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Ice (methamphetamine) in French Polynesia: a field survey on
trafficking, consumption and public policies

Summary of the report

Original title : L'ice (méthamphétamine) en Polynésie française : une enquête de terrain sur le trafic, la consommation et les politiques publiques

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MINISTÈRE
DE LA SANTÉ
en charge de la prévention

Introduction

Ice is the name given in French Polynesia to methamphetamine synthesized in crystal form. This drug, known to be highly addictive, has been a source of great concern to the public authorities in recent years. Various indicators suggest that trafficking has intensified and consumption has spread among the population: ice is now the most widely used drug in French Polynesia after cannabis (often called "paka"). The available information on this problem is however fragmented and divided within the various administrations. In this context, this research, resulting from an agreement between the Maison des Sciences de l'Homme du Pacifique (University of French Polynesia) and the Ministry of Health of French Polynesia, **aims at exploring the causes and consequences of the growth of ice consumption in French Polynesia and at analyzing the existing measures to face it.**

The methodology used for the survey is essentially qualitative: interviews were conducted with professionals and associations (107 interviews) and with consumers, traffickers and their relatives (41 interviews). In addition, the research team participated in various events and meetings and carried out documentary work (analysis of a corpus of more than 500 press articles; collection of documents and monitoring of institutional and associative activities). Finally, the survey is enriched by quantitative data, resulting not only from a synthesis of available surveys and statistics (surveys on drug use, data on drug trafficking repression) but also from the production of new data (database on judicial files for ice trafficking; questionnaire with professionals).

Part I. The ice traffic

The organization of the traffic

Most of the ice sold in French Polynesia is produced in Mexico and imported from the United States by residents of the territory, most often by plane and in relatively limited quantities (several hundred grams). In general, **ice trafficking in French Polynesia is characterized by a great heterogeneity in the organization of networks.**

Available data indicate that **in 2019-2020, ice was selling for around 150 000 XPF per gram** (for the purchase of a one gram quantity). But the price of ice varies greatly depending on the location, the quantity sold and the contacts available to the buyer. When it is sold in the street in small doses, **ice can be sold at more than 250 000F the gram (more than 2000€).**

Ice costs two to three times more than twenty years ago, while prices in the United States are stable: ice costs about 100 times less than in French Polynesia. Ice trafficking is therefore extremely lucrative, especially for those who import it, who can quickly become very wealthy. **The profits made depend on the role of the traffickers:** those located at the bottom of the trafficking hierarchy make much less money.

Traffickers

The constitution of a database from the judicial files for trafficking indicates that **82% of the persons prosecuted are men**. The average age of those prosecuted is 39, and 70% of them are between 25 and 45 years old. **Trafficking is therefore not particularly a "young people's" business**: only 6% of those prosecuted are under 25. **Ice trafficking is concentrated in the urban area of Tahiti**, although it is spreading to other islands, particularly in the Society Islands. In addition, almost half of the people prosecuted are unemployed. In general, **the majority of those prosecuted are from the working classes**. However, there is significant heterogeneity among traffickers, with a minority belonging to the middle or even upper classes. The testimonies collected from traffickers reveal the existence of contrasting careers, which can be grouped into two categories:

- **"Addictive" careers**: some of the traffickers enter trafficking because of their addiction. They **may be socially integrated, from the middle or even upper classes, who initially bought ice with their salaries**, and then start selling to finance their doses. Many consumer-dealers also come from working-class backgrounds, but few of them prosper in trafficking. **Addiction is a major obstacle in the career of traffickers**, and only those who have the resources (economic or social) manage to succeed in trafficking despite their addiction.
- **Commercial" careers**: other traffickers start trafficking with the main objective of making money. They are usually working class and not always users, although their constant access to the product makes them prone to developing an addiction. **Trafficking in ice allows them to get out of a difficult economic situation, sometimes to get out of poverty**. They may be young people with no diploma or professional experience, or heads of families facing difficulties (for example, following a death, illness or accident in their family).

Rewards of trafficking

When they manage to acquire an important position in trafficking, traffickers can quickly earn sums of money that are much higher than the salary they could earn with a legal job (up to several million francs per month). **The money is primarily used to improve the material living conditions of the traffickers and their entourage**. The participation of a family member in ice trafficking can thus lead to a significant improvement in living conditions for families from working-class backgrounds. **In this respect, the high level of social inequality in Tahiti is undoubtedly a factor that explains the attractiveness of selling ice for traffickers**.

