

A Study of Ecstasy, Club Drugs and Raves in the State of Arizona



Joint Study between:

Arizona Criminal Justice Commission
and the
U.S. Department of Justice, Drug Enforcement Administration,
Phoenix Division

Fall 2001

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Executive Summary

This paper is a compilation of the most recent research on MDMA (Ecstasy), an explanation of other Club Drug use, and a description of the RAVE scene in Arizona. The paper highlights federal, state, and local legislation currently being employed to combat the rapid growth in the use of these drugs. The research was limited by the availability of current information on MDMA and Club Drug use in Arizona. Generally, statistics illustrating drug use in Arizona have not recorded MDMA and Club Drug use as a separate category. This has led to an incomplete and inaccurate assessment of MDMA and Club Drug use in the state. MDMA and Club Drugs have been included with “all other illicit drug use,” or occasionally they have been statistically categorized with methamphetamine/amphetamine use. Studies done at the state universities, the Arizona Criminal Justice Commission (ACJC), and other agencies in the past have not differentiated between MDMA, Club Drugs and other illicit drugs. In some of these reports the category of illicit drug use has shown a decline over the past several years, when in fact MDMA and Club Drug use had increased significantly. Because awareness has increased about the use of MDMA and Club Drugs these reporting agencies are recognizing the problem and are beginning to separate MDMA and Club Drugs into separate categories. ACJC has already planned to include Club Drug questions in its upcoming Substance Abuse Study for 2002.

The research on MDMA and Club Drugs is showing the rapid growth of the use of these drugs throughout the United States and the alarming trend of use by younger populations. According to the Monitoring the Future Study, lifetime use of MDMA among 8th graders increased from 2.7 percent in 1999 to 4.3 percent in 2000. Among 12th graders, lifetime use increased from 8.0 percent to 11.0 percent and one-in-nine high school seniors have tried Ecstasy in their lifetime. Lifetime use of MDMA among college students increased from 8.4 percent in 1999 to 13.1 percent in 2000 and from 7.1 percent to 11.6 percent for young adults. This growth rate is both alarming and significant.

The research on MDMA is divided into two opposing groups; the first consisting of government and drug abuse authorities and the second consisting of proponents of free choice or harm reduction. Both groups of researchers admit that much of their data is preliminary and agree that more research is necessary. However, advocates of use, and some harm reduction movements, disagree with data from the government and drug abuse prevention studies. The government and drug abuse studies are consistent on the negative effects of MDMA use; muscle tension, involuntary teeth clenching, nausea, blurred vision, rapid eye movement, faintness, dehydration, hypertension, hyperthermia, and heart or kidney failure. Their research also indicates MDMA use can cause memory loss and severe brain damage.

The “Alternative” researchers on MDMA argue nearly every conclusion made by the government and drug abuse prevention researchers on MDMA use. The alternative researchers promote the idea that use of MDMA, as well as many other drugs, is a personal choice and they insist that the government research is flawed and can not be scientifically proven. They accuse the government researchers of not utilizing proper protocol in research, using brain scan images from two different people for advertising, and using “scare tactics” to persuade people not to use MDMA. These alternative researchers make their comments and findings available on the Internet on a seemingly immeasurable number of websites. As this disagreement and

dissemination of misinformation continues, many youth are lured into thinking MDMA is a safe drug and that steps can be taken to protect themselves while using the drug.

Although use patterns of MDMA and Club Drugs is changing, the primary venue of Club Drug use began at RAVES in Europe. RAVES are all-night dance parties held in homes, permanent dance clubs, large vacant buildings, or outdoors. RAVES are considered special events with the latest “techno” music, elaborate light shows, and patrons who go from RAVE-to-RAVE. Many teens are drawn to RAVES because they are perceived as being an “underground” or counter-culture experience. Most RAVES do not serve alcohol so they can legally admit teens. The fact that a RAVE is alcohol-free creates an illusion of safety in the minds of many parents. RAVES are big business, organized by individuals and groups in a particular city or region. RAVES are well-advertised by flyers and Websites.

In an attempt to measure the prevalence of MDMA and Club Drug use in Arizona, a survey was administered to members of the Arizona Narcotics Officers Association (ANOA) on August 2, 2001. These narcotics officers represent state, tribal and federal police officers throughout Arizona and they deal with drug cases daily. The results showed 80 percent of respondents perceived their jurisdiction as having a problem with Club Drugs, 78 percent said their jurisdictions had investigated Club Drug cases, 83 percent believed the current laws dealing with Club Drugs were not effective, and only 18 percent have used the federal law to prosecute Club Drug cases. Numerous detectives and members of ANOA were subsequently interviewed and follow-up questions were asked on their investigations, use of state and federal laws, and what would be needed to assist them in effectively investigating and prosecuting MDMA and Club Drug cases. Their suggestions were used in the development of new legislation which also incorporates components of other state and federal laws. This new legislation was drafted and is included in this paper.

During this research several issues became dominant. Information about the effects of MDMA and Club Drugs is conflicting and public education will need to be increased and improved in Arizona, especially utilizing the Internet. Arizona will need to continue to update the current techniques used in tracking MDMA and Club Drug use and new laws may be required to assist in combating the escalating use of MDMA and Club Drugs in Arizona.

MDMA (Ecstasy)

As MDMA and Club Drug usage began to dramatically increase across the nation the Arizona Criminal Justice Commission requested a study be conducted to determine if MDMA and Club Drug use was also rising in Arizona. Once the study showed increased usage in MDMA and Club Drugs, the research moved towards finding possible solutions and techniques to use in combating the rise in this drug use.

Definition

MDMA, Methylenedioxyamphetamine, also known as “Ecstasy,” is chemically related to the family of amphetamines and was discovered in 1912 by Merck, a German chemical company. It was patented with no specific use and the first published study on the subjective effects in humans was made in 1978 by Dr. Shulgin, of California. In 1984 the DEA petitioned for MDMA to be included in Schedule I of the Controlled Substances Act and in November of 1986, MDMA was permanently placed into Schedule I, where it remains today. There was a brief period during the appeals process, when it was removed from Schedule I, in December of 1987. It was returned to Schedule I in March of 1988, and that is where it remains today. (Schedule I is reserved for the most dangerous drugs that have no recognized medical use, while Schedule V is the classification used for the least dangerous drugs.) The term “Ecstasy” is believed to have been coined by Newsweek magazine in 1993 based on the effects of the drug. MDMA has also been referred to as the “Internet drug” due to the age of users, their use of the Internet, and the vast amount of information on MDMA found on the Internet

MDMA Research

MDMA works in the brain by increasing the activity levels of at least three neurotransmitters: serotonin, dopamine, and norepinephrine. Much like the way amphetamines work, MDMA causes these neurotransmitters to be released from their storage sites in neurons resulting in increased brain activity. Compared to the very potent stimulant, methamphetamine, MDMA causes greater serotonin release and somewhat lesser dopamine release. Serotonin is the neurotransmitter that plays an important role in regulation of mood, sleep, pain, emotion, appetite and other behaviors. By releasing large amounts of serotonin and also interfering with its synthesis, MDMA causes the brain to become significantly depleted of this important neurotransmitter. As a result, it takes the human brain time to rebuild its serotonin levels. For people who take MDMA at moderate to high doses, depletion of serotonin may be long-term. These persistent deficits in serotonin are likely responsible for many of the long-lasting behavioral effects that the user experiences. There is a large body of evidence that links heavy and prolonged MDMA use to confusion, depression, sleep problems, persistent elevation of anxiety, aggressive and impulsive behavior and selective impairment of some working memory and attention processes.

In addition to the negative effects of MDMA abuse on the user, findings released in May of 2001 in the *Journal of Neuroscience* found the first evidence that prenatal use of MDMA may cause memory loss and other impairments in offspring. Rats that were exposed to MDMA during stages of brain development (similar to brain and central nervous system development time frames in humans) were found to have memory and learning deficiencies. “Ecstasy is

not a 'fun' drug — it is neurotoxic, it severely damages brain cells and has consequences that include dehydration, hypertension, hyperthermia, and heart or kidney failure." ¹

MDMA is used for its mild hallucinogenic effects and increased tactile sensitivity and empathic feelings. Users describe its effects as releasing inhibitions and leading to "closeness" with others. Physical symptoms often involve muscle tension, involuntary teeth clenching, nausea, blurred vision, rapid eye movement, faintness, and chills or sweating. Also, there is evidence that people who develop a rash that looks like acne after using MDMA may be risking severe side effects, including liver damage, if they continue to use the drug.

Extent of Use²

National Drug Intelligence Center (NDIC)

Information provided to NDIC by law enforcement agencies nationwide suggests that Club Drugs pose a much greater threat than is currently perceived. Moreover, given the popularity of "RAVES," the dramatic increases in the availability and use of Club Drugs may pose a greater immediate threat to adolescents and young adults than any other illegal drug. More than half of the 412 agencies responding to the National Drug Threat Survey identify increases — sometimes dramatic — in the availability and use of Club Drugs, particularly MDMA (methylenedioxymethamphetamine) and GHB (gamma hydroxybutyrate). "Over 10 percent of respondents note the appearance of Club Drugs in their jurisdictions within the past year, and many agencies note increased use among junior high and elementary schoolchildren. The Phoenix Police Department reports tremendous increases in RAVE activity during 2000 and notes recent investigations of several local MDMA laboratories. The department also reports that MDMA trafficking organizations are becoming more sophisticated and more organized."³

Community Epidemiology Work Group (CEWG)

CEWG is a network of epidemiologists and researchers in the United States that meets biannually to review current and emerging substance abuse problems. The members of CEWG present drug abuse indicator data, survey findings, and other quantitative information compiled from local, city, State, and Federal sources. In many of the 21 metropolitan areas, including Phoenix, monitored by CEWG, MDMA, once used primarily at dance clubs, RAVES, and college scenes, is now being used in a number of other social settings. Although, compared to other drugs, the number of cases of MDMA use remains relatively small, the group of epidemiologists, public health officials, and researchers who monitor emerging drug trends, found increases in MDMA abuse in 13 of the 21 CEWG areas looked at and easy availability in most other areas. Also it is increasingly presenting itself in emergency rooms across the country. According to SAMHSA's Drug Abuse Warning Network, emergency room mentions in the US increased significantly from 253 in 1994 to 4,511 in 2000.⁴

¹ Hearing Before the Senate Subcommittee on Governmental Affairs - "Ecstasy Abuse and Control" Alan I. Leshner, Ph.D., Director, National Institute on Drug Abuse, National Institutes of Health, DHHS, July 30, 2001

² NIDA, InfoFax, MDMA (Ecstasy) 13547, 2001

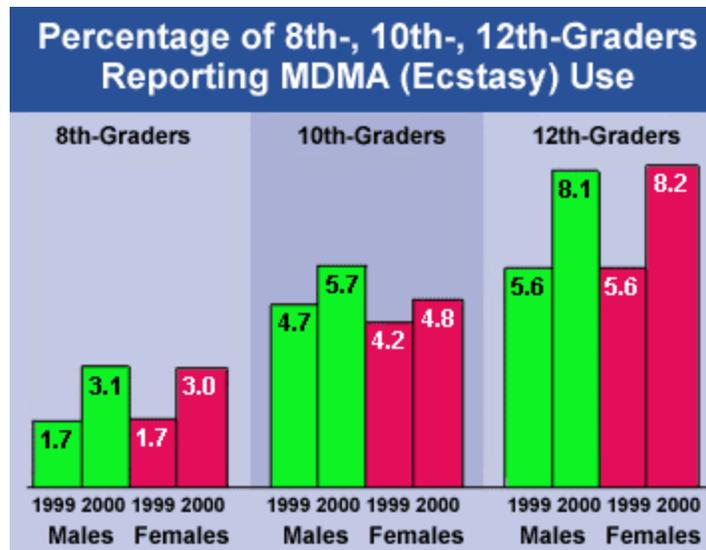
³ National Drug Intelligence Center, National Drug Threat Assessment 2001 - The Domestic Perspective

⁴ Appendix A, Tables 1-9 through 1-14

National Household Survey on Drug Abuse (NHSDA)

Each year, NHSDA reports on the nature and extent of drug use among the American household population age 12 and older. The 1999 survey is the latest for data relating to MDMA use. It found that an estimated 1.5 percent (3.4 million) of Americans had used MDMA at least once during their lifetime. By age group, the heaviest use (5 percent or 1.4 million people) was reported for those between 18 and 25 years old.

Table 1-1



Graph on MDMA Trends in School Children NIDA Notes, Volume 16, 2, 2001

Arizona

Throughout the United States seizures of MDMA have increased drastically. Seizures of MDMA tablets submitted to Drug Enforcement Administration laboratories have risen from a total of 1,054,973 in 1999 to 3,045,041 in 2000. DEA arrests for MDMA violations also increased from 681 in 1999 to 1,456 in 2000. Similarly, the number of DEA initiated cases targeting MDMA violators increased from 278 in 1999 to 670 in 2000 with many of these in Arizona.

Information specific to MDMA and Club Drugs use is very limited in Arizona. According to the Arizona Republic, “There are no exact figures on Ecstasy's prevalence in Arizona, but the drug — a mood-altering offshoot of methamphetamine with the unwieldy chemical name methylenedioxyamphetamine, or MDMA - first came to the attention of local police in the late '80s.”⁵ Most statistics on drug use in Arizona include MDMA and Club Drugs with all other illicit drugs. This creates an inaccurate picture of MDMA and Club Drug use by combining it with all other drug statistics, which then show a decline in overall drug use. MDMA and Club Drug use has actually increased significantly. Officials with the Department of Education and Arizona colleges and universities say that drug violations and

⁵ The Arizona Republic, February 25, 2000.

drug use are tracked, however, Club Drugs are not segregated and there is no specific data on Club Drug use in schools. Interviews with Arizona narcotics detectives showed they believed MDMA and Club Drug use is a significant problem in Arizona. Some detectives believe MDMA is replacing cocaine use among younger users which may partially explain the decrease in reported cocaine use. Detectives also report that through investigations and information from reliable sources MDMA is being found and used more often in schools in addition to the use at RAVES.

Arizona is considered by some federal sources to be a major trafficking center for MDMA. In the case against Sammy “The Bull” Gravano, federal authorities found Gravano had direct ties to Israeli national Ilan Zarger who was smuggling in millions of tablets of MDMA from Europe. Gravano, who lived in Arizona, was indicted and eventually charged with distributing approximately 100,000 pills of MDMA in Arizona. Authorities believed he had “probably” been involved in the distribution of more than a million pills. MDMA pills are sold for \$5 to \$8 each wholesale and \$15 to \$40 retail. The street value of the MDMA brought into Arizona through Gravano could be up to as much as \$40,000,000. Through this investigation it became apparent that Arizona was seeing large quantities of MDMA on the streets. In addition to the trafficking of MDMA in Arizona, state and federal law enforcement officials have seen an increase in the number of labs producing MDMA throughout the state.

Partnership for a Drug-Free America® (PDFA)

Partnership for a Drug-Free America⁶ also reported that the trial use of Ecstasy is up significantly. In 2000, 10 percent of teens said they have tried the drug compared to seven percent in 1998 and 1999. In 1995, only five percent of teens reported they had tried Ecstasy (Table 1-3). The number of teens who say they “have close friends who use Ecstasy” was also up significantly in 2000. Nearly one-third (32 percent) of teens in 2000 reported they had close friends that used Ecstasy, up from 24 percent in 1998 and 26 percent in 1999 (Table 1-4). Remembering that teens tend to overestimate the number of their peers who use drugs, this figure is not surprising. However, the perception may wrongly persuade teens that Ecstasy use is the norm.

