



# ecstasy

use in Northern Ireland



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## A Qualitative Study

Department of Sociology and Social Policy  
and  
Institute of Criminology and Criminal Justice

Queen's University of Belfast

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## Executive Summary



Drug research in Northern Ireland has focused primarily on self-report studies, all of which have been conducted in the 1990s. Self-report surveys can provide important information on drug prevalence and incidence but are limited in that such data reveal little about user lifestyles. The present study attempts to build upon our knowledge of Ecstasy use in Northern Ireland by using qualitative research techniques to explore drug use patterns and lifestyles as they relate to drug usage.

This report describes the study methodology and key findings of the research. We focus on patterns of Ecstasy and other drug use (Chapter 3), respondents' descriptions of a 'typical' night out when using Ecstasy (Chapter 4), the impact of Ecstasy use on socialising, relationships and work (Chapter 5), issues related to health, sexual behaviour and respondents' perceptions of government and media messages about drugs (Chapter 6), and the relationship between Ecstasy use and crime and criminal justice (Chapter 7). Implications for research and local policy are discussed in Chapter 8.

### *Methodology*

The primary data for this study were collected through face-to-face, in-depth interviews with current or former Ecstasy users (N=98). Interviews were conducted between October 1997 and November 1998. Respondents were assured of confidentiality and given a £15 music or book voucher for their participation in the study. The interviews focused on issues related to first, last and usual use (e.g., descriptions of a 'typical' night out when using Ecstasy), positive and negative drug experiences, drug use rituals and norms, health issues, and other items. Demographic and drug use history data were collected at the conclusion of the in-depth interview. Supplemental data were collected through on-site observations

in selected club venues. These data included club size, capacity and times of operation, health and safety issues (e.g., water availability, room temperature, presence of broken glass), evidence of drug use (speed wrappers in toilets, direct observations), crowd behaviour (e.g., on the dance floor, in queues), and related information.

### *Description of the Sample*

One-half of the respondents resided in Belfast at the time of the interview, 46% lived elsewhere in Northern Ireland and 4% resided outside the north. Social class was self-identified; 49% of respondents were working class, 46% were middle class and 5% of respondents reported being 'between' working and middle class. Slightly over one-half of the sample (57%) were employed in either part- or full-time work. Males comprised 69% of the sample and respondents' ages ranged from 17 to 45 years (mean=25; median=24; mode=23). Sixteen percent of the respondents identified their sexual preference as being gay or bisexual.

### *Key Findings*

- The average age at which respondents first used Ecstasy was 21 years. Respondents who had used Ecstasy in the six months prior to the interview had been using for four years on average although the frequency of use (e.g., weekly, monthly) fluctuated greatly over time.
- In the six months prior to the interview:
  - 8% of respondents had not used Ecstasy at all;
  - 50% had used less than once a month (i.e., six times or less);



## Executive Summary

- 37% had used one to four times per month; and
- 5% had used at least twice per week in the six months prior to the interview.
- Lifetime use of Ecstasy ranged from two to 'hundreds'; 44% of the sample had used Ecstasy on at least 100 different occasions. In contrast, 18% had used the drug on 12 occasions or less. Most of the respondents (77%) were current users of the drug whereas 18% of the sample were former users (i.e., had stated that they would not use again) and 5% were trying to stop using or were not certain whether they would use again.
- Several respondents had used Ecstasy in combination with other drugs. Additionally, most users consumed alcohol, often in large quantities, when taking Ecstasy.
- Most respondents had tried other drugs, in particular cannabis, amphetamine and LSD/mushrooms. Approximately one-third of the sample used cannabis daily; extensive use of other drugs, however, was far less common.
- Respondents mentioned various reasons for trying Ecstasy initially. The data suggest, however, that for several people, subtle peer influence (as opposed to peer pressure), curiosity, and the opportunity to use were the primary factors that contributed to initial use.
- Although several respondents reported having had negative experiences to which they attributed to Ecstasy, positive effects of the drug (e.g., euphoria, improvements in self-confidence) were reported more often. Explanations for this finding are included in the report.
- Several respondents mentioned solidarity (e.g., 'loved up' feelings, tolerance of others) among users in club settings, however, these perceptions were more often reported among novice users and appeared to be related to certain clubs.
- Relationships with family and partners were affected by Ecstasy use, or more specifically by the difficult 'comedowns,' irritability and depression that followed in the two - to five - day period following usage. For some respondents, work performance was also affected. It is difficult to determine, however, whether these effects can be attributed to Ecstasy; most respondents consumed alcohol (at times in large amounts) while using Ecstasy and the data do not permit a test of the causal relationship among Ecstasy, alcohol and those experiences that followed usage.
- Respondents' knowledge about water intake during Ecstasy use was limited. Moreover, regulations in some clubs (e.g., fees for water) might contribute to negative health consequences for users who cannot afford to purchase water.
- Overall, respondents were distrustful of government and media messages about Ecstasy. However, some respondents noted that selected anti-drug messages might deter young, non-users from trying drugs.





