

This is the peer reviewed version of the following article:

Puljević, C., Zahnow, R., Benfer, I., Winstock, A., Maier, L., Barratt, M.J., & Ferris, J. (2020). Patterns of methamphetamine production among an international sample of methamphetamine 'cooks'. *Journal of Drug Issues*.

which has been published in final form at

<https://doi.org/10.1111/dar.13205>

This article may be used for non-commercial purposes in accordance with [Wiley Terms and Conditions for Use of Self-Archived Versions](#).

© 2020. This manuscript version is made available under the CC-BY-NC-ND 4.0 license
<http://creativecommons.org/licenses/by-nc-nd/4.0/>

22

ABSTRACT

23 **Introduction:** The illicit manufacture of methamphetamine in clandestine laboratories is
24 associated with significant risks to the community and environment. Currently little is known
25 about clandestine laboratories or the individual “cooks” who operate them; current research
26 directly engaging with cooks is limited to three qualitative studies with small samples (n<24)
27 of cooks based in the United States. This descriptive brief report starts to address this
28 knowledge gap by exploring characteristics of an international sample of self-identified
29 methamphetamine cooks.

30 **Methods:** Using data from the 2017 and 2018 Global Drug Surveys, we identified 125
31 individuals from 24 countries who reported past manufacture of methamphetamine. We
32 explored respondents’ socio-demographic characteristics and patterns of methamphetamine
33 production using descriptive statistics.

34 **Results:** The majority of methamphetamine cooks were male (82%) and Caucasian (70%),
35 and, contrary to previous studies, 43% were employed and 51% had at least a high school
36 certificate. Cooks most commonly sourced precursors from pharmacies (50%), followed by
37 friends (24%). Almost half of the cooks (47%) produced methamphetamine exclusively for
38 self-consumption.

39 **Discussion:** The heterogeneous nature of the sample, and varying precursor sources, reflect
40 the limitations of existing regulations aimed at limiting methamphetamine production. These
41 findings point to the need for innovative and multi-faceted efforts aimed at reducing and
42 preventing the harms associated with methamphetamine manufacture.

43 INTRODUCTION

44 Methamphetamine is a highly addictive substance [1] that can be manufactured with
45 relative ease in small domestic laboratories [2]. Recent global trends in drug seizures suggest
46 a dynamic and growing market for methamphetamine in a number of countries [3]. Analyses
47 of wastewater conducted in 37 countries between 2011 and 2017 show the highest levels of
48 methamphetamine use in the USA, followed by Australia and New Zealand [4].
49 Methamphetamine is typically produced in clandestine laboratories (commonly referred to as
50 clan labs) of varying sizes, ranging from “super” clan labs, which are large, organised labs
51 capable of producing an average of 10 pounds (4.5kgs) per cycle, to smaller labs based in
52 domestic residences that supply individual consumption [2]. Domestic clan labs were recently
53 made infamous by the television series *Breaking Bad*. However, the television series failed to
54 highlight the significant health risks clandestine laboratories pose to individuals and
55 communities. As these clan labs involve the use of volatile and hazardous chemicals, often
56 processed through makeshift equipment [5], fires and explosions can occur, causing
57 significant injuries [6]. Further, the cooking process can result in the release of harmful
58 reagents and by-products into the atmosphere, water and soil [7], posing significant public
59 health risk to the environment and to the people who come into contact with clan labs.

60 The majority of people receiving injuries from clan labs are the individuals
61 manufacturing the drugs [8], with common injuries including acute inhalation injuries, burns,
62 or death following explosions [8, 9]. These manufacturers often follow “recipes” found
63 online, earning them the nickname of “cooks” [10, 11]. As most clan labs are located in
64 residential neighbourhoods [8], members of the public, including children, are also
65 occasionally victim to chemical exposure associated with nearby clan labs [7, 9]. Clan labs
66 are a public safety issue separate from individual drug use in the risks posed to the general
67 non-using population [9], pointing to the need for effective strategies aiming to prevent this
68 kind of methamphetamine production.

69 Due to difficulties engaging this population group in research, very little is known
70 about cooks or their production methods; for example, we are aware of only three studies, all
71 conducted in the USA—Missouri [12], Arkansas [13], Kentucky [13], and Oklahoma [14]—
72 which have engaged directly with small samples ($n < 24$) of current [13] or former [12, 14]
73 producers of methamphetamine. Other research examining methamphetamine manufacturers
74 typically describes small samples ($n < 32$) of cooks identified through retrospective reviews of

75 administrative records [15-17]. All studies describe cooks as characteristically young, male,
76 Caucasian and unemployed, with low levels of education [12-17].