In 2000, 15 percent of teens ranked Ecstasy as either the most or second-most harmful illegal drug, up significantly from 12 percent in both 1998 and 1999 and from just 10 percent in 1996. PDFA says more research is needed to understand the reasons why Ecstasy use is climbing even as more teens are beginning to view Ecstasy as one of the most harmful drugs. One possible explanation could be that teens are associating less risk with experimenting with this drug than with regular use. Many other studies indicate teens do not perceive this risk.

Monitoring the Future Study (MTF)

Monitoring the Future is an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults. Each year, a total of some 50,000 8th, 10th and 12th grade students are surveyed. Results from the 2000 MTF indicate that the use of MDMA increased among students in 8th, 10th and 12th grades from 1999 to 2000. For 10th and 12th graders, this is the second consecutive year MDMA use has increased. But during

⁶ Partnership for a Drug-Free America®, 2000 Partnership Attitude Tracking Study

2000, the drug has also spread to 8th graders. Lifetime use of MDMA among 8th graders increased from 2.7 percent in 1999 to 4.3 percent in 2000. Among 12th graders, lifetime use increased from 8.0 percent to 11.0 percent, one-in-nine high school seniors have tried Ecstasy in their lifetime. Lifetime use of MDMA among college students increased from 8.4 percent in 1999 to 13.1 percent in 2000 and from 7.1 percent to 11.6 percent for young adults.⁷ In addition to the overall increases in use, perceived availability of MDMA increased among high school seniors from 40.1 percent to 51.4 percent. Ecstasy use is now more prevalent among American teens than cocaine use, with one in thirty 8th graders (3.1 percent) using it in the prior 12 months, as well as one in every twelve 12th graders (8.2 percent). Reported availability of the drug continues to increase sharply.

Table 1-2

**Ecstasy Use by Students, 2000:
Monitoring the Future Study**

	8th-Graders	10th-Graders	12th-Graders
Ever Used *	4.3 %	7.3 %	11.0 %
Used in Past Year	3.1 %	5.4 %	8.2 %
Used in Past Month	1.4 %	2.6 %	3.6 %

* "Ever used" refers to use at least once during a respondent's lifetime. "Past year" refers to an individual's drug use at least once during the year preceding their response to the survey. "Past month" refers to an individual's drug use at least once during the month preceding their response to the survey.

Drug Abuse Warning Network (DAWN)

The Drug Abuse Warning Network is a national probability survey of hospitals with emergency departments (EDs) conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA). Phoenix is one of the 21 metropolitan areas monitored. (The identities of the specific hospitals in each area are kept confidential.) The survey is designed to capture data on ED episodes that are induced by or related to the use of an illegal drug or the non-medical use of a legal drug. DAWN data do not measure prevalence of drug use in the population but are useful as an indicator of drugs available in a community. The data collected in the year-end 2000 report has shown a dramatic increase of drug episodes involving MDMA over the past seven years. The reporting of MDMA episodes increased from 253 in 1994 to 4,511 in 2000. In 1999 there were 2,850 reported episodes with MDMA. (Table 1-5) In this same data collection from DAWN for year-end 2000, Phoenix went from one reported episode involving MDMA in 1995 to 20 in 1999 and 76 reported episodes in 2000, a significant increase (Table1-6).

⁷ See Table 1-3 Trends in Lifetime Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders, College Students, and Young Adults (Ages 19-28)

Table 1-5 Estimated number of Club Drug episodes for the coterminous U.S. by year: 1994 - 2000

US TOTALS	Total	Total	Total	Total	Total	Total	Total	<i>p</i> -value	<i>p</i> -value	<i>p</i> -value
	1994	1995	1996	1997	1998	1999	2000	1999, 2000 ¹	1998, 2000 ¹	1994, 2000 ¹
Emergency Department (ED)										
GHB	56	145	638	762	1,282	3,178	4,969	0.138	0.023 +	0.012 +
Ketamine	19	151	81	318	209	396	263	0.291	0.447	0.000 +
MDMA (Ecstasy)	253	421	319	637	1,143	2,850	4,511	0.000 +	0.000 +	0.000 +
Rohypnol	13	111	217	293	624	540	469	0.736	0.642	0.108

¹(A) In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p* -values less than 0.05 are considered to be statistically significant.

(B) This column compares the stated periods.

* DAWN estimates of ED visits should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 1-6 Estimated number of Club Drug episodes by year: 1995 – 2000

PHOENIX

	Total	Total	Total	Total	Total	Total	<i>p</i> -value	<i>p</i> -value	
	1995	1996	1997	1998	1999	2000	H1,H2, 00-00*	H2,H2, 99-00*	
Emergency Department (ED)									
GHB	0	0	3	2	17	16	0.143	0.012	-
Ketamine	0	0	...	...	4	14	0.003	0	+
MDMA	1	...	6	2	20	76	0.054	0	+
Rohypnol	0	0	0	0	1	...	0.163	0.163	

1. In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

Dots (...) indicate that an estimate with a relative standard error greater than 50 percent has been suppressed.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Challenges

There are many challenges to reversing the growth of MDMA and Club Drug use in Arizona. These challenges include; the substantial amount of disinformation on MDMA, the usage pattern of MDMA, increased sexual activity by MDMA users, low parental influence on drug usage, and the transition of MDMA from the club and RAVE scene into society, and the low perceived risk of MDMA use.

The numerous "disputed facts" are the biggest challenge to combating MDMA and other Club Drug use. Known as the Internet Drug, MDMA, has generated as many "alternative" information websites on the Internet as government and abuse prevention sites. Table1-7 in Appendix A lists a few of the many "alternative" websites that dispute nearly every scientific claim made about MDMA and its effects. In addition to "alternative" information there are several websites advocating "harm reduction" services targeting "primarily non-addicted, recreational users." With the average age of the MDMA user at 19 years the Internet is an

integral source of information. On these Internet sites MDMA users are advised about proper ways to use the drug. They are instructed to keep properly hydrated and to take certain vitamins and minerals to minimize negative effects. Some sites even recommend the use of other illegal drugs to aid in the MDMA “experience.” Any effort made in Arizona to counteract this misinformation must be tempered with accurate, current and complete information to avoid the perceived use of scare tactics.

There is some controversy about the physiological addiction of MDMA and unlike most other drugs; some MDMA users outwardly appear to be able to control the amount and frequency of use. Some users have reported abstaining from MDMA use in order to “heighten” the effects of the drug for special occasions. Sometimes they abstain for several weeks or even months. An increase in body temperature is another “disputed fact” about the effects of MDMA use. According to Dr. Julie Holland, MD, “In human studies, no one is getting consistent findings in temperature readings. In animal studies, the core body temperature is dependent on the ambient temperature of the laboratory. What may be happening in a RAVE setting, then, is that high temperatures in the club, combined with increased body temperatures in the dancers, may be causing excessively high body temperatures in some Ecstasy users.”⁸

In a study on Ecstasy and associated sexual risk behaviors among urban youth by Raul Pino, MD, Gary Burkholder, Ph.D., et al, several adverse sexual risks were associated with MDMA use. In the report they found nearly 50 percent of the Ecstasy users studied reported using the drug to have better sex. “MDMA use was strongly associated with traditional sex risk measures and also associated with diversity of sexual experience (e.g. multiple partners in one day and anal sex) which may increase the risk for HIV/STD transmission.”⁹ According to Arizona Department of Health Services officials, the age group using MDMA and Club Drugs, 15 to 19 and 20 to 24 years of age, has the highest incidents of the sexually transmitted disease, Chlamydia. However, there is no statistical information on the correlation between drug use and sexually transmitted diseases.

In most drug abuse prevention programs the interaction between drug users, or potential drug users, and their parents has a high degree of influence in preventing drug use. To test the influence of parental attachment and MDMA use, a preliminary research project was conducted by Carrie A. Elk, Ph.D., LMHC¹⁰. In the study she states, “Surprisingly, parental attachment scores were not associated with MDMA use in this study. The two variables that best predict MDMA use were peer use and poly drug use.” This would mean MDMA users are less influenced by parental interaction than is thought to occur with other drugs. This challenges the current “Parents are the best anti-drug” thinking and places youth at a greater risk from peer pressure to use MDMA.

Several studies, including Community Epidemiology Work Group, are showing that MDMA use is spreading beyond club and RAVE usage to other social, socio-economic, and ethnic venues. Interviews with local law enforcement personnel confirm this same trend is occurring in Arizona. According to local law enforcement MDMA use is rising and spreading beyond

⁸ Transcript of Lindesmith MDMA Seminar, March 3, 2000, NYC.

⁹ Ecstasy Use and Sexual Risk Behaviors Among Urban Youth, Raul Pino, Gary Burkholder, Jay Schensul, Julie Eiserman, Gustavo Lopez, The Institute for Community Research, Hartford, CT, 2001

¹⁰ Attachment Relationships and MDMA (Ecstasy) Use in College Students, 2001, Carrie A. Elk, Ph.D., LMHC.

the RAVE scene. Local detectives said that according to their investigations and information from students and informants the use of MDMA and Club Drugs is becoming more common at schools.

Most research indicates that youth do not perceive MDMA use as a high risk. According to the Monitoring the Future study over two-thirds of all seniors (73 percent) judge smoking a pack of cigarettes per day as entailing great risk, 58 percent judged regular use of marijuana or steroids a great risk, and 54 percent for heroin. Only 38 percent judged experimenting with MDMA as a great risk (Table 1-8). The predominant view of MDMA is that it is a safe drug. The extensive amount of Internet information does little to change this perception and continues to fuel the assumption that the use of MDMA is safe and “especially safer than tobacco or alcohol.”

RAVES

Definition

A RAVE is an all-night dance party held in homes, permanent dance clubs, large vacant buildings, or outdoors. RAVES are considered special events with the latest “techno” music, elaborate light shows, and patrons who go from RAVE-to-RAVE. Many teens are drawn to RAVES because they are perceived as being an “underground” or counter-culture experience. Most RAVES do not serve alcohol so they can legally admit teens. The fact that a RAVE is alcohol-free creates an illusion of safety in the minds of many parents. RAVES are big business, usually organized by individuals and groups regularly in a particular city or region. RAVES are well-advertised by flyers and websites. There are hundreds of RAVE websites on the Internet. Table 1-15 contains information on fourteen local RAVE sites. RAVE promoters capitalize on the effects of Club Drugs by selling bottled water, sports drinks, pacifiers, menthol nasal inhalers, surgical masks, chemical lights and neon glow sticks to enhance the RAVE experience. A unique part of RAVES is the frequent touching, massage, and stroking of each other, said to be due to the effects of MDMA and an increased tactile awareness. It is not unusual to see lines of people massaging one another at RAVES. “The RAVE culture, which has spurred the introduction of a variety of drugs to a new group of users, will continue to grow and negatively affect teens and young adults throughout the nation. The widespread availability and use of drugs at RAVES will place greater demands on already overburdened law enforcement agencies and treatment facilities well into the future.”¹¹

Members of private drug education and drug testing organizations, called “harm reduction organizations,” have appeared at RAVES over the past 10 years. They attend RAVE events to test samples of illegal drugs so they can inform attendees, or “Ravers,” of purity levels. Members of these organizations believe that they help reduce the number of overdoses by educating users on the physical effects of specific drugs. Conversely, many law enforcement agencies believe that the practices of harm reduction organizations encourage drug use, and they support their position with national statistics that show an increase in Club Drug overdoses as harm reduction organizations have become more active.

¹¹ National Drug Intelligence Center, National Drug Threat Assessment 2001 - The Domestic Perspective

RAVE Scene in Arizona

There are hundreds of RAVES conducted every week throughout the United States. Arizona is similar in the amount of RAVES held in other states. The majority of RAVES in Arizona are held in or near major metropolitan areas with between 5 and 30 RAVES held each week throughout the state. Attendance at RAVES varies from 20 at home RAVE parties to well over 20,000. On September 3, 2001 a RAVE was held in the California desert near Lake Havasu. There were more than 20,000 people in attendance during the 14 hour party on a landing strip. According to California's San Bernardino County Sheriff's Captain Greg Bottrell, "Traffic was backed up for miles in and around the Lake Havasu area. It was a public safety issue and then you have rampant drug use by a lot of people." Over 70 California law enforcement officers were called in to deal with the RAVE. Deputies arrested 80 people, most for sale or possession of MDMA tablets. Three deaths were tied to the event, two from fatal traffic accidents and one from a drug overdose. Arizona law enforcement actively works at RAVES with patrol and narcotic units to find and arrest drug dealers. They are faced with using young appearing officers, usually with no undercover experience, to work inside the RAVE in order to blend in with the young crowds. Detectives say working the RAVE is usually difficult and they prefer to investigate promoters or anyone responsible for organizing drug trafficking prior to the RAVE.

There are well over 50 RAVES scheduled and advertised for the remainder of this year in Arizona and there are many more RAVES that are less advertised. Appendix B contains copies of six flyers for RAVES in Arizona from one website.¹² Other websites have several more RAVES scheduled throughout the state this year.¹³ Many of the RAVES in Arizona are held at established dance clubs and some of these have "sections" divided for adult and underage patrons. The adults are allowed to consume alcohol in their section and can enter either section and be with the younger patrons. According to interviews with Arizona law enforcement detectives this combining of adults and youth has created a problem. Detectives have seen known pedophiles frequenting these RAVES where the drug use diminishes the inhibitions of younger patrons in a scene where there is already an increase in physical contact.

Promoters

Although most promoters are legitimate business people, some promoters profit from illegal activities and drug sales at RAVES. Appendix B, Table 2-2 lists some of the self-identified local promoters in Arizona¹⁴. This list is not complete and several promoters known to law enforcement personnel in Arizona are not listed. Several promoters in Arizona have been connected with the drug activity at RAVES and law enforcement continues to investigate these connections. Most of the narcotics officers interviewed for this report believed that increasing investigations on promoters will aid in the reduction of Club Drug use. This would be done by linking the promoters to illegal activities at RAVES and drug sales and then arresting them. This in turn would discourage others from promoting venues where drug use was an integral part.

¹² azRAVEs.com, September 2001.

¹³ www.plur2k.com/azevents.html www.beatseek.com, September 2001.

¹⁴ azRAVES.com, September 2001.

Some promoters make money from the sales of MDMA and Club Drugs. According to local detectives some promoters receive money for allowing only specific drug dealers, who have paid the promoter, into a RAVE. Promoters have been known to turn over “unauthorized” drug dealers to police, while allowing other “paying” dealers to remain at the RAVE. The investigation of promoter involvement in MDMA sales is very difficult, especially during the RAVES. Detectives said most promoters have set up the drug sales well in advance of the RAVE and have very little, or no, contact with drug sales during RAVE events. Promoters make money from the sales of tickets into the RAVE, \$15 to \$50 per person, and from the sales of paraphernalia such as pacifiers (to minimize teeth grinding caused by MDMA), candy necklaces, glow sticks, glow bracelets, surgical masks and inhalers, all of which help to heighten the sensory experience of MDMA. Some promoters have also been known to turn off water supplies to insure large sales of bottled water at \$3 to \$5 a bottle. However, this trend has significantly slowed as some municipalities have used this unsanitary practice as a reason to shut down the RAVES for health code violations. Although thousands of dollars can be made at RAVE events, similar to the money made at concerts or shows, the majority of money made is in dealing or manufacturing MDMA and other Club Drugs. MDMA can be purchased for \$5 to \$8 per tablet wholesale and then sold for \$15 to \$40 per tablet at the RAVES. Local detectives say that many RAVE attendees are taking the drugs prior to arriving at a RAVE since they are aware of police investigations at RAVES.

