

DRUGS, INTERNATIONAL CHALLENGES

METHAMPHETAMINE IN FRENCH POLYNESIA

FROM A SOCIAL PROBLEM TO A PUBLIC PROBLEM

SUMMARY

In French Polynesia, a major concern has arisen in recent years about the use of methamphetamine, imported from the United States in the form of crystals, known as “ice”.

Based on a field survey conducted between 2019 and 2021, this issue explains how this drug has established itself in the Polynesian market despite its very high price, and how this social problem has – belatedly –

become a public problem. This contribution shows that while the extent of addiction problems in French Polynesia is largely due to social causes, linked to the high level of inequality and the weakness of the welfare state, these issues are rarely addressed in public forums and rarely taken into account in public policies.

In French Polynesia, a major concern has arisen in recent years about the use of methamphetamine, imported from the United States in the form of crystals and called “ice”. Sold at a very high price on the Polynesian market (€80 for a dose of about 0.04 grams), ice has indeed spread to various segments of the population, including in some working-class areas. Highly addictive, it causes social marginalisation of those addicted to it and fuels a particularly lucrative trade. Associated in the collective imagination with delinquency and violence, this drug is commonly described as a “plague”¹ which threatens the balance of Polynesian society. This issue of *Drugs, international challenges* analyses this phenomenon, about which there is very little documentation and information in metropolitan France. It provides a picture of ice use and trafficking in French Polynesia and analyses the public policies in place.

The first part gives the reader some background on French Polynesia and methamphetamine. The second part explains how this drug has established itself in the Polynesian market despite its very high price. Finally, the last part analyses

how this social problem has - belatedly - become a public problem. In doing so, it will be shown that while the extent of addiction problems in French Polynesia is largely due to social causes, linked to the high level of inequality and the weakness of the welfare state, these issues are rarely addressed in public forums and rarely taken into account in public policies.

Background information

French Polynesia

In the heart of the South Pacific, French Polynesia is made up of five archipelagos populated by nearly 276 000 inhabitants (2017 census), nearly three quarters of whom live on the island of Tahiti. Colonised by France in the 19th century, French Polynesia remained a part of France during the era of decolonisation that took place after the Second World War. Following several constitutional reforms, Tahiti’s political

1. See for example: Tahiti infos, 1 December 2019, « L’ice, un fléau en constante augmentation au fenua » [Ice, a plague on the rise in the fenua]. https://www.tahiti-infos.com/L-ice-un-fleau-en-constante-augmentation-au-fenua_a187073.html

elites have succeeded in renegotiating the status of this overseas collectivity². In this respect, the year 2004 appeared to be a major turning point, as French Polynesia became more autonomous in all areas, except those expressly attributed to the French State and matters pertaining for the most part to fundamental freedoms and the monopoly of legitimate violence (nationality, civic rights, justice and exercise of public freedoms, defence, security and public order, etc.) Today, as a result, the government of French Polynesia is two-headed (the State on one side and the “Country” on the other), which is decisive in the case of anti-drug policies as well as in the case of social policies, where the two authorities have their own competences, but are strongly interdependent. The central State, represented locally by the High Commission and on which the law enforcement agencies depend, is thus responsible for combating trafficking. On the other hand, it is the Country and its territorial administrations that have the competence to govern in the field of health and social matters and to implement prevention and treatment policies.

Methamphetamine

Methamphetamine is one of the amphetamine-type stimulants (ATS). This category of substances, which in addition to methamphetamine includes MDMA/ecstasy and amphetamines, is now the most prevalent globally, after cannabis and opioids, according to a study by the United Nations Office on Drugs and Crime (UNODC, 2021a). In 2019, 27 million people are estimated to have used it, or about 0.5% of the world's population aged 15-64. Methamphetamine use is particularly widespread in North America, Australia and New Zealand. It is one of the most addictive drugs on the market (Global Commission on Drug Policy, 2019). Stimulating and euphoric, it is consumed in particular in festive settings or for doping uses. Methamphetamine can be in powder form, which can be swallowed (e.g. in pills), snorted, smoked or injected, but also in crystal form, which is usually smoked. This crystalline form that is more powerful is the one present on the Polynesian market. Known as “ice”, this form of the drug is smoked in glass pipettes.

Global methamphetamine seizures increased tenfold between 2009 and 2019 (UNODC, 2021b). In addition to South-East Asia, which has historically been one of the largest producers of methamphetamine, the explosion of demand in the United States has contributed to Mexico becoming an important production site since the 2000s (NIDA, 2021). While the US market, estimated at 2.5 million users in 2019 (UNODC, 2021a), is the main outlet for Mexican production, exports to Australia have been growing for the past decade. The Pacific has thus become an important transit area for boats carrying methamphetamine from South America to Oceania. Although they sometimes stop there, these ships do not unload goods in French Polynesia or the other South Pacific islands, due to the relatively small drug markets in these small territories.

Trafficking has nevertheless developed from the 2000s onwards, mainly on the initiative of Polynesian traffickers. Analysis of the judicial files of traffickers and interviews conducted suggest that most of the ice sold in French Polynesia comes from laboratories in Mexico. It is generally imported

from the United States, with importers taking advantage of air links to Los Angeles and, to a lesser extent, Hawaii, where ice is more expensive, but where many Polynesians have family or friends. Although imports from Asia were mentioned during the survey, this phenomenon remains marginal, and it can be explained by the absence of direct air links and by the fact that few traffickers have the necessary relational and commercial networks to set up such trafficking. Ice is therefore most often transported by air in passengers' luggage, usually in limited quantities (a few hundred grams). Some also carry the ice *in corpore*: this practice, which has been little used in recent years, is intended to reduce the risk of the drug being detected by Customs. For the same reasons, others prefer to send it by post (in letters or packages). The transport of ice by ship remains rather rare (except in packages), probably due to the complexity involved in executing this mode of transport. However, it seems to be developing in the context of large-scale traffic: for example, 21 kg of ice destined for the Polynesian market was seized on a cruise ship from the United States in March 2022 (Colbert, 2022). Some laboratories in French Polynesia have also been dismantled in recent years. However, interviews with traffickers suggest that manufacturing ice is more complex than importing it, due to the difficulties in obtaining precursors and the skills needed to carry out the chemical transformation. According to the intelligence services, local manufacturing remains marginal.

The commercial boom in ice

While methamphetamine is an inexpensive drug in the United States, it is a luxury item in Tahiti. Despite its very high price (on the street, a dose costs 10 000 CFP francs, i.e. €80), this drug has become increasingly popular on the Polynesian market. In a context marked by strong inequalities, the ice trade represents a significant economic resource.