77 Information about cooks' production methods can inform prevention, intervention
78 and harm reduction strategies, particularly those targeting the availability of precursors or
79 tools used for manufacturing. Further, information about their demographic profiles may help
80 to identify individuals at high risk of future methamphetamine manufacture, thus enabling
81 prevention through early intervention. The current study starts to address some of these
82 research needs. Drawing on survey data from a sample of 125 people who identified as
83 methamphetamine cooks, this descriptive brief report explores patterns of methamphetamine
84 production among this unique population.

85 **METHODS**

86 **Data source**

87 Data were drawn from the Global Drug Survey (GDS) [18], an annual, anonymous,
88 online survey conducted in partnership with global media partners that captures respondents'
89 lifetime and recent use of more than 150 drugs. The survey is open to anyone aged 16 and
90 over who consents to participate, and is translated into multiple languages. Full details of the
91 design, history and representativeness of the GDS are described elsewhere [18]. The study
92 received ethical approval from University College London (11671/001), King's College
93 London (PNM/14/15-17), The University of Queensland (2017001452/11671/001), and The
94 University of New South Wales (HC17769).

95 Combined data from the 2017 and 2018 GDS were used for this study. A total of
96 119,108 and 130,761 people responded to the 2017 and 2018 GDS respectively. The sample
97 described in this study was restricted to those who responded "yes" to the question "Have
98 you ever made your own methamphetamine drugs?" For individuals who reported
99 participating in both the 2017 and 2018 GDS surveys, we retained only their responses from
100 the 2017 survey to avoid duplication.

101 **Analyses**

102 First we calculated descriptive statistics for socio-demographic variables, including
103 sex, age, country of residence, geographic location (city/urban, regional or remote),
104 educational achievement, employment status, current occupation, and drug use within the
105 past year. Next we analysed their patterns of methamphetamine production, including
106 common production methods, frequency of production, source of precursors, and the purpose

107 of the manufactured methamphetamine (self-consumption / sale to others). Finally, we
108 compared cooks who manufactured methamphetamine for self-consumption, for sale to
109 others, or both.

110 **RESULTS**

111 The final sample of methamphetamine cooks included 125 respondents (66 from GDS
112 2017 and 59 from GDS 2018) from 24 countries. Table 1 shows the socio-demographic
113 profile of the sample. The majority were male and Caucasian, and the cooks reported a mean
114 age of 30 (range 16-60). The largest number of the sample's respondents resided in the USA
115 (38%), followed by Australia (10%), New Zealand (9%), Germany (7%), and Canada (6%).
116 One-third of respondents had a high school certificate, and almost half were currently
117 employed, with the most frequently reported occupation being a labourer or related
118 profession. Respondents reported a high level of substance use in the past 30 days, in
119 particular tobacco, methamphetamine, cannabis mixed with tobacco, and amphetamine.

120 Table 2 shows respondents' patterns of methamphetamine production for the full
121 sample and for respondents from the five countries with the highest numbers of cooks.
122 Approximately one-third of cooks had produced methamphetamine at least once within the
123 past year. The most commonly-reported production method was using ephedrine/
124 pseudoephedrine as a precursor, followed by a reduction of hydroiodic acid and red
125 phosphorous, although these processes often form two parts of the same method. Pharmacies
126 were the most common source of precursors, followed by friends. Almost half of respondents
127 described manufacturing methamphetamine for self-consumption only.

128 Supplementary Table 3 shows the socio-demographic characteristics of respondents
129 who reported manufacturing methamphetamine for self-consumption, for sale to others, or
130 both. Although small sample sizes in each group and missing data limit our ability to draw
131 accurate comparisons between the groups, those who reported manufacturing exclusively for
132 self-consumption appear to be similar in age, ethnicity, level of education and employment
133 status compared to the overall sample and those who manufacture for both self-consumption
134 and sale to others.

135 **DISCUSSION**

136 Our analyses of an international sample of self-identified methamphetamine cooks
137 provides new information about individuals involved in methamphetamine manufacture. Our
138 findings show that methamphetamine cooks are heterogeneous in both their socio-

139 demographic characteristics and their adopted method of methamphetamine synthesis. Here
140 we report two key findings that add to the current literature.

141 First, in contrast to previous single-region studies describe methamphetamine cooks
142 as characteristically unemployed, and with limited education [12-17], our sample contains
143 individuals representing a wider range of socio-demographic characteristics. The majority of
144 individuals in our sample had completed high school and were employed and many were in
145 professional or managerial roles. This finding implies that clandestine laboratories may exist
146 in many types of neighbourhoods, including higher socioeconomic areas.