Club Drugs

Club Drugs became a separate category of drugs due to the frequency they are found in the RAVE or Club scene and used by young people. Although drug use at RAVES is not limited to the following drugs, these are the drugs most frequently found and used at RAVES. Nationwide, for consistency in reporting, they are categorized as Club Drugs.

Ecstasy Methylenedioxymethamphetamine (MDMA)¹⁵

Slang or Street Names: *Ecstasy, XTC, X, E, Adam, Clarity, Lover's Speed, Hug Drug, Go, Disco Biscuit, Cristal*

MDMA was developed and patented in the early 1900's as a chemical precursor in the synthesis of pharmaceuticals. Chemically, MDMA is similar to the stimulant amphetamine and the hallucinogen mescaline. MDMA can produce both stimulant and psychedelic effects.

- Methylenedioxyamphetamine (MDA) and methylenedioxyethylamphetamine (MDEA) are drugs chemically similar to MDMA.
- MDMA is taken orally, usually in a tablet or a capsule. MDMA's effects last approximately 3 to 6 hours, though confusion, depression, sleep problems, anxiety, and paranoia have been reported to occur even weeks after the drug is taken.
- MDMA can produce a significant increase in heart rate and blood pressure and a sense of alertness like that associated with amphetamine use.

¹⁵ Community Drug Alert Bulletin, National Institute on Drug Abuse, January 25, 2001.

- The stimulant effects of MDMA, which enable users to dance for extended periods, may also lead to dehydration, hypertension, and heart or kidney failure.
- Pills of MDMA sell for between \$15 and \$40 each.

MDMA can be extremely dangerous in high doses. It can cause a marked increase in body temperature (malignant hyperthermia) leading to the muscle breakdown and kidney and cardiovascular system failure reported in some fatal cases at RAVES. MDMA use may also lead to heart attacks, strokes, and seizures in some users.

MDMA is neurotoxic. Chronic use of MDMA was found, first in laboratory animals and more recently in humans, to produce long-lasting, perhaps permanent, damage to the neurons that release serotonin, and consequent memory impairment.

*The Ecstasy Anti-Proliferation Act of 2000 increases the guideline sentence for trafficking Ecstasy. This new amendment increases sentences for trafficking 800 pills (approximately 200 grams) of Ecstasy by 300 percent, from 15 months to five years. It also increases the penalties for trafficking 8,000 pills by almost 200 percent, from 41 months to 10 years.

The control action on MDMA was prepared in 1984. After formal hearings it was emergency controlled on July 1, 1985. Permanent control into Schedule I of the CSA was completed in 1986. After a protracted appeal process the final permanent control into Schedule I of the CSA occurred in 1988. MDMA is listed in ARS 13-3401.6.(a)(xiv) as a Dangerous Drug.

Gamma-hydroxybutyrate (GHB)

Slang or Street Names: *Grievous Bodily Harm, G, Liquid Ecstasy, Georgia Home Boy, Soap, Scoop, Max, Goop, Easy Lay*

GHB can be produced in clear liquid, white powder, tablet, and capsule forms, and it is often used in combination with alcohol, making it even more dangerous. GHB has been increasingly involved in poisonings, overdoses, "date rapes," and fatalities. The drug is used predominantly by adolescents and young adults, often when they attend nightclubs and RAVES. GHB is often manufactured in homes with recipes and ingredients found and purchased on the Internet.

- GHB is usually abused either for its intoxicating/sedative/euphoriant properties or for its growth hormone-releasing effects, which can build muscles.
- Some individuals are synthesizing GHB in home laboratories. Ingredients in GHB, gamma-butyrolactone (GBL) and 1,4-butanediol, can also be converted by the body into GHB. These ingredients are found in a number of dietary supplements available in health food stores and gymnasiums to induce sleep, build muscles, and enhance sexual performance.
- GHB is a central nervous system depressant that can relax or sedate the body. At higher doses it can slow breathing and heart rate to dangerous levels.

- GHB's intoxicating effects begin 10 to 20 minutes after the drug is taken. The effects typically last up to four hours, depending on the dosage. At lower doses, GHB can relieve anxiety and produce relaxation; however, as the dose increases, the sedative effects may result in sleep and eventual coma or death.
- Overdose of GHB can occur rather quickly, and the signs are similar to those of other sedatives: drowsiness, nausea, vomiting, headache, loss of consciousness, loss of reflexes, impaired breathing, and ultimately death.
- GHB is cleared from the body relatively quickly, so it is sometimes difficult to detect in emergency rooms and other treatment facilities.

*On February 18, 2001, the Hillory J. Farias and Samantha Reid Date-Rape Prevention Act of 2000 (Public Law 106-172) became law. On this date, GBL (a chemical used in the production of GHB) became a List I chemical, subject to the criminal, civil, and administrative sanctions of the Controlled Substance Act. On March 13, 2000, GHB was made a Schedule I controlled substance because of this law. GHB is the only drug, other than MDMA, that shows an increase in use over the past several years. The increase patterns of GHB are very similar to the MDMA use trends. GHB is listed in ARS 13-3401.6.(c)(xxiv) as a Dangerous Drug.

Ketamine

Slang or Street Names: *Special K, K, Vitamin K, Cat Valiums, Kit Kat, Super K, Jet, Super Acid, Honey Oil, Green, Super C*

Ketamine is an injectable anesthetic that has been approved for both human and animal use in medical settings since 1970. About 90 percent of the ketamine legally sold today is intended for veterinary use.

- Ketamine gained popularity for abuse in the 1980s, when it was realized that large doses cause reactions similar to those associated with use of phencyclidine (PCP), such as dream-like states and hallucinations.
- Ketamine is produced in liquid form or as a white powder that is often snorted or smoked with marijuana or tobacco products. In some cities (Boston, New Orleans, and Minneapolis/St. Paul, for example), ketamine is reportedly being injected intramuscularly.
- At higher doses, ketamine can cause delirium, amnesia, impaired motor function, high blood pressure, depression, and potentially fatal respiratory problems.
- Low-dose intoxication from ketamine results in impaired attention, learning ability, and memory.

*Ketamine was placed in Schedule III of the Controlled Substance Act in August 1999. Ketamine is listed in ARS 13-3401.6.(c)(xxvii) as a Dangerous Drug.

Lysergic Acid Diethylamide (LSD)

Slang or Street Names: *Acid, Boomers, Yellow Sunshines, Barrels, Blotter, Window Panes, Battery Acid, Sugar Cubes, Star*

LSD is a hallucinogen. It induces abnormalities in sensory perceptions. The effects of LSD are unpredictable depending on the amount taken, on the surroundings in which the drug is used, and on the user's personality, mood, and expectations.

- LSD is typically taken by mouth. It is sold in tablet, capsule, and liquid forms as well as in pieces of blotter paper that have absorbed the drug.
- Typically an LSD user feels the effects of the drug 30 to 90 minutes after taking it. The physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors.
- LSD users report numbness, weakness, or trembling, and nausea is common.
- There are two long-term disorders associated with LSD, persistent psychosis and hallucinogen persisting perception disorder (which used to be called "flashbacks").

*Schedule I drug. LSD is listed in ARS 13-3401.6.(a)(x) as a Dangerous Drug.

Methamphetamine

Slang or Street Names: *Speed, Ice, Chalk, Meth, Crystal, Crank, Fire, Glass*

Methamphetamine is a toxic, addictive stimulant that affects many areas of the central nervous system. The drug is often made in clandestine laboratories from relatively inexpensive over-the-counter ingredients. It is being used by diverse groups, including young adults who attend RAVES, in many regions of the country. Available in many forms, methamphetamine can be smoked, snorted, injected, or orally ingested.

- Methamphetamine is a white, odorless, bitter-tasting crystalline powder that easily dissolves in beverages.
- Methamphetamine use is associated with serious health consequences, including memory loss, aggression, violence, psychotic behavior, and potential cardiac and neurological damage.
- Methamphetamine abusers typically display signs of agitation, excited speech, decreased appetite, and increased physical activity levels.
- Methamphetamine is neurotoxic. Methamphetamine abusers may have significant reductions in dopamine transporters.
- Methamphetamine use can contribute to higher rates of transmission of infectious diseases, especially hepatitis and HIV/AIDS.

*Methamphetamine was placed in Schedule II of the Controlled Substance Act in 1971. MDMA is listed in ARS 13-3401.6.(b)(xii) as a Dangerous Drug.

Nitrous oxide

Slang or Street Names: *NOS, Whippets, Gas, Ozone, Nitrous, Canisters, Hippie Crack*

Nitrous oxide is a colorless, sweet-smelling gas that has a variety of uses. In the medical profession, nitrous oxide, known as "laughing gas," is most commonly used for minor oral surgery and dental work. This gas also has a number of industrial uses.

- Nitrous oxide is used as a propellant in aerosol food cans and is sold commercially in small canisters or cartridges called "whip-its," which are marketed under various brand names such as Whippets and EZ Whip and used to make whipped cream.
- Nitrous oxide is sold in cylinders or tanks for medical and dental use.
- Nitrous oxide with hydrogen sulphide or another gas added is used as a fuel enhancement in race cars.
- Nitrous oxide is obtained through theft of cylinders from suppliers and medical sources and the deliberate purchase of tanks from distributors, who are oblivious to its misuse, has made nitrous oxide available to many persons.
- Nitrous oxide is generally dispensed from a large nitrous oxide tank into a balloon for inhalation. Balloons are then sold for approximately \$2 to \$5 each.
- Long term abuse of Nitrous oxide can damage bone marrow and the central nervous system.

*Although not regulated under the Controlled Substances Act (CSA), many State legislatures have attempted to deter youth who buy legal products to get high by placing restrictions on the sale of these products to minors. As reported by the National Conference of State Legislatures, 38 States have adopted laws preventing the sale, use, and/or distribution to minors of various products commonly abused as inhalants. Some states have introduced fines, incarceration, or mandatory treatment for the sale, distribution, use, and/or possession of inhalable chemicals. In 2000 a law was passed in Arizona statutes prohibiting the sale of Nitrous oxide to a person under 18 years of age. ARS 13-3403.01, 13-3403.02.

Rohypnol

Slang or Street Names: *Roofies, Rophies, Roche, Forget-me Pill, R-2, Mexican Valium, Rope, Circles, Pingus*

Rohypnol® (flunitrazepam) belongs to the class of drugs known as benzodiazepines (such as Valium®, Halcion®, Xanax®, and Versed®). It is not approved for prescription use in the United States, although it is approved in Europe and is used in more than 60 countries as a treatment for insomnia, as a sedative, and as a pre-surgery anesthetic.

- Rohypnol is tasteless and odorless, and it dissolves easily in carbonated beverages. The sedative and toxic effects of Rohypnol are aggravated by concurrent use of alcohol. Even without alcohol, a dose of Rohypnol as small as 1 mg can impair a victim for eight to 12 hours.
- Rohypnol is usually taken orally, although there are reports that it can be ground up and snorted.
- The drug can cause profound "anterograde amnesia"; that is, individuals may not remember events they experienced while under the effects of the drug. This may be why one of the street names for Rohypnol is "the forget-me pill" and it has been reportedly used in sexual assaults.
- Rohypnol, which usually costs less than \$5 per tablet, has been used throughout the United States among high school and college students, RAVE and nightclub attendees, drug addicts and alcohol abusers.
- Other adverse effects associated with Rohypnol include decreased blood pressure, drowsiness, visual disturbances, dizziness, confusion, gastrointestinal disturbances, and urinary retention.

*Rohypnol was placed in Schedule IV of the Controlled Substance Act in 1984 and Schedule III in 1995. Rohypnol is listed in ARS 13-3401.6.(c)(xxi) as a Dangerous Drug.

Law Enforcement

Nationally

MDMA is manufactured clandestinely in Western Europe, primarily in The Netherlands and Belgium, which produce 90 percent of the MDMA consumed worldwide. A typical clandestine laboratory is capable of producing 20 - 30 kilograms of MDMA per day, with one kilogram of MDMA consisting of approximately 3,500 tablets. Dutch Police reported the seizure of one laboratory capable of producing approximately 100 kilograms (350,000 tablets) of MDMA per day.

Most often, MDMA consumed in the United States is manufactured by Dutch chemists, and transported or distributed by various factions of Israeli Organized Crime groups. These groups recruit and utilize American, Israeli, and western European nationals as couriers. These couriers can smuggle anywhere from 2.5 to 5 kilograms on their person, and up to 10 kilograms in specially designed luggage. In addition to the use of couriers, these organizations exploit the parcel mail, DHL, UPS, and U.S. Postal Service to facilitate delivery of their merchandise. Due to the size of the MDMA tablet, concealment is much easier than other traditional drugs (i.e. cocaine, heroin, and marijuana) smuggled in kilogram-size packages. In 2000, DEA seized over 3 million tablets of Ecstasy, compared to slightly over 1 million tablets in 1999. This reflects a street value of over \$50 million dollars.

Currently, Israeli and Russian MDMA trafficking organizations dominate the MDMA market in the United States. As Ecstasy proves more profitable and as law enforcement pressures force the

traffickers to re-group, the U.S. MDMA trade will become increasingly diverse. Other drug trafficking organizations based in Colombia, the Dominican Republic, Asia, and Mexico, will likely garner a portion— possibly a significant portion— of the MDMA trade in the future.¹⁶

Nationally state, local and federal agencies have been actively investigating and combating MDMA and Club Drug use. The focus of most of these investigations has been on the promoters and dealers trafficking in Ecstasy. The detectives interviewed from other states and federal agencies used several techniques to investigate and prosecute Club Drug cases. The majority utilize the federal statute, 21 U.S.C. 856 (Appendix C), mentioned in the New Orleans case below. The state statutes that detectives believed were effective closely resembled the federal statute.

“The State Palace Theater Investigation, which was conducted by the DEA New Orleans Division in conjunction with the New Orleans Police Department and the U.S. Attorney's Office in New Orleans, serves as an excellent model of the resourcefulness of law enforcement in addressing the threat of Club Drugs. In this instance, investigators applied 21 U.S.C. 856, which is informally designated as the "crack house statute," for the purpose of securing federal search warrants in furtherance of investigating Club Drug sales at RAVE parties. The statute makes it unlawful to "manage or control any building, room, or enclosure...and knowingly and intentionally rent, lease, or make available for use...for the purpose of unlawfully manufacturing, storing, distributing, or using a controlled substance." During the course of this investigation, DEA agents learned that over the past two years, from 400 to 500 teenagers and young adults had been treated at local emergency rooms for overdose related illnesses following their attendance at RAVE events hosted by the State Palace Theater in New Orleans, Louisiana. On July 30th, 2000, the New Orleans Field Division conducted their eighth and final undercover operation at the State Palace Theater. As with the other operations, the undercover agents made numerous purchases of controlled substances and filmed the distribution and use of numerous controlled substances.”¹⁷

Arizona Law Enforcement

In order to determine the perceived problem with MDMA and Club Drug use in Arizona a survey was administered to members of the Arizona Narcotics Officers Association in August, 2001 (The survey and details on the results are shown in Appendix D). The detectives represented local, state, tribal and federal law enforcement in Arizona. Of those completing the survey the responses were the following:¹⁸

- 80 percent said their jurisdiction had a perceived problem with Club Drugs.
- 78 percent said they had investigated Club Drug cases.
- 83 percent felt the current laws dealing with Club Drugs were not effective.
- 18 percent have used the federal law to prosecute Club Drug cases.

