

THE 'ECSTASY' MARKET IN *Queensland*

Introduction

Crime Bulletin No. 2 – The Amphetamine Market in Queensland, reported in November 2000 that amphetamine had overtaken heroin in terms of the level of risk it posed to the Queensland community. The amphetamine market still represents the highest risk to the community of all illicit drug and organised crime markets and heroin still represents a high risk. Amphetamine analogues such as methylenedioxyamphetamine (MDMA) — commonly known as ecstasy — were not considered in detail in Bulletin 2 although the Queensland Crime Commission (QCC) assessed MDMA was becoming a problem in south east Queensland, and the Gold Coast in particular. Since then, the QCC has monitored organised crime markets and consulted with law enforcement agencies, Government departments and community-based stakeholder groups in Queensland as part of an ongoing risk assessment process.

Based on those consultations and a detailed analysis of law enforcement operations and criminal intelligence, the QCC now assesses that the level of risk MDMA poses to the Queensland community is increasing. The QCC treats MDMA as a separate crime market of medium to high risk that has potential to become an even more serious problem for law enforcement agencies, the public health system and other stakeholders in the future.

MDMA and its effects

MDMA is a synthetic 'party drug'. Although it is an amphetamine analogue and often referred to as an amphetamine type substance, QCC considers it a separate market to the amphetamine market. MDMA is almost exclusively manufactured overseas and imported into Australia while amphetamine is predominantly manufactured domestically. MDMA is classed as an euphoric drug while amphetamine is classed as a stimulant. MDMA users also tend to be 'party drug' users while amphetamine users are often chronic, occasional or occupational users such as truck drivers. Other 'party drugs' that fit into the MDMA market and are often passed off as ecstasy include 3,4-methylenedioxyamphetamine (MDA), n-

methyl-1-(1,3-benzodioxol-5-yl)-2butanamine (MBDB or Eden) and paramethoxyamphetamine (PMA). MDMA appears in many forms including tablets, capsules and powders but its most common form is a small tablet with any one of a multitude of popular logos. Ecstasy tablets and capsules purportedly containing MDMA are the most widely used 'party drug' in Queensland (McAllister *et al* 2001).

MDMA was first patented in Germany in 1914 and is originally thought to have been used as an appetite suppressant. It is neither a pure stimulant nor a hallucinogen, being classed as euphoric as a result of its primary effect, which causes an euphoric, relaxed, happy and emphatic mood. It is usually taken orally, although it can be snorted, shafted or injected, and its effects can last approximately four to six hours. MDMA users report that it causes mood changes and loosens their inhibitions.

QCC assesses that MDMA use has the potential to cause major physical and psychological harm. Potentially dangerous trends in the MDMA market include polydrug use, bingeing, intravenous drug use and the sale of tablets purporting to be MDMA but containing a cocktail of illicit substances. While MDMA is generally perceived as non-addictive, recent research has shown that it can be addictive in some cases (Jansen 1999). Several MDMA deaths in the past five years were caused by dehydration or consumption of PMA, an MDMA derivative (ABCI 2000).

Data sources and limitations

The *Crime Bulletin* draws on statistical information collected and published by other agencies such as the Australian Institute of Health and Welfare (AIHW), the National Drug and Alcohol Research Centre (NDARC), the Australian Bureau of Criminal Intelligence (ABCI) and other law enforcement agencies. Statistical information from these sources is then collated and analysed to give a more wide-ranging picture of the trends in the Queensland MDMA market and to enable a comparison with other illicit drug markets. The aim of the *Crime Bulletin* is to provide an overview of key MDMA market indicators and trends, rather than reproduce the full detail of each study examined. Those readers who require more detailed information should refer to the source publications listed at the end of this paper.

Some data is limited because MDMA is often included in amphetamine statistics by many law enforcement agencies, particularly in Queensland. Where gaps exist, alternative data has been sought to confirm trends identified in this report.

The extent of the problem

Measuring the true extent of an illicit drug problem is difficult, but there are a number of indicators that can be used to give an estimation of the MDMA market's size in Queensland. These indicators are: seizures of the drug by law enforcement agencies, recorded offences related to MDMA, detections of clandestine laboratories involved in the manufacture of the drug and the availability of the drug.

