

Chapter 5

‘Waiting for the Delivery Man’: Temporalities of Addiction, Withdrawal, and the Pleasures of Drug Time in a Darknet Cryptomarket

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Abstract

In this chapter, the author examines the way in which the purchase and delivery infrastructure of darknet cryptomarkets shapes the experience of opiate drug use and dependence. It uses the concept of social time and posits that the illicit drug distribution system reshapes two temporal dimensions shaping the experience of drug users. There is the experience of time located in the pharmacology of the drug and in the body of the drug user, which evokes experiences of withdrawal and dependence. Then there is the socio-technical embedding of the delivery system and governance structures which support or impinge on the autonomy of the user. This ‘drug time’ is both a benefit and a cost of engaging in cryptomarket use. The market infrastructure can give users the opportunities to more carefully manage their drug time, while also creating new risks of non-delivery that can sharpen experiences of dope sickness. The author concludes that the growing professionalisation, digitisation, and commercialisation of the drug market increasingly embed drug time in material infrastructures mediated through technical systems.

Keywords: Drug delivery; social time; heroin; opiates; commodification; infrastructure

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Introduction: The Temporal Infrastructure of Illicit Digital Markets

When his junk is cut off, the clock runs down and stops. All he can do is hang on and wait for non-junk time to start. (Burroughs, 1977)

Time is culturally significant in popular accounts of the lives of dependent drug users. The title of this chapter alludes to the Velvet Underground's 'I'm Waiting for the Man', a song about waiting – and being made to wait – to score heroin from a dealer. Burroughs (1977) was one of many authors whose description of dependent drug users reduced them to the rhythm of their physiological addiction, wholly dependent on the internal 'clock' of addiction and withdrawal. Though that was a reductive and inaccurate framing, it captures one element of the relationship between time and the dependent drug user. What Burroughs (1977) characterised as 'junk time' is one culturally powerful element of the drug chronotype which encompasses a range of rhythms and trajectories. They are embedded in consumption rituals, biographies, treatment systems, criminal justice processes, and other structuring factors which shape the time of the drug user (Fraser, 2006). For example, time is structured in particular ways within treatment institutions, and it can be used as punishment. Deliberately producing 'waits for treatment' is one way of inducing dope sickness as a punishment for wayward and less privileged dependent users in treatment (Bourgois, 2000). Waiting can be a clinical imposition and a clinical-treatment construct. Letting dependent users wait requires them to perform as 'proper' patients rather than manipulative 'addicts' (Bourgois, 2000).

Here, I intend to examine one particular way in which time is structured for drug users, through the social time of a set of online drug markets. I use a study of experiences of time among users of cryptomarkets, which operate as anonymous digital markets. I pull together the findings of many studies of cryptomarkets that have examined the way in which the buying process shapes buyer identity and behaviour (Aldridge and Décary-Héту, 2016; Barratt et al., 2016). My argument is that processes of drug buying that are mediated through the cash nexus structure are user and dealer capacities and identities (Beckert and Dewey, 2017). The way in which drug markets pattern and direct drug buying is critical to both the way in which users position and identify themselves and experience their drug use.

Illicit drugs are sold online in a diverse ecosystem of social media platforms, messaging apps, and websites (Childs et al., 2020; Coomber et al., 2023, Chapter 2; Demant et al., 2019; Moyle et al., 2019). Cryptomarkets are one element of that. They are unusual as they are custom designed to sell illicit drugs and sometimes other illicit goods and services (Barratt and Aldridge, 2016; Rhumorbarbe et al., 2018). They are hosted on the Tor darknet and benefit from features such as obscurity, encryption, and secure communication. Combined with distributed accounting systems like Bitcoin or Monero, cryptomarkets allow transactions to take place in relative anonymity, with buyer, seller, and host not immediately known to each other. Though the process is theoretically anonymous, there is

an imbalance as the seller will know the buyer's shipping information and whatever name they are given. Drugs are purchased and delivered through courier or postal systems or left at dead drops. Online drug markets create new contexts for dealing and risk, and Aldridge and Askew (2017, p. 106) describe illicit transactions in this domain as “stretched” across time, virtual and geographic space, and handlers’. The reconfiguring of time and space is a key feature that patterns the experience of drug users interacting with the market. It recreates some aspects of the face-to-face market – for example, a bifurcation between those buying for personal use and social supply versus bulk purchases for secondary redistribution (Demant et al., 2018).