Booming demand despite high prices

Methamphetamine use in French Polynesia is a poorly documented phenomenon, with available data being both incomplete and scattered across different administrations. In particular, no epidemiological studies have been conducted on a representative sample of the population (the only available data, cited below, concerns minors). Similarly, the origin and evolution of ice trafficking has not been studied scientifically or institutionally. Collecting, centralising and analysing existing information (notably from the Ministry of Health, law enforcement agencies, the Public Prosecutor's Office, but also from some associations) was therefore an important dimension of the research. By cross-referencing this data with testimonies from consumers and traffickers, it has been possible to trace the evolution of ice trafficking in French Polynesia.

Available information suggests that the presence of methamphetamine on Polynesian territory was marginal before the late 1990s, although it may have been reported from time to time by residents returning from abroad or by tourists. During the 2000s, supply and demand consolidated: import channels for dealing were set up and the number of customers gradually increased. The first trial for ice trafficking

2. The first statute dating from 1977, known as the management statute, mainly involved the creation of cultural institutions and the declaration of Tahitian as the official language, together with French. Gaston Flosse, who took over the leadership of the Territorial Assembly in 1982, worked to make autonomy a stable legal and political state (Peltzer, 2002). Autonomy was then progressively reinforced by reforms taking place at regular intervals: 1984, 1990, 1996, 2004, 2007 and 2011.

Methodology

This research is the result of an agreement between the *Maison des Sciences de l'Homme du Pacifique* (University of French Polynesia and the French National Centre for Scientific Research (CNRS)) and the Ministry of Health of French Polynesia. A field survey was conducted between 2019 and 2021 by two post-doctoral students in sociology, Alice Simon and Alice Valiergue. Henri Bergeron (Sciences Po Paris-CSO) and Michel Kokoreff (Paris 8-CRESPPA) were the scientific directors of the research, which resulted in the publication of a report available online (Simon and Valiergue, 2021).

The methodology used for the survey was mainly qualitative. Semi-structured interviews were conducted with professionals and associations (107 interviews): doctors, nurses, social workers, gendarmes, police officers, Customs officers, magistrates, religious leaders, elected officials, volunteers and employees of associations working in the social sector and the field of addiction. There were two objectives behind the selection of interviewees: on the one hand, to meet professionals from all the public services and associations concerned with drug use and trafficking issues, and on the other hand, to meet people at different levels of the hierarchy within each of these organisations (political leaders, managers and field workers). In addition, 41 interviews were conducted with users, traffickers* and their relatives, met by various means: in detention, with the support of the Rehabilitation and Probation Prison Service (SPIP); following a referral by actors from both the public sector and associations; a call for testimonies or through referrals by other respondents. The plurality of recruitment methods made it possible to diversify

the profiles of the people met, both from the point of view of their socio-demographic characteristics and the relationship they had with ice (importers, small-scale traffickers, occasional users or addicts, etc.). Most of the testimonies collected were retrospective in nature: the majority of respondents had stopped selling and/or smoking ice at the time of the interview.

In addition, the research team participated in various events and meetings and carried out documentary work (analysis of a corpus of over 500 press articles; collection of documents and monitoring of institutional and voluntary activities). Finally, the survey was enriched by quantitative data, resulting not only from a synthesis of available surveys and statistics (surveys on drug use, police and judicial data on the repression of trafficking), but also from the production of a database on judicial files for ice trafficking, containing socio-demographic and judicial information on 267 persons accused or convicted**.

** The term 'traffickers' is used here to refer to all those involved in the importation and sale of ice, regardless of the nature and extent of their role.*

*** This database was compiled from all the interview summaries of information files for the years 2016 to 2020 relating to ice trafficking (transmitted by the Public Prosecutor's Office) and from all the judgments in immediate hearing for the years 2019 and 2020 relating to drug offences (consulted at the Court), from which the cases relating to ice trafficking were selected.*

took place in 2005 and user testimonies have confirmed that the supply in the territory had stabilised by 2004-2005. Ice use then gradually spread among the population: in 2009, 1.7% of young people in school (aged 12-19) reported having used ice or amphetamines (Beck et al., 2010). In 2016, this percentage doubled, with 3.3% of 13-17-year-olds reporting that they had used ice before (Directorate for Health, 2018). Adolescents are not the age group most affected by drug use, as various corroborating elements (interviews with users, judicial data, toxicological examinations carried out at the request of the Public Prosecutor's Office, etc.) suggest that use peaks in the 25-35 age group.

Ice use has thus become "democratised", to use a term often used by professionals in the field. The offer was originally aimed at a wealthy clientele, often referred to by the respondents as belonging to the "jet set" (i.e. the upper class with a party lifestyle). Although this has gone more unnoticed, evidence from traffickers indicates that some of them, although from

working class backgrounds, also started to use and offer it to their entourage from the early 2000s. However, it is only since the 2010s that ice use has become more widespread. Whereas ice used to be sold in grams or half grams, the increase in use among the population has resulted in much smaller doses being put on the market which, by nature of their quantity, were much cheaper, despite the increase in price. Today, this drug is not reserved for a specific social class - as shown by the existence of a strong heterogeneity in the socio-demographic characteristics of traffickers and users. Ice use has indeed spread in various social circles - in particular within groups of friends who regularly attend parties, in neighbourhoods where trafficking is concentrated or in certain professional circles.

The success of ice is understandable given the relatively poor supply of drugs in French Polynesia: only paka (cannabis) and ice are readily available. Other drugs in circulation include MDMA, ecstasy, LSD and cocaine. Unlike ice, however, these products are only available to users who are in contact with

specialised traffickers, and the supply of these products is not constant. For example, one company manager who was an occasional cocaine user explained that he had “gone on ice” because of the difficulty of obtaining cocaine. Seizures of these products by the authorities are very rare. The lack of a more competitive alternative offer is thus one of the elements that explains why the demand for ice is not decreasing despite the high price of this product.

Moreover, one of the elements that explains the entrenchment of ice is the strong addiction it causes among some users. Several respondents had the feeling of becoming addicted from the first time they took the drug, as Hervé³ explains: *“I smoked it once, then it took me at least two or three days. Then I wanted to get that feeling back, you know? And that’s what attracted me to it [...]. Afterwards, once I bought it, I couldn’t stop.”* For other users, the addiction only becomes apparent after several years of occasional use, e.g. Matahi, who initially used ice only once or twice a year: *“Little by little, I was taking it more and more often. We used to take it every two months, then once a month... [...] then it could be every ten days or every week, then as long as I had money in fact”.* Users describe “cravings”, an irrepressible desire to use the drug, which pushes them to take another dose as soon as the effects of the previous one have worn off. In addition, use leads to a feeling of apathy, irritability, as well as significant fatigue (linked in particular to the insomnia often caused by taking ice), which users say they can only get out of by smoking again.