Many traffickers gain access in a short time to a wealth they have never known. **They buy what they consider to be the wealth of others**, especially luxury vehicles, boats and jet skis. Trafficking often goes hand in hand with a party lifestyle, in which it is not uncommon for them to spend much of their income. **Traffickers tend to be very generous, both with their entourage and in**

their partying. Their generosity allows them to establish their social success, to acquire influence and prestige, but also to make their activity more acceptable to them on a moral level. **Traffickers can thus become benefactors around them and in their neighborhood.** Beyond the monetary rewards, trafficking allows them to gain notoriety, prestige and power. For those who have never achieved personal success in school or work and/or who have lived in economic insecurity all their lives, **success in trafficking is akin to social revenge.**

Stop or be stopped

Interviews indicate that **once they have established a place in the ice trade, traffickers often find it difficult to leave,** due to the reluctance to give up the rewards described above. However, several factors can encourage them to leave the "ice world": first of all, repression has a dissuasive effect, particularly because it keeps traffickers away from their families. The will to reintegrate can also be reinforced by moral considerations, resulting from a change in perception and opinion about ice. In addition, traffickers are often under strong family pressure to stop trafficking. **Social and medical support services in detention can help traffickers change their perspective and project themselves into a new life.**

However, even when they want to stop, traffickers often find it difficult not to re-offend, for various reasons: first, **addiction is often the cause of recidivism.** In addition, those who wish to reintegrate are often confronted with strong incentives to resume drug use and/or trafficking from their entourage. On a more structural level, **the difficulty for traffickers to reintegrate is explained by the lack of professional prospects.** In an economic context marked by a particularly high unemployment rate, finding a job after leaving prison, especially for people with a low level of education and little professional experience, is far from obvious. For traffickers from working-class backgrounds with commercial careers, **losing the source of income from trafficking can jeopardize the family economy.** Although support during detention can help reintegration, few structures or mechanisms exist when the drug traffickers leave prison and the few existing associations are overwhelmed. However, **the conditions of release from prison are decisive in preventing recidivism.** From this point of view, seizures of movable and immovable property, sometimes subject to heavy customs fines, appear counterproductive.

Part II. The consumption of ice

Who uses ice?

A synthesis of existing data indicates that ice experimentation has increased among young people, but this practice remains a minority: 3.3% of 13-17 year olds reported having ever used ice in 2016. However, there are several indications that **regular ice use is particularly prevalent among adults in their 30s.** If in the 2000s, ice use was reserved for a fraction of the privileged

classes, traffickers and users of other hard drugs, use has gradually spread to a wider public. **Today, this drug is not reserved for a specific social category.**

Moreover, the available **data indicate that most ice users are also paka users.** Other drugs are also consumed in the territory, notably cocaine, MDMA and LSD. However, **ice is the most accessible drug.**

Uses and effects of ice

Ice can be taken for a festive use, the consumers then seeking the feeling of wellbeing and euphoria as well as the reduction of the feeling of drunkenness and tiredness. **The ice can also be consumed for doping use:** because of its stimulating effects, this drug can allow to work, to make sport, or to carry out domestic tasks without feeling tired or lassitude. **Keeping up with work can thus be - or become - one of the main motivations of users,** especially for those who work evenings or long hours or who face a lot of pressure. Some respondents also say they use ice to relax, for spiritual purposes, as an "appetite suppressant" to lose weight or as a sexual stimulant. **These different uses of ice have in common the search for performance.** However, the respondents describe a decline in the performances reached with time: they note difficulties to concentrate, a feeling of irritability, nervousness and paranoia. **From a functional use of the ice, which allows them to reach their objectives, the respondents pass then to a dysfunctional use:** the ice ends up complicating or preventing the realization of the tasks they wish to carry out.

Consumers' trajectories

It is interesting to note that some of the respondents did not know about this drug when they took it for the first time. However, lack of knowledge about the product is a factor which not only encourages experimentation, but also increases the risk of addiction. Contrary to popular belief, **not all users develop a strong dependence on ice the first time they take it.** On the contrary, many people use ice only occasionally or irregularly. Moreover, **the trajectories of the users are not linear** and their level of addiction can fluctuate. Indeed, the addiction to ice does not only depend on the physical addiction caused by the product: in the first place, **the possibility to easily access the product is a decisive factor.** Those who can find and buy it easily are more likely to develop an addiction. In addition, whether or not one has regular users in one's circle is an important factor. **The trajectories of users also depend on psychological factors.** Thus, the trajectories of users are often altered during periods of biographical rupture (separation, death of a close relative, moving, etc.).