- **Seizures**

Australian seizures

The number of MDMA seizures by the Australian Customs Service (ACS) has been steadily increasing since 1997–1998 (see Table 1), and seizure quantities have increased considerably from 31 kg in that year to 144.1 kg in 1999–2000 (ABCI 2000).

Table 1: Quantities of Australian MDMA seizures, 1997-1998 to 1999-2000

Year	Seizure in kgs
1997-1998	31kg
1998-1999	102.1kg
1999-2000	144.1.kg

Source: ABCI 1998, 1999, 2000

Queensland seizures

MDMA seizures in Queensland are increasing. 1999-2000 ABCI data indicates there were 128 seizures of ecstasy or similar substances in Queensland and 136 seizures in New South Wales (ABCI 2000). This contrasts with data for 1997-1998 which indicates that there were only 2 seizures of MDMA in Queensland and 241 seizures in New South Wales (ABCI 1998). Seizure figures for 1996-1997 and 1998-1999 were not available.

Several major MDMA seizures have recently been made in Queensland. On 24 December 2000, 15 kgs of MDMA, consigned for the Gold Coast, was seized at Brisbane Airport (ACS) and on 17 July 2001, 1.56 kgs of MDMA and 168.53 kgs of MBDB were seized at Mooloolaba (AFP). Although QCC assesses that the bulk of the latter shipment was destined for southern markets, the fact that Queensland is both a ready MDMA market and point of importation is a concern.

In 2000-2001, over 2.1 kg of seized tablets, capsules or powder containing MDMA were analysed in Queensland. The purity of MDMA seized in Queensland has remained relatively stable for the past 4 years. In comparison, the purity of MDMA seized in New South Wales has increased (see Table 2).

Table 2: Comparison of Queensland and New South Wales MDMA purity, 1996-1997 to 1999-2000

Year	MDMA Purity Level	
	QLD	NSW
1999-2000	33%	37%
1998-1999	33%	32%
1997-1998	31%	32%
1996-1997	34%	26%

Source: ABCI 1997, 1998, 1999, 2000

- **Clandestine laboratory detections**

In 1999-2000, 5 clandestine MDMA producing laboratories (labs) were detected in Australia, two of them in Queensland and one each in the Australian Capital Territory, New South Wales and Western Australia. Table 3 provides a comparison of Queensland and Australian detections since 1996–1997. Although this is an increasing trend for Queensland, ABCI assess that the difficulty in obtaining precursor chemicals in Australia and the level of expertise required to manufacture MDMA (substantially higher than the level of expertise required to manufacture amphetamine) is a limiting factor on local production (ABCI 2001).

Table 3: MDMA lab detections — Queensland and Australia, 1996–1997 to 1999–2000

1996-1997		1997-1998		1998-1999		1999-2000	
Australia	Queensland	Australia	Queensland	Australia	Queensland	Australia	Queensland
4	0	1	0	5	0	5	2

Source: ABCI, 1997, 1998, 1999, 2000

- **Offences**

Consumer and provider arrest statistics¹ can give some indication of the extent of Queensland's MDMA problem, however it should be noted that arrest statistics are not always a reliable indicator of trends in the supply of, and demand for, a drug. This is because arrest statistics may be affected by a variety of factors, including enforcement activity, availability and consumption preferences and patterns in the illicit drug using population.

Although Queensland MDMA arrest figures are included in amphetamine arrest figures ABCI statistics for the year 1998-1999 indicate a total of only 17 MDMA arrests (5 consumer and 12 provider) as opposed to 1797 amphetamine arrests (1279 consumer and 518 producer arrests) (ABCI 1999). QCC estimates that of the 9% of Queensland amphetamine consumer and provider arrests during 2000-2001 where tablets purporting to be MDMA were seized, only 20% of these tablets contained MDMA².

- **Availability**

Statistical data confirms that the availability of MDMA has increased in Queensland and that the State's MDMA problem is centred around, albeit not exclusively, south east Queensland. While over half the MDMA seized in Queensland in 2000-2001 was from the Brisbane metropolitan area, quantities were also seized in North Queensland, Central Queensland, Western Queensland, the Sunshine Coast, the Gold Coast and Toowoomba. The 2000 Illicit Drug Reporting System (IDRS) rated the availability of MDMA in Queensland as 'very easy' to obtain and 'becoming easier' to obtain (McAllister *et al* 2001).

