

# Drug Intelligence Brief



DRUG ENFORCEMENT ADMINISTRATION  
INTELLIGENCE DIVISION

June 1999

## MDMA—ECSTASY

### Introduction

Commonly referred to as Ecstasy or XTC, MDMA is a synthetic, psychoactive drug possessing stimulant and mild hallucinogenic properties. In the United States, the use of MDMA, often in conjunction with other drugs and alcohol, remains extremely popular among teenagers and young professionals. MDMA customarily is sold and consumed at “raves”—semi-clandestine, all-night nightclubs or parties. As the rave and club scene expands to metropolitan and suburban communities across the country, MDMA use and distribution are increasing as well. This increase poses yet another serious threat to America’s youth.



Ecstasy or XTC

DEA reporting indicates widespread abuse within virtually every major U.S. city with indications of trafficking and abuse expanding to smaller cities such as Oklahoma City, Oklahoma; Beaumont, Texas; Nashville and Memphis, Tennessee; Savannah and Florence, Georgia; Fayetteville, Arkansas; and Montgomery, Alabama. Furthermore, some abusers, primarily in the Miami and Orlando areas, are combining MDMA with heroin, a combination known as “rolling.” If such trends continue, MDMA may become a “gateway” drug, similar to marijuana, leading to the consumption of a variety of drugs.

### Israeli Organized Crime Syndicates Gain Foothold in U.S. MDMA Wholesale Market

The synthetic drug market in the United States, particularly MDMA, traditionally has been supplied and controlled by Western European-based drug traffickers. In recent years, Israeli Organized Crime syndicates, some composed of Russian emigres associated with Russian Organized Crime syndicates, have forged relationships with the Western European traffickers and gained control over a significant share of the European market. Moreover, the Israeli syndicates remain the primary sources to U.S. distribution groups. The increasing involvement of organized crime syndicates signifies the “professionalization” of the MDMA market. These organizations have proven to be capable of producing and smuggling significant quantities of MDMA from source countries in Europe to the United States. DEA reporting indicates their distribution networks are expanding from coast to coast, enabling a relatively few organizations to dominate MDMA markets nationwide.

### Seized: One Million MDMA Tablets Destined for the United States

DEA’s New York Field Division reports that, in just the past eight months, more than one million MDMA tablets, destined for New York City, have been seized in the United States or abroad. The drug is not only distributed in New York, but redistributed from there to major metropolitan areas across the United States. From these cities, MDMA distribution increasingly is expanding to suburban communities.

Israeli Organized Crime syndicates smuggle MDMA tablets in 10,000+ quantities by courier aboard commercial airline flights, via express mail services, and, more recently, through air freight shipments

from several major European capitals to major cities in the United States, primarily New York City, Miami, and Los Angeles. Other major U.S. distribution points include Pittsburgh, Atlanta, New Orleans, Dallas, San Francisco, and San Diego. Israeli organizations tend to recruit couriers within their own ethnic and religious communities and are actively recruiting young American males and females. The “shotgun” approach of sending several couriers at one time is the most widely used method.

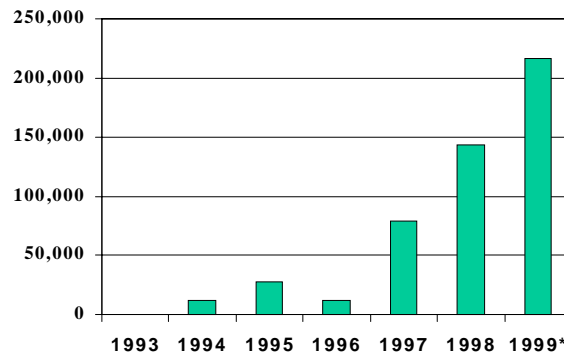
## DEA Seizures: Up Significantly

DEA offices nationwide report a significant escalation in MDMA seizures. Over a six-year period, seizures of MDMA tablets submitted to DEA laboratories have risen from a total of 196 in 1993 to 143,600 in 1998. Seizures from January through May 1999 total over 216,300 MDMA tablets; the 1999 figure will more than likely double the 1998 figure.

**Chart 1**

**MDMA Seizures Submitted to DEA Labs: 1993-1999**

(In Number of Dosage Units)



\* Indicates figures Jan thru May

## MDMA: A Club Drug

MDMA was first synthesized in 1912 by a German company, possibly as an appetite suppressant. Approximately 20 years ago, MDMA was used as a therapeutic agent by small groups of therapists in the United States to facilitate psychotherapy. The drug gained popularity in the late 1980s and early 1990s among young, middle-class college students who believed it to be safe and non-addictive in comparison to such “hard” drugs as heroin and cocaine. Today, raves, legitimate nightclubs, and rock concerts are common outlets for dispensing MDMA, frequently in combination with other drugs and alcohol, to teens and young adults.

## The Drug and Its Effects

3, 4-Methylenedioxyamphetamine (MDMA) is a Schedule I synthetic, psychoactive drug. It is considered a “designer drug”—a substance on the illicit drug market that is a chemical analogue or variation of another psychoactive drug. MDMA possesses variations of the stimulant amphetamine or methamphetamine and a hallucinogen, most often mescaline. Chemically, it is an analogue of MDA, a popular drug of the 1960s. MDMA is illicitly marketed as a “feel good” drug. Devotees say it produces profoundly positive feelings, empathy for others, elimination of anxiety, and extreme relaxation—hence the name the “hug drug.” MDMA is also said to suppress the need to eat, drink, or sleep, enabling club scene users to endure all-night and sometimes two- to three-day parties.