The medical and social consequences of ice are serious for drug users and their families. Regular users often notice negative effects on their physical health (weight loss, dental problems, heart problems, etc.) and mental health (feeling of losing one's intellectual faculties, psychiatric problems that can lead to hospitalization or a suicide attempt). **In addition, the particularly high**

price of ice can lead to the marginalization of those who use it, who tend to become impoverished and/or resort to illegality (entry into trafficking, theft, scams or burglaries) or prostitution. Beyond the financial issue, **ice use can be very destabilizing for household members**. Men, in particular, tend to unload their family responsibilities and put the entire burden of running the household on their wives. **In addition, the paranoia and nervousness of consumers tends to make them aggressive and sometimes violent**. Consumers then distance themselves from their usual social circles, especially their family and professional circles, which jeopardizes their social integration.

Getting off ice

Three conditions, corresponding to distinct stages, must be met in order to stop using ice: 1. **to feel a certain dissatisfaction with one's use** (a long process during which users develop a critical view of ice and their addiction); 2. **to decide to stop, most often following a triggering event** (like an emotional shock); 3. **to be in favourable conditions to achieve this**. Biographical breaks induced by moving, separation or arrest are particularly conducive to withdrawal: being away from the usual context of consumption represents a window of opportunity to stop ice. In addition, having the support of a family member is a determining factor in the success of withdrawal. Finally, the resources available to consumers and those who support them play a role that should not be underestimated.

For some people, medical care provides support during the withdrawal period and helps to avoid relapses. However, access to outside help is strongly conditioned by the place of residence: almost all the structures likely to help users are located in the urban center of Tahiti. **Moreover, recourse to outside help is more frequent among consumers and their relatives from privileged social backgrounds**, who have a better knowledge and opinion of these structures, who do not hesitate to ask for help and who have vehicles to get there. From this point of view, the obligation to provide care is a means of ensuring that a public that is unlikely to seek medical care spontaneously benefits from it. In addition, **religious institutions can play a major role in supporting withdrawal**, particularly because of their presence throughout the country and their proximity to the population. In general, spiritual practices are often described as an asset for withdrawal.

Part III. Ice as a public issue

As a sign of the interest of the public authorities in the subject, the written press and the television media are mentioning ice more and more. However, the survey shows that the

development of consumption and trafficking was not immediately considered as a public problem, neither in the press nor in the political discourse¹.

A time lag between the emergence of the problem and its inclusion on the agenda

In 2005, the ice appeared in the press, but these initial bursts of media coverage were quickly halted. The peak of media coverage in 2005 corresponds to the mobilization of a few associations (*No ice* and *Vivre sans drogue*) and of professionals of public services already confronted with the dependence of ice users. However, the mobilization of these associations quickly dried up, which can be explained by the fact that ice is hardly recognized as a public problem. The subject is considered as new in the public space. **Media and political attention to the topic really takes off in 2017.** Between 2017 and 2018, the number of articles doubled for *La Dépêche de Tahiti* and increased by 60% for *Tahiti infos*, from 30 to 48 articles.

The survey identified two major obstacles to putting ice on the political agenda during the 2000s, i.e. at the time of the traffic and consumption boom. **The first obstacle concerns the political situation of French Polynesia, marked by the colonial past and the current struggles for autonomy.** The time lag in putting the issue on the agenda can be explained by the saturation of the political agenda from 2004 onwards by the oppositions between autonomists and independentists. **The second obstacle to putting ice on the agenda concerns the media coverage of cannabis.** At the end of the 2000s, cannabis trafficking was subject to strong repression. The independentist party takes the subject and proposes the legalization to think about the economic independence of the country. However, the framework of the debate on cannabis is not transposable to ice, which is confined to the forbidden zone.

The arrival of a window of opportunity

The lifting of barriers for putting ice on the political agenda is made possible by the arrival of **a window of opportunity** associated with the development of a new social and political context. First, the increase in ice media coverage in 2017 corresponds to **the arrival of new indicators**, including the sudden explosion in the amount of ice seized by law enforcement. In 2017, the record in seizures forced political and administrative elites to consider ice trafficking in French Polynesia. In addition, other elements contributed to freeing the word and facilitated the continued mobilization of political and administrative elites on the subject. **As of 2019, relatives of users, or even former users and traffickers, are speaking out publicly about ice** through the social network Facebook and in particular via the *Luttons contre l'ice* (Fight Against Ice) group page, created on December 8, 2019. The third element favoring the placing of ice on the political agenda concerns **the rapprochement between political elites of the State and the**

¹ By public problem, we are referring to the definition given by sociology: problems do not impose themselves, they become public when they are judged problematic by a part of society and when they lead to debates on the public policies to be implemented.

