remains much higher in regional areas than in capital cities, according to the Australian Criminal Intelligence Commission's National Wastewater Drug Monitoring Program.

Nearly 60 wastewater treatment plants covering a population of 13.9 million Australians were monitored in December 2022 and again in February 2023 at capital city sites for the latest report.

While fentanyl consumption has been rising since April 2022, oxycodone use was at a record low in December 2022.

"The highest consumption of fentanyl was found at some sites in regional NSW and South Australia, while a site in Tasmania had the highest capital city levels," the report said. However, wastewater testing is unable to differentiate whether the use of prescription opioids is legal or recreational.

Overall, alcohol and nicotine were the most used drugs in Australia despite the record low consumption recorded in December 2022.

Cannabis is the most consumed illicit drug in Australia "by a large margin", followed by methamphetamine.

Ice consumption is very similar across capital cities and the regions while cocaine, heroin and ketamine use was found to be higher in cities.

According to the Alcohol and Drug Foundation, factors contributing to substance use in rural and remote areas include distance and social isolation, lower income and education levels and high unemployment particularly among young people.

Access to treatment and health services is also more limited in the regions for those who need it.

Australian ice use third highest per capita

ACIC acting chief executive Matt Rippon said Australia had the third highest consumption of methamphetamine per capita compared with 24 other countries.

The use of other drugs was relatively low except for cannabis where Australia ranked sixth of 16 countries.

The report released on July 11 allowed cannabis to be compared to other major illicit drugs for the first time, by including a dose figure.

However, the monitoring doesn't distinguish between whether the level of drugs detected are due to a lot of users or a few people using a lot.

ACIC conducts the National Wastewater Drug Monitoring Program to provide intelligence information on drug markets and criminal activity for law enforcement and government stakeholders.

Mr Rippon said Australians continue to be exploited by serious and organised criminals involved in illicit drug trafficking.

"Despite large seizures of some illicit drugs by law enforcement the average consumption of methamphetamine, cocaine, MDMA, MDA, fentanyl and ketamine has increased in both capital city and regional sites.

"The sole beneficiaries of this increased consumption are serious and organised crime groups which make significant profits from their illegal activities."

A brief history of war and drugs: From Vikings to Nazis

From World War II to Vietnam and Syria, drugs are often as much a part of conflict as bombs and bullets.

Blitzed

Adolf Hitler was a junkie and the Nazis' narcotics intake gives new meaning to the term 'war on drugs'. Narcotics are as much a part of conflict as bullets; often defining wars rather than sitting anecdotally on the sidelines of them.

The Third Reich was permeated with drugs, including cocaine, heroin and most notably crystal meth, which was used by everyone from soldiers to housewives and factory workers. Hitler, whose mental and physical health has been the source of much speculation, relied on daily injections of the "wonder drug" Eukodol, which puts the user in a state of euphoria – and often renders them incapable of making sound judgments – and cocaine, which he started taking regularly from 1941 onwards to combat ailments including chronic stomach spasms, high blood pressure and a ruptured ear drum.

The world could sink into rubble and ashes around him, and his actions cost millions of people their lives, but the Fuhrer felt more justified when his artificial euphoria set in, but what goes up must come down and when supplies ran out towards the end of the war, Hitler endured, among other things, severe serotonin and dopamine withdrawals, paranoia, psychosis, rotting teeth, extreme shaking, kidney failure and delusion.

His mental and physical deterioration during his last weeks in the Fuhrerbunker, a subterranean shelter for members of the Nazi party, can be attributed to withdrawal from Eukodol rather than to Parkinson's as was previously believed.

The irony, of course, is that while the Nazis promoted an ideal of Aryan clean living, they were anything but clean themselves. During the Weimar Republic, drugs had been readily available in the German capital, Berlin. But, after seizing power in 1933, the Nazis outlawed them.

Then, in 1937, they patented the methamphetamine-based drug Pervitin – a stimulant that could keep people awake and enhance their performance, while making them feel euphoric. They even produced a brand of chocolates, Hildebrand, that contained 13mg of the drug – much more than the normal 3mg pill.