Without undermining the addictive potential of ice, this reason alone does not explain the success of this drug despite its price. While it is true that the users are often first offered ice by friends and family, the myth that all users become addicted the first time they take it does not stand up to empirical examination of the experiences of users, many of whom only use it very occasionally. The success of ice is also explained by its good image among smokers. In particular, its reputation as a “rich people’s drug” contributes to its image as a luxury product. One user said that *“it’s a prestige thing, it’s the caviar of drugs here”*, while another said that *“it’s a drug for kings”*. Indeed, ice is sometimes referred to as ‘diamond’ or ‘crystal’ by consumers - these terms refer to the crystalline form of the product, but also to the prestige associated with it. As such, the particularly high price of this drug gives it symbolic value: holding ice is in itself a mark of distinction. Ice is often purchased on what users consider “special occasions”, such as New Year’s Eve or birthday parties, to “mark the occasion”. Beyond the prestige associated with ice, users say they appreciate its effects, particularly those that enable them to maximise their performance: not sleeping for as long as possible and being dynamic at parties; performing well at work or carrying out numerous activities; performing well sexually, etc. Ice is also known as “pas dormir” (French for “no sleep”), which is a fairly widespread expression in colloquial language to refer positively to dynamic social practices, whether they be recreational, sporting or even professional.

The particularly high price of ice is a result of the fact that the quantities used are on average much lower than in other geographical areas: when sold at retail, ice is generally prepared in doses of 0.04 grams (or even slightly less), compared to 0.1 grams in the United States, for example. In addition, occasional users sometimes buy a puff, or share a dose with others. For example, it is common for groups

of friends from working-class backgrounds to buy a few milligrams of ice to share at a party event. While regular users may use much larger doses, the price does play a role in defining what is considered ‘normal’. The high price of ice in French Polynesia therefore limits the medical consequences associated with its use - although even low doses can have harmful effects, particularly in psychiatric terms. On the other hand, the high cost of ice has the effect of drastically increasing the social consequences of use: once they become addicted, users tend to spend most of their income on ice use, get into debt, commit assaults, carry out thefts and scams, become prostitutes, but also, for many of them, enter into trafficking. Dealing ice is one of the only ways for working-class users to access the drug. Given the very high margins, participating in trafficking can also be a significant source of income for those who manage to prosper in this trade.

A very lucrative business

According to the US authorities, a gram of methamphetamine is sold for between \$10 and \$50 (1 000-5 000 CFP francs) on the Californian market and an ounce (28.3 grams) is sold for between \$150 and \$300, or about 550-1 000 CFP francs per gram (Central Valley HIDTA, 2019). Even when they buy several hundred grams, Tahitian importers tend to pay close to the retail price (between 1 000 and 3 000 CFP francs per gram, according to their statements during the interviews), which can be explained by the fact that their intermediaries are often retailers. In any case, importation is particularly lucrative because of the very high price of ice in Tahiti, which has been rising steadily over the past twenty years: a gram - when sold individually - was worth about 60 000 CFP francs in the early 2000s, and is now worth around 140 000 to 160 000 CFP francs, i.e. about fifty times more expensive than in the United States. But ice can be sold for much less or much more depending on the location (the further away the islands are from Tahiti, the higher the price - where it is sold at all), depending on the period (the halt in international flights caused by the health crisis in 2020, for example, led to a significant rise in prices) and above all depending on the quantity sold. On the street, the most commonly sold dose is usually around 0.04 grams and costs 10 000 CFP francs (€80), or 250 000 CFP francs per gram (€2 100).

The margins made by traffickers are therefore very high, especially for importers. To give an example, one trafficker interviewed explained that he had imported 200 grams, which he dealt at 100 000 CFP francs per gram, for a total of 20 million, i.e. a minimum profit of 18 million CFP francs (€158 000) after deducting the purchase price of the ice, the plane ticket and the sums spent during the journey. The profits made are less for the traffickers responsible for dealing in the country. On the street, a gram is split into about 20 doses, for a profit of about 50 000 CFP francs per gram (€420) - provided that the dealer does not use some of the doses himself, as is often the case. The particularly high price of ice in Tahiti can be explained by the geographical and demographic characteristics of the territory: an isolated and relatively sparsely populated archipelago, French Polynesia is isolated from international traffic. The importation of ice is often the result of individual initiatives by traffickers who then organise the journey, carry it out and then deal the drugs, often at retail level. Other imports are organised by small groups of traffickers who divide up the work and the profits. Despite the small scale of the territory, there is no

3. All first names have been changed.

criminal organisation that oversees trafficking: the market is not well structured and traffickers are not very professional. From 2016 to 2018, however, the organisation set up by Tamatoa Alfonsi, a Polynesian who settled in Mexico, was deemed to be responsible for most of the imports (the Public Prosecutor's Office estimates the quantities imported by this network at around 40 kilograms). While there was a structured import channel during this period, the product was sold in the country by several independent networks. As a general rule, traffickers seem to act independently, without any particular consultation and without any regulation or organisation of the trafficking.

The socio-demographic characteristics of traffickers can be determined by examining the judicial files of persons prosecuted by the criminal court (see methodological box). Of course, the people prosecuted are not necessarily representative of the people involved in trafficking: in particular, dealers arrested with small quantities of drugs are generally not prosecuted by the criminal court but benefit from alternatives to prosecution. Dealers at the very bottom of the trafficking pyramid are therefore under-represented in this data. Moreover, the best organised traffickers are more likely to escape repression (Guez, 2019). Judicial data does not therefore constitute an exact picture of trafficking, but it does make it possible to describe the social characteristics of traffickers identified by the public authorities. Firstly, 82% of those prosecuted were men. The role of women in trafficking, moreover, is not equivalent to that of men: they have been more often prosecuted for importing or complicity in importing (58% of women are prosecuted for this, compared to 40% of men) as well as for money laundering (13% of women compared to 5% of men). The average age of those prosecuted was 39, and 70% of them were between 25 and 45. Those aged under 25 accounted for only 6% of those charged. Finally, traffickers came mostly from working-class backgrounds (Table 1).