Country. Common positions are emerging on a subject that falls within the competence of both the State and the country, which was not the case before given the high political instability.

The choice of repressive framing

If since 2017 ice has become a public problem in French Polynesia, the way the subject is treated in the public space is not neutral. **Ice consumption and trafficking are presented as a problem of delinquency.**

This repressive framing of the problem does not suit the operational actors we met, whether they work in the health, social or law enforcement fields. **Regardless of their professional culture, their social and ethnic origins, the operational actors working on a daily basis with consumers, traffickers and their relatives consider that the problem of ice is above all caused by the suffering of the population.** They believe that the brutal social change experienced by Polynesian society and the difficult economic situation are at the origin of this suffering. During the interviews, these actors mentioned two elements in particular: the nuclear tests and the level of social inequality.

The majority of the operational actors interviewed, however, have difficulty associating solutions to the socio-economic framing of the ice problem. Indeed, they do not formulate economic and social solutions, such as policies favoring employment or housing assistance, or the improvement of social aid to compensate for the transformation of forms of solidarity, disrupted by inter-island migration, among other things. On the side of health professionals, the focus on strengthening psychosocial skills in order to reduce behaviors considered risky, especially among the youngest, consequently erases the consideration of the socioeconomic inequalities of individuals. Thus, in practice, on the side of the operational actors, the origin of the problem is social, but the solutions actually implemented remain repressive.

Part IV. The implementation of public policies

The public policies associated with ice refer to the general measures which concern on the one hand the dismantling of drug trafficking and on the other hand the medical and social care of addictions. In French Polynesia, however, these measures have a specificity: **they are divided between the State in charge of repression on the one hand, and the Country on the other hand, which is responsible for the medical and social aspects.**

Mechanisms characterized by a lack of resources

Whether it is a question of dismantling trafficking for the State services or helping patients to get out of drug addiction for health or social professionals, the implementation of these public policies implies working over a relatively long period of time and using significant resources, particularly human resources. In both cases, **the public service agents we met indicated that they lacked the resources, especially human resources, to carry out their mission.**

On the part of the State services, investigative work is one of the major pillars of the fight against trafficking. Coordinated by magistrates, this investigative work is above all carried out by the law enforcement agencies: the Gendarmerie Nationale, the Police Nationale and the Customs. Due to the lack of resources necessary to carry out long investigations, magistrates are increasingly using the **immediate appearance procedure** to deal with the increase in ice cases. **On the side of the law enforcement agencies, the overload of work related to investigations is also systematically mentioned.**

According to the professionals we met in the country's services, there is also a lack of human resources. **It is only very recently that the team specialized in addictology has seen an increase in its staff**, thanks to the fact that the ice problem has been put on the agenda. A physician formerly working at CTAC said: "they went from 5 to 13 in 2018. I think they did that [the new positions] because the emergency was ice. Until recently there were no specialized consultations outside of Tahiti. And even in Tahiti, the consultation points are concentrated in the urban area. A revealing element of the lack of manpower on the part of health professionals concerns **the absence of a health care center and in particular of a cure, although the demand had been expressed for over 30 years**².

The challenge of cooperation between and within public services

On the side of law enforcement, **the key issue consists in the mutualization of the work of collecting evidence and information.** It is precisely around this element that cooperation is not at all obvious for the various government services that make up the law enforcement agencies. The survey identified **three key factors associated with cooperation between government agencies in intelligence gathering.** The first concerns the **media coverage** of seizures, which is a key moment. It is important for each agency to be publicly recognized for its seizures, or at least for its participation in the investigation that led to a seizure. The second relates to the competition that emerges between services, which may be linked to their **different prerogatives and ministerial supervision.** The existence of more or less institutionalized areas of cooperation makes it possible to federate the various government departments by enabling them to work on common targets, while differentiating their objectives thanks to their different prerogatives. Finally, **the Franco-Tahitian dimension of the work** is a crucial point, since there is a double division of labor: ethnic and hierarchical (the managers of the State services are almost all metropolitan). The ability of metropolitan managers to adapt national directives to the local context, whether in terms of work methods or more general objectives, is therefore decisive.

As far as the country's services are concerned, **the provision of care and preventive actions requires the coordination of different actors on three different levels:** at the interministerial level, within the same administration and finally between different institutional worlds (that of administrations and that of associations). For each of these levels of intervention, the survey identified the **elements that facilitate or block the coordination** of social, health and associative

² Such a center, attached to the future mental health pole of the Taaone Hospital Center, should open soon.