¹⁶ Department of Justice, Drug Enforcement Administration.

¹⁷ DEA Congressional Testimony, Donnie R. Marshall, Administrator Drug Enforcement Administration, March 21, 2001

¹⁸ The survey and a chart of results may be seen in Tables 4-1 and 4-2 in Appendix D.

Of those respondents explaining how Club Drugs cases were investigated in their jurisdiction the number one technique was targeting the promoter at RAVES. Even those interviewed that had not investigated Club Drug cases believed they would target the promoters of RAVES. When asked if their jurisdiction had ever targeted a promoter, only four reported they had. The respondents listed standard drug investigation techniques, i.e. buy-bust, undercover officers at RAVES and in high schools, and the use of confidential informants. Remarks about the problems with using standard drug investigation techniques were as follows:

- It is hard to identify sellers at RAVES due to number and appearance of participants.
- It is difficult to work younger crowds at RAVES with older undercover officers.
- The sellers carry very small amounts and appear to re-supply during the RAVE.
- It is difficult to show a connection between the promoter and drug sales and use.
- It is hard to convince smaller jurisdictions to use federal laws.

Of those respondents interviewed the following suggestions were made to improve the investigation into Club Drugs:

- Create a statute similar to the federal crack house law. (21 U.S.C. 856).
- Have the county attorney lower the threshold amount for prosecution.
- Have federal agencies lower threshold amounts required before they assist in prosecution.
- Make harsher penalties for trafficking in Club Drugs.

Several local jurisdictions have attempted to halt Club Drug usage by controlling, and often, eliminating RAVES. Tucson is in the process of revising their city code to deal with RAVES and the Club Drug use they promote.¹⁹ Some jurisdictions are concerned about city ordinances and say that by closing down the RAVES in the city it simply forces the RAVE to be conducted in remote areas and outdoors. This presents a problem for investigation and security for undercover officers in open areas. Several jurisdictions say the use of such city ordinances has been very successful in closing down the RAVES and decreasing drug demand.

Proposed legislation

Using information gathered from this research, and interviews with Arizona and other state law enforcement officers, the following proposed legislation was created. This legislation is a compilation of several state and federal laws. It attempts to encompass the needs expressed by law enforcement in battling the continuing growth of MDMA and Club Drug use, specifically at RAVES. In order to bring this proposed legislation forward a sponsor in the legislature would need to be found and then a lobbying effort made to see the bill to fruition.

¹⁹ Copy of Tucson ordinance in Appendix D.

Current Law

13-2908. Criminal nuisance; classification

A. A person commits criminal nuisance:

1. If, by conduct either unlawful in itself or unreasonable under the circumstances, such person recklessly creates or maintains a condition which endangers the safety or health of others.
2. By knowingly conducting or maintaining any premises, place or resort where persons gather for purposes of engaging in unlawful conduct.

B. Criminal nuisance is a class 3 misdemeanor.

Section 3 is the suggested legislation.

3. By knowingly conducting or maintaining any premises, place or resort where persons gather for the purpose of unlawfully using any unlawful substance as described in Title 13, chapter 34 or which is used for the illegal keeping, selling, or delivering of the same, shall be deemed a criminal nuisance. No person shall keep or maintain such criminal nuisance or aid and abet another in keeping or maintaining such criminal nuisance. Three or more arrests or the issuance of three or more arrest warrants indicating a pattern of criminal activity and not isolated incidents, for the preceding offenses shall constitute the culpable mental state of knowingly.

B. Criminal nuisance under subsection A, paragraph 1 or 2 of this section is a class 3 misdemeanor. Criminal nuisance under subsection A, paragraph 2 of this section is a class 5 felony.

Conclusion

With the vast amount of misinformation on MDMA and the significant growth rate in its use, combating the problem may require a more extensive education process in addition to a legislative remedy. The Drug Enforcement Administration has been in the process of public education on MDMA and Club Drugs. They have held several conferences on MDMA and Club Drugs and have developed several demand reduction objectives. These objectives are consistent with the other drug abuse prevention research. In an effort to effectively protect the citizens of Arizona, and especially our youth, the following suggestions are made to deal with MDMA and Club Drug use:

- Provide current, accurate, and complete information on the scientific and medical research on the effects of MDMA. The Internet should be the primary source of this information.**
- Work with the “alternative information” sources to learn why they are providing misinformation and research ways to change this misinformation.**
- Educate parents and school personnel on RAVES and Club Drug usage and encourage their active participation in prevention strategies.**
- Work with federal, state, and local law enforcement to assess the effectiveness of current laws and prevention strategies.**
- Improve the tracking of MDMA and Club Drug use in Arizona.**
- Educate children and young adults on the adverse effects of Club Drug use.**

In this suggested course of action, the passage of a new law and public education are key elements. The education of the public should be accomplished using only accurate, current and complete information to avoid distrust of sound medical advice. The combination of education and new laws should be effective in stemming the growth of Club Drug use.

It is also suggested that additional steps be taken to evaluate the current methods of tracking MDMA and Club Drug use in Arizona and make any necessary improvements. ACJC is currently adding questions to their Substance Abuse Survey to be conducted this year to assist in tracking MDMA and Club Drug use by students in Arizona.

Appendix A

Table 1-3**Trends in Lifetime Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders, College Students, and Young Adults (Ages 19-28)**

(Entries are percentages)

	Lifetime										'99-'00 change
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	
Any Illicit Drug^a											
8th Grade	18.7	20.6	22.5	25.7	28.5	31.2	29.4	29.0	28.3	26.8	-1.5
10th Grade	30.6	29.8	32.8	37.4	40.9	45.4	47.3	44.9	46.2	45.6	-0.6
12th Grade	44.1	40.7	42.9	45.6	48.4	50.8	54.3	54.1	54.7	54.0	-0.7
College Students	50.4	48.8	45.9	45.5	45.5	47.4	49.0	52.9	53.2	53.7	+0.5
Young Adults	62.2	60.2	59.6	57.5	57.4	56.4	56.7	57.0	57.4	58.2	+0.7
Any Illicit Drug Other Than Marijuana^a											
8th Grade	14.3	15.6	16.8	17.5	18.8	19.2	17.7	16.9	16.3	15.8	-0.6
10th Grade	19.1	19.2	20.9	21.7	24.3	25.5	25.0	23.6	24.0	23.1	-0.9
12th Grade	26.9	25.1	26.7	27.6	28.1	28.5	30.0	29.4	29.4	29.0	-0.3
College Students	25.8	26.1	24.3	22.0	24.5	22.7	24.4	24.8	25.5	25.8	+0.3
Young Adults	37.8	37.0	34.6	33.4	32.8	31.0	30.5	29.9	30.2	31.3	+1.0
Any Illicit Drug Including Inhalants^{a,b}											
8th Grade	28.5	29.6	32.3	35.1	38.1	39.4	38.1	37.8	37.2	35.1	-2.0
10th Grade	36.1	36.2	38.7	42.7	45.9	49.8	50.9	49.3	49.9	49.3	-0.6
12th Grade	47.6	44.4	46.6	49.1	51.5	53.5	56.3	56.1	56.3	57.0	+0.8
College Students	52.0	50.3	49.1	47.0	47.0	49.1	50.7	55.4	54.4	54.6	+0.2
Young Adults	63.4	61.2	61.2	58.5	59.0	58.2	58.4	58.5	58.5	59.5	+1.0
Marijuana/Hashish											
8th Grade	10.2	11.2	12.6	16.7	19.9	23.1	22.6	22.2	22.0	20.3	-1.8
10th Grade	23.4	21.4	24.4	30.4	34.1	39.8	42.3	39.6	40.9	40.3	-0.7
12th Grade	36.7	32.6	35.3	38.2	41.7	44.9	49.6	49.1	49.7	48.8	-0.9
College Students	46.3	44.1	42.0	42.2	41.7	45.1	46.1	49.9	50.8	51.2	+0.4
Young Adults	58.6	56.4	55.9	53.7	53.6	53.4	53.8	54.4	54.6	55.1	+0.6
Inhalants^{b,c} includes Nitrous Oxide											
8th Grade	17.6	17.4	19.4	19.9	21.6	21.2	21.0	20.5	19.7	17.9	-1.8s
10th Grade	15.7	16.6	17.5	18.0	19.0	19.3	18.3	18.3	17.0	16.6	-0.4
12th Grade	17.6	16.6	17.4	17.7	17.4	16.6	16.1	15.2	15.4	14.2	-1.2
College Students	14.4	14.2	14.8	12.0	13.8	11.4	12.4	12.8	12.4	12.9	+0.5
Young Adults	13.4	13.5	14.1	13.2	14.5	14.1	14.1	14.2	14.2	14.3	0.0
Nitrites^d											
8th Grade	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.6	1.5	1.4	1.7	1.5	1.8	2.0	2.7	1.7	0.8	-0.8
College Students	—	—	—	—	—	—	—	—	—	—	—
Young Adults	1.4	1.2	1.3	1.0	—	—	—	—	—	—	—
Hallucinogens^c											
8th Grade	3.2	3.8	3.9	4.3	5.2	5.9	5.4	4.9	4.8	4.6	-0.1
10th Grade	6.1	6.4	6.8	8.1	9.3	10.5	10.5	9.8	9.7	8.9	-0.8
12th Grade	9.6	9.2	10.9	11.4	12.7	14.0	15.1	14.1	13.7	13.0	-0.7
College Students	11.3	12.0	11.8	10.0	13.0	12.6	13.8	15.2	14.8	14.4	-0.4
Young Adults	15.7	15.7	15.4	15.4	16.1	16.4	16.8	17.4	18.0	18.4	+0.4

Table 1-3 cont'd

	Lifetime										'99-'00
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	change
LSD											
8th Grade	2.7	3.2	3.5	3.7	4.4	5.1	4.7	4.1	4.1	3.9	-0.2
10th Grade	5.6	5.8	6.2	7.2	8.4	9.4	9.5	8.5	8.5	7.6	-1.0
12th Grade	8.8	8.6	10.3	10.5	11.7	12.6	13.6	12.6	12.2	11.1	-1.1
College Students	9.6	10.6	10.6	9.2	11.5	10.8	11.7	13.1	12.7	11.8	-0.8
Young Adults	13.5	13.8	13.6	13.8	14.5	15.0	15.0	15.7	16.2	16.4	+0.2
Hallucinogens Other Than LSD											
8th Grade	1.4	1.7	1.7	2.2	2.5	3.0	2.6	2.5	2.4	2.3	-0.1
10th Grade	2.2	2.5	2.8	3.8	3.9	4.7	4.8	5.0	4.7	4.8	+0.1
12th Grade	3.7	3.3	3.9	4.9	5.4	6.8	7.5	7.1	6.7	6.9	+0.2
College Students	6.0	5.7	5.4	4.4	6.5	6.5	7.5	8.7	8.8	8.2	-0.6
Young Adults	8.4	8.0	7.6	7.4	7.8	7.9	8.5	9.4	9.3	9.9	+0.5
PCP^d											
8th Grade	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—
12th Grade	2.9	2.4	2.9	2.8	2.7	4.0	3.9	3.9	3.4	3.4	-0.1
College Students	—	—	—	—	—	—	—	—	—	—	—
Young Adults	3.1	2.0	1.9	2.0	2.2	1.9	2.4	2.7	2.3	2.3	0.0
MDMA (Ecstasy)^{d,e}											
8th Grade	—	—	—	—	—	3.4	3.2	2.7	2.7	4.3	+1.6ss
10th Grade	—	—	—	—	—	5.6	5.7	5.1	6.0	7.3	+1.3
12th Grade	—	—	—	—	—	6.1	6.9	5.8	8.0	11.0	+3.0s
College Students	2.0	2.9	2.3	2.1	3.1	4.3	4.7	6.8	8.4	13.1	+4.7s
Young Adults	3.2	3.9	3.8	3.8	4.5	5.2	5.1	7.2	7.1	11.6	+4.6sss
Rohypnol^{d,l}											
8th Grade	—	—	—	—	—	1.5	1.1	1.4	1.3	1.0	-0.3
10th Grade	—	—	—	—	—	1.5	1.7	2.0	1.8	1.3	-0.5
12th Grade	—	—	—	—	—	1.2	1.8	3.0	2.0	1.5	-0.6
College Students	—	—	—	—	—	—	—	—	—	—	—
Young Adults	—	—	—	—	—	—	—	—	—	—	—
Methamphetamine^{l,k}											
8th Grade	—	—	—	—	—	—	—	—	4.5	4.2	-0.3
10th Grade	—	—	—	—	—	—	—	—	7.3	6.9	-0.5
12th Grade	—	—	—	—	—	—	—	—	8.2	7.9	-0.3
College Students	—	—	—	—	—	—	—	—	7.1	5.1	-1.9
Young Adults	—	—	—	—	—	—	—	—	8.8	9.3	+0.5

Footnotes for Table 1-3

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. '**' indicates less than .05 percent but greater than 0 percent. Any apparent inconsistency between the change estimate and the prevalence of use estimates for the two most recent classes is due to rounding error.

SOURCE: The Monitoring the Future Study, the University of Michigan.

Approximate Weighted Ns	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
8th Graders	17,500	18,600	18,300	17,300	17,500	17,800	18,600	18,100	16,700	16,700
10th Graders	14,800	14,800	15,300	15,800	17,000	15,600	15,500	15,000	13,600	14,300
12th Graders	15,000	15,800	16,300	15,400	15,400	14,300	15,400	15,200	13,600	12,800

College Students	1,410	1,490	1,490	1,410	1,450	1,450	1,480	1,440	1,440	1,350
Young Adults	6,600	6,800	6,700	6,500	6,400	6,300	6,400	6,200	6,000	5,700

a For 12th graders, college students, and young adults only: Use of “any illicit drug” includes any use of marijuana, LSD, other hallucinogens, crack, other cocaine, or a heroin, or any use of other narcotics, amphetamines, barbiturates, or tranquilizers not under a doctor’s orders. For 8th and 10th graders only: The use of other narcotics and barbiturates has been excluded, because these younger respondents appear to overreport use (perhaps because they include the use of nonprescription drugs in their answers).