The majority of those prosecuted were unemployed (45%). This situation covers rather contrasting realities, highlighted by a qualitative examination of the files: in the majority of cases, these traffickers were in a vulnerable professional situation. But it also happened that some of them lost their jobs because of their addiction or their involvement in trafficking. Of those prosecuted who reported an occupation, the majority belonged to the categories of employees (19%) and manual workers (8%). A significant proportion of those prosecuted for trafficking, however, were from the middle and (to a lesser extent) upper classes: 6% had an "intermediate profession" (e.g. teachers, nurses, technicians) and 9% were shopkeepers or company managers. Only one defendant was in a managerial position (merchant navy officer). While the majority of traffickers were therefore recruited from the working classes, this population was also characterised by its significant heterogeneity.

In-depth analysis of judicial files and biographical interviews with traffickers (whether or not they have been prosecuted) have provided a better understanding of the stages in their trafficking careers. It appears that traffickers who come from the middle or even upper classes are mostly users, who initially start trafficking in order to cushion the cost of their addiction.

Table 1. Socio-professional category of persons prosecuted for trafficking (N = 130)

| Socio-professional category | |
|--|-------------|
| Unemployed | 45% |
| Employees | 19% |
| Traders and company managers | 9% |
| Workers | 8% |
| Intermediate occupations | 6% |
| Farmers | 4% |
| Artisans | 5% |
| Executives and higher intellectual professions | 1% |
| Retirees | 3% |
| Total | 100% |

Source: database compiled from court records (see methodological box)

The resources they have at their disposal, both in terms of their entrepreneurial dispositions and their social relations (local and international), gives them the possibility to set up very lucrative trafficking operations, which can generate up to several tens of thousands of euros per month. While their addiction and involvement in trafficking tends to jeopardise their previous professional activities (especially following a first arrest), some of them make trafficking their main activity.

Traffickers from working-class backgrounds, on the other hand, are generally unable to generate income from ice trafficking if they themselves are highly addicted - this is the case for most dealers at the very bottom of the scale, who are offered one dose (which they usually use themselves) if they manage to sell five. Those who do manage to make a career of it tend to do so initially to support themselves and their families. They may be paka (cannabis) dealers who see ice as a way of increasing their income, or they may be people who have never dealt or even taken drugs before, and who start trafficking as a result of financial difficulties. In both cases, the money earned is used primarily to improve their material living conditions and those of their entourage, but also to gain social prestige. One of them explains for example: *"I provided for my family, my partner's family, I showed off, I squandered it, I bought second-hand cars, everything we needed, food, everything my family needed, I bought a fridge and everything..."*. Selling ice can thus enable traffickers to provide their families with a more comfortable lifestyle and access to goods and activities that only more privileged families can afford: one trafficker, for example, said that she used the money to *"fix up our house. We indulged ourselves, enjoyed it, going to the islands, to hotels, eating a lot"*. In this respect, the high level of social inequality in Tahiti⁴ is undoubtedly a factor in the appeal of ice sales. Many gain access in a short time to the wealth they never knew existed. They buy what they consider to be

4. See data available on the website of the Institute of Statistics of French Polynesia (ISPF, 2022): "the poverty rate was 19.7% in 2009 (...). By way of comparison, the income poverty rate in metropolitan France for 2009 was 7.5%. Relative income poverty is indicative of a very unequal distribution of income among Polynesian households." A 2015 family budget survey provided more recent data (PSI, 2021): "In 2015, 24.6% of the population under 30 lived below the poverty line for metropolitan France (115 000 CFP francs/month) (€958), 16.8% of those 30-59, and 9.4% for those aged 60 and over."

symbolic of economic success, especially luxury vehicles, boats and jet skis. But they also tend to be very wasteful with their money, which they share with their family and friends, and sometimes even their neighbourhood. This generosity, which allows traffickers to establish their social success, also makes their activity more morally acceptable in their eyes. Some become benefactors in the neighbourhood, organising food distributions, banquets for parties, activities for children. Despite the risks - particularly high in view of the intensity of repressive activity - trafficking represents, in the eyes of those who participate in it, one of the only opportunities for social advancement available to them, in a system marked by strong inequalities and the weakness of redistributive mechanisms.

One specificity of ice trafficking in French Polynesia lies in the weakness of the "delinquent socialisation" (Mauger, 2009) of traffickers, as can be observed in other contexts, notably that of socially segregated neighbourhoods in metropolitan France where some young people find a normative framework and points of reference in delinquent "gangs" that compete with those of their family or school (Mohammed, 2011). Although some traffickers in French Polynesia began their careers in the cannabis trade, in their eyes and those of their entourage, this trade is more of an informal economy than organised crime. The illegal nature of their activities is not usually a source of pride and unless they have committed other crimes such as theft, burglary or scams, traffickers do not consider themselves to be criminals. None of those interviewed for this survey expressed hostility towards the police or the judiciary. It is probably the lack of delinquent socialisation that explains what officials trained in metropolitan France consider to be amateurism on the part of traffickers: the latter have a reputation for being polite in police custody; for tending to acknowledge the acts of which they are accused (and often even to "tell all"); for making extensive use of telephone calls for transactions, although the use of telephone tapping by law enforcement is often mentioned during hearings and in the media; or for being unprofessional in the organisation of imports. However, recent cases have revealed the existence of more structured networks, indicating a trend towards traffickers becoming more professionalised during their career. The increasing discovery of firearms during seizures and the growing number of reports of assaults in the context of trafficking also raise fears of increased violence. However - and this is a specificity of trafficking in French Polynesia - most traffickers do not really seem to be out of step with the norms and values in effect in the rest of society.

Ice in public policies or the victory of repressive framing

Although use has become increasingly widespread among the population over time, the phenomenon received little attention from the public authorities and the media until the late 2010s. From 2017 onwards, however, the subject of ice has had an increased presence in the local media and particularly in political discourse. The simultaneous increase in trafficking trials and in the quantities seized by the judicial services have raised concerns about the spread of use among young people and among the middle and working classes. Ice has now become a public priority,

as evidenced by the words of a commander of the national gendarmerie in 2017: *"Ice trafficking is becoming a real threat to public health in Polynesia, its effects are so destructive and it is so addictive that it leads users to total destitution and desocialisation. [...] There is a danger that society as a whole could be destabilised and this should not be neglected"* (Pierre, 2017). In February 2021, the High Commissioner and the President of French Polynesia signed a plan to combat ice. Bringing together the two representatives of authority in French Polynesia (the central State on the one hand and the Country on the other), the signing of this plan in 2021 appears not only as a moment when the two largest political authorities in the territory acted in a concerted manner, but also as a culmination of establishing ice as a public issue on the agenda (see Table 2). While on the surface establishing the ice agenda has been a joint effort between the State and the Country, a closer look at this process reveals the State's control over the framing of the problem, which is associated with a single solution: increased repression, associated with the State's field of competence.