147 Our second key finding is that respondents most commonly described manufacturing
148 methamphetamine for self-consumption only, suggesting small-scale manufacture within
149 domestic residences, while only a small percentage of respondents reported manufacturing
150 methamphetamine exclusively for sale to others. This finding reflects those from literature
151 describing cannabis cultivators primarily growing cannabis for personal use [19, 20],
152 although the cultivation of cannabis is arguably less risky in terms of risk of exposure to
153 hazardous chemicals or explosions. Domestic production of methamphetamine is of
154 particular concern when considering the public health harms associated with clan labs located
155 in residential areas, such as fires and explosions [7, 11], or exposure of members of the public
156 to hazardous chemicals [7, 9, 11]. Further, the sporadic and diverse nature of this type of
157 manufacture makes it particularly difficult to locate and prevent [2]. In addition to the
158 provision of traditional drug education and treatment services aimed at reducing demand for
159 methamphetamine [1, 2], there may be benefit in training third parties who have routine
160 access to residences (such as realtors or cleaners) to detect and report suspicious activity
161 related to methamphetamine manufacture.

162 A number of legislative controls have been implemented internationally in an attempt
163 to prevent methamphetamine manufacture (see Stoneberg et al for a review [2]), such as
164 limits on the sales and supply of precursors required for methamphetamine production [21,
165 22]. While these regulations have previously demonstrated effectiveness in reducing
166 indicators of methamphetamine supply [21-23], many cooks are now able to synthesise
167 precursors from processed products [10], and international efforts to disrupt illicit drug
168 supply, trafficking and manufacture have met with limited success [2]. These regulations also
169 may be less effective in preventing methamphetamine manufacture by cooks producing
170 methamphetamine exclusively for individual consumption. As a consequence, our results

171 provide support for innovative and multi-pronged approaches to prevent unregulated
172 methamphetamine manufacture and related harms, such as exposure to harmful chemicals, or
173 injuries from fires or explosions. There also may be merit in considering targeted outreach
174 approaches (for example, campaigns promoting less risky methods of cooking), or even the
175 safe supply of methamphetamine within a legal, regulated context— an approach with the
176 potential to reduce harms among a group who often experience various forms of disadvantage
177 and marginalisation [24, 25]. Given many cooks indicate manufacturing only for self-
178 consumption, these strategies may also reduce potential community harms associated with
179 small-scale methamphetamine manufacture. Further research is also required on this topic, in
180 particular regarding motivations for methamphetamine production, whether there is any
181 significant difference between purchased and produced product in terms of perceived quality
182 or value for money, and effective interventions or strategies to prevent unregulated
183 methamphetamine manufacture and related harms.

184 Our study benefits from its unique international sample and the GDS survey’s
185 anonymity, and highlights that people who manufacture methamphetamine, for personal use
186 or supply, are prepared to complete online surveys about their manufacturing practices.
187 However, our findings are subject to some limitations. First, our data are not necessarily
188 representative of individuals who manufacture methamphetamine; the GDS is a self-select,
189 self-report survey, and only included individuals who had used a drug within the past 12
190 months. As a result of this and the sample size, analyses were restricted to descriptive
191 statistics. In addition, ethical considerations necessitated designing the questions as optional
192 to complete, resulting in missing data. Third, participants were limited to three response
193 options when describing the purpose of methamphetamine production (self-consumption, sale
194 for others, or both), excluding those who may have manufactured methamphetamine for
195 social supply or other purposes. Finally, we are unable to provide details about the context
196 within which individuals manufactured methamphetamine (e.g. the clan lab’s size or
197 location), or respondents’ motivations behind production.

198 **Conclusions**

199 In this study we highlighted two key findings: many individuals who manufacture
200 methamphetamine are employed and have finished high school, and almost half of cooks
201 reported manufacture for self-consumption only. While our study provides some unique
202 insights into the characteristics and behaviours of methamphetamine cooks, more research is

203 required to inform policies aimed at both prevention of and intervention in methamphetamine
204 manufacture, and the potential impact of the safe supply of methamphetamine.