Table 1-3 cont’d

b For 12th graders, college students, and young adults only: Data based on five of six forms in 1991–98; N is five-sixths of N indicated. Data based on three of six forms beginning in 1999; N is three-sixths of N indicated.

c Inhalants are unadjusted for underreporting of amyl and butyl nitrites; hallucinogens are unadjusted for underreporting of PCP. c

d For 12th graders only: Data based on one of six forms; N is one-sixth of N indicated. For college students and young adults only: Data based on two of six forms; N d is one-third of N indicated. Questions about nitrite use were dropped from the college student and young adult questionnaires in 1995. Questions about smokeless tobacco use were dropped from the college student and young adult analyses in 1989.

e For 8th and 10th graders only: MDMA data based on one of two forms in 1996; N is one-half of N indicated. Beginning in 1997, data based on one-third of N e indicated due to changes in the questionnaire forms.. Smokeless tobacco data based on one of two forms for 1991–96 and on two of four forms beginning in 1997; N is one-half of N indicated.

f For 12th graders, college students, and young adults only: Data based on four of six forms; N is four-sixths of N indicated for each group.

g In 1995, the heroin question was changed in three of six forms for 12th graders and in one of two forms for 8th and 10th graders. Separate questions were asked for g use with injection and without injection. In 1996, the heroin question was changed in all remaining 8th and 10th grade forms. Data presented here represent the combined data from all forms.

h For 8th and 10th graders only: Data based on one of two forms in 1995; N is one-half of N indicated. For 12th graders only: Data based on three of six forms; N is h three-sixths of N indicated.

i Only drug use which was not under a doctor’s orders is included here.

j For 8th and 10th graders only: Data based on one of four forms; N is one-third of N indicated.

k For 12th graders, college students, and young adult s only: Data based on two of six forms; N is two-sixths of N indicated for each group.

l For 8th and 10th graders only: Data based on one of two forms in 1996–97; N is one-half of N indicated. Data based on three of four forms in 1998; N is two-thirds of N indicated. Data based on two of four forms beginning in 1999; N is one-third of N indicated.

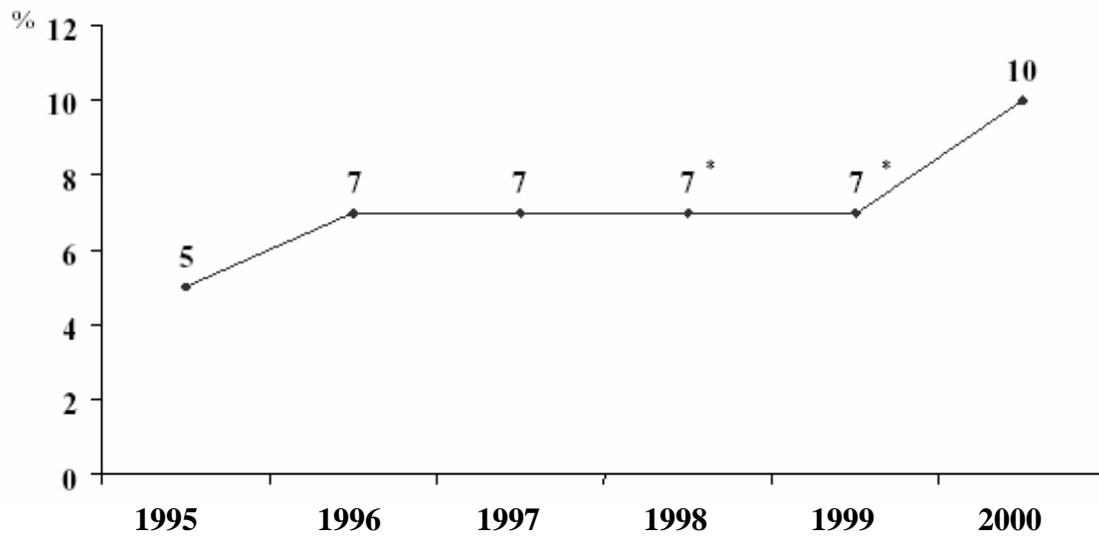
m For 8th, 10th, and 12th graders only: In 1993, the question text was changed slightly in half of the forms to indicate that a “drink” meant “more than just a few sips.” The data in the upper line for alcohol came from forms using the original wording, while the data in the lower line came from forms using the revised wording. In 1993, each line of data was based on one of two forms for the 8th and 10th graders and on three of six forms for the 12th graders. N is one-half of N indicated for these groups. Beginning in 1994, data were based on all forms for all grades. For college students and young adults, the revision of the question text resulted in rather little change in the reported prevalence of use. The data for all forms are used to provide the most reliable estimate of change.

n Daily used is defined as use on twenty or more occasions in the past thirty days except for cigarettes and smokeless tobacco, for which actual daily use is measured, n and for 5+ drinks, for which the prevalence of having five or more drinks in a row in the last two weeks is measured.

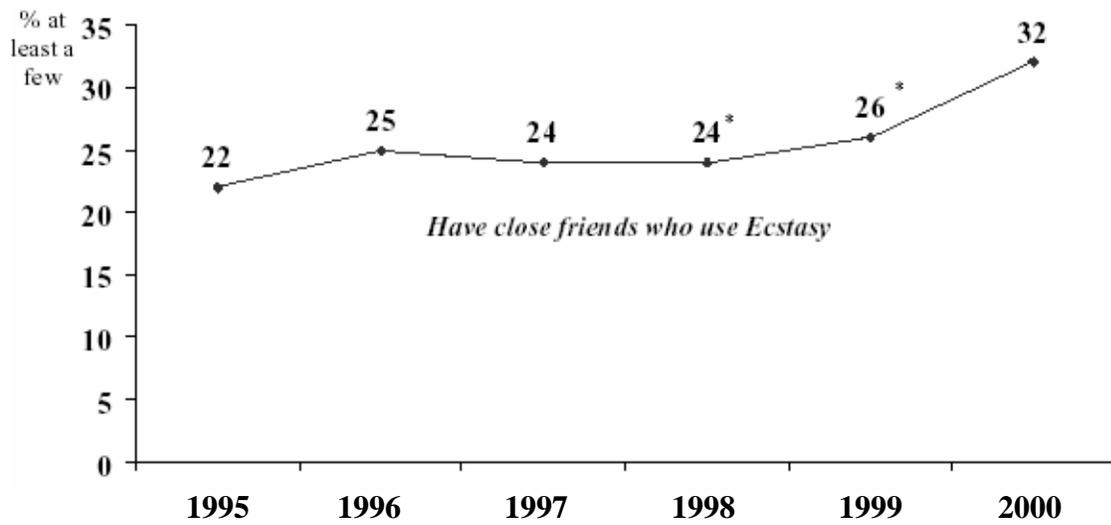
Source: Johnston, L.D., O’Malley, P.M., & Bachman, J.G. (2001). *Monitoring the Future national survey results on drug use, 1975-2000. Volume I: Secondary school students* (NIH Publication No. 01-4924). Bethesda, MD: National Institute on Drug Abuse.

Table 1-4

Teen Ecstasy Trial Use



Friend's Ecstasy Use



Source: Partnership for a Drug-Free America®, 2000 Partnership Attitude Tracking Study

Table 1-5

Estimated number of club drug episodes for the coterminous U.S. by year: 1994 - 2000

US TOTALS

	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000	<i>p</i> -value 1999, 2000 ¹	<i>p</i> -value 1998 2000 ¹	<i>p</i> -value 1994 2000 ¹
Emergency Department (ED)										
GHB	56	145	638	762	1,282	3,178	4,969	0.138	0.023 +	0.012 +
Ketamine	19	151	81	318	209	396	263	0.291	0.447	0.000 +
MDMA (Ecstasy)	253	421	319	637	1,143	2,850	4,511	0.000 +	0.000 +	0.000 +
Rohypnol	13	111	217	293	624	540	469	0.736	0.642	0.108

¹ (A) In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p* -values less than 0.05 are considered to be statistically significant. (B) This column compares the stated periods.

* DAWN estimates of ED visits should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 1-6

Estimated number of club drug episodes by half year: 1995 - 2000

PHOENIX

	Jan-Jun 1995	Jul-Dec 1995	Jan-Jun 1996	Jul-Dec 1996	Jan-Jun 1997	Jul-Dec 1997	Jan-Jun 1998	Jul-Dec 1998	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	p-value H1,H2, 00-00 ¹		p-value H2,H2, 99-00 ¹	
Emergency Department (ED)																
GHB.....	0	0	0	0	2	1	2	0	5	12	11	5	0.143		0.012	-
Ketamine.....	0	0	0	0	...	0	0	...	4	0	11	3	0.003	-	0.000	+
LSD.....	20	33	21	26	41	30	40	59	97	60	58	78	0.138		0.008	+
MDMA.....	0	1	0	...	1	5	1	1	7	13	45	31	0.054		0.000	+
Methamphetamine/speed.....	454	324	397	328	461	339	294	152	147	194	269	331	0.001	+	0.000	+
Rohypnol.....	0	0	0	0	0	0	0	0	1	0	0	...	0.163		0.163	

1. In this column, “+” and “-“ denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

Dots (...) indicate that an estimate with a relative standard error greater than 50% has been suppressed.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 1-7

“Alternative” Web Sites

www.alchemind.org/shulgin/ * “The Alchemind Society is an international nonprofit association of people working in the public interest to protect the fundamental right to freedom of the mind.” (Dr. Shulgin online)

www.awarenessmag.net/drugs.html * Website explains errors in reporting Club Drug deaths in Florida.

www.dancesafe.org * “DanceSafe is a nonprofit, harm reduction organization promoting health and safety within the rave and nightclub community. Our information and services are directed primarily towards non-addicted, recreational drug users.”

www.drcnet.org/ *The Drug Reform Coordination Network. (Links to stop the drug war)

www.eztest.com/index.php?refid=dsf *tests pills for ecstasy and club drugs

www.ecstasy.org *”ecstasy.org aims to gather and make accessible objective, authoritative and up to date information about the drug ecstasy (principally MDMA). The site is non-profit making and is maintained by volunteers.”

www.erowid.com * “Erowid is founded on the belief that a healthy relationship with psychoactives is one grounded in balance, where use is part of an active, intellectual, physical, and spiritual life.”

www.maps.org * “Multidisciplinary Association for Psychedelic Studies (MAPS) is a membership-based non-profit research and educational organization. We assist scientists to design, obtain approval for, fund, conduct and report on research into the healing and spiritual potentials of psychedelics and marijuana.”

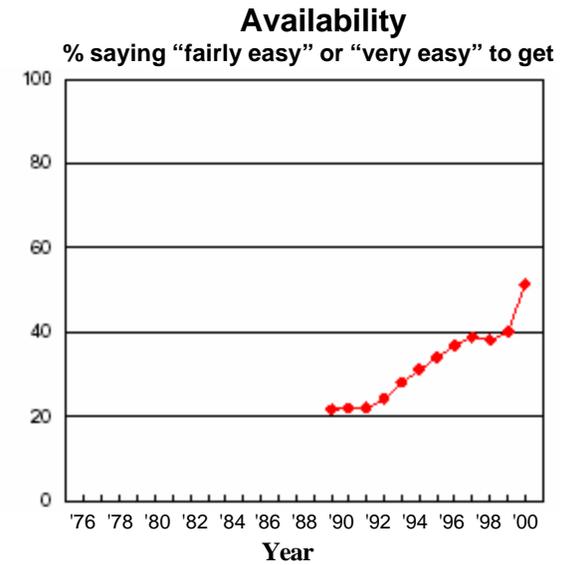
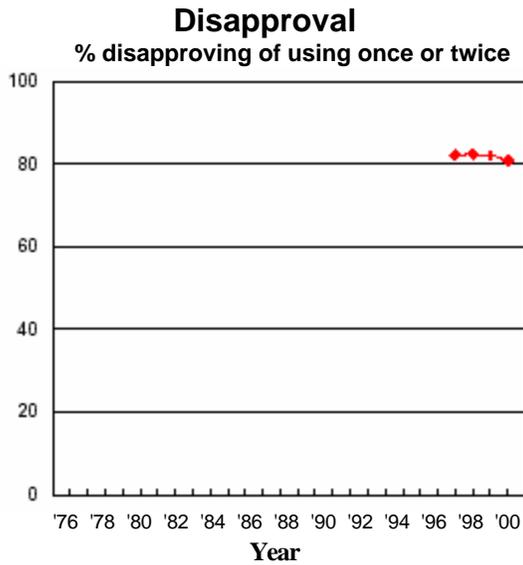
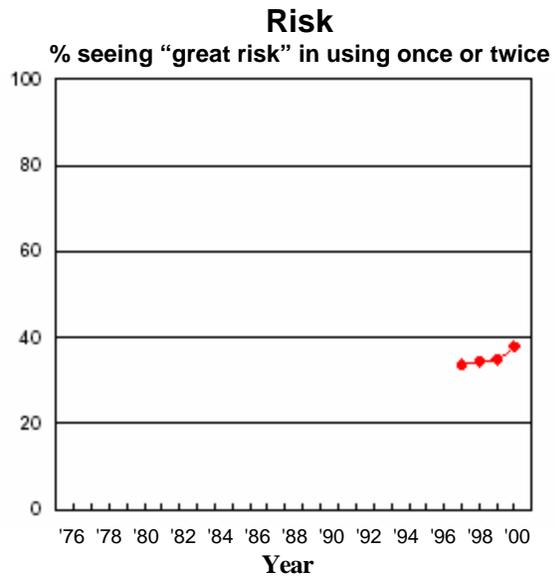
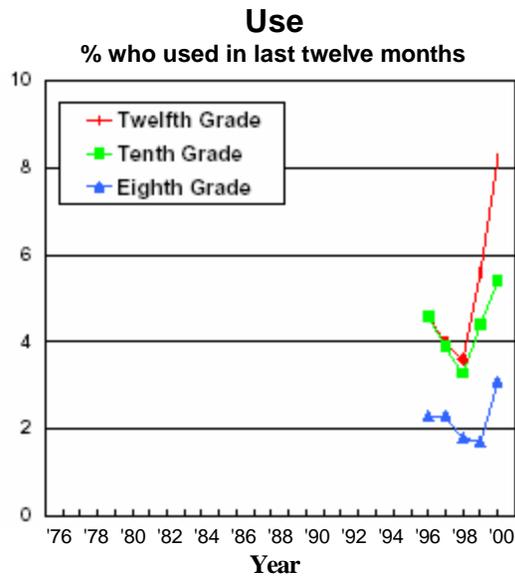
www.mdma.net *has formula for making MDMA and tips on using it. “MDMA: Potent neurotoxin or penicillin of the soul?”

www.trancedomain.com/news2.htm *Website of trancedomain.com. Article on errors in reporting on designer drugs including MDMA.