### ***Summary of Recommendations***

The report includes a number of challenging recommendations for policy and research which are detailed in chapter 8. These include:

#### ***Health Promotion***

- Several respondents in this study used Ecstasy in combination with alcohol or other drugs and many appear to be unconcerned about the health consequences related to polydrug use. Health promotion material needs to specifically address the risks associated with polydrug use. Similarly, respondents' knowledge about water intake when using Ecstasy is limited and many believe incorrectly that alcohol is a safe substitution for water. These 'myths' need to be dispelled. Government messages about drugs tend to be rejected by users who perceive anti-drug and alarmist messages to be inaccurate. Drug information that is presented accurately and without judgment can assist users in reducing health consequences related to drug use. The interview data in this study suggest that users may respond best to harm reduction strategies.
- There is a need to ensure that information is made available in venues and through mediums that are accessible to drug users. In particular, clubs should be encouraged to display and distribute health promotional literature regarding drug use.

#### ***Drug-taking and the Workplace***

- The interview data showed that work performance is at times affected by Ecstasy use or by after-effects of the drug. Health and safety information regarding drug use should be available to

employers' bodies, major employers, the Training and Employment agency and other central employment-related venues. Again, we would emphasize that information be presented in a non-judgmental and credible manner. It is possible that proactive strategies in the workplace (e.g. stress management courses) might help reduce alcohol and drug use among employees.

#### ***Safer Dancing***

- We commend those clubs that offer free water and 'chill out' areas to clientele, but unfortunately some clubs in Northern Ireland have yet to incorporate these practices. Some respondents do not have funds to purchase water in which case club regulations can affect users' health. We recommend that all clubs in Northern Ireland adhere to guidelines that promote a safe environment for clientele.

#### ***Drug-taking and Driving***

- The study indicated a willingness of some people to drive while under the influence of Ecstasy and other drugs. In light of these findings the authors recommend that future research examines the effects (and after-effects) of Ecstasy on driving. If Ecstasy is demonstrated to impair driving abilities, a similar campaign to that for drink driving should be instigated, and, again, presented in relevant and credible language and available in club venues. Club owners should be encouraged (e.g., by the Department of the Environment or local councils) to at least partially provide for and regulate transport to and from clubs so that patrons are not discouraged by cost in deciding whether to arrive by bus or car.





# Chapter 1



## Chapter 1

### Introduction

Drug research in Northern Ireland has focused primarily on self-report studies, all of which have been conducted in the 1990s. Self-report surveys can provide important information on drug prevalence and incidence. Researchers have noted, however, that a number of the self-report studies conducted in Northern Ireland have been plagued with major methodological problems (McEvoy et al. 1998) and have contributed to alarming headlines concerning the nature and extent of the drug problem in Northern Ireland (Hollywood 1997). Qualitative studies of drug use in Northern Ireland including ethnographic accounts were virtually non-existent until the present study commenced. Longitudinal studies into drug use or related issues, e.g., HIV risk behaviours, were also lacking. These gaps made it difficult to gauge the nature of drug use and user lifestyles in Northern Ireland. Moreover, the absence of a culture of qualitative drug research also meant that relationships of trust between users and researchers had yet to be established.

The present study seeks to further our understanding of drug use in Northern Ireland by using qualitative research techniques to explore patterns of drug use and lifestyles as they relate to drug usage. The primary focus of this study was on Ecstasy use<sup>1</sup>. Ecstasy (3,4 Methylenedioxymethamphetamine, or MDMA) is related structurally to amphetamine and can produce mild hallucinations although generally the drug does not produce disorientation or major visual or audio distortions associated with other hallucinogens. Much of the sociological literature on Ecstasy refers to enhanced empathy, euphoria, and generally improved social interactions among users (e.g., Beck & Rosenbaum 1994, Saunders 1995), whereas the medical literature is heavy with case

reports of negative psychiatric and physiologic effects (e.g., Creighton et al. 1991, O'Connor 1994, Williams et al. 1993). A patent for the drug was issued in 1914 (Shulgin 1990) but the availability of Ecstasy as a street drug is quite recent, having gained in popularity in the 1980s and 1990s in Britain, Ireland, the United States and in several other countries, MDMA has been illegal in the USA since 1985 (Wolfson 1986) and illegal in Britain before its usage became widespread (Shapiro 1992).

Self-report surveys in Northern Ireland have included data on Ecstasy use. For instance, one methodologically rigorous school-based study conducted by Miller and Plant (1996) found lower prevalence rates of Ecstasy among females in Northern Ireland (4.8%) compared to their counterparts in England (7.0%), Scotland (10.6%), and in Wales (5.5%), although the differences were not statistically significant. Prevalence rates for Ecstasy use among males in Northern Ireland ranked second (10.7%) to Scotland (14.0%), but again, differences failed to reach statistical significance. The number of studies of drug use among adults in the region is also limited, although the 1994-1995 Northern Ireland Crime Survey (household-based) found a prevalence rate of 3% for Ecstasy use. Lifetime prevalence rates, however, can include several "one-off" or "one-time" experimenters who are probably more similar to persons who abstain altogether than to persons who use with greater frequency (Parker 1997).