205 **REFERENCES**

- 206 1. Degenhardt L, Sara G, McKetin R, Roxburgh A, Dobbins T, Farrell M, et al.
207 Crystalline methamphetamine use and methamphetamine-related harms in Australia. *Drug*
208 *Alcohol Rev.* 2017;36(2):160-70.
- 209 2. Stoneberg DM, Shukla RK, Magness MB. Global Methamphetamine Trends.
210 *International Criminal Justice Review.* 2018;28(2):136-61.
- 211 3. United Nations Office on Drugs & Crime. *World Drug Report 2018.* Vienna,
212 Australia: United Nations Office on Drugs and Crime; 2018.
- 213 4. González-Mariño I, Baz-Lomba JA, Alygizakis NA, Andrés-Costa MJ, Bade R,
214 Barron LP, et al. Spatio-temporal assessment of illicit drug use at large scale: evidence from
215 7 years of international wastewater monitoring. *Addiction.* 2020;115(1):109-20.
- 216 5. Abdullah AFL, Miskelly GM. Recoveries of trace pseudoephedrine and
217 methamphetamine residues from impermeable household surfaces: Implications for sampling
218 methods used during remediation of clandestine methamphetamine laboratories. *Talanta.*
219 2010;81(1-2):455-61.
- 220 6. Roper JD. Drug-endangered children and the manufacture of methamphetamine.
221 *School Nurse News.* 2007;24(2):27-9.
- 222 7. Caldicott DG, Pigou PE, Beattie R, Edwards JW. Clandestine drug laboratories in
223 Australia and the potential for harm. *Australian and New Zealand Journal of Public Health.*
224 2005;29(2):155-62.
- 225 8. Australian Government. *enHealth Guidance on: Clandestine Drug Laboratories and*
226 *Public Health Risks.* 2017.
- 227 9. Wright J, Edwards J, Walker S. Exposures associated with clandestine
228 methamphetamine drug laboratories in Australia. *Reviews on Environmental Health.*
229 2016;31(3):329-52.
- 230 10. Vidal S, Décary-Héту D. Shake and Bake: Exploring Drug Producers' Adaptability to
231 Legal Restrictions Through Online Methamphetamine Recipes. *Journal of Drug Issues.*
232 2018:0022042617751685.
- 233 11. Burgess JL, Chandler D. Clandestine drug laboratories. In: Greenberg MI, Hamilton
234 RJ, Phillips SD, McCluskey GJ, editors. *Occupational, Industrial, and Environmental*
235 *Toxicology (2nd Ed).* St Louis, Missouri: Mosby; 2003.
- 236 12. Jenkot R. "Cooks are like Gods": Hierarchies in methamphetamine-producing groups.
237 *Deviant Behav.* 2008;29(8):667-89.
- 238 13. Sexton RL, Carlson RG, Leukefeld CG, Booth BM. Patterns of illicit
239 methamphetamine production ("cooking") and associated risks in the Rural South: An
240 ethnographic exploration. *Journal of Drug Issues.* 2006;36(4):853-76.
- 241 14. Shukla RK. *Methamphetamine: A Love Story.* Oakland, CA: University of California
242 Press; 2016.
- 243 15. Danks RR, Wibbenmeyer LA, Faucher LD, Sihler KC, Kealey GP, Chang P, et al.
244 Methamphetamine-Associated Burn Injuries: A Retrospective Analysis. *Journal of Burn Care*
245 *& Rehabilitation.* 2004;25(5):425-9.
- 246 16. Thrasher DL, Von Derau K, Burgess J. Health effects from reported exposure to
247 methamphetamine labs: a poison center-based study. *Journal of Medical Toxicology.*
248 2009;5(4):200-4.
- 249 17. Warner P, Connolly JP, Gibran NS, Heimbach DM, Engrav LH. The
250 methamphetamine burn patient. *J Burn Care Rehabil.* 2003;24(5):275-8.
- 251 18. Barratt MJ, Ferris JA, Zahnnow R, Palamar JJ, Maier LJ, Winstock AR. Moving on
252 from representativeness: testing the utility of the Global Drug Survey. *Substance Abuse:*
253 *Research and Treatment.* 2017;11:1-17.

- 254 19. Potter GR, Barratt MJ, Malm A, Bouchard M, Blok T, Christensen AS, et al. Global
255 patterns of domestic cannabis cultivation: sample characteristics and patterns of growing
256 across eleven countries. *The International journal on drug policy*. 2015;26(3):226-37.
- 257 20. Decorte T. Small Scale Domestic Cannabis Cultivation: An Anonymous Web Survey
258 among 659 Cannabis Cultivators in Belgium. *Contemporary Drug Problems*. 2010;37(2):341-
259 70.
- 260 21. McKetin R, Sutherland R, Bright DA, Norberg MM. A systematic review of
261 methamphetamine precursor regulations. *Addiction*. 2011:1-14.
- 262 22. Ferris J, Devaney M, Mazerolle L, Sparkes-Carroll M. Assessing the utility of Project
263 STOP in reducing pseudoephedrine diversion to clandestine laboratories. *Trends and Issues
264 in Crime and Criminal Justice*. 2016;509(March):1-7.
- 265 23. Mazerolle L, McGuffog I, Ferris J, Chamlin MB. Pharmaceutical sales of
266 pseudoephedrine: the impact of electronic tracking systems on methamphetamine crime
267 incidents. *Addiction*. 2017;112(3):468-74.
- 268 24. Fleming T, Barker A, Ivsins A, Vakharia S, McNeil R. Stimulant safe supply: a
269 potential opportunity to respond to the overdose epidemic. *Harm Reduction Journal*.
270 2020;17(1):6.
- 271 25. Greer A, Ritter A. The legal regulation of drugs and role of government: Perspectives
272 from people who use drugs. *Drug Alcohol Depend*. 2019;206:107737.

273