Putting ice on the political agenda and making a social problem invisible

Ice appeared in the press in 2005 on the occasion of the first trafficking trials, but these initial bursts of media coverage proved to be short-lived, as shown in the graph opposite, which is based on the analysis of a corpus of press articles.

The peak of media coverage in 2005 corresponded to the mobilisation of a few associations and public service professionals seeking to alert the public authorities and the population to the dangers of ice use and trafficking and to the need to deploy new measures. However, their mobilisation coincided with the onset of a period of great political instability, which did not make it easy to put ice-related issues on the agenda. Following the adoption of its new status in 2004, French Polynesia experienced a major political crisis, associated with permanent changes of government that lasted almost a decade and pitted autonomists (in favour of the so-called autonomous status of French Polynesia) against the pro-independence movement. The end of this political crisis could be attributed to a change in the voting system in 2013 (Cointat, 2013). During this decade, political crises in French Polynesia followed one another, punctuated by a settling of scores between the two political camps (Hauptert, 2005) and scandals over the public management of expenditure⁵. In 2013, as this period of political instability came to an end, the pro-independence movement succeeded in getting French Polynesia back on the UN List of Non-Self-Governing Territories.

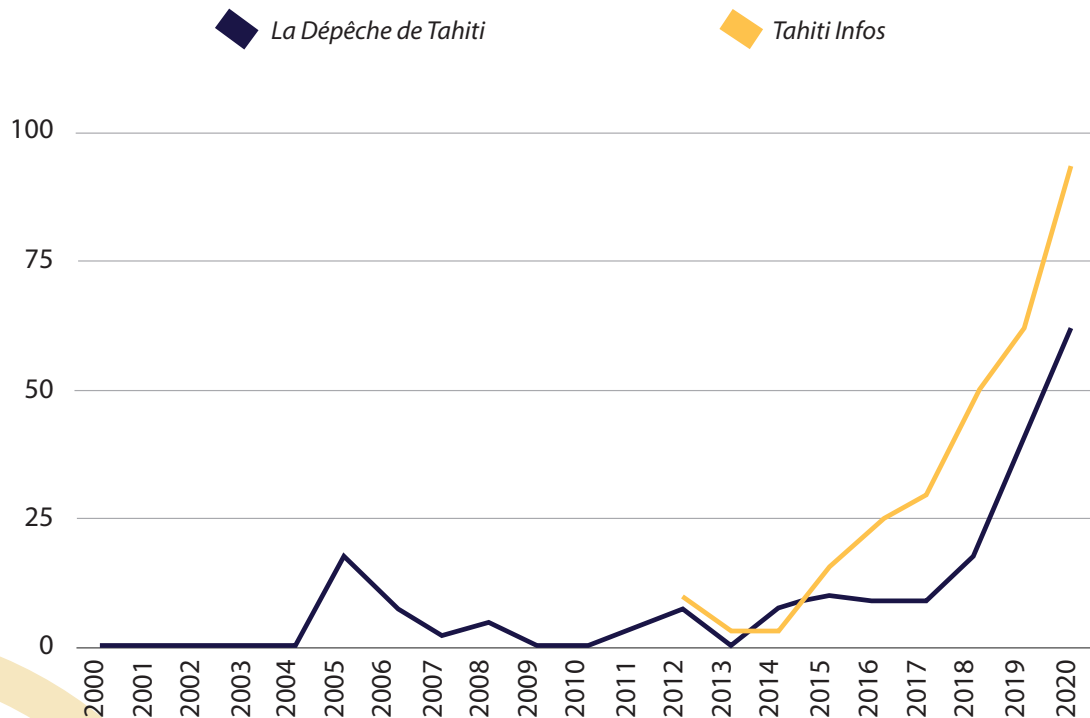
In the 2000s, there was a de facto alliance between the State and local authorities on making the ice issue invisible. On the one hand, the political elites were torn apart and did not address the issue of drugs, any more than they did health and social issues in general. On the other hand, the relationship between the State and local government was not conducive to defining joint public policies either. In the early 2000s, when French Polynesia had just been granted new competences, the local political power tried to protect its new governmental space. In so doing, social issues that merited joint work between the State and the Country were once again relegated behind the preservation of a new status, as this former French Polynesian minister explained:

5. A 2013 report by the *Chambre territoriale des comptes de la Polynésie française* [French Polynesia Territorial Audit Chamber] indicated, for example, that the number of staff at the presidential residence had risen to 626, before falling back to 15 in 2012 (Chambre territoriale des comptes de Polynésie française, 2013).

Table 2. The emergence of ice in public policy plans

| Year | Institution | Name | Centrality of ice |
|------|---|--|---|
| 2009 | Ministry of Health and Prevention | First alcohol and drug programme 2009-2013 | Ice was mentioned among the "new products" used by young people, but was not a principal one. The programme cited the reduction of "illicit drug use" as one of its overall objectives. |
| 2010 | High Commission | Plan to combat and prevent drug use and trafficking in French Polynesia | Priority is given to the fight against local cannabis production (axis 1). It is stated that border controls should be strengthened to prevent ice imports (axis 2). |
| 2016 | High Commission, Presidency and Ministry of Justice | First crime prevention plan in French Polynesia for the period 2016-2017 | Plan associated with the creation of the French Polynesia Crime Prevention Council (CPDPF) in 2016: ice was not mentioned. |
| 2018 | High Commission, Presidency and Ministry of Justice | New crime prevention plan for French Polynesia for the period 2018-2020 | Ice was mentioned once: "Launch of an ambitious and forceful State-Country communication plan on the use and devastating effects of ice". |
| 2019 | Ministry of Health and Prevention | Programme of actions to fight against addictions in French Polynesia 2019-2023 | "Preventing and avoiding initiation into use of ice" was mentioned among the priority objectives. |
| 2021 | High Commission and Presidency | Combating the plague of ice in French Polynesia. Action plan 2021-2022 | Plan entirely dedicated to ice. |

Graph 1. Evolution of the number of articles on ice by press title



Source: Analysis of the press corpus by the authors.

“Because of our status, where there are State competences and Country competences, it didn’t help. There were referrals to the State for responsibilities that had to be shared. (...) For example, I have never heard a president of French Polynesia say that paka was bad. When I was Minister of Health, I rarely had the opportunity to speak on the subject. And that’s because of our status which cuts off responsibility. We must not forget that even if Fritch [the current president of French Polynesia] gets along rather well with the State, he is not the first to cooperate either. And even before, I often heard Gaston Flosse [the former president of French Polynesia] say: this is the business of the State. (...) It’s true that at the beginning of the autonomy statute, there was a fear that the State would get back what it had given. (...) We must not forget that just before autonomy, there was only one governor who decided everything, for everyone. The conquest of autonomy has been a gradual process.”