<http://stopthedrugwar.org/ecstasywar/> *Letters to oppose Ecstasy legislation

Table 1-8

**MDMA (Ecstasy): Trends in Annual Use, Risk, Disapproval, and Availability
Eighth, Tenth, and Twelfth Graders**



Source: Monitoring the Future, 2000

Table 1-9

Number of emergency department drug mentions by selected drug category according to metropolitan area, age, race/ethnicity, and gender: 2000

PHOENIX

Drug category	TOTAL ¹	Age						Race/ethnicity					
		6-17 years		18-34 years		35 and older		White		Black		Other ²	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Acetaminophen	522	21	137	91	179	23	58	80	236	4	17	28	63
Alcohol-in-comb	2,303	70	68	635	408	632	429	724	600	87	45	306	128
Alprazolam	210	5	9	21	48	35	86	48	112	...	...	...	...
Amitriptyline	74	1	...	9	16	18	25	23	23	0	1	...	9
Amitriptyline comb	0	0	...	0	0	0	0	0	0	0	0	...	0
Amphetamine ³	646	20	44	191	153	130	91	235	224	17	6	55	32
Aspirin	369	12	84	56	131	24	53	56	170	4	15	24	58
Butalbital combinations	6	0	0	0	0	1	5	1	2	0	0	...	1
Chloral hydrate	...	...	...	0	0	0	0	0	...	0	0	...	...
Chlordiazepoxide	14	...	1	3	0	10	0	11	1	0	0	1	0
Chlorpromazine	17	0	0	1	3	5	...	4	8	0	0	...	1
Clorazepate	0	...	0	0	0	0	0	0	0	0	0	...	0
Cocaine	1,778	39	27	618	238	559	248	500	262	118	60	343	90
Codeine	23	4	2	2	6	4	2	8	8	0	1	2	0
Codeine combinations	64	0	4	...	21	12	19	13	32	0	4	2	3
d-Propoxyphene	87	0	6	8	20	19	34	15	44	0	1	7	8
Desipramine	3	0	0	0	1	0	...	0	3	0	0	...	...
Diazepam	165	4	...	27	31	49	47	64	57	2	5	3	5
Diphenhydramine	117	5	16	21	41	9	24	22	50	1	6	3	18
Diphenhydantoin sodium	30	0	0	7	1	11	11	13	8	1	1	2	0
Doxepin	23	0	0	...	6	11	4	8	10	...	0	0	0
Ethchlorvynol	0	...	...	0	...	0	0	0	...	0	0	0	...
Fluoxetine	117	8	9	18	27	22	30	38	48	2	5	...	7
Flurazepam	7	0	0	...	0	1	4	3	4	0	0	0	0
Glutethimide	0	...	...	...	0	...	...	...	...	0	0	...	...
Haloperidol	26	0	1	6	9	...	6	5	12	2	0	2	...
Heroin/morphine	899	5	1	202	115	366	183	247	160	43	11	149	47
Hydromorphone	0	0	...	0	0	0	...	0	...	0	0	0	0
Imipramine	3	0	1	0	...	0	0	0	...	0	0	0	0
Inhalants/solv./aerosols	7	0	...	2	3	0	0	2	2	0	...	0	1
Lorazepam	145	0	7	11	29	41	53	32	68	2	1	6	11
LSD	135	35	15	57	24	...	1	69	23	4	2	16	15
Marijuana/hashish	1,073	125	69	428	175	168	81	419	208	58	16	122	48
Meperidine HCl	9	...	0	0	0	4	...	1	...	...	0	0	0
Meprobamate	1	...	...	0	0	0	1	0	0	0	...	...	0
Methadone	99	2	0	24	11	43	17	51	22	3	0	6	...
Methamphetamine/speed	600	27	20	246	143	100	52	231	128	6	...	71	36
Methaqualone	0	0	0	0	0	0	0	0	0	0	0	0	0
Methylphenidate	22	7	2	2	0	3	...	9	...	0	0	1	0
OTC diet aids	15	0	6	3	...	0	...	1	3	0	...	0	...
OTC sleep aids	102	5	13	19	43	6	17	21	50	...	0	3	17
Oxycodone	225	5	4	35	36	68	77	72	87	14	3	10	11
PCP/PCP combinations	51	1	0	20	14	12	3	10	10	15	3	1	0
Pentazocine	...	...	0	0	...	0	0	0	...	0	0	...	...
Pentobarbital	...	...	0	0	0	0	...	0	...	0	...	...	0
Phenobarbital	20	0	0	...	3	8	6	11	8	0	0	0	0
Secobarbital	1	...	...	0	1	0	0	0	1	...	...	...	0
Secobarbital/amobarbital	0	...	...	...	...	...	0	...	...	0	0	...	...
Thioridazine	8	0	0	4	1	...	1	6	1	0	0	0	1
Trifluoperazine	1	...	0	0	0	0	1	0	1	0	0	...	0
All other drugs	4,797	211	377	681	1,155	980	1,274	1,247	2,055	102	108	286	356
Drug unknown	610	21	27	125	111	174	149	125	132	16	12	53	35
TOTAL MENTIONS	15,433	633	958	3,585	3,209	3,554	3,121	4,425	4,894	508	344	1,512	1,026
TOTAL EPISODES	9,072	383	661	2,119	1,916	1,998	1,771	2,446	2,789	287	220	924	660

¹ Includes mentions from episodes for which gender, race/ethnicity, or age was unknown or not reported.

² Includes Hispanic, American Indian/Alaskan Native, Asian/Pacific Islander, and other racial/ethnic groups.

³ Does not include methamphetamine or other unspecified amphetamines.

NOTE: These estimates are based on a representative sample of non-Federal short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 1-10

**Alphabetical listing of drugs mentioned most frequently by
emergency departments: 2000
(Drugs with fewer than 200 weighted mentions are excluded.)**

Drug name	Number of mentions	Percent of total episodes	Drug name	Number of mentions	Percent of total episodes
Acetaminophen (Tylenol)	33,613	5.59	Hydrocortisone	736	0.12
Acetaminophen w. codeine (Tylenol)	3,846	0.64	Hydromorphone (Dilaudid)	1,983	0.33
Alcohol-in-combination	204,524	33.99	Hydroxyzine	1,921	0.32
Alprazolam (Xanax)	22,105	3.67	Ibuprofen	17,923	2.98
Amitriptyline (Elavil)	6,446	1.07	Imipramine (Tofranil)	564	0.09
Amoxicillin	772	0.13	Insulin	745	0.12
Amphetamine 1	16,189	2.69	Ketamine HCl	263	0.04
Ampicillin	372	0.06	LSD	4,016	0.67
Aspirin	15,657	2.60	Levothyroxine sod.	606	0.10
Benzotropine	657	0.11	Lithium carbonate	3,720	0.62
Brompheniramine Maleate	274	0.05	Lorazepam (Ativan)	10,671	1.77
Butabarbital combination	1,523	0.25	Loxapine	208	0.03
Butalbital	401	0.07	MDMA	4,511	0.75
Butalbital combinations (Fiorinal, Esgic)	1,171	0.19	Marijuana/hashish	96,446	16.03
Caffeine	1,674	0.28	Meperidine HCl (Demerol)	706	0.12
Carbamazepine	2,272	0.38	Meperidine comb.	379	0.06
Carisoprodol	9,520	1.58	Methadone	7,821	1.30
Cephalexin	468	0.08	Methamphetamine/speed	13,513	2.25
Chlordiazepoxide (Librium)	1,443	0.24	Methocarbamol	689	0.11
Chlorpheniramine/aspirin	1,116	0.19	Methylphenidate (Ritalin)	1,487	0.25
Chlorpromazine (Thorazine)	622	0.10	Metoprolol	1,196	0.20
Cimetidine	797	0.13	Metronidazole	207	0.03
Clonazepam (Klonopin)	18,005	2.99	Mushrooms	1,509	0.25
Clonidine HCl	1,093	0.18	Naproxen (Naprocyn)	5,080	0.84
Clorazepate (Tranxene)	377	0.06	Nortriptyline	663	0.11
Cocaine	174,896	29.06	Nystatin	253	0.04
Codeine	1,154	0.19	OTC diet aids (Dexatrim, Acutrim)	1,410	0.23
Conjugated estrogens	291	0.05	OTC sleep aids (Sominex, Unisom)	6,609	1.10
Cyclobenzaprine	3,975	0.66	Oxazepam	307	0.05
d-Propoxyphene (Darvocet N, Darvon)	6,477	1.08	Oxycodone (Percocet 5, Percodan)	10,825	1.80
Dextroamphetamine	922	0.15	PCP/PCP combinations	6,583	1.09
Diazepam (Valium)	12,090	2.01	Penicillin G potassium	310	0.05
Dicyclomine	256	0.04	Pentazocine (Talwin, Talacen)	221	0.04
Digoxin	307	0.05	Phenaglycodol	1,810	0.30
Dimenhydrinate	849	0.14	Phenobarbital	1,798	0.30
Diphenhydramine (Benadryl)	6,270	1.04	Phenylpro./bromph./phenyle.	477	0.08
Doxepin (Sinequan)	1,123	0.19	Plant material	281	0.05
Doxycycline	538	0.09	Prednisone	669	0.11
Ephedrine	1,057	0.18	Prochlorperazine	311	0.05
Erythromycin	629	0.10	Promethazine	1,232	0.20
Fentanyl	291	0.05	Propranolol HCl	737	0.12
Fluoxetine (Prozac)	7,938	1.32	Pseudoephedrine	948	0.16
Flurazepam (Dalmane)	463	0.08	Temazepam	2,742	0.46
Furosemide	541	0.09	Theophylline	255	0.04
Guaifenesin	766	0.13	Thioridazine (Mellaril)	782	0.13
Haloperidol (Haldol)	1,167	0.19	Trazodone (Desyrel)	9,798	1.63
Heroin/morphine	97,287	16.17	Triazolam	362	0.06
Household/commercial subs.	297	0.05	Trimethoprim/sulfamethox	603	0.10
Hydantoin (Dilantin)	2,250	0.37	Unspec. benzodiazepine	28,294	4.70
Hydrochlorothiazide	300	0.05	Valproic acid	7,152	1.19
Hydrocodone	19,221	3.19	Warfarin sodium	477	0.08

¹ Does not include methamphetamine or other unspecified amphetamines.

NOTE: Percentages are based on a weighted emergency department episode estimate of 601,776. See general footnotes at end of table.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 1-11**Estimated number of club drug episodes by motive for taking substance and reason for emergency department contact: 2000****US TOTALS**

	GHB	Ketamine	MDMA	Rohypnol
Motive				
Dependence	408	45	971	9
Suicide	578	24	341	6
Other	12	1	59	0
Recreational use	3,172	141	2,295	325
Other psychic effects	107	4	183	121
Unknown	691	48	662	8
Reason for contact				
Unexpected reaction	1,741	66	1,289	274
Overdose	2,482	93	1,742	180
Withdrawal	26	2	21	0
Chronic effects	49	14	171	4
Other	107	64	386	2
Seeking detox	90	15	560	5
Accident/injury	76	2	55	1
Unknown	396	6	286	2

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 1-12

**Drugs mentioned most frequently by emergency departments according to age of patient: 2000
(Only the 15 most-mentioned drugs are listed.)**

Rank	Drug name	Number of mentions	Percent of total episodes	Rank	Drug name	Number of mentions	Percent of total episodes
Patients age 6-17 years				Patients age 26-34 years			
1	Marijuana/hashish	15,797	24.50	1	Cocaine	51,013	37.64
2	Alcohol-in-combination	10,158	15.76	2	Alcohol-in-combination	48,098	35.49
3	Acetaminophen (Tylenol)	9,531	14.78	3	Heroin/morphine	24,154	17.82
4	Ibuprofen	6,328	9.82	4	Marijuana/hashish	21,850	16.12
5	Aspirin	5,185	8.04	5	Acetaminophen (Tylenol)	6,064	4.47
6	Cocaine	4,406	6.83	6	Unspec. benzodiazepine	5,795	4.28
7	Amphetamine ¹	2,140	3.32	7	Hydrocodone	4,613	3.40
8	Unspec. benzodiazepine	1,997	3.10	8	Amphetamine ¹	4,459	3.29
9	LSD	1,430	2.22	9	Alprazolam (Xanax)	4,388	3.24
10	Fluoxetine (Prozac)	1,413	2.19	10	Clonazepam (Klonopin)	4,304	3.18
11	Naproxen (Naprocyn)	1,222	1.90	11	Methamphetamine/speed	4,211	3.11
12	Methamphetamine/speed	1,122	1.74	12	Diazepam (Valium)	2,735	2.02
13	Hydrocodone	1,114	1.73	13	Ibuprofen	2,705	2.00
14	Heroin/morphine	1,067	1.66	14	Oxycodone (Percocet 5, Percodan, Tylox)	2,385	1.76
15	Alprazolam (Xanax)	1,059	1.64	15	Aspirin	2,204	1.63
Patients age 18-25 years				Patients age 35 and older			
1	Alcohol-in-combination	36,194	29.32	1	Alcohol-in-combination	109,697	39.56
2	Marijuana/hashish	30,415	24.64	2	Cocaine	93,354	33.67
3	Cocaine	25,758	20.87	3	Heroin/morphine	53,418	19.26
4	Heroin/morphine	18,400	14.91	4	Marijuana/hashish	28,276	10.20
5	Acetaminophen (Tylenol)	9,919	8.04	5	Unspec. benzodiazepine	16,517	5.96
6	Ibuprofen	5,661	4.59	6	Alprazolam (Xanax)	13,590	4.90
7	Aspirin	4,561	3.69	7	Hydrocodone	10,688	3.85
8	Amphetamine ¹	4,207	3.41	8	Clonazepam (Klonopin)	10,202	3.68
9	Unspec. benzodiazepine	3,952	3.20	9	Acetaminophen (Tylenol)	8,082	2.91
10	Methamphetamine/speed	3,711	3.01	10	Diazepam (Valium)	7,100	2.56
11	Alprazolam (Xanax)	3,057	2.48	11	Lorazepam (Ativan)	6,669	2.40
12	Hydrocodone	2,795	2.26	12	Oxycodone (Percocet 5, Percodan, Tylox)	6,609	2.38
13	MDMA	2,777	2.25	13	Carisoprodol	6,355	2.29
14	OTC sleep aids (Sominex, Unisom, Nytol)	2,738	2.22	14	Trazodone (Desyrel)	5,895	2.13
15	Clonazepam (Klonopin)	2,563	2.08	15	Amphetamine ¹	5,265	1.90

¹ Does not include methamphetamine or other unspecified amphetamines.

NOTE: Percentages are based on weighted emergency department episodes of 64,472 for patients 6-17 years old, 123,438 for patients 18-25 years old, 135,531 for patients 26-34 years old, and 277,295 for patients 35 years and older. See general footnotes at end of table.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 1-13**Estimated rate of club drug mentions per 100,000 population,
by metropolitan area: 2000****CLUB DRUGS**

	GHB	Ketamine	MDMA	Rohypnol
TOTAL U.S.	2.0	0.1	1.8	0.2
Atlanta	4.6	0.3	2.4	0.0
Baltimore	0.1	0.2	2.7	0.0
Boston	0.7	0.6	3.3	0.0
Buffalo	0.6	0.0	1.8	0.0
Chicago	2.3	0.3	3.6	0.0
Dallas	6.7	0.4	2.8	0.2
Denver	2.7	0.8	3.5	0.0
Detroit	0.5	0.0	1.4	0.0
Los Angeles - Long Beach	1.7	0.2	2.0	0.0
Miami - Hialeah	2.3	0.1	5.4	0.5
Minneapolis - St. Paul	3.8	0.0	2.7	0.1
New Orleans	5.6	0.3	3.6	0.0
New York	0.4	0.2	2.3	0.0
Newark	0.3	0.5	1.1	0.0
Philadelphia	1.6	0.5	2.9	0.0
Phoenix	0.8	0.7	3.6	0.1
St. Louis	0.3	0.0	2.1	0.0
San Diego	2.6	0.5	1.9	0.3
San Francisco	9.3	0.9	6.6	0.0
Seattle	2.9	0.2	6.5	0.0
Washington, DC	0.6	0.2	2.0	0.0

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2001 (03/2001 update).