In July 1940, more than 35 million 3mg doses of Pervitin from the Temmler factory in Berlin were shipped to the German army and Luftwaffe during the invasion of France. "Soldiers were awake for days, marching without stopping, which wouldn't have happened if it weren't for crystal meth so yes, in this case, drugs did influence history,

Towards the end of the war, when the Germans were losing, pharmacist Gerhard Orzechowski created a cocaine chewing gum that would allow the pilots of one-man U-boats to stay awake for days on end. Many suffered mental breakdowns as a result of taking the drug while being isolated in an enclosed space for long periods of time.

But when the Temmler factory producing Pervitin and Eukodol was bombed by the allies in 1945, it marked the end of the Nazis' – and Hitler's – drug consumption.

Of course, the Nazis weren't the only ones taking drugs. Allied bomber pilots were also given amphetamines to keep them awake and focused during long flights, and the Allies had their own drug of choice – Benzedrine.

The Laurier Military History Archives in Ontario, Canada, contain records suggesting that soldiers should ingest 5mg to 20mg of Benzedrine sulphate every five to six hours, and it is estimated that 72 million amphetamine tablets were consumed by the Allies during World War II. Paratroopers allegedly used it during the D-Day landings, while US marines relied on it for the invasion of Tarawa in 1943.

In 1200BC, pre-Inca Chavin priests in Peru gave their subjects psychoactive drugs to gain power over them, while the Romans cultivated opium, to which Emperor Marcus Aurelius was famously addicted.

Viking “berserkers”, who were named after “bear coats” in Old Norse, famously fought in a trance-like state, possibly as a result of taking agaric “magic” mushrooms and bog myrtle. Icelandic historian and poet Snorri Sturluson (AD1179 to 1241) described them “as mad as dogs or wolves, bit their shields, and were strong as bears or wild oxen”.

In his book, *Shooting up*, Polish author Lukasz Kamienski describes how the US military plied its servicemen with speed, steroids, and painkillers to “help them handle extended combat” during the Vietnam War.

A report by the House Select Committee on Crime in 1971 found that between 1966 and 1969, the armed forces used 225 million stimulant pills.

“The administration of stimulants by the military contributed to the spread of drug habits and sometimes had tragic consequences, because amphetamine, as many veterans claimed, increased aggression as well as alertness. Some remembered that when the effect of the speed faded away, they were so irritated that they felt like shooting ‘children in the streets’,” Kamienski wrote in *The Atlantic* in April 2016.

This might explain why so many veterans of that war suffered from post-traumatic stress disorder. The National Vietnam Veterans Readjustment [study](#) published in 1990 shows that 15.2 percent of male soldiers and 8.5 percent of females who experienced combat in Southeast Asia suffered from PTSD.

More recently, Middle Eastern conflicts have seen an increase in the rise of Captagon, an amphetamine that is allegedly fuelling Syria's civil war.

Last November, 11 million pills were seized by Turkish officials at the Syrian-Turkish border, while this April [1.5 million](#) were seized in Kuwait.

In a BBC documentary called *Syria's War Drug*, from September 2015, one user is quoted as saying: “There was no fear any more when I took Captagon. You can't sleep or close your eyes, forget about it.”



Captagon pills are fuelling the war in Syria

“I have seen the effects the drug has on people. Here it is getting more popular in the refugee camps filled with Syrian refugees. People can buy it from drug dealers for a couple of dollars, so it’s a lot cheaper than cocaine or ecstasy,” Haddad says. “In the short term it makes people feel euphoric and fearless and makes them sleep less – perfect for wartime fighting, but in the long term it brings on psychosis, paranoia and cardiovascular side effects.”

Calvin James, an Irishman who worked as a medic in Syria for the Kurdish Red Crescent, says that while he didn’t encounter the drug, he has heard that it is popular among fighters with the Islamic State of Iraq and the Levant group fighters, known as ISIL or ISIS.

“Delusion is part of the course and opiates are extremely addictive because they make people feel calm and give them a false sense of security. So, of course, they are perfectly suited to foot soldiers, naval captains and more recently terrorists,” he says.

“Cabinets like to anaesthetise their armies during wartime so that the business of killing people becomes easier, while they themselves take drugs in order to keep their grandiose narcissism, megalomania and delusion in check.”