¹ Consumer arrests relate to user-type offences, such as possessing or administering drugs for personal use. Provider arrests relate to supply-type offences, such as importation, trafficking, selling, cultivation and manufacture (ABCI 2000, p. 129).

² Based on extrapolation of QPS Drug Index and MDMA seizure data.

- **Related Crime**

NDARC reported that with the exception of dealing and possessing illicit substances, very few MDMA users had been arrested or involved in criminal activities in the past few years (McAllister *et al* 2001). This appears to be confirmed by the consumer and provider arrest figures quoted above.

- **Physical health**

NDARC research has linked the use of MDMA with a range of serious physical health problems such as dehydration, hypothermia, neurotoxicity and, in rare instances, death (McAllister *et al* 2001). MDMA use can short-circuit the body's core temperature control so that users dancing non-stop for any considerable period risk dehydration and overheating. Users may not be aware of this damage. In extreme cases of over-heating, the body shuts down and this has led to a number of deaths in Australia and overseas.

MDMA use is also believed to reduce the release of the brain chemical serotonin, which influences cognitive and memory functions, leading to brain damage through neurotoxicity. Users are generally unaware of this damage, which appears to be irreversible (ABCI 2001). Other physical side effects attributed to MDMA use include blurred vision, profuse sweating, insomnia, loss of energy, tremors, muscle aches, numbness, hot or cold flushes, teeth grinding and heart palpitations.

There have been at least 12 deaths in Australia attributed to MDMA use. Many of these deaths were caused by the consumption of PMA, a derivative of MDMA, while the remainder were caused by the effects of dehydration (ABCI 2001).

- **Psychological health**

Recent research in Australia and overseas indicates MDMA use produces common psychological side effects including irritability, depression, confusion, anxiety, hallucinations, paranoia, memory loss, learning difficulties and other neuro-psychiatric disorders. The short-term side-effects often last between one to two days after the MDMA is consumed. Occupational/study, relationship/social, financial and legal/police problems related to MDMA use have also been observed. More significantly, 12% of participants in recent research conducted in Queensland experienced suicidal thoughts either while under the effects of MDMA or after using the drug. One participant reported attempting suicide after using MDMA (McAllister *et al* 2001).

Market characteristics

Like all markets, the MDMA market must be considered in the context of the demand for, and supply of, the product. The following sections look at both the demand and supply characteristics of the market and draw on a combination of open-source research material and law enforcement intelligence.

Demand

An understanding of the demand factors impacting on the MDMA market helps to give an overview of the trends in the market. This section looks at demand features of MDMA, including the number or proportion of the population using MDMA, their age, the perceived social acceptability of the drug, preference and consumption patterns, poly-drug use, bingeing, drug combinations, administration, price, purity and sources of supply.

- **Number of Users**

NDARC assess that there has been an extant market for MDMA in Australia for more than a decade (McAllister *et al* 2001). Strong demand from a large number of users is the driver for MDMA sales and for the importation and supply industries that support the sales. Record seizures and the trend towards the importation of commercial quantities of MDMA also indicates the increasing level of demand for the drug in Australia (ABCI 2001).

MDMA users tend to be middle class 'party drug' users while amphetamine users are often working class, chronic, occasional or occupational users such as truck drivers. One concern associated with MDMA use is that many users, including perhaps some intravenous users, are inexperienced occasional or 'weekend' users who take the drug impulsively and lack the requisite knowledge to take appropriate precautions.

The Queensland results of the National Drug Strategy Household Survey 1998 (NDSHS) (AIHW 2000) reveal that 1.4% of the State's population, or approximately 38,000 people³, were recent MDMA users (users who have consumed the drug in the last 12 months) aged 14 years and over. This compares with approximately 85,000 recent amphetamine users and 17,000 recent heroin users. It must be noted, however, that the Queensland percentage of recent MDMA users was lower than the corresponding percentage for the rest of Australia (2.6%).

- **Age**

There is evidence to suggest that MDMA use is being taken up by younger consumers. The Queensland results of the 1998 NDSHS found that the mean age of novice MDMA users⁴ dropped from 24 years in 1995 to 21 years in 1998. This drop in mean age for novice users was larger than that for amphetamine users (2.3 years).