Human and non-human elements interact to produce drug use contexts (Dennis and Farrugia, 2017). They configure knowledge, ground truths, pharmacological products, and users’ selves and bodies (Duff, 2014). Given, how cryptomarkets often present themselves, it could be taken as read that they rationalise drug buying by design. Cryptomarkets appear to foreground rational hedonism, promoting choice, hedonic consumption, and utility maximisation (Childs et al., 2020). There are other principles at work as well such as ideological performance and reciprocity (Craciunescu and South, this volume; Ladegaard, 2017; Masson and Bancroft, 2018; Munksgaard and Demant, 2016). This chapter takes a digital materiality approach which examines the ways in which technological solutions embed specific kinds of social and political relationships (Dourish, 2017; Fox and Alldred, 2016). They also create possibilities to rework existing drug market repertoires away from established assumptions about who is participating and how (Chatwin and Fleetwood, this volume; Fleetwood et al., 2020).

One way in which heroin users have been defined is as ‘addicted bodies’, and ‘withdrawal’ has been the primary frame for understanding heroin dependence (Walmsley, 2016) in both scientific and subcultural understandings. Dependent opiate users in the eighteenth century used substitution with alcohol to cope with withdrawal, or mixed opium with wax as a self-care method. Withdrawal steadily came to be viewed as a process too dangerous to be left to self-care, one that could be traumatic, deadly, or just impossible for the user to embark on themselves. In the UK, in the early twentieth century, maintenance was available to some under the ‘British System’, but this was largely social-class based, being available to professionals and private patients (Measham and South, 2012, pp. 697–700; Smart, 1984). The abrupt withdrawal method was used for ‘dangerous’ drug addicts such as prisoners. The Abstinence Syndrome Intensity scale was developed in 1944 to quantify withdrawal. Symptoms of withdrawal were objectified, no longer reliant on subjective self-report, and, as a result, the individual addict could no longer ‘speak’ their condition. Psychological dependence was excluded from the understanding of addiction.

Two truth-producing mechanisms were worked into diagnosis: urine analysis and the Opiate Withdrawal Scale. At this point, treatment was moving to exclude ‘pseudo-addicts’ and the reverse – addicts who claimed to be clean but were not. These truth mechanisms framed the patient as untrustworthy, a framing many addicts accepted. From 1980s onward, heroin withdrawal was defined as destabilising risk management strategies, making the subject resistant to rational,

forward-looking decision-making. The language was now changing, influenced by neuroscience, which redefined addiction as a set of neurobiological mechanisms at work. These truth-producing mechanisms reworked notions of ‘addiction’ and ‘dependent users’ (Seddon, 2007) and usually served to exclude pleasure from consideration. Users themselves have recognised pleasure as present in dependent use (Dennis, 2019; Duff, 2011), doing so by moving away from an understanding of it as hedonic leisure and showing it as routine, embodied, material, domesticated, habitual, and intimate. One way of understanding the connection between the everyday routine and the pleasurable is how both manifest in social time.

I aim to examine the connection between materialised market economies and social time by examining the combination of technologies, practices, and users that make up the illicit economy. Developing these ideas, I use the concept of ‘drug time’ as a form of social time produced by the combination of cryptomarket purchase and associated delivery systems. This can be defined as a multiple set of cultural, structural, and disciplinary rhythms (Sorokin and Merton, 1937), and, in that sense, time is created from cultural referents and material determinants (Munn, 1992). Drug time allows us to understand the combination of drugs as pharmacological products, the sale and distribution infrastructure, and users’ preferences and purposes. It applies concepts of eventalisation, trajectory, and career to do this. It tells us how online communities are developing these ways of understanding drug use through processes of asynchronisation and the creation of a community-developed drug ontology (Bilgri, 2016).