As the distribution of governmental competences between the two institutional entities is a recurrent subject of tension in French Polynesia (Al Wardi, 2010), it is understandable that a drug policy, on the boundary of the two areas of competence, was particularly neglected in the 2000s, which were marked by strong political instability.

In the late 2010s, however, there was a sudden increase in the media coverage of ice, coinciding with a rapprochement between State and local government on the subject and a sharp rise in the quantities seized by law enforcement. As shown in the graph below, the rate of change was over 8 000% between 2016 and 2017: from 251 grams seized to 23 kg (of which 21 kg were seized in a single case). According to the various testimonies collected from the administrations, the record number of seizures in 2017 finally forced the political and administrative authorities to take trafficking in French Polynesia into consideration. As noted below by the magistrate, it was no longer possible to assume that methamphetamine was only affecting a wealthy segment of the population:

“The seizure of 21 kilos (...). At that time, by the way, apart from the gendarmes at the SR [research section], the police and us. All the rest of the civil and political world did not at the time believe that the implementation of ice trafficking in Polynesia was happening, and therefore it’s quite recent in a way. The answer was to say that ice was not a problem because the price is so high that it’s aimed at a section of society that can afford it. So it’s not spread to all social strata of Polynesia and society and therefore it’s not a real societal problem.”

The end of the political silence on the issue of ice goes hand in hand with relatives of users speaking out on the subject. From 2019 onwards, users and former users and traffickers spoke out publicly about ice through the social network Facebook and in particular through the page of the group *Luttons contre l’ice* [Fight Against Ice], created on 8 December 2019, founded by Hiti Mennesson, a former prison warden who has become a company manager specialising in holiday camps for adolescents. He wanted to create an association to fight against ice and to rally Polynesians around this cause. Two days after the Facebook group was created, 2 000 people had become members. Three weeks later, there were 7 000. A little over a year after the group was created, there were more than

Press analysis method

The aim was to identify press articles on the issue of ice in the two titles that have covered the last decade in full: *La Dépêche de Tahiti* and *Tahiti Infos*. For *Tahiti Infos*, which has been in existence since 2012 and is fully digitised, it was easy to identify all the articles on ice between 2012 and 2020, thanks to the website’s keyword search facility. For *La Dépêche de Tahiti*, which has been published since 1964, three methods were used to identify articles on ice between the early 2000s and the present day: daily monitoring since September 2019 on the newspaper’s website; consultation of the paper archives for titles prior to 2013 that had not been digitised, and finally consultation of *La Dépêche de Tahiti*’s Facebook page, which has been in existence since 2011, in order to cross-check the consultation of the paper archives between 2011 and 2013 and to identify all the articles published between 2013 and 2019.

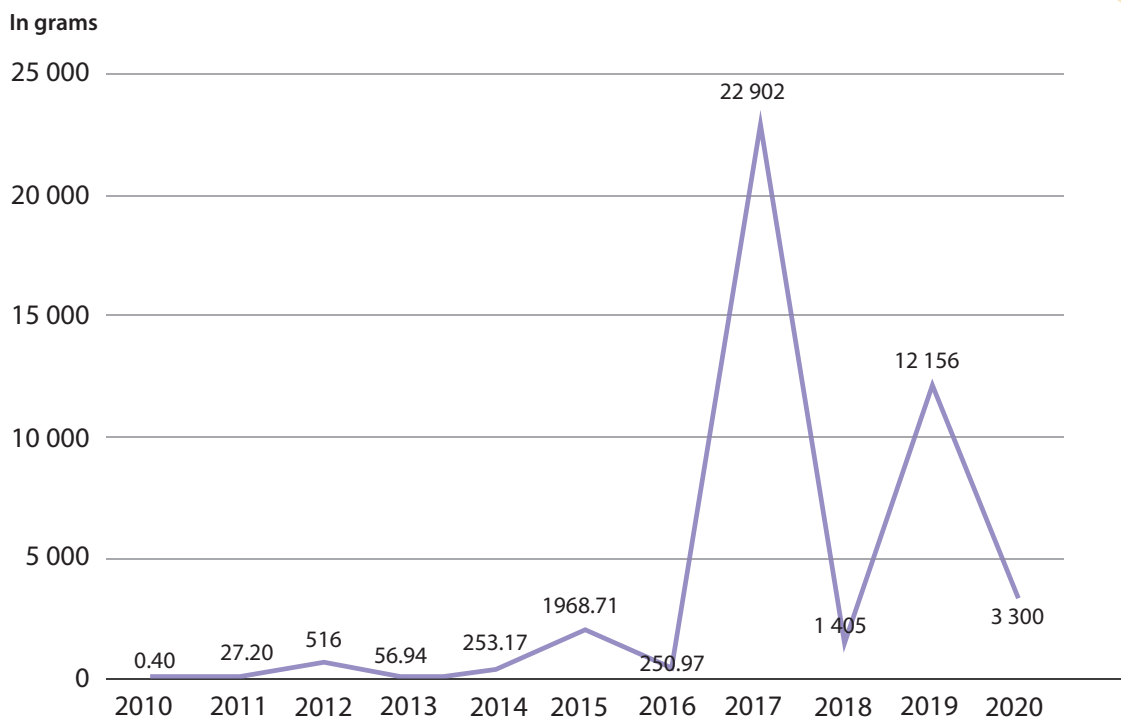
10 000 members. The suffering of users’ families was no longer invisible. Many people use the *Luttons contre l’ice* page to express their pain and helplessness in the face of the dependence of loved ones. Barely a month and a half after the public page for the Facebook group *Luttons contre l’ice* was created, Hiti Mennesson was invited to a meeting in the presence of the Minister of Overseas France, Annick Girardin⁶. The subject can no longer be ignored by political and administrative authorities, as one health professional interviewed put it: *“The problem is not that people are using. Paka proves it, people are calm. Except that with ice, what bothers is the violence, the families who can’t take it anymore.”* As such, because ice ends up appearing as a disturbance to public order that can no longer be ignored, the political and administrative elites have started to speak out on the subject.

The mobilisation of families, notably via the Facebook page *Luttons contre l’ice*, is indicative of the importance of the repressive framing of the problem. This is evidenced by the abundance of comments from Internet users who are angry at traffickers, calling for harsher sentences and relaying press articles about seizures by law enforcement. Internet users condemn traffickers on the grounds that they “poison” users, who can then become violent, particularly with their families and loved ones, to the point of hitting and robbing them.