- **Acceptability**

Originally associated with the rave or dance scene and nightclubs, MDMA use is expanding into new markets— in particular bars, clubs, music festivals, private parties and in the home (ABCI 2001), as well as across a broader range of professions and socio-economic backgrounds (McAllister *et al* 2001). US

³ Calculation based on a population of approximately 2,764,000 people aged 14 years and over on 30 June 1999.

⁴ Persons aged 14 to 30 years who first used in the previous 3 years.

reports also show a move by MDMA into high schools and neighborhoods (ONDCP 2001). These trends have yet to be detected in Australia.

MDMA is becoming increasingly acceptable because of misconceptions that it is a harmless drug. This misconception is compounded by the relatively low death rates, and risk assessments that equate MDMA use with quite low risks (ie 1 in 100,000), such as airplane travel and drowning (Dancesafe 2001) without adequately stating the non-death related (physical and psychological) harms caused by MDMA use.

- **Drug Preference**

In terms of preferred drug, the Queensland sample of the 1998 NDSHS ranked marijuana/cannabis as the drug of both first and second choice. As a drug of first choice, MDMA was ranked third behind marijuana/cannabis, heroin, cocaine (equal third rating); and ahead of amphetamine.

- **Consumption Patterns**

NDARC reports that the most typical pattern of MDMA use involved swallowing several MDMA tablets over a period of time. In support of this, 87% of MDMA seizures in Queensland in 2000-2001 were in tablet form and only 13% in powder form. Of particular concern is research in Queensland which indicates that 60% of survey participants reported having binged on MDMA by using it continuously for more than 48 hours without sleep. Binges ranged from 1.5 to 10 days in length. Polydrug use, and in particular the concurrent use of amphetamine, was considered a contributing factor to half of these binges (McAllister *et al* 2001).

- **Poly-drug Use**

Recent research in Australia indicates that poly-drug use, involving in particular cannabis, amphetamine and hallucinogens, is common amongst MDMA users. IDRS research indicates that 88% of survey participants used at least one other illicit substance in combination with MDMA. Supplementary drugs are often used by MDMA users to 'top up' and prolong, or 'come down' from, the effects of MDMA. Research conducted in 1998 was unable to conclude whether MDMA could be categorised as a 'gateway' drug to poly-drug use.

- **Administration**

The method of drug administration represents one of the demand characteristics of the market because it indicates consumption trends among users, the form and type of drug in demand and trends with regards to poly-drug use. Administration methods, most particularly injection, also have broader health implications.

The most common method of MDMA administration is orally. However, research in Queensland has found that 16% of participants had injected MDMA. The median age of introduction to intravenous MDMA use was 19.5 years of age. The research reported that intravenous MDMA use is increasing (McAllister

et al 2001). This is consistent with NDSHS (AIHW 2000) findings that the proportion of people aged over 14 years who have ever used illicit drugs intravenously has increased in Queensland (from 0.9% of the population in 1995 to 3.0% in 1998).

- **MDMA drug combinations**

Recent research conducted by the US Office of National Drug Control Policy (ONDCP) indicates a trend towards MDMA drug combinations marketed with specific names in specific cities. For example, ecstasy and LSD is called 'nexus' in Washington DC while ecstasy and powder cocaine is called 'bump' in Miami Florida. Other combinations included ecstasy and psilocybin mushrooms, ecstasy and heroin and ecstasy and methylamphetamine (ONDCP 2001). To date, MDMA drug combinations have not been detected in Queensland although methylamphetamine and LSD combinations have.

- **Price**

IDRS research indicates that MDMA is easy to obtain in Queensland and can be bought for an average of \$42 per tablet. At this price, MDMA is cheaper than both heroin (\$70 per cap ABCI 2001) and amphetamine powder (\$60 per gram IDRS 2001). In terms of price trends, IDRS reported stable prices for ecstasy tablets in 2000.