‘Time’ matters because we are overwhelmed with technical and disciplinary forms of ‘time’ over other social rhythms. Neoclassical economics and data capitalism both establish conceptions of time that are critical in disciplining society and which create their own ways of being, values, and hierarchies. Various temporal patterns and rhythms are encountered in drug and alcohol consumption. For example, a critical part of the commercialisation of alcohol in the UK has involved changing when alcohol can be consumed, liberalising licensing laws and changing the pace of consumption, marketing new easy-to-drink products, and designing spaces that encourage fast, continuous consumption (Chatterton and Hollands, 2002; Measham and South, 2012, p. 709).

Extractive data capitalism presents its own time modes as natural and inevitable (see Tzanetakis and Marx, 2023, Chapter 10; Zuboff, 2015). For users of digital platforms and systems, this is often encountered as a technological construct: platforms record the movements and actions of gig economy workers in intimate detail, placing rapid-fire demands on labourers within it. These principles are then naturalised. Platform users come to expect that their lives will be filtered through and judged according to these data metrics (Lupton, 2016). In a digital society, licit and illicit economies of intoxication have grown more like each other in these terms. Cryptomarkets exemplify this, professionalising and gentrifying production, distribution and consumption, labour organisation, and digital services (Martin, 2018).

Markets function effectively when they are routinised. As noted by Collier et al. (2021), the infrastructure of illicit digital markets is often hidden from the view of observers and participants. This infrastructure involves a large array of

routine labour dependent on shared infrastructure. A wide array of services is provided, such as hosting, site design, call centres, franchise management, data analysis, and banking/cashing out (Kremez and Carter, 2021). The growth of service crime drives down the cost of involvement in illicit digital markets for vendors and buyers. However, this initial efficiency can lead to further inefficiencies, which then require other services to manage.

To take a simple example, markets are typically thought of as places of instantaneous exchange wherein cash or electronic currency are transferred immediately when a drug transaction is agreed. However, this is not the case. Bitcoin, the supposedly decentralised currency, is often used for online drug payments. As Bitcoin has become more valuable as a commodity, more investment has flooded into producing (mining) it electronically. That investment has not, however, led to the payment procedure becoming more efficient. The system has become slower, and transactions can take hours to clear without further payment. The response has been to create a technical and social infrastructure to manage this, using a combination of exchanges and trusted partners to improve the system. The transactions are stretched over time and embedded in this trust infrastructure (Bancroft et al., 2020). Cryptomarket vendors and drug buyers should be understood as entangled in these systems. The focus has often been on the disruptive elements of ‘crime entrepreneurship’; however, dealers and buyers remain firmly entangled in the more mundane and traditional services such as face-to-face dealing and the postal services (Curtis et al., 2002).

Methods

In this chapter, I explore further effects of the cryptomarket infrastructure, largely through the ways in which it structures the time of waiting – waiting for exchange confirmation and waiting for drug delivery. I began when, reviewing data I had collected from a leading cryptomarket (Bancroft and Scott Reid, 2016), I noticed how often concepts of ‘dope sickness’ (heroin withdrawal) were showing up in the same analytical codes as references to time and waiting. That led me to examine how heroin users’ experience of their bodies as drug dependent incorporates market platform effects such as the structuring of social time introduced by waiting for cryptocurrency payments to go through and for deliveries to appear and the way in which the lives of heroin users come to fit around these social times.

I identified threads focused on heroin users and vendors in the discussion forum of what was a major cryptomarket, Agora. The data had been manually copied from the forum in 2014–2015. Agora was launched in 2013, and it survived the coordinated takedown of cryptomarkets in Operation Onymous in 2014 and thrived afterwards (Décary-Héту and Giommoni, 2017). Agora was large enough to cater to people interested in many different drug types. Though the largest sales volumes were of MDMA, cannabis, and pharmaceuticals (Van Buskirk et al., 2016a), there was a large contingent of opiate users on the site. That interested me as typically cryptomarkets have been thought of as serving a gentrified, more socially and culturally privileged market segment. Users presented themselves as addicted and freely discussed what that meant in the context of the drugs

they were able to buy on the market. Usernames have been changed from the originals in the forums.