“It wouldn’t surprise me if suicide bombers are drugged up to the gills,” he adds.

“The thing about drugs is, that people not only lose their minds after a while, but also their physical health deteriorates after long-term use, especially as soon as addicts hit their 40s.” If Hitler was in a state of withdrawal during those final weeks of the war, it wouldn’t be unusual for him to be shaking and cold, he explains. “People in withdrawal go into a massive shock and often die. They need to have other medication in that time. It takes three weeks of readjustment.”

“I always get a little dubious when people ask, ‘I wonder where they get the energy,’” he reflects. “Well look no further.”

By Barbara McCarthy

"Blitzed". Artwork depicting a Nazi, fueled with copious amounts of drug use.



The West could pay a heavy price for the Taliban's war on drugs



A member of the Taliban stands guard in a poppy plantation, Afghanistan (Credit: Getty images)

The meth and heroin addicts were still gathering in their hundreds in a squalid encampment under the Pul-e-Sokhta bridge in the Afghan capital of Kabul. It was a sorry sight to see them squatting beside bonfires while stray dogs ran around them, barking. Many were homeless and had nowhere else to go.

'It's easier to access the substance here,' a dealer and one of the bridge camp's scruffy inhabitants told me. 'Everything is available here, best quality. They (the police) come here but they don't bother us a lot. We are friends with the dogs; when it's cold the dogs sit next to us; they may get high when we smoke, too, but not directly.'

The man noted I don't look like one of the bridge's regulars. What am I doing here, he asked. Then he asked if I wanted to buy anything. A dose of morphine cost a hundred afghanis, or \$1 (80p). Another man offered me a drag on his morphine-laced cigarette. Eventually, my translator and guide started to get nervous. 'Let's go,' he said. 'I don't want any Taliban to see us here.'

When the Taliban swept back into power in 2021 after the American withdrawal, they promised to stamp out the illicit narcotics trade that began in the poppy fields and ended in the veins of junkies as far afield as Moscow, Manchester and Mombasa.

At the start of the decade, it was estimated that Afghanistan was the origin of 82 per cent of the world's opium supply, which is then refined into heroin and morphine. At first, the Taliban went around rounding up drug addicts at gunpoint to be taken to forced, prison-like detox centres. But by the time I visited in November last year, they seemed to have given up: the addicts were back under the bridge, and the poppy farmers had just planted a new crop.

I was warned by my guide that Afghanistan's new rulers were still serious about cleaning it up. He was right. Satellite images now show that opium cultivation has shrunk by 80 per cent in some parts of Afghanistan over the past year. Video clips shared online show tractors tearing up poppy fields. The trade in ephedra, a plant used to make crystal meth, is being shut down too.


They sure showed us up. In 2001, Tony Blair said stopping Afghan heroin from reaching British shores was one of the main reasons for sending in troops to oust the Taliban. The Taliban, it seems, achieved what two decades of our occupation could not. So, does this mean there'll be less smack sold on the streets of Britain? Fewer deaths? Sadly, that's not how narco-nomics works.

Targeting dealers alone won't stop drug addicts from finding ways to access narcotics. You haven't saved anyone from addiction or overdose because those who are desperate for their next fix are simply going to find someone else, and the opportunity is so profitable that they'll never run out of possible pushers. It's a simple case of supply and demand.

You might, temporarily, break up a drug ring, but that only makes matters worse: a recent study of policing in Indiana in the US has shown that when police make a major drug bust, the number of fatal overdoses may actually increase, as buyers seek out new sources of unknown strength and quality.



Opium prices have soared following the announcement of the cultivation ban in April. Income made by Afghan farmers from opium sales more than tripled, from \$425 million in 2021 to \$1.4 billion in 2022. The new figure is equivalent to 29 per cent of the entire 2021 value of the agricultural sector.



Imagine this drug crackdown playing out on a global scale. Poppies can grow anywhere. In fact, there's nothing stopping you legally planting them in your garden, provided you don't harvest their stupefying sap.

