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Title: Craigslist as a Source for Illicit Drugs: A Case Report and Review of the Literature

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Authors' Contributions

BT was involved with the acquisition of data; BT, AD, CG, and JDL made substantial contributions to the conception, analysis, and drafting of the manuscript.

Introduction

More than 87% of U.S. adults use the Internet [1], an essential communication platform for commercial and recreational use. In recent years, the Internet has spurred a proliferation of web-based drug markets and online communities, escalating access to controlled substances for nonmedical use [2-4]. *Craigslist* was founded in 1995 as a platform for classified ads for jobs, housing, goods, and services. It reports more than 60 million users monthly and is available in over 70 countries and across 700 local sites [5]. Despite its many positive features, *Craigslist* has also served to facilitate illicit activities, including prostitution and risky sexual practices accompanied with crystal methamphetamine use among men who have sex with men [6]. To date *Craigslist* has not been documented in the medical literature as an online source for acquiring nonprescription opioids. We report the case of a patient recently enrolled in our office-based buprenorphine program who utilized *Craigslist* as his primary method of acquiring heroin.

Case History

The patient is a 42-year-old professionally employed, college-educated, White male with a history of nicotine, cannabis, and intravenous heroin use disorders who presented for an initial visit to the Bellevue Hospital Center office-based buprenorphine program, located in Manhattan, New York City. The patient had relapsed approximately 14 months prior to his initial visit in 2014, following a seven-year period of sobriety without opioid agonist treatment. When asked about his most recent heroin use patterns - including mode of acquisition - the patient reported obtaining heroin through the popular internet website *Craigslist*. In the past, the patient had either purchased heroin from a reliable network of dealers or commuted to open-air drug markets in Newark, New Jersey for higher-quality heroin. However, following seven years of sobriety, the patient was unfamiliar with any open-air drug markets or drug dealers from whom to obtain heroin. He was then directed to *Craigslist* by co-workers who had remarked in passing about the ease with which they were able to purchase high-quality illicit substances from the website. The patient had used *Craigslist* in the past, approximately 2-3 times per year to sell or purchase musical instruments.

Search terms such as “heroin”, “subs”, “pain relief”, and “dog food” successfully yielded ads that openly or discreetly advertised the sale of heroin. Despite a high turnover of ads, drug dealers were identified readily based on the terms used to advertise their product (e.g., “brown sugar”, “horse”, “smack”) and the variety of drugs sold. Numerous sellers would provide stamped or “branded” images of their supply of heroin and/or an accompanying logo of their “brand”; brands included “Moby Dick”, “Infinity”, “China Cat”, “The Bomb”, a brand supposedly from Chicago that was known to be cut with fentanyl, and

the patient's preferred brand, "Empire". Logos allowed the patient to navigate the wide variety of heroin available on *Craigslist* in order to identify higher-quality heroin.

After identifying a preferred brand, the patient would then use his mobile phone to text message a contact provided in the ad. The patient initiated transactions with general questions about the purchase: "Do you want to do business? Do you deliver?" Dealers often asked, "Are you LE (law enforcement)?"; the patient in turn assured the dealer that he was not. Occasionally dealers would also ask for the patient's Facebook, Myspace, or Twitter profile name for corroboration. All communication prior to the in-person exchange was limited to text message, in contrast to more traditional methods: face-to-face purchases, telephone voice contact, paging, or street payphones. The drug dealers' levels of anxiety - as perceived by the patient through their text message communications - served to assuage his concern that the transaction might be arranged by an undercover agent.

Following the initial text-message communication, one dealer directed the patient to a nearby coffee shop where the purchase was made in person. The dealer was paid in cash and never utilized online forms of payment. After the initial sale, the dealer's associates made deliveries directly to the patient's apartment building. A similar pattern was reported across dealers: "They see you first, face-to-face, in a public place, and if they're cool with you, they deliver to your place." The estimated time required to search *Craigslist*, contact the drug dealer via text message, and receive the heroin was often less than 24 hours. When a dealer was no longer accessible, the patient would return to *Craigslist*.

The patient recalled several episodes of being robbed by drug dealers solicited via *Craigslist* following after a period of normal transactions. In one instance, he allowed a dealer to enter his apartment to deliver heroin while the patient was at work; the dealer then used the occasion to inject heroin and steal electronic devices among other valuables. Other dealers provided bags that appeared to be filled with heroin, but were instead imitation powdery material. In one occasion, the patient was threatened after he provided insufficient funds for a pre-agreed quantity of heroin. Drug dealers that self-reported heroin use, used heroin with the patient, or were suspected of having withdrawal symptoms were more frequently associated with such events. Despite such harrowing experiences, *Craigslist* continued to be his primary method of purchasing heroin during the 14-month period following his relapse in 2013 through 2014 when he enrolled in treatment.