Findings

In the findings, I present two interlocking dimensions which come together to make up the drug time of the cryptomarket. The first is bio-time – the experience of time as lived through the embodied experience of dependence – made up of the combination of the pharmacokinetics of opiates, the body's internalised memory, and adaption to the drugs being consumed. It is expressed through shared experiences of pleasure, desire, and withdrawal. Second, bio-time is overlaid with the way in which the socio-technical infrastructure of the market enables time to be experienced as malleable, extendable, and divisible, expressed in terms of recurrent rhythms and a sense of being stretched and enfolded by the delivery system. An aspect of this is the use of time as governing – something imposed on the body of the opiate users. This is critical to the salience of waiting times. Where waiting times are experienced as imposed deliberately they become harder to bear; they become experienced as hostile impositions on the autonomy of users (Faulkner-Gurstein, 2017).

Heroin's Bio-Time

Time can be spent waiting for cryptomarket orders to be confirmed, for drugs to arrive through the delivery system, or for dope sickness to start or to stop, and while seeking various useful or pleasurable states such as the euphoric 'nod' (Pearson and Bourgois, 1995). The first time-related concept to identify here is the bio-time of heroin. This is a combination of the bio-pharmacokinetic qualities of heroin which become known through the pharmacological repertoire and the embodied experience of dependence and withdrawal.

Time terminology appears often in drug users accounts in the form of references to rushes, lost time, and blackouts. There is a close relationship between pharmaceutical quality and pharmacokinetics:

As I mentioned earlier, I started off with a 25 mg shot. I had done no opiates for the past week or two, and the 25 mg shot was the perfect amount of dope to get me where I wanted to be. I booted it up, and a few seconds later I had a very familiar warm wave of relief and euphoria slowly creep from my head down to my toes ... It's not a strong rush compared to other opiates like BTH that's high in 6-MAM or hydro/oxymorphone, but it is a very comfortable rush and the way it makes you feel is just plain fantastic. (Forum user 'Juantheman')

Users described a journey towards heroin use, and in this account, the use of heroin consumes the self in both the nod and experiencing withdrawal:

Basically I'm trying to say everyone is different, some are more hedonistic than others, some can simply handle the anxiety, some

maybe even enjoy the lifestyle, everyone is different in their use so it really all depends on the type of person. Basically I use because I used to be depressed all the time and hated my medication, weed wasn't too helpful either (sorry weed, still luv u), but once I started messing around with dope I realized I was either blissfully ignorant and happy all the time, or just going mad with cravings. (Forum user 'Myleetlefriend')

The experience of heroin dependence was an encounter of the body as obdurate and wilful. Many heroin users combined their use with benzodiazepines, as in this account:

Also for me, after dose adjustments it takes about 3 days for my brain to adjust and that is after taking it recreationally for about 6 weeks. In the beginning it's a lot of fun but you sadly rapidly develop a tolerance to the hypnotic/sedative effect of benzos. After I successfully tapered off I will take a month break and then only use it on weekends to smooth out comedowns from opioids or stimulants. It is a lot of fun on its own or as a little helper if you need to catch some sleep after a stimulant binge but taking it recreationally for more than a couple of days in succession is a waste. (Forum user 'FlamedOut')

As with many other accounts, the 'nod' was just one possible desired state (Carnwath and Smith, 2002). Heroin and other opiates could be used to manage workplace stresses and demands, cope with family life, and manage comedowns and fit into polydrug use repertoires.