If Afghan poppy farmers are knocked out of the game, others will quickly fill their shoes. Afghanistan itself only became a heroin heartland after poppy fields were eradicated from Pakistan and the Middle East. This is what's called the 'balloon effect': if you squeeze the drug trade in one place, it simply re-emerges somewhere else. In the 1980s, the chief heroin producer was Myanmar, where poppy plantations still flourish deep in the jungle.

While the UK suffers needless drug deaths, we can at least be grateful we're not the States. Last year, more than 100,000 Americans died of a drug overdose – almost twice the number who died during the Vietnam war.

No-one can accuse America of being soft on drugs, yet the drug crisis keeps getting worse. This is the so-called 'iron law of prohibition': the fiercer the war on drugs is fought, the stronger, and deadlier, the drugs become.

In 1870s America, fears that Chinese railroad workers were using it to seduce white women led to the first opium ban. This was the start of a pattern, where traffickers switched to ever-more potent products while lawmakers played catch-up, blaming whichever group the American public feared most at the time. In the 20th century, opium was replaced by heroin. President Richard Nixon's response was to toughen the law further.

'We knew we couldn't make it illegal to be either against the (Vietnam) war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalising both heavily, we could disrupt those communities,' Nixon advisor John Ehrlichman admitted. 'Did we know we were lying about the drugs? Of course we did.'

By the 2010s, traffickers began replacing heroin with synthetically-made fentanyl, fifty times stronger than heroin. Unsurprisingly, deaths shot out of control. More recently, yet another deadly drug cocktail known as 'tranq dope' is wreaking havoc on the streets.

From the drug cartels' perspective, it's better to discreetly cook fentanyl in a lab than fuss over brightly-coloured poppy fields catching the eye of the cops. It gets your customers higher, and, being more potent, you don't need to sneak as much of it over the border.



Afghan Farmers Fear For Livelihoods because of Taliban Opium ban

Fentanyl has made inroads into Europe before. The last time the Taliban banned opium in the early 2000s, Russian-produced fentanyl flooded the neighbouring nation of Estonia. In Russia today, suffering from sanctions and home to a massive clandestine chemical industry, traffickers might be tempted to cash in on any heroin drought, possibly with the help of the security services. It wouldn't be the first time the Kremlin has co-opted organised crime. Ironically, the Taliban's crackdown on Afghan poppy farmers could soon come back to bite the West.

By Niko Vorobyov

Niko Vorobyov is the author of the book *Dopeworld*



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The War on Drugs Has Failed And It's Time to Decriminalise, Scotland Says

The Scottish government says it needs radical changes to the UK's old drug laws in order to tackle record drug deaths.

The Scottish government wants to legalise drug possession for personal use and potentially the entire drug market as part of a massive change in the way addiction is tackled.

Scottish ministers want to reform drug laws to enable people with drug problems to be better supported instead of being criminalised. They want to address record drug death rates in the country, which are 15 times more likely to affect the poorest 20 percent, and are the highest in Europe.

Currently the Scottish government, led by the Scottish National Party with the Scottish Greens, has no power to change the laws in this way. VICE News has contacted the UK Home Office for a response to the proposals.

In 2021 the crisis prompted a £250m investment by the Scottish government into the country's addiction services, with former First Minister Nicola Sturgeon admitting her government had “failed” every person who had died as a result of drug addiction.

A policy paper outlining the plans published Friday, entitled A Caring, Compassionate and Human Rights Informed Drug Policy for Scotland, called for the decriminalisation of personal drug possession, the expansion of harm reduction tools such as heroin assisted treatment, supervised drug consumption facilities and drug checking, and a roadmap to explore legal regulation of drugs.

“We want to create a society where problematic drug use is treated as a health, not a criminal matter, reducing stigma and discrimination and enabling the person to recover and contribute positively to society,” said Scotland's drugs policy minister Elena Whitham. She said that as a strategy to reduce drug use, “the global war on drugs has failed in its objectives”.

“To improve and save lives, we must be innovative, bold and radical. We are clear that nothing should be considered off the table. We must start by recognising that no country, anywhere in the world, has succeeded in eliminating drug use. A fairer, safer and healthier country must care about all its citizens and be inclusive of those with health conditions such as drug dependence.”

In order to achieve these objectives, which Whitham said were supported by the public, the UK government needed to change its half a century old drug laws to enable Scotland “to appropriately tailor policy decisions to our unique challenges”.