In public speeches in Polynesia, the recurrent lexical field is that of a war and a plague to be fought. Traffickers and their greed, to quote the wording used, are seen as the source of the problem. In this context, calls for denunciation, including from relatives, are often encouraged. For example, the former commander of the gendarmerie Pierre Caudrelier publicly

6. See the photograph of Hiti Mennesson shaking hands with Annick Girardin: <https://la1ere.francetvinfo.fr/polynesie/ministre-oultre-mer-declare-guerre-ice-797307.html>.

Graph 2. Quantities of ice seized by law enforcement



Source: Graph produced by the authors based on data provided by the State services (Customs, gendarmerie and national police)

condemned local banks and the car market as guilty of money laundering, but also the relatives of traffickers who were considered accomplices, since they benefited from the proceeds of trafficking and “looked away where active or passive complicity should have been denied” (Pierre, 2017). For his part, the president of the Country, while proposing a “Marshall Plan”, stated that the source of the problem lies in delinquent behaviour and not in a social context: “It’s not an employment issue”. As a result, the inclusion of ice on the political agenda has been achieved above all through a repressive framing of the problem and, consequently, by emphasising the role of the police. The Country’s services, which are responsible for prevention and treatment, are rarely mentioned in public discourse on the problem of ice.

Health and social services without means

While ice use and trafficking are partly linked to the high level of inequality in French Polynesia, the survey showed that the implementation of health and social policies remains insufficient. The social state in French Polynesia appears to be quite weak. Given the current “autonomous” status of this overseas collectivity, the State has no jurisdiction in the areas of health and social services, which are the responsibility of the Country. However, the current territorial laws are characterised by a relatively weak wealth redistribution system in French Polynesia, which can be seen not only in the absence of income tax, minimum solidarity income or unemployment insurance (Herrera and Merceron, 2010), but also in the lack of prospects for social advancement for the

working classes, particularly due to structural unemployment (ISPF, 2020). In this context, ice trafficking appears to some Polynesians as one of the only means at their disposal to improve their situation and that of their families.

In terms of addiction treatment, health professionals have emphasised the lack of resources, even though alcohol and cannabis use have long been identified as major public health problems in French Polynesia (Beck et al., 2010; Bertrand et al., 2012). At the level of the Directorate for Health and its *Centre de consultations spécialisées en alcoologie et toxicomanies* [specialised alcohol and drug treatment clinic] (CCSAT), renamed *Centre de prévention et de soin des addictions* [addiction prevention and treatment centre] (CPSA) in 2021, it is only very recently that the team specialising in addiction medicine has seen an increase in its numbers, thanks in particular to the fact that the problem of ice has been put on the agenda. A doctor who used to work at the CCSAT said: “In 2018, they increased from 5 to 13. I think they did that [the creation of posts] because the emergency was ice”. Until recently, there were no specialised clinics outside Tahiti. And, on the scale of Tahiti itself, the consultation points are concentrated in the urban area. However, given the geographical specificity of French Polynesia, a supply of treatment that could be accessed by the whole population would imply the provision of significant human resources, since the population is spread over a territory that extends over several thousand kilometres (the distance between the island of Tahiti and the Marquesas Islands is equivalent to that between Paris and Moscow).

7. *La Dépêche de Tahiti*, 2 September 2019, « Des chiens renifleurs formés à la détection de l’ice » [Sniffer dogs trained to detect ice].

A revealing element of the lack of staffing on the part of health professionals relates to the absence of a treatment centre and in particular a detoxification centre, although the demand for this had been expressed for more than 30 years. The 1987 report of the Economic and Social Committee (CES) on drug addiction already recommended the “[provision of] harm reduction facilities to help these young drug addicts, in particular to facilitate their reintegration into working life” (Comité économique et social de la Polynésie française, 1987). Such a project is supported by the health professionals we met, who more generally deplored the lack of political recognition of mental health needs. One mental health doctor said of his hierarchy: *“Until now, well... It was a bit trivialised [the discourse of the elected representatives in relation to users], ‘users will stop by themselves, they’ll go to the islands, go green’. There was perhaps a kind of trivialisation, a lesser awareness”*. The survey gathered many testimonies from users’ relatives, who deplored the lack of a structure dedicated to withdrawal, as this mother of a user pointed out: *“You’ve already seen a detoxification centre where for years there has been no hospitalisation, nothing, even for alcoholics, there’s nothing! A few consultations...”* The CCSAT has only limited resources, which are considered insufficient by some, such as this user: *“Pfff... I’ve already been [to the CCSAT]. But they don’t do anything, either. I have been many times. There’s nothing. There’s not even a follow-up, there’s no discussion, there’s no help, there’s no follow-up, nothing. I think that for everyone who gets hooked like that and wants to get out of it, it is necessary that... So afterwards, we find ourselves outside, there’s no one to help us, they turn their backs on us.”* Thanks to the construction of the future mental health centre, new treatment facilities will soon be available, but as this doctor involved in the design of the new centre points out, it will still not be enough: *“we are going to offer treatment beds. For simple withdrawals, three to seven days, the time for physical symptoms. And complex withdrawals, three to six weeks of treatment. But beyond that, when we talk about two to three months, that’s aftercare and for that we will need a structure.”*

In addition, the high turnover of the medical profession is also considered problematic in the case of the follow-up of patients suffering from addiction. An executive at the Directorate for Health described a structural problem: *“There are few doctors and they don’t stay long. It takes time to get to know the cultural fabric, the environment of the country. Some people come with the idea that they need a specific approach here, but others don’t even think about it.”* Given the constant changes in contact persons, patients’ relatives have also deplored the lack of continuity in the provision of treatment for these reasons, as did the mother of a young drug user: *“It’s not the people who come here for a year, for a ‘cool life’ [who will solve my daughter’s problems] ... They don’t care.”* Faced with the lack of resources on the part of the health teams, the law enforcement agencies appear to be the only ones able to offer solutions to the ice crisis.