Heroin was combined with other drugs in users' pharmacological repertoire, through which users form elaborate sets of drug use practices adapted to their lives:

I've shot enough heroin (no needles for 10+ years) and enough speedballs to get as high as some of the legends, but the rush from shooting meth is some type of indescribable 'what-the-fuck' feeling of panic/bliss/orgasm. It feels so good I'll never do it again, basically ... anyways, I just did some meth to get rid of this dope sick ... take care everyone. (Forum user 'Feloniousthunk')

These involved used varied sets of drugs, sometimes multiple opiates and opioids along with opioid agonists:

If you run out of heroin or just decide to stop using, you will want to drink kratom¹ during the period you would normally be

¹Kratom belongs to the coffee family of plants. It is a stimulant in smaller doses with a sedative effect in larger doses.

[dope]sick (about 10 days for me). After that, you can keep drinking it (because why not ... it's awesome) or you can stop at any time because unlike suboxone, it doesn't cause withdrawal or dependence – I would know, I've been drinking it with friends for 3 years and we can (and do) stop anytime, with no negative side effects. I can't believe every junkie doesn't keep a stash of it, it's so cheap ... and legal! (Forum user 'Ballboi')

In this example, the novel psychoactive substance kratom is being used to manage dope sickness. Kratom is a plant extract which is used in self-treatment for pain relief and for symptoms of mental ill health, to enhance energy and focus, and as an opioid substitute (Coe et al., 2019). In this account, it is preferred to the prescribed substitution therapy suboxone as it is perceived to not carry a risk of dependence in itself. This example shows where kratom is used to manage opiate effects and maintain opiate use over a three-year timespan. The extended time horizon illustrates how addiction experiences are built up and change over the long term. The experiences are varied and reflected in interactions and social relations with others. The 'we can stop at any time' claim is somewhat belied by the fact that they have continued to use it through this period. The stopping criteria are relevant in evaluating the decision to move from one drug to another. Users of methadone mentioned in the forum that they found stopping difficult and cautioned others against it, similar to this user's comment on suboxone.

Avoiding dope sickness was one motivation that structured users' interactions with the market. It was not completely dominant, however. Experiencing withdrawal was not wholly disastrous as long as there was a sense that it would happen within a manageable timescale. A user in the heroin discussion described this process of controlled waiting:

alright cool so I'm gonna try to snag a bundle from [vendor] in the morning before he sells out. idk [I don't know] why I always wait till the last minute to get more. I'm totally gonna be sick till I get something lol. such an idiot. i had the cash days ago but I'm trying to not spend so much right now. (Forum user 'Mrloverlover')

Their practice was not just about avoiding withdrawal. The production of withdrawal could be sought but also warned against as dangerous, as in this thread on naloxone² where a user describes using naloxone to shorten the withdrawal period:

My understanding is forced precipitated withdrawals is not just a short cut to like day 2, it's a short cut to the most intense hell on earth because the rate at which opioids leave your receptors has an effect on the severity of withdrawals. Meaning, it's going to

²Naloxone is distributed as an overdose antidote. It is used when opioids or opiates cause life-threatening breathing difficulties.

be way, way worse to force precipitated withdrawals than if you let yourself go into withdrawals naturally. Like way worse. There is a reason 'rapid detox' is usually done under anesthesia and undermedical supervision. I am not a pro so I don't know any of this for sure, but please wait until somebody who knows for sure responds. (Forum user 'Okstupid')

There was a sense of the body being vulnerable and punished by the administration of naloxone. In addition, naloxone could be a serious risk. On the other hand, many users described using naloxone to avoid dangerous overdoses, and in that sense, it could be a safety valve. Another use of the drug was as a time skip:

Hey again! So bit of a funny one. I was given a naloxone injector as part of a drugs training thing (with 5 doses in it). I've always thought that could be a great way of skipping ahead to day 2 of withdrawals. Well, 1= is that possible? The other thing is, I can't inject myself and my wife flat out refuses, thinking it's a bad idea. She always says I have bad ideas and she's always right, so I'm inclined to side with her a bit. Sooo ... 2= what else can I do with this liquid? Put it on my tongue, mix it with a drink and swallow, put it up my ass? I'm guessing it's a full on NO. (Forum user 'Instaspam')

Naloxone could be used to manage the waiting time that users were wary of. There was a sense of time being stretched in these accounts, with naloxone and fentanyl being used to manage this empty time.