MDMA is taken orally, usually in tablet or capsule form, and its effects last approximately four to six hours. Taken at raves, severe dehydration and, in some cases, death from heat stroke or heart failure

may occur. An MDMA overdose is characterized by a rapid heart beat or high blood pressure, faintness, muscle cramping, panic attacks and, in more severe cases, loss of consciousness or seizures. Other adverse effects include nausea, hallucinations, chills, sweating, tremors, and blurred vision. MDMA users also report after-effects of anxiety, paranoia, and depression.

The effects of long-term MDMA use are just beginning to undergo scientific analysis. In 1998, the National Institute of Mental Health, Bethesda, Maryland, conducted a study of a small group of habitual MDMA users who were abstaining from use. The study revealed that the abstinent users suffered damage to the serotonin neurons in the brain. It further concluded that recreational MDMA users were putting themselves at risk of developing permanent brain damage, which may manifest itself in depression, anxiety, memory loss, and other neuropsychiatric disorders.

## Abuse Rises Significantly

While MDMA abuse currently is not as widespread as that of many other drugs, it nonetheless increased significantly—800 percent—over a five-year period. Drug Abuse Warning Network (DAWN) estimates reveal nationwide hospital emergency room mentions for MDMA rose sharply from 68 in 1993 to 637 in 1997 (last available year).

**Table 1**  
DAWN: Estimated Emergency Room Mentions 1993 -1998

	1993	1994	1995	1996	1997
MDMA	68	250	421	319	637
LSD	3,422	5,150	5,681	4,569	5,219
Methamphetamine	9,926	17,665	15,936	11,002	17,154
Heroin	63,232	64,013	70,838	73,846	72,010
Cocaine	123,423	142,878	135,801	152,433	161,087

## Laboratory Production: European-Controlled; U.S. Attempts

Clandestine laboratories operating in Europe, primarily the Netherlands and to a lesser extent in Belgium and in Eastern European countries, manufacture significant quantities of the drug in tablet, capsule, or powder form. Although the vast majority of MDMA consumed domestically is produced in Europe, a limited number of MDMA laboratories operate in the United States. For instance, a large-scale MDMA lab, capable of producing an estimated 20 kilograms of MDMA per batch, was seized on January 30, 1998 in Massachusetts. Six other MDMA laboratories were seized in the United States in 1998. Thus far in 1999, five MDMA laboratories have been seized in the United States—one non-operational and four others with extremely small production capacities. As with many of the designer drugs, the clandestine production of MDMA is a relatively simple process and “recipes” can be found on the Internet. The synthesis of MDMA requires a few days to complete. It is generally produced from the immediate precursor, 3,4-MDP2P, by reacting it with methylamine. 3,4-MDP2P is a List I Chemical under the Controlled Substances Act and is usually clandestinely produced from piperonal (also known as heliotropin), safrole, or isosafrole, which are also List I Chemicals. Several laboratories have used sassafras oil as a source of safrole, since the oil is usually greater than 80 percent safrole. Safrole is



**MDMA Tablets with Logos**

converted to isosafrole with potassium hydroxide in methyl alcohol. Isosafrole is then reacted with hydrogen peroxide and formic acid to produce 3,4-MDP2P.

The chemicals used in the production of MDMA are available primarily through specialty chemical supply houses in the United States for industrial and research purposes. Since these chemicals are controlled, they are not readily available to the general public.

### **Marketing Tools: Tablets with Logos**

The average weight of an MDMA tablet is 300 milligrams (mg). Approximately one third of the pill is pure MDMA, ranging from 75 mg to 125 mg per tablet. One kilogram of pure MDMA powder can produce 10,000 tablets, assuming the tablet or dosage unit contains 100 mg of MDMA.

MDMA traffickers consistently use brand names and logos as marketing tools and to distinguish their product from that of competitors. The logos are produced to appeal to young consumers and often to coincide with holidays or special events. Among the more popular logos are the Mitsubishi symbol, Rolex symbol, Pink Panther, Adidas symbol, butterfly, lightning bolt, and four-leaf clover.

### **Prices: Affordable**

At the source, primarily in the Netherlands and Belgium, wholesale prices of MDMA range from \$.50 to \$2.00 per dosage unit. The drug is sold in bulk quantity at the mid-wholesale level in the United States for approximately \$8 per dosage unit. The retail price of MDMA, as sold in clubs in the United States, remains steady at approximately \$20-\$30 per dosage unit.

### **Conclusion**

MDMA abuse in the United States and the trafficking of MDMA to the United States are on the rise, posing serious social concerns. Once confined to major metropolitan areas on the East and West Coasts, MDMA trafficking is expanding to smaller communities throughout the country. Teenagers and young adults continue to be the primary targets of sophisticated crime syndicates who are supplying U.S. distribution groups with ever-increasing amounts of MDMA tablets. As the trend to consume MDMA in tandem with alcohol and other drugs continues, the harmful effects of the drug will be seen to increase exponentially.

This report was prepared by the Strategic Domestic Unit of the Office of Domestic Enforcement Support. Comments and requests for copies are welcome and may be directed to the Intelligence Production Unit, Intelligence Division, DEA Headquarters, at (202) 307-8726.