The paper said decriminalising small amounts of drugs for personal use “could provide a framework within which we can better pursue our existing policies to help, treat and support people rather than criminalise, stigmatise and fail them”.

It said it would also look at outright legalisation. “Implementing a more evidence-based approach to drugs policy could be the basis for considering the potential of introducing regulated markets for the reduction of harm and the safe control of substances”.

The Home Office has repeatedly said it would not consider decriminalisation or legalisation of drugs, for the exact same reason Scotland wants to make its reforms, because of the damage drug addiction and markets cause to individuals and communities.

A government spokesperson said: “Illegal drugs destroy lives and devastate communities. We are committed to preventing drug use by supporting people through treatment and recovery and tackling the supply of illegal drugs, as set out in our 10-year Drugs Strategy.

“We have no plans to decriminalise drugs given the associated harms, including the risks posed by organised criminals, who will use any opportunity to operate an exploitative and violent business model.”

Alex Feis-Bryce, CEO of Transform Drug Policy Foundation, which campaigns on global drug reform, said the UK government should take heed of Scotland’s progressive action on drugs. “This demonstrates commendable political leadership from the Scottish government on this crucial issue.

Rather than pandering to “tough” populist narratives, this UK Government and the Labour Party must support Scotland in delivering these proposals, and take note that this is the best way to end the drugs crisis in the rest of the UK as well.”

Max Daily

The proposals include:

Decriminalisation of all drugs for personal supply progressed as part of a wider review of drug laws

Immediate legislative changes to allow us to fully and properly implement harm reduction measures such as supervised drug consumption facilities (rather than the current proposal being explored which is constrained by having to work within existing legislation).

Drug checking and increased access to the life saving drug naloxone.

A roadmap for further exploration of drug law reform, focused on evidence and the reduction of harm, including an update of the drug classification system to be based on harms caused.



Australia's drug laws are inherently racist – and always have been

Sophie Stockman



Prohibitionists like to say that illegal drugs are illegal because they're dangerous. But the reality is that the legal status of drugs has much more to do with politics than science – and a lot of that politics is racist. Let's look at how prohibition got started in Australia. Australia's first anti-drug laws were sparked by the Opium War – a conflict that was inextricably linked to race and power. It all started in the 19th century when the British were manufacturing opium in India and selling large quantities to China. While the British were making huge amounts of money from the arrangement, opium dependence was ravaging China. When the Chinese government took a stand against the trade the Brits pushed back. This led to the eruption of a four-year conflict that went on to impact drug law across the globe. How did a trade war on the other side of the world impact drug laws in Australia? When Chinese immigrants came down under to work in the goldfields, some of them brought the custom of smoking opium with them. Even though European settlers were also using opium, anxiety around Chinese presence in the country peaked when a recession stirred political and economic fears. With resources becoming scarce, the colonists wanted an excuse to oppress the Chinese community – and opium provided the perfect scapegoat.

While there were no anti-drug laws in Australia at the time, a clashing of cultures laid the foundations for racist legislation to come. The Chinese community predominantly smoked opium, whereas Europeans usually took it orally in liquid form – this was widely available at the time, sometimes with alcohol in a mix called Laudanum. This point of difference was leveraged by the colonists who began to associate smoking opium with being dirty and immoral, while other forms were deemed as perfectly acceptable. Despite Chinese people being vilified for smoking opium, one of the first laws prohibiting the substance was directed toward Indigenous people. In the late 19th century, Queensland and South Australia made it illegal to supply opium to Aboriginal people. While Europeans continued to take opium as a powder or mixed with alcohol, smoking the substance was banned across the nation in 1905. While these laws applied to everyone, Chinese communities were targeted because they were generally more likely to smoke opium than take it in other forms. Australia was the world's largest per capita consumer of opium-based medicines when the laws against smoking the very same substance were introduced. The racial undertones of these new laws marked the beginning of a series of injustices that have been riding the coattails of prohibition ever since.

TIME TO
REMEMBER.
TIME TO ACT.

31 AUGUST
INTERNATIONAL
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**International Overdose
Awareness Day**

31 August

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