Information was relevant to managing bio-time. In this discussion, users described how to parcel tracking information was helpful – having an expected time for the parcel to arrive allowed them to use their pharmacological repertoire to manage any withdrawal symptoms they might encounter while waiting.

This example from a discussion of heroin vendors describes the work needed to make the drug useable which adds to the waiting time:

My last order with [vendor] took a total of 8 days, which set a new record for me. ... I would not have cared so much about the 8 days if it was fire [extremely potent], but it sadly was not ... I did not feel so great the next day, wasn't sure if it was the dope or lack of sleep, but usually lack of sleep just makes me a zombie. I eventually cleaned it with some dry acetone and it took out all the brownish tint and somewhat of the iodine smell. I will probably do that for every order here on out. My dilemma now is I'm out and I am eyeballing the leftovers from my cleaning that I let dry in a jar, my mind says no but my heart says yes! Urg I should just bin it. (Forum user 'Partybusk')

This malleability and uncertainty about the drug as an object are common to many users. The individualised context of use was apparent in this account and

more typical of darknet market users. They tended to buy and consume individually and were attracted to the darknet because it allowed them to do that and to share their experiences with users of the same drugs online.

The Material Rhythms of The Market

This dimension captures the way users experienced the market and delivery systems as compressing and expanding time, generating recurring rhythms dependent on their operation. As above, some substances such as naloxone and kratom could be used to manage time, temporarily suspending heroin use or curtailing withdrawal. The technical infrastructure of the market could also impose its own structure on the time available. Shipping speeds, vendor response times, and the time Bitcoin payments took to clear all patterned the time available.

Problems arose when these systems started misbehaving. Time being stretched when waiting for deliveries that never came could induce panic:

My connect went MIA [missing in action] for almost 10 days. I didn't know what the fuck to do, I waited and waited 'til finally I couldn't any longer. I went through someone else, and I'll admit, I was pretty hesitant, he gets me the BEST black tar heroin. Problem is, the reviews and hype around my shit are for what I normally get. This stuff I got here is only maybe a little less potent. There's no cut, nothing like that. (Forum user 'Friedspam')

The expressed attitude of vendors when deliveries were stuck mattered in how delays were experienced:

Well, I have to say this about [vendor] so far, he keeps you informed of everything. I got a message about my order, he said he sent me a gram of molly instead of my heroin, (meth shipped fine) and he immediately sent the heroin to fix the mistake. Good deal ... so far I am pretty happy with my dealing with him. However, I am in that state of anxiously awaiting my shards and minor depression and not having them. 2 months sober does strange things to my head ... lol xoxo. (Forum user 'Girlboss')

The delivery system also provided sensory pleasures. One heroin user described the anticipation and excitement of delivery and the smell and sight of high-quality heroin:

Within 5 minutes of receiving I anxiously ripped the letter apart (I've been sick all morning so this couldn't have come at a better time) - was going to test it, but opened my paraphernalia container and realized I'm out! I was not too concerned however, because of other user referrals. So I get [vendors] gear open (all shakily from w/d [withdrawal]) and the oh so lovely smell hits me! WHACK! I

put about ~50mg out, tooted and waited a few to see if I needed more ... NOPE! The product looks exactly as the picture. ... Best bang for your buck EASY! (Forum user 'Feedthebeast')

Waiting can be traced through to the classic 'waiting time' of the 'dope fiend' where time appears as a quality to be manipulated by the dealer. The queue is a typical ordering principle. Market time-management practices are observable in face-to-face markets; for example, a 'free for all' can be contrasted with the ordered, governed queuing in a street market (Kleiman, 1988). There are obdurate times dictated by the delivery infrastructure, such as shipment times. These become part of the social time – the salience of which is defined by the drug user's sense as to whether the time they must spend waiting is intentionally imposed. If he or she regards delayed shipments as the responsibility of vendors or due to deliberate indifference on their part, then this time is experienced more harshly. Dope sickness becomes more painful, and anxiety grows where that is the case. One reason for that is that the user is concerned that the drug may not arrive at all. This feature of the infrastructure then changes the texture of social time for the user. It reminds them that the power in the relationship fundamentally lies with the vendor. The user worries that they may be thrown back on an unreliable 'face-to-face' market or have to go without. Social time becomes upended.