Table 1-14**Trends in number of drug abuse episodes by metropolitan area: 1997-2000**

Metropolitan area	1997	1998	1999	2000	Sig. of diff. in numbers, 1999-2000
Atlanta	8,004	10,722	10,195	11,114	N.S.
Baltimore	12,755	13,736	14,172	11,505	<.001
Boston	12,229	13,657	11,669	14,902	<.001
Buffalo	2,812	2,683	2,711	2,899	N.S.
Chicago	26,891	26,209	26,158	30,330	<.001
Dallas	6,195	7,198	6,245	6,798	N.S.
Denver	4,338	4,091	4,816	4,946	N.S.
Detroit	17,604	17,483	16,126	17,042	N.S.
Los Angeles-Long Beach	17,187	17,103	20,678	25,288	<.001
Miami-Hialeah	6,285	6,426	7,128	8,560	<.001
Minneapolis-St. Paul	4,974	4,348	4,643	5,198	<.05
New Orleans	5,209	5,091	4,459	4,664	N.S.
New York	37,116	36,142	30,662	31,885	N.S.
Newark	8,893	8,944	8,301	7,749	N.S.
Philadelphia	23,229	24,928	24,413	23,433	N.S.
Phoenix	7,327	7,060	8,293	9,072	<.001
St. Louis	5,664	5,719	6,336	6,908	N.S.
San Diego	6,754	6,982	7,036	7,094	N.S.
San Francisco	9,424	9,070	8,930	7,857	<.05
Seattle	10,593	8,332	8,426	11,116	<.001
Washington, DC	11,194	11,596	10,282	10,303	N.S.
TOTAL COTERMINOUS U.S	527,058	542,544	554,932	601,776	N.S.

NOTE: These estimates are based on a representative sample of non-Federal short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 1-15

RAVE Web Sites

www.azparty.homepad.com *Rave info and online poll “Is Ecstasy bad for you?”
Responses: YES - 50% - 1141 votes & NO - 49% - 1120
votes

www.azraves.org *additional links to 48 other Rave Sites

www.azunderground.org *has a link to government site clubdrugs.org

www.beatseek.com *linked to over 100 other Rave Sites

www.cactuscollective.com

www.desertrance.com

www.eventnation.com

www.geocities.com/rayhugs

www.groovetribe.org

www.inkblotch.com

www.livingart.com

www.plur2k.com

www.ravepictures.com *over 100 photos of teens at Rave parties

www.raves.com

Appendix B

The following Rave flyers were downloaded from azraves.com for educational purposes only. They appear as they did online with the spelling and wording intact. Although there is very little profanity, some readers may be offended by the flyers.



September 15 2001

NYC Presents . . "Damm That Dj Made My Day"

9-10:00 Reason & Knex (Tag Team)

10-10:30 Rex & Excell

10:30-11 Phusion & Vance Rodgers

11-11:30 Pepse & Johnny Baffa

11:30-12 Nth & Citrik

12-12:30 DFT & Castor

12:30- 1 Double Trouble

1- 1:30 Matt Dunn & Jae Van

1:30-3:00 THE MAN OF THE NIGHT-RICHARD HUMPTY VISSION

3:00-4:00 Dj Groove

4:00-5:00 Mijangos

NOTE: This is ALSO a reminder that due to NYC Entertainments background in NY (growing up, and our whole crew has friends there) we will be donating EVERY PENNY PROFIT to NY's relief fund .. so why not have a great night, and open your hearts at the same time... PRESALE IS AVAILABLE FOR \$15.00 AT SWELL

INFO: 602.868.5245



Thursday, September 27th

IBIZA FOAM PARTY

2 rooms of Music One with Foam, and one Without

Room 1 House, Trance, Nu Nrg Mafioso, AZ Webster Hall, NY

Room 2 Hip Hop, House, Club Cruz, LA Jesse Carmona, LA

2 rooms of Music 4 foam cannons

Eye Captivating Light Show

Drink Specials All Night

Large Outdoor Patio

18 to come 21 to swallow

Dress For a Mess, Not to Impress: Shorts, Sneakers, T-Shirts and Bikinis

Check out our past parties at www.foamparty.com

Foam Line: 714-375-5536

Club Line: 480-894-0533

@ Club Rio 430 N. Scottsdale Rd Tempe, AZ



MJP Entertainment and Pyro Present:

Pac Man Invades the Rave

September 29th 2001

Featuring: main room

- 10-11 Intensity
- 11-12 Dj Harmonious
- 12-1 Johnny Baffa
- 1-2 Dj Starr
- 2-3 jae van
- 3-4 Lucid
- 4-5 Matt Dunn

back room

- 10-11 squintz
- 11-12 habikki
- 12-1 shasta
- 1-2 Pepse
- 2-3 Mike Stanton
- 3-4 Psyclona

\$13 presale at swell (480) 945-3898

For more info please call (620) 779-7100 or (520) 930-1623



Alice Took It Underground

Friday November 9, 2001-Saturday November 10, 2001

A Weekend Camping Festival Massive brought to you by the people who brought you Why We Took It Underground and The Sixth Element

DJs performing in Three stages of over 80,000 watts of ASS Kicking bass:

DJ Lion (www.rumblerecordings.com) NYC RECORDING LIVE FOR CD @ FESTIVAL
This DnB badboy is coming back to Tucson to so show your love and bring your
rinse the night away!! Arizona if you don't noisemakers and get on a Nationally
know ask somebody!! released CD!!!

OS/2 (Destiny/DAMN/Chug n' Bump/Noom) Toronto, Canada
1ST TUCSON APPEARANCE

This Canadian Trance superstar is coming down from way up north to rock the set.
Hailed by XXL8 Magazine as one of the most electrifying Trance DJ's in the world.

Robert Oleysyck (Mixer/Club Utopia/Balance) L.V.
America's original badass at progressive beats is back to drop one of the most
moving sets ypu'll ever hear! Arizona come listen and be amazed!

Lenny Dee (Industrial Strength) NYC
Founder of America's favorite hardcore label, Industrial Strength! Lenny is making his
1ST Tucson APPEARANCE and is ready to drop the HARDEST beats the desert has ever
seen!!! Arizona where is the love??

John Kelley (Moonshine/DMC-Mixer/Moontribe) L.A.
It has been a while since this beat technician laced AZ with his High Desert Sound System....get FUCKING ready!!!

DJ Brad (Moontribe) L.A.
It would not be a festival without Brad, the desert is where this man thrives.
So, what we're going to do is, give him a massive sound system and put him in his element.

DJ Kookane (AMU Recordings/LIVE Underground/Global Tracks) L.A.
One again another AZ favorite, making his long awaited return. Come see why the Acid Techno Sound doesn't get any better.

Milktoast (Dr Freeclouds Mixing Lab) Orange County
This man need no introduction, he does what he does, and we are going to let him.

Hive (Celestial Recordings) L.A.
This LA based Jungle Nut is coming back the desert to drop some raw AZ beats.
More Headliners still to be added.....

Plus Your Local Favorites:

Dr No (Bass Line Massive/IT Happens/Deez Nutz) AZ

Bringing the NU Uk Hardhouse sound on Three

Turntables. Come and listen to the funky bass sound.

Disco D (Deez Nutz/IT Happens) AZ Dan will be bringing his mixed collection of records to play whatever you want to hear!!

Red (Atmosphere Engineerz) AZ You know him, you love him and he is going to please your senses.

Dallas (Atmosphere Engineerz) AZ Whatcha want, baby he's got it!!!

ORG (Atmosphere Engineerz) AZ Obtaining Rhythms Genetically

Elijah (PYMP) AZ Mayela likes everything he plays... So you know what that means!!!

Brandon James 2X4 Steve Kovacs These two are going to blow up the spot 2X4 style!!!

also performing.....

Bink-E

Balance (Sierra Vista)

Glitch

DJ Lick

DJ Chase

and from Harvest Season Records.....

DJ Bryan

Ricardo

IO

Echo

Blaze

Clay Steele

Ramo

Festival Info: Parking opens at 4:00 p.m. on Friday (11/09/01)

Gates open at 4:30 and the music starts at 5:00

And it doesn't stop until Sunday at Noon.

Camping: We are opening parking and the gates early so that if you want to bring a tent and camp for the entire weekend, you can arrive early to set up.

We encourage you to stay the whole weekend and we also encourage bringing your tent, we also strongly suggest EARLY ARRIVAL!!!!!!

Food: Breakfast will be available for FREE on Saturday.
Lunch will also be available for a charge of 4.00\$
Lunch will be provided by Magpies Pizza (Tucson's #1)

Vending: There will be all types of goodies available at our Vender Village. If you are interested in vending
Call: 520.312.8761 and leave a message

Tickets: Pre-sale will be available, but the tickets are only for the entire weekend. If you only want to attend one night, tickets will be available @ Door.

Tickets go on sale September 17, 2001 @ Puff n' Stuff 2 (520.903.0455)

The first batch will be 20\$ When those sell out the next group will be 25\$ And the last batch is 30\$

35\$ @ door for both nights

25\$ @ door for one night, either (11/09/01 or 11/10/01)

INFO LINES : 520.617.5669-520.250.7185



NOVEMBER 10TH 2001

DUDE, WHERE'S MY RAVE?

brought to you by / luvs kru / bluestar / inkblotch.com / plur2k.com / neko productions / DRP / hyperspeed / be a kid productions / freedom thru musik

Ashleigh Turner was injured in a car accident in July, which left her paralyzed from the chest down. On this night, all of the AZ Promoters have joined forces to throw one amazing party, with one amazing vibe, to help cover the medical expenses for Ashleigh. Lineup Includes:

DJ DMX

(303 Collective, inkblotch.com)

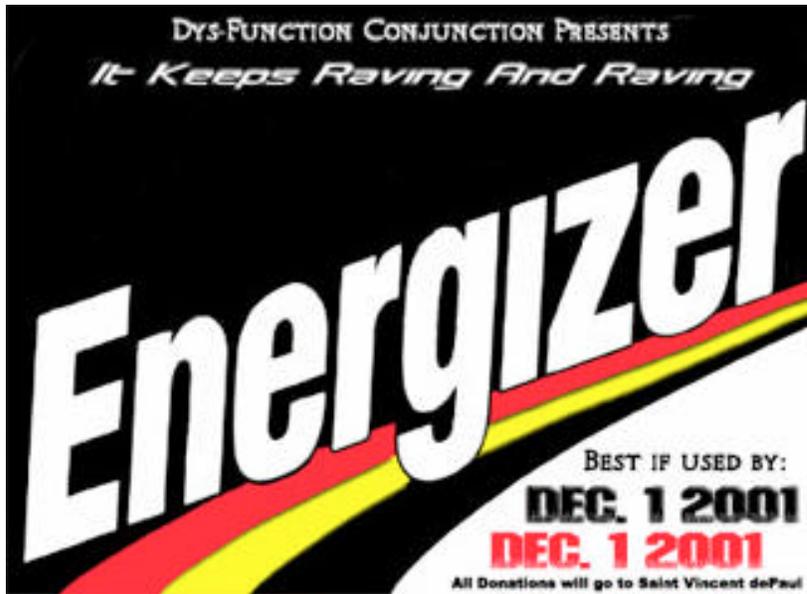
John Stettler (303 Collective, Buzz, Inblotch.com)

NRG	Ariel	Lucid	Skwert	Shasta	Jae Van	Habikki
Squintz	Clokwise	Matt Dunn	Sebastian	Intensity		
Jonny Baffa	Mike Stanton	Gemini:	Pablo Gomez			

Sound Donated by: ELECTRIC WAVE

Price is \$10 at the map point
[info].....
 602.225.TECH
 602.401.4867

<http://www.inkblotch.com> <http://www.plur2k.com> <http://www.drpzone.net>
<http://www.freedomthrusmik.com>



2BHappy Productions & Strong Arm Productions
Come Together As Dys-function Conjunction To Present !!!!!!!

ENERGIZER

(It Keep Raving & Raving)
(Mini Me & Harmonious CD RELEASE PARTY)

DEC 1 2001

W/ DJ's

Dj Morgan
(Lotek Records/HardNRG.Com, SF) Recognized as America's HardNRG Pioneer,
Morgan is at the forefront of this up and coming genre. His dedication to
the music is evident with each new project. AZ get ready to loose yourself
with MORGAN !!!!!

Pinkey & THE BRAIN (2BHappy/Strong Arm/DC, AZ)
Seperatly Mini Me pounds Some of the NASTIEST Hardhouse/Hard Techno tracks
, I DuNnO takes you on a Journey through TRANCE Together we will Progress
you from a beaitiful fairy tale to a SCARY TECHNO MOVIE!!!

Mini Me *** CD RELEASE PARTY***
(2BHappy/Strong Arm/DC, AZ) Comming out tonight for a set that will KNOCK
you out of your socks Mini Me(Eric) Is here to celebrate the upcoming
release of his first FULL LEINGTH CD No Light Shines In The Dark
Get ready for Free CD's , DARK NRG and of course MINI ME !!!!

Harmonious *** CD RELEASE PARTY ***
(2BHappy/Infinite Truth/Harmrich Music, AZ)
2BHappy's TRANCEMASTER is here to realease his CD, MELT. Get ready
for quitepossibly AZ'S BEST and MOST UP AND COMMUN' TRANCE DJ. Here
to run the stage for 2 HOURS, and knock you UPPPP!!!

Table 2-2

Self Identified Arizona Promoters
(as listed in AZRaves)

4ringcircus.com Promotions
511 Parties
Alien Productions
Apocrypha Productions
CandE Productions / U-B-Loved Crew
Candyman
Collective Group Entertainment
CPC Productions
Cybersounds Entertainment Pheonix AZ
DarkDay Productions
deepfreq productions
Dreamgirl Productions
Drop N Roll
Enlightened Entertainment
E.W.O.K.S Productions
EZ Productions
Hatchling Promotions
Happy 4 Beats (www.happy4beats.org/)
It-Happens -Az (www.it-happens-az.com)
Knothole Productions
Mackin Productions
Merlyn-X Productions
NIX Entertainment (www.angelfire.com/az2/nixentertainment/)
Nocturnal Productions
100% Natural Groove/ Desert Trance Society (DTS)
PharCom Industries
Pimped Out Productions
Red Monkey Family
Sickotic World Productions
Shuga Beats
Straight Axle
Stuck Productions
Subito
SWELL
2BHappy Productions
United Knowledge Entertainment
UnEarthly Productions
United Positivity
Wise Guys

Appendix C

Table 3-1

21 USC

Sec. 856. Establishment of manufacturing operations

- (a) Except as authorized by this subchapter, it shall be unlawful to -
 - (1) knowingly open or maintain any place for the purpose of manufacturing, distributing, or using any controlled substance;
 - (2) manage or control any building, room, or enclosure, either as an owner, lessee, agent, employee, or mortgagee, and knowingly and intentionally rent, lease, or make available for use, with or without compensation, the building, room, or enclosure for the purpose of unlawfully manufacturing, storing, distributing, or using a controlled substance.
- (b) Any person who violates subsection (a) of this section shall be sentenced to a term of imprisonment of not more than 20 years or a fine of not more than \$500,000, or both, or a fine of \$2,000,000 for a person other than an individual.

Table 3-2
Connecticut General Statutes

Sec. 19a-343. Action to abate public nuisance after three or more arrests or arrest warrants. Offenses.

(a) For the purposes of sections 19a-343 to 19a-343h, inclusive, a person creates or maintains a public nuisance if such person erects, establishes, maintains, uses, owns or leases any real property or portion thereof for any of the purposes enumerated in subdivisions (1) to (10), inclusive, of subsection (c) of this section.

(b) The state has the exclusive right to bring an action to abate a public nuisance under this section and sections 19a-343a to 19a-343h, inclusive, involving any real property or portion thereof, commercial or residential, including single or multifamily dwellings, provided there have been three or more arrests, or the issuance of three or more arrest warrants indicating a pattern of criminal activity and not isolated incidents, for conduct on the property documented by a law enforcement officer for any of the offenses enumerated in subdivisions (1) to (10), inclusive, of subsection (c) of this section within the three hundred sixty-five days preceding commencement of the action.