(secular or religious) actors. Within the same administration, such as the Health Department for example, the survey shows that despite a lack of resources, **the high level of inter-knowledge** between medical teams can facilitate the implementation of a continuity of care between the hospital and the CTAC. On the other hand, the survey showed, for example, that in the current **context of outsourcing preventive care**, prevention is highly dependent on associations, which are themselves highly dependent on the political context and the conditions under which funding is granted. **The supply of prevention activities is thus discontinuous and it is not easy to plan them.** The relationship between administrations and associations is thus structured by a strong economic dependence which is not without its tensions on a daily basis.

The cooperation between the actors of care (attached to the service of the Country) and those of repression (coming from the services of the State) is for its part largely determined by the struggle for autonomy. The distribution of competences between the two institutional levels is a continuous source of tension and takes the form of a ping-pong game where **the responsibility for current public policies is constantly referred to the other institutional entity.** A decisive element of the cooperation between the State and the Country's services concerns **the mutualization of prerogatives and resources in order to implement projects in which both entities are stakeholders.**

Limits of public policies

On the part of the State services, **the fight against trafficking has important limits**, whether it is at the level of investigative work due to a high **level of inter-knowledge**, or at the level of prison or the fight against recidivism. The ease of intelligence in Tahiti, which appears when it is repeated that "everyone knows everyone else", is in reality only very superficial. Leakage of information is frequent and cases of corruption exist. Secondly, the investigation has largely shown that **prison sentences do not stop ice trafficking.** Detained persons can continue their trafficking activities in prison. Finally, the means of the State services remain limited in the fight against recidivism, especially as the agents of the State services are sometimes overloaded. The SPIP counselors have **few material resources at their disposal to promote the reintegration of prisoners.**

For the services of the Country in charge of prevention and care in the field of addictions, **some difficulties cannot be solved by an increase of human and material resources.** These difficulties concern the discontinuity of the care offer, the framing of prevention messages and finally the training of the staff. First of all, the frequency of the consultations offered has been found to be insufficient on several occasions. It is also **the turnover of the medical profession** itself which is considered problematic in the case of the follow-up of patients suffering from addiction. Secondly, health professionals largely deplore **the state of prevention programs which are not integrated into school curricula.** To date, systematic interventions are carried out by outside contributors and in particular by policemen. In addition to interventions in schools, prevention also includes all campaigns aimed at disseminating prevention messages to the general public. On this point too, health professionals have indicated that they are not satisfied with the

political use of these campaigns, particularly the so-called shock campaigns. For them, risks should not be homogenized and dramatized at the risk of losing all credibility. Finally, it is **the training of health care workers on the subject of addictions that can be improved**. One of the main issues at stake is the capacity of the caregivers to establish a relationship of trust with their patients. But it is also **the training of all the professionals and volunteers who work with the public on a daily basis that can be improved in order to increase the number of referrals in terms of care**.

Conclusion

This research shows that ice has been put on the media and political agenda in recent years through the prism of a **fundamentally repressive framework**: ice is considered above all as a problem of delinquency. On the other hand, the **role of social inequalities**, particularly strong in French Polynesia, is almost never taken into account. Similarly, ice is rarely considered as a **public health problem**. Yet, ice consumption can be considered as an epidemic.

As shown by other studies on drugs³, this research suggests then that **the repression policy is doomed to failure**, at least if its objective is to undermine the ice traffic. Many drug traffickers re-offend when they are released from prison, either because their economic situation was jeopardized by their arrest and the seizure of their assets, or because their incarceration did not solve their addiction problem. Similarly, **prevention efforts aimed at scaring the public have limited effect**. They may even be counterproductive, as they may discourage users from talking about their addiction.

Improving addiction treatment and prevention policies therefore appears to be a priority in the fight against ice use. First of all, **the resources allocated to addiction specialists remain insufficient** in view of the extent of addiction problems in the population. Moreover, it would be useful to improve the training of all the professionals and volunteers who work with the public on a daily basis: health, social and education professionals, employees and volunteers of associations but also religious leaders could contribute to strengthening prevention and improving the management of addictions if they had adequate training.

In a more general way, this research invites **to consider and recognize the role of social inequalities and precariousness in the ice problem**. Similarly, it invites us to **take note of the structural inefficiency of the fight against trafficking and to consider concentrating efforts on public health policies**, following the example set by Portugal. Only such a paradigm shift would seem to provide an effective response to the social consequences of ice use.

³ Bergeron Henri, 2009, *Sociologie de la drogue*, La Découverte.