This user describes the anxiety induced by these platform limits:

Placed a little order and will report back, but interested to hear others' thoughts. I ordered and supposedly the order was 'shipped' from [vendor] 9 days ago. In resolution [the market's formal administrative dispute resolution system, part of the escrow system] now. Told him it was going there if he did not start communicating about the location. 4 days ago he asked for the zip code. Then nothing until I went to resolution. Then he asked for the zip again and said he would get back after shipping everything out. Sent it with privnote [an encrypted, self-erasing messaging system] this time and then he said he couldn't open it (though I got the 'note has been read' notice). He wanted it again in PGP [encrypted]. Sent it AGAIN 9 hours ago. He has been on 6 hours ago. No answer. Still waiting. (Forum user 'Montychristo')

Time can be perceived as being used as a punishment, by enforcing waiting: waiting to be admitted to a programme, for treatment to start, or for doses to become effective, as in this example of being prescribed methadone by a clinic. Delays can be experienced as deliberately punishing and harder to bear than withdrawal when coming between sessions of heroin use:

At the clinic (the one I went to) the lowest they start you is 15 mg/day. But if 0.5mg of Buprenorphine keeps you good, I would imagine 5mgs of methadone would be along the same lines ... I was in the clinic for 3 years on 140 mg/day, lost my job, and had to

quit cold turkey from 100 mg/day. I was sick for a month. Methadone is a road best treaded carefully. (Forum user 'Timeout')

Waiting time became more salient in the context of medicalised methadone and suboxone prescriptions compared to waiting for a delivery of heroin. Waiting for medicalised substitution drugs was different in two ways. It was mediated by a clinic or other service which required the user to adapt to the service's timescale. It also was not going to produce a pleasurable experience but solely allay withdrawal symptoms.

Clinical time might be perceived as protective or as deliberately hostile depending on the context. The cryptomarket infrastructure allows users to share social time constructs and to some extent to manage time themselves without being subject to the will of dealers or the governance processes of the treatment and criminal justice worlds. The market itself, however, is not purely experienced as a convenient, consumer-centred infrastructure. It produces its own governance systems and demands which users also have to adapt to and incorporate into their novel sense of social time materialised through a digital market.

Conclusion

Most users quoted here are experienced polydrug users. Opiates stand at the centre of their drug use repertoire, with kratom, meth, subutex, benzodiazepines, naloxone, and other substances employed to manage their drug use in the context of their lives. Overall, cryptomarket customers were attracted by predictable supply, greater choice, and reduced risk. The ability to integrate the drug purchasing process into the social time of heroin dependence was highly valued.

Heroin's drug time appears as a comprehensible, graspable form of sociality which is articulated through the infrastructure of the cryptomarket. It is one way in which a recognised shared cultural understanding of time in the context of drug use is reproduced and transformed through the digital market. The experience of time waiting for the drug is now distributed through several novel systems: the market infrastructure itself, the associated payment systems, the discussion boards, and the postal/courier system. As described in the beginning, many heroin users have experienced institutional time as a sometimes supportive, sometimes alienating experience.

Drug time was a concept that encapsulated the intricate ways in which the body and mind of the user and the market systems interacted. It is a materialisation of the social relationships that exist between user and dealer, the market infrastructure, and the delivery services that mediate the purchase process. It is made up of many different technical times, from the sluggish bitcoin transaction process to the various speeds of postal and courier services, and various socially recognisable rhythms, such as the dealer response time and the expectation of dope sickness. The extent of drug time defines the capacity opiate users have for self-governance through the cryptomarket environment. Social times are embedded in products, markets, communities, and spaces, each configured differently according to a range of factors. Other drugs and intoxicants will have their own configuration of social time manifesting in the context of the user.