(c) Three or more arrests, or the issuance of three or more arrest warrants indicating a pattern of criminal activity and not isolated incidents, for the following offenses shall constitute the basis for bringing an action to abate a public nuisance:

- (1) Prostitution under section 53a-82, 53a-83, 53a-86, 53a-87, 53a-88 or 53a-89.
- (2) Promoting an obscene performance or obscene material under section 53a-196 or 53a-196b, employing a minor in an obscene performance under section 53a-196a or importing or possessing child pornography under section 53a-196c or 53a-196d.
- (3) Transmission of gambling information under section 53-278b or 53-278d or maintaining of a gambling premises under section 53-278e.
- (4) Offenses for the sale of controlled substances, possession of controlled substances with intent to sell, or maintaining a drug factory under section 21a-277, 21a-278 or 21a-278a or use of the property by persons possessing controlled substances under section 21a-279. Nothing in this section shall prevent the state from also proceeding against property under section 21a-259 or 54-36h.
- (5) Unauthorized sale of alcoholic liquor under section 30-74 or disposing of liquor without a permit under section 30-77.
- (6) Violations of the inciting injury to persons or property law under section 53a-179a.
- (7) Maintaining a motor vehicle chop shop under section 14-149a.
- (8) Murder or manslaughter under section 53a-54a, 53a-54b, 53a-55, 53a-56 or 53a-56a.
- (9) Assault under section 53a-59, 53a-59a, subdivision (1) of subsection (a) of section 53a-60 or section 53a-60a.
- (10) Sexual assault under section 53a-70 or 53a-70a.

(P.A. 98-220, S. 1, 10; June Sp. Sess. P.A. 98-1, S. 99, 121; P.A. 99-115, S. 1, 3.)

History: P.A. 98-220 effective July 1, 1998; June Sp. Sess. P.A. 98-1 made a technical change in Subsec. (b), effective July 1, 1998; P.A. 99-115 made technical changes in Subsecs. (a) and (b), amended Subsecs. (b) and (c) by adding "or the issuance of three or more arrest warrants indicating a pattern of criminal activity and not isolated incidents",

and amended Subsec. (c) by adding Subdivs. (8), (9) and (10) re murder or manslaughter, assault and sexual assault, respectively, effective July 1, 1999.

Sec. 19a-343a. Commencement of action to abate public nuisance. Temporary ex parte order. Hearing. Defendants. Financial institutions. Affirmative defense.

(a) The Chief State's Attorney or a deputy chief state's attorney, state's attorney or assistant or deputy assistant state's attorney desiring to commence an action to abate a public nuisance shall attach his proposed unsigned writ, summons and complaint to the following documents:

- (1) An application directed to the Superior Court to which the action is made returnable, for the remedies requested to abate the public nuisance; and
- (2) An affidavit sworn to by the state or any competent affiant setting forth a statement of facts showing by probable cause the existence of a public nuisance upon the real property or any portion thereof.

(b) The court, or if the court is not in session, any judge of the Superior Court, may order that a show cause hearing be held before the court or a judge thereof to determine whether or not the temporary relief requested should be granted and the court shall direct the state to give notice to any defendant of the pendency of the application and of the time when it will be heard by causing a true and attested copy of the application, the proposed unsigned writ, summons, complaint, affidavit and of its order to be served upon the defendant by some proper officer or indifferent person. Such hearing shall be scheduled within ten days after service is effected by the state.

(c) If in the application, the state requests the issuance of a temporary ex parte order for the abatement of a public nuisance, the court, or if the court is not in session, any judge of the Superior Court, may grant a temporary ex parte order to abate the public nuisance. The court or judge shall direct the state to give notice and service of such documents, including a copy of the ex parte order, in accordance with subsection (b) of this section. At such hearing, any defendant may show cause why the abatement order shall be modified or vacated. No such ex parte order may be granted unless it appears from the specific facts shown by affidavit and by complaint that there is probable cause to believe that a public nuisance exists and the temporary relief requested is necessary to protect the public health, welfare or safety. Such show cause hearing shall be scheduled within five business days after service is effected by the state. The affidavit may be ordered sealed by the court or judge upon a finding that the state's interest in nondisclosure substantially outweighs the defendant's right to disclosure. A copy of the state's application and the temporary order to cease and desist shall be posted on any outside door to any building on the real property.

(d) Such a public nuisance proceeding shall be deemed a civil action and venue shall lie in the superior court for the judicial district within which the real property alleged to constitute a public nuisance is located. Service shall be made in accordance with chapter 896. In addition, service of process may be made by an inspector of the Division of Criminal Justice or sworn member of a local police department or the Division of State Police.

(e) At the show cause hearing, the court shall determine whether there is probable cause to believe that a public nuisance exists, and that the circumstances demand the temporary relief requested be ordered, or the temporary ex parte order be continued during the

pendency of the public nuisance proceeding. The court may, upon motion by the state or any defendant, enter such orders as justice requires. The court shall schedule the evidentiary hearing within ninety days from the show cause hearing.

(f) The record owner of the real property, any person claiming an interest of record pursuant to a bona fide mortgage, assignment of lease or rent, lien or security in the property and any lessee or tenant whose conduct is alleged to have contributed to the public nuisance shall be made a defendant to the action, except that the state shall exempt as a defendant any owner, lienholder, assignee, lessee, tenant or resident who cooperates with the state in making bona fide efforts to abate the nuisance or any tenant or resident who has been factually uninvolved in the conduct contributing to such public nuisance. If the state exempts as a defendant any record owner or any person claiming an interest of record pursuant to a mortgage, assignment of lease or rent, lien or security in the property, notice of the commencement of a nuisance proceeding shall be given by certified mail, return receipt requested, with a copy of such summons and complaint and a notice of exemption and right to be added as a party to any such person at his usual place of abode or business. Any such exempted person may, at his option, enter an appearance and participate in the nuisance proceeding to protect his property rights. Notice of the commencement of such a public nuisance proceeding shall be given by certified mail to the highest elected official of the municipality in which the real property is located.

(g) If the defendant is a financial institution and the record owner of the real property, or if the defendant is a financial institution claiming an interest of record pursuant to a bona fide mortgage, assignment of lease or rent, lien or security in the real property and is not determined to be a principal or an accomplice in the conduct constituting the public nuisance, the court shall not enter any order against such defendant. The state shall have the burden of proving by clear and convincing evidence that any such defendant claiming an interest of record under this subsection is a principal or an accomplice in the alleged conduct constituting the public nuisance. For the purposes of this subsection, "financial institution" means a bank, as defined in subdivision (4) of section 36a-2, an out-of-state bank, as defined in subdivision (41) of section 36a-2, institutional lender or any subsidiary or affiliate of such bank, out-of-state bank or institutional lender who directly or indirectly acquires the real property pursuant to strict foreclosure, foreclosure by sale or deed-in-lieu of foreclosure, and with the intent of ultimately transferring the property, or other lender licensed by the Department of Banking.

(h) For any defendant who fails to appear, the court may enter a default following an evidentiary showing by the state in support of the relief requested, which shall include affidavits or the testimony of witnesses. When the court enters a judgment upon default, the court may enter such orders as appear reasonably necessary to abate the public nuisance.

(i) At the evidentiary hearing upon the public nuisance complaint, the state shall have the burden of proving by clear and convincing evidence of the existence of a public nuisance upon the real property as defined in section 19a-343. If the state presents clear and convincing evidence that there have been three or more arrests, or the issuance of three or more arrest warrants indicating a pattern of criminal activity and not isolated incidents, for conduct on the real property or any portion thereof documented by a law enforcement officer for any of the offenses enumerated in subdivisions (1) to (10), inclusive, of

subsection (c) of section 19a-343, within the three hundred sixty-five days preceding commencement of the action, this shall create a rebuttable presumption of the existence of a public nuisance. Any defendant may offer evidence by way of an affirmative defense that he has taken reasonable steps to abate the public nuisance, but has been unable to abate the nuisance.

Sec. 19a-343b. Remedies and relief necessary to abate public nuisance. In any proceeding to abate a public nuisance, the state may request such remedies or relief as are reasonably necessary to abate the nuisance including, but not limited to, orders for repair or alteration to the real property or any portion thereof, temporary orders to cease and desist, orders to cease and desist or appointment of a receiver of rents. In any such action, the court may enter any orders necessary and proper to abate the nuisance.

(P.A. 98-220, S. 3, 10.)

History: P.A. 98-220 effective July 1, 1998.

Table 3-3

Florida Statutes Title XLVI Chapter 823

823.01 Nuisances; penalty.--All nuisances that tend to annoy the community, injure the health of the citizens in general, or corrupt the public morals are misdemeanors of the second degree, punishable as provided in s. 775.083, except that a violation of s. 823.10 is a felony of the third degree. (For a felony of the third degree a term of imprisonment not exceeding 5 years)

823.10 Place where controlled substances are illegally kept, sold, or used declared a public nuisance.--

(1) Any store, shop, warehouse, dwelling house, building, structure, vehicle, ship, boat, vessel, or aircraft, or any place whatever, which is visited by persons for the purpose of unlawfully using any substance controlled under chapter 893 or any drugs as described in chapter 499, or which is used for the illegal keeping, selling, or delivering of the same, shall be deemed a public nuisance. No person shall keep or maintain such public nuisance or aid and abet another in keeping or maintaining such public nuisance. Any person who willfully keeps or maintains a public nuisance or willfully aids or abets another in keeping or maintaining a public nuisance, and such public nuisance is a warehouse, structure, or building, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(2) Any proceeding brought under this section shall be governed by chapter 60.

Title VI Chapter 60

60.05 Abatement of nuisances.--

(1) When any nuisance as defined in s. 823.05 exists, the Attorney General, state attorney, city attorney, county attorney, or any citizen of the county may sue in the name of the state on his or her relation to enjoin the nuisance, the person or persons maintaining it, and the owner or agent of the building or ground on which the nuisance exists.

(2) The court may allow a temporary injunction without bond on proper proof being made. If it appears by evidence or affidavit that a temporary injunction should issue, the court, pending the determination on final hearing, may enjoin:

(a) The maintaining of a nuisance;

(b) The operating and maintaining of the place or premises where the nuisance is maintained;

(c) The owner or agent of the building or ground upon which the nuisance exists;

(d) The conduct, operation, or maintenance of any business or activity operated or maintained in the building or on the premises in connection with or incident to the maintenance of the nuisance.

The injunction shall specify the activities enjoined and shall not preclude the operation of any lawful business not conducive to the maintenance of the nuisance complained of. At least 3 days' notice in writing shall be given defendant of the time and place of application for the temporary injunction.

(3) Evidence of the general reputation of the alleged nuisance and place is admissible to prove the existence of the nuisance. No action filed by a citizen shall be dismissed unless the court is satisfied that it should be dismissed. Otherwise the action shall continue and the state attorney notified to proceed with it. If the action is brought by a citizen and the court finds that there was no reasonable ground for the action, the costs shall be taxed against the citizen.

(4) On trial if the existence of a nuisance is shown, the court shall issue a permanent injunction and order the costs to be paid by the persons establishing or maintaining the nuisance and shall adjudge that the costs are a lien on all personal property found in the place of the nuisance and on the failure of the property to bring enough to pay the costs, then on the real estate occupied by the nuisance. No lien shall attach to the real estate of any other than said persons unless 5 days' written notice has been given to the owner or his or her agent who fails to begin to abate the nuisance within said 5 days. In a proceeding abating a nuisance pursuant to s. 823.10 or s. 823.05, if a tenant has been convicted of an offense under chapter 893 or s. 796.07, the court may order the tenant to vacate the property within 72 hours if the tenant and owner of the premises are parties to the nuisance abatement action and the order will lead to the abatement of the nuisance.

(5) If the action was brought by the Attorney General, a state attorney, or any other officer or agency of state government; if the court finds either before or after trial that there was no reasonable ground for the action; and if judgment is rendered for the defendant, the costs and reasonable attorney's fees shall be taxed against the state.

60.06 Abatement of nuisances; enforcement.--The court shall make such orders on proper proof as will abate all nuisances mentioned in s. 823.05, and has authority to enforce injunctions by contempt but the jurisdiction hereby granted does not repeal or alter s. 823.01.

Table 3-4
Arizona Revised Statutes

13-2917. Public nuisance; abatement; classification

A. It is a public nuisance, and is no less a nuisance because the extent of the annoyance or damage inflicted is unequal, for anything:

1. To be injurious to health, indecent, offensive to the senses or an obstruction to the free use of property that interferes with the comfortable enjoyment of life or property by an entire community or neighborhood or by a considerable number of persons.
2. To unlawfully obstruct the free passage or use, in the customary manner, of any navigable lake, river, bay, stream, canal or basin, or any public park, square, street or highway.

B. It is a public nuisance for any person to sell, offer to sell, transfer, trade or disseminate any item which is obscene as defined in section 13-3501, within two thousand feet, measured in a straight line, of the nearest boundary line of any of the following:

1. Any building used as a private or public elementary or high school.
2. Any public park.
3. Any residence district as defined in section 28-101.

C. The county attorney, the attorney general or the city attorney may bring an action in superior court to abate, enjoin and prevent the activity described in subsections A and B of this section.

D. Any person who knowingly maintains or commits a public nuisance or who knowingly fails or refuses to perform any legal duty relating to the removal of a public nuisance is guilty of a class 2 misdemeanor.

13-2908. Criminal nuisance; classification

A. A person commits criminal nuisance:

1. If, by conduct either unlawful in itself or unreasonable under the circumstances, such person recklessly creates or maintains a condition which endangers the safety or health of others.
2. By knowingly conducting or maintaining any premises, place or resort where persons gather for purposes of engaging in unlawful conduct.

B. Criminal nuisance is a class 3 misdemeanor.

Appendix D

Table 4-1

Dear ANOA member,

The Arizona Criminal Justice Commission and John Blackburn Jr., with the assistance of DEA, are conducting a study on the problem of “Club Drugs” in Arizona. The intent of this research is to gather information and determine legislative remedies to the problem. Please take a few minutes to complete this survey. Your cooperation is very much appreciated.

Please circle the appropriate response and fill in the blanks.

Is your jurisdiction: Urban Rural Both

Is there a perceived problem with Club Drugs (Ecstasy, Ketamine, LSD, etc.) in your jurisdiction? Yes No
If yes, how severe is the problem? _____

Has your jurisdiction investigated any Club Drug cases? Yes No Approximately how many? _____

How has your jurisdiction investigated and prosecuted these cases? (i.e., buy-bust, knock and talk, crack house, target promoter, federal laws, etc.) _____

Has your jurisdiction ever been contacted to supply security at a RAVE party? Yes No Unknown

Do you feel the current state laws are adequate to combat Club Drugs? Yes No

Have you used the federal laws to prosecute Club Drug cases? Yes No

What changes to existing laws, or new laws, could be made to assist you in investigating and prosecuting Club Drug cases?

Other comments: _____

May we contact you for follow up questions? Yes No Name: _____ Phone: _____

If you have any questions or further comments, please contact John Blackburn Jr. at (602) 339-0671 or through the Arizona Criminal Justice Commission, (602) 230-0252.

Table 4-2

On August 2, 2001 the Arizona Narcotic Officers Association had its training conference in Tempe, Az. 200 surveys were handed out at the conference. 76 were completed and returned. Many agreed to be interviewed. It was learned that some detectives in a group representing a single agency completed only one form for the agency. It is unknown how often this occurred. With a return rate of only 38% it is difficult to draw a valid statistical analysis from the survey.

Arizona Narcotic Officers Association