- **Purity**

An important factor affecting demand is the purity of the MDMA available. ABCI data indicates that MDMA purity is stable at about 33%. However, chemical analysis of MDMA seizures shows that there are trends towards the inclusion of additives in MDMA tablets as well as an increasing number of fake MDMA tablets (i.e. tablets that do not contain MDMA) being detected. Users of these tablets can experience unwanted effects and health problems. Over 16% of MDMA tablets analysed in Queensland in 2000-2001 contained additives including amphetamine, methamphetamine, caffeine or MDA. Other substances found in these fake tablets include PMA, ketamine, cocaine, codeine, cutting agents or a combination of any of the above. Amphetamine tablets are also being disguised as MDMA to take advantage of the growing market and cheaper production costs. While drug test kits are available to test the presence of MDMA in tablets, there could also be a combination of other substances present. The Australian Government Analytical Laboratories in NSW has reported that the majority of tablets received for analysis do not contain MDMA (ABCI 2001).

Supply

Aspects of the supply-side of the market examined in this section include market opportunity, manufacture, importation, networks and organisation and geographic diversity.

- **Market Opportunity**

The market demand for MDMA will continue indefinitely as long as the rave and dance sub culture exists and the market is likely to strengthen in line with the reported expansion beyond the rave scene. The predominance of amphetamine production and the strength of this market in Queensland has a considerable impact on the MDMA market in Queensland. At this stage, any supply shortage of 'real' MDMA based tablets is being satisfied by the predominance of 'fake' amphetamine based tablets in the market place. Local supplies of amphetamine and buyer ignorance are more than sufficient to ensure this demand is satisfied.

While it is difficult to assess the value and volume of the State's MDMA market, the QCC estimates that its value is between \$10 and \$50 million per annum⁵; and the volume of MDMA traded in Queensland to be between 65 and 390 kg⁶ each year. This contrasts with the QCC's estimate of the annual value and volume of the amphetamine market as \$400 million and 1.8 to 2.0 tonnes respectively.

- **Sources of Supply**

As with amphetamine, friends are overwhelmingly the sources of supply to users of MDMA in Queensland. NDARC survey participants reported acquiring the drug from friends (94%), dealers (56%) and acquaintances (20%) at some time (McAllister *et al* 2001). MDMA distribution points include friend's or dealer's homes, raves, dance parties and nightclubs.

- **Manufacture**

The majority of MDMA available in Queensland is not manufactured locally, unlike amphetamine whose production has become something of a cottage industry. Difficulty in obtaining precursor chemicals and the level of expertise required for the manufacture of MDMA are factors that impede local manufacture (ABCI 2001).

- **Importation**

The main source of MDMA imported into Australia in powder or tablet form is the Netherlands. This occurs via air passenger, air cargo and sea cargo routes. A trend towards commercial quantity importations has been observed (ABCI 2001).

- **Networks and Organisation**

The importation of concealed commercial quantities of MDMA demonstrates the considerable level of organisation required before the drug can reach the market in Queensland. Further networks and levels of organisation are required to move the imported MDMA to the user.

⁵ Based on an estimated 38,000 users with an estimated intake of 1 tablet per use from 6 to 36 times per year at an average price of \$42 per tablet (extrapolated from NDARC data).

⁶ Based on the above calculations which indicate consumption of between 228,000 and 1,368,000 tablets and assuming 3500 tablets per kg.

Project Krystal found that 'party' drugs are predominantly distributed through nightclubs and other licensed premises, particularly in Brisbane, the Gold Coast, Fortitude Valley and increasingly in northern Queensland. In some cases, the availability of MDMA is facilitated by the fact that venue management and staff, including security providers, tolerate use by patrons or are participants in the same culture as users (QCC 1999). A new trend in Queensland is also the establishment of unlicensed 'come down' or 'recovery' venues where water, and reportedly 'party' drugs, are sold to patrons after the nightclubs have closed.

Links between Crime Markets

The MDMA market appears to have considerably fewer links between crime markets than the amphetamine or heroin markets.

Conclusion

The MDMA market in Queensland is characterised by an increasing demand and variable supply base. The MDMA sourced in Queensland is price competitive although purity levels as a result of fake tablets are of concern.

Law enforcement agencies and other allied bodies face a difficult task in reversing the trend towards increased MDMA availability because of increasing demand for the product, competing resource demands and the extent of the criminal activity that is occurring. The prospect of increased MDMA importation can only exacerbate the situation. The MDMA market in Queensland has evolved to the extent that its consumers cross a variety of legal and illicit drug markets via poly-drug usage. There is significant risk in the increase in intravenous consumption of MDMA combined with the trend towards poly-drug use, bingeing and fake MDMA. The overseas trend towards specifically named MDMA drug combinations has not yet been detected in Queensland or Australia. MDMA trends in Australia could more clearly be defined if there was a clearer amphetamine/MDMA delineation in law enforcement statistics. Similarly, there is a need for a national 'signature' program to permit stakeholder agencies to determine the source and distribution patterns for MDMA.