Law enforcement in the spotlight

Beyond ice seizures, which highlight the ability of law enforcement agencies to combat the phenomenon, the State has been constantly showing itself as the leader in the fight against drug trafficking. The creation in 2016 of the French Polynesia Crime Prevention Council (CPDPF) thus emanated primarily from the High Commission, even if it was officially stated that the presidency of the Country was involved in this initiative. In practice, it brings together primarily the State

services (gendarmerie, judiciary, etc.). Not without causing tension between the two authorities (State and Country), the Presidency subsequently set up a Delegation for the Prevention of Youth Crime (DPDJ), with the specific aim of no longer leaving the monopoly of the fight against crime to the State. For the time being, however, law enforcement agencies remain central to the fight against ice use. An analysis of the 2021 plan to combat ice use, announced a year earlier by the former Minister of Overseas France during a visit to French Polynesia, has shown that the component related to repression is the most developed, compared to that devoted to prevention and treatment. The terms most used in this plan were associated with the lexical field of repression: “seizures”; “criminals”; “against”; “fight”. To date, it has also been the State services that systematically intervene with schoolchildren, via the Youth Crime Prevention Brigade (BPDJ). The Country’s services have chosen to delegate prevention to an association via a public contract. During the survey, however, this association had not yet intervened due to the health crisis and travel restrictions, limiting the recruitment and training of the response team. Thus, between 2019 and 2021, only uniformed gendarmes systematically intervened in Polynesian schools to carry out prevention activities. According to the observations made during the survey, and not surprisingly in the light of existing work (Bergeron, 2009), the effectiveness of law enforcement interventions appeared very limited. The interventions by the BPDJ that it was possible to attend were almost exclusively characterised by a reminder of the prohibitions, far from the recommendations of experts in the field⁸. This reminder of what is prohibited and the threat of criminal sanctions are thus at the heart of prevention messages, whether they are issued by the Ministry of Health or by government departments (see documents 1 and 2).

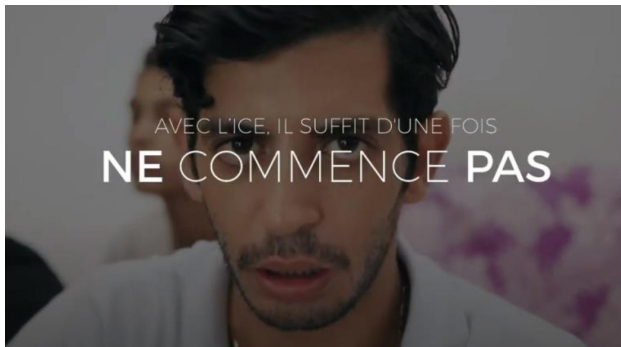
While it has been publicly stated that the State services are working hard and succeeding in convicting more and more traffickers, the means allocated for reintegration appear insufficient. French Polynesia lacks the structures and resources allocated to support people leaving prison. This is partly due to tensions over the division of competences between the State and the Country. Within the Rehabilitation and Probation Prison Service (SPIP), our survey, financed in this case by the French Polynesian government via the Directorate for Health, has been welcomed as a sign that the Country is finally paying attention to the issue of addiction prevention and treatment: *“Maybe they [the Country’s representatives] will come to their senses and stop telling us ‘these are your people’ [referring to traffickers and users]”*. But on the other hand, for a French Polynesian SPIP counsellor, it is the French state that is at fault: *“Anything in the field of health and social matters is the responsibility the Country. (...) But prisoners are the responsibility of the State, which does not want to invest in this area”*. As a result, the institutional situation of French Polynesia leads to transfers of responsibility between the two entities, with the distribution of competences constituting a continual subject of tension (Al Wardi, 2010). In the end, SPIP counsellors lack the means to carry out their mission and little funding is available for associations aiming to reintegrate convicted persons, the support for whom is therefore insufficient.

Given the extent of the current repressive framework and the weakness of the measures related to treatment and reintegration, the work of the police and judicial services ultimately amounts to “fighting impunity”, in the words of one magistrate, without this proving effective in the fight against

8. For these recommendations, see the “Best practice portal” of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2022).

trafficking: "I don't know if I'm fighting ice or fighting impunity. Because if I don't fight impunity, the State will collapse. What is certain is that there are no fewer drugs. [...] There are just new suppliers now". The current doctrine of massive seizure of traffickers' assets is even counterproductive in the fight against recidivism. From this point of view, seizures of movable and immovable property, sometimes subject to heavy Customs fines (which can amount to several million euros), can put former traffickers in financial difficulty. While this policy, which consists of "hitting them in the wallet", as the judiciary says, is publicly justified by the desire to combat impunity and produce a dissuasive effect, it seems very uncertain in terms of the fight against recidivism. Convicted traffickers are left destitute when they are released from prison. Moreover, if they find declared employment, they have to repay a substantial part of their salary to pay off their Customs fine - potentially until they retire. As a result, these measures, often experienced as an injustice, can encourage recidivism.

Document 1. Image capture of a TV spot broadcast in 2019 and funded by the Ministry of Health



[With ice, it only takes one try. Don't start.]

Document 2. Prevention campaign led by the State and the Country, November 2019⁹

[With ice, say goodbye to: land, house, car, money. You and your accomplice's risk: 10 years of imprisonment, 894 million francs of fine, the seizure of your movable, immovable and landed property.]

Conclusion

The proliferation of arrests, trials, public testimonies and political speeches has made ice a major public issue in a few years. The story of the dramatic consequences of ice use for some families, the increase in violent acts linked to use and trafficking, and the criminalisation of networks have made ice a "plague". Ice is thus perceived as a threat to the equilibrium of French Polynesian society, which is reputedly peaceful and benevolent. Yet violence (especially within families) (Bastide, 2020) and social difficulties linked to addictions have long been identified as problems in French Polynesia, independently of the issue of ice.

This research shows that this presentation of the ice phenomenon as a scourge refers to a fundamentally repressive framing. This framing of the problem and the solutions associated with it obscures other dimensions that are essential to understanding and combating this phenomenon. Firstly, the role of social inequalities, particularly prominent in French Polynesia, is almost never taken into account. Moreover, ice is rarely considered in media and political discourse as a public health issue. As a result, social support and treatment provision remain largely 'left out' of the fight against drugs. However, only an ambitious social and health policy seems capable of providing a sustainable response to the problems of addiction in French Polynesia.

9. Access to the poster on the Facebook account of the Gendarmerie Nationale in French Polynesia <https://www.facebook.com/gendarmeriedePolynesiefrancaise/posts/1419821728184645>.

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Acknowledgements

The authors warmly thank the *Maison des Sciences de l'Homme du Pacifique* (UPF/CNRS) and the Ministry of Health in French Polynesia who co-financed this research, as well as Henri Bergeron (Sciences Po Paris-CSO) and Michel Kokoreff (Paris 8-CRESPPA) who initiated the scientific project from which this survey was derived and who then co-supervised it for two years.

Thanks also to Anne de l'Épervier for the production follow-up of this issue.

Drugs, international challenges

Director of publication: Julien Morel d'Arleux / Editor in chief: Ivana Obradovic
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 Translated in English by Global Voices, supervised by Anne de l'Épervier



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