While searching for a potential dealer on *Craigslist*, the patient was re-directed through a *Craigslist* ad to the website *Bluelight*, a message board established for the open discussion of drug use. On a few occasions, he posted on an email thread utilized by other active users on *Bluelight* to obtain updated information on open-air drug markets in Harlem, Brooklyn, and a "mega-open air market" in Newark. In one instance, another email thread participant and active user contacted the patient to drive him at no cost to a trusted drug dealer in Brooklyn.

Discussion:

We presented a case of heroin purchased online using *Craigslist*. The patient was introduced to the availability of illicit substances on *Craigslist* via word of mouth. Despite several negative experiences with drug dealers that mirrored those present in traditional open-air drug markets- namely, being robbed or cheated, the site remained his primary source for procuring heroin during his 14 month period of use. An array of drug-related information were utilized; drug dealers were contacted via text messaging on *Craigslist*, and peer-to-peer exchanges via *Bluelight's* online community helped locate open-air drug market when *Craigslist* searches proved futile.

Although drug dealers and peers are popular sources for obtaining drugs, this case report highlights several advantages of online drug sales. Web-based transactions may alleviate concerns regarding anonymity and personal safety by avoiding open-air drug markets. For online drug dealers, a broader array of illicit substances may be provided compared to local street-level drug dealers, and local authorities may be evaded by having websites hosted in countries lacking restrictive legislations or enforcement capacity. Additional benefits include limiting access to content pertaining to procuring drugs and use strategies only in 'Deep Web' platforms rather than existing search engines such as 'Google' and utilizing untraceable non-government-controlled currency known as Bitcoin [2-4].

The patient's use of *Bluelight's* forums and e-mail threads allowed for peer-to-peer exchanges of users' experiences with drugs - or 'trip reports', instructions on self-administration of illicit substances, and online exchanges to facilitate access to traditional open-air drug markets and drug dealers. In addition to peer exchanges facilitating access to traditional open-air drug markets, the 2012 arrests of *Craigslist*-based drug dealers in New York City, which included full-time professionals and students, highlights shifts in traditionally demarcated patterns of illicit drug sales by allowing persons that would have never ventured into street-level drug sales to advertise their products online and complete sales in a familiar environment (e.g., Starbucks coffee shop; public parks) [7].

Healthcare providers may leverage popular online sites utilized for drug sales such as *Craigslist* to deploy innovative public health strategies directed towards populations less likely to be linked to addiction treatment; this is particularly important for younger populations with substance use disorders that have increased access to the Internet [8, 9]. Several studies have successfully utilized *Craigslist* as a surveillance platform to capture sensitive data via text mining and individual interviews among vulnerable populations engaging in illicit substance use and high-risk sexual practices while retaining respondent anonymity [6, 10, 11]. *Craigslist* has also facilitated entry into addiction treatment among participants not linked to care [12]. Obstacles to utilizing *Craigslist* for public health and research purposes include its presence in primarily large urban centers serving mostly younger populations with internet access [5, 8]. Researchers are required to frequently post ads as newer postings may quickly relegate their posts out of the viewer's sight, place ads in sub-sections and include search terms that will increase the likelihood of capturing the targeted population, and be available by phone or email in order to respond to potential participants [13].

Conducting periodic patient surveys may inform researchers about emerging vernacular, symbols, and patterns of drug use behavior in order to better adapt Craigslist-based interventions [14]. Similar web-based health interventions must also extend across emerging technological platforms, including smart phone applications (e.g., Grindr), BitTorrent websites, eBay, and Instagram in order to track and mitigate the effects of online-based drug sales and information sharing [15]. Additional strategies include Internet blocking software, especially on computers frequented by younger users, and utilizing spam-blocking options to reduce exposure to unsolicited e-mails that promote drug sales.

Conclusion

The Internet functions both directly – as in the case of *Craigslist* ads – and indirectly – as in the case of *Bluelight* forums – to provide users with access to drugs. As evidenced by the increase in reports of online drug sales, the drug market is adapting to changing trends in technology and in the population of substance users. Healthcare providers and government agencies are encouraged to modify intervention strategies in attempts to mitigate the deleterious effects of the online drug market.

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