For the above reasons, the QCC considers that MDMA currently poses an increasing risk to the Queensland public.

It must be emphasised, however, that while QCC considers that there should be increased law enforcement attention focused on the MDMA market because of the risk it poses, this does not necessarily entail a decrease in the attention focused on the amphetamine and heroin markets, which still represent higher and unacceptable levels of risk to the Queensland community.

QCC risk ratings for the Queensland illicit drug market

The MDMA market has been assessed as posing an increasing risk to the Queensland community.

This is because of:

- the extent and ease of its availability
- the degree of organisation required to produce and distribute
- the extensive demand for it
- the harm caused to the community.

RISK RATINGS	
VERY HIGH	Amphetamine
HIGH	Heroin
MEDIUM	MDMA Cocaine
LOW	Cannabis

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QCC Crime Bulletins are intended to inform the Queensland community of issues relating to organised crime and criminal paedophilia, or to highlight important aspects of the Crime Commission's work, and are published periodically.

Summary

- The QCC treats MDMA as a separate crime market of medium to high risk that has potential to become an even more serious problem for law enforcement agencies, the public health system and other stakeholders in the future.

The extent of the problem

Seizures

- MDMA seizures have increased from 31 kg in 1997–1998 to 144.1 kg in 1999–2000.

Clandestine laboratory seizures

- 5 clandestine MDMA laboratories were detected nationwide in 1999–2000, and 2 of these were in Queensland.

Offences

- Consumer and provider MDMA arrests are relatively low but increasing.

Availability

- MDMA is rated as 'very easy' to obtain and becoming 'easier' to obtain in Queensland.

Related crime

- Reports indicate minimal crime related to MDMA use with the exception of dealing and possession offences.

Health

- QCC assesses that MDMA use has the potential to cause major physical and psychological harm.
- Potentially dangerous trends in the MDMA market include polydrug use, bingeing, intravenous drug use and the sale of tablets purporting to be MDMA but containing a cocktail of illicit substances.

Market characteristics

Demand

Number of users

- There has been an extant market for ecstasy in Australia for more than a decade.
- There are approximately 38,000 recent MDMA users in the State.
- The mean age of novice MDMA users dropped from 24 years in 1995 to 21 years in 1998.

Acceptability

- The social acceptability of regular MDMA use by adults has expanded beyond the rave and dance scene into mainstream society.

Drug preference

- MDMA rates third as a drug of first choice behind cannabis and heroin.
- MDMA is subject to abuse by bingeing for between 1.5 to 10 days.

Poly-drug use

- MDMA users are known to take the drug concurrently with alcohol, cannabis, heroin, amphetamine, anti-depressants and tranquillisers.

Administration

- The most common method of consuming MDMA is orally.
- The proportion of people who have used MDMA intravenously is increasing.

Drug Combinations

- The trend towards MDMA in combination with other drugs has not been detected in Queensland.

Price

- MDMA is cheaper than amphetamine and heroin.

Purity

- MDMA purity levels are affected by the increasing number of fake MDMA tablets being detected.

Supply

Market opportunity

- The market demand for MDMA will continue indefinitely and is likely to strengthen in line with the reported expansion beyond the rave scene.
- QCC estimates the value of the MDMA market is from \$10 to 50 million per annum; and its volume to be from 65 to 390 kg.

Sources of supply

- Friends are overwhelmingly the sources of supply for users of MDMA.

Manufacture

- The majority of MDMA available in Queensland is not manufactured locally.

Importation

- The main source of MDMA imported into Australia in powder or tablet form is the Netherlands.

Networks and organisation

- The importation of concealed commercial quantities of MDMA demonstrates the considerable level of organisation required before the drug can reach the market in Queensland.
- Further networks and levels of organisation are required to move the imported MDMA to the user.

Links between crime markets

- The MDMA market appears to have considerably fewer links between crime markets than the amphetamine or heroin markets.