This report describes the study methodology in Chapter 2. Patterns of Ecstasy and other drug use are presented in Chapter 3. Respondents' descriptions of a 'typical' night out are the focus of Chapter 4. In Chapter 5, we examine the impact of Ecstasy use on

<sup>1</sup> Several of the respondents in this study had experimented with or were regular users of other drugs in addition to Ecstasy; these drug use patterns are described herein.



socialising, relationships and work. Issues related to health, sexual behaviour and respondents' perceptions of government and media messages about drugs are addressed in Chapter 6, The relationship between Ecstasy use and crime and criminal justice is the focus of Chapter 7, and recommendations for research and local policy are discussed in Chapter 8.





# Chapter 2



## Chapter 2

### Methodology

The primary data for this study were collected through face-to-face, in-depth interviews with current and former Ecstasy users. Supplemental data were collected through on-site observations in selected dance/rave club venues. Qualitative techniques such as observation in appropriate settings where subjects feel 'safe' or 'comfortable' and in-depth interviews are amongst the most successful for obtaining accurate and reliable data on those engaged in illegal activity such as drug use (see Weppner 1977 for a selection of related articles), and for developing effective policy (Waldorfetal. 1991).

#### 2.1 In-depth interviews

The criterion used for interview eligibility was any use of Ecstasy. We used this very general criterion and monitored the sample closely throughout the study, knowing that we could narrow the study criteria at a later date<sup>2</sup>. A total of 106 respondents were interviewed, however, eight interviews were discarded because of recording or transcribing problems leaving a sample size of 98 respondents.

Several methods were used to recruit respondents for interviews. First, announcements of the study were placed in cities, towns and villages throughout Northern Ireland. Venues were chosen which might be described as non-threatening and which were 'considered likely to be frequented by the target population, e.g.. record or music shops, health centres. Second, advertisements were placed in a Northern Ireland club/music magazine. The advert was published in three monthly issues during the study period. Third, several local organisations were contacted and notified of the study. These agencies were diverse and

included: youth programmes, universities and student unions, sexually transmitted disease clinics, gay men and women

outreach programmes, young offender programmes, and drug counselling or treatment centres. On several occasions, study announcements were sent by post and then followed up with phone calls to or visits by the researchers in order to discuss the study in greater detail. Fourth, the interviewers recruited some respondents through their own contacts and social networks. Fifth, the researchers relied upon snowball sampling or 'chain referral' techniques (Biernacki & Waldorf '1981) whereby respondents were asked to refer friends and acquaintances, Sixth, in some instances, 'recruiters' or 'gatekeepers' were used and paid £10 in cash for each subsequent referral and completed interview. This method, however, was monitored closely and an upper limit of referrals (usually six) from each recruiter was established. This method was particularly helpful in those outlying areas where the researchers had few contacts. Clubs were not used as recruitment venues.

Interviews were conducted between October 1997 and November 1998. Four persons, two females and two males, served as interviewers (two of whom were the Project Directors). All interviewers were trained during a two-week period before the study commenced. Training topics included the nature and importance of confidentiality (all staff members signed a 'Statement of Confidentiality' and this document was framed and displayed in the main interview room), effective interviewing techniques, role playing, drug categories and effects, the local club scene (sites, locations, clientele, entrance fees, availability of alcohol, music),

<sup>2</sup> The vast majority of respondents who were interviewed during the first four months of the study resided in Belfast. After this time we narrowed the criteria for participation in the study in an attempt to interview respondents 1) from outside Belfast or 2) former users. Current users from Belfast continued to contact us but for the most part we stopped interviewing Belfast residents for a period of approximately two months. At other times, we modified the study criteria so as to avoid over-representation of a certain categories, e.g. middle class students.



Ecstasy and the gay population, recruitment and sampling issues, observational skills and recording observational data. The training schedule is included in Appendix 2. Reading materials on researching 'hidden populations' and various articles on Ecstasy were distributed. Additional training occurred throughout the study period during discussions in staff meetings. A research instrument was drawn up, piloted on the first 12 respondents and minor revisions were made (these 12 respondents were included in the final sample). Respondents were encouraged to go beyond the subject area of the research instrument, when appropriate.

Interviews in Belfast generally were conducted in university offices that offered a great deal of privacy, or in other venues convenient to the respondent (e.g., private homes). Interviews with respondents who lived outside of Belfast were conducted in private areas located within community agency sites or in private homes.

Respondents were assured of confidentiality, anonymity and identified by number only<sup>3</sup>. Study participants were provided with a £15 music or book voucher for a completed interview. Interviews were conducted within a one- to two-hour time period and focused on issues related to first, last and usual use of Ecstasy, positive and negative drug experiences, drug use rituals and norms, health issues, and other items. Interviews were taped and subsequently transcribed for analysis using WinMax (a software package designed for qualitative data). Demographic and drug use history data were collected at the conclusion of the in-depth interview. These data were analysed using the software package, Statistical Package for the Social Sciences (SPSS), Windows version.

## ***2.2 Observational component***

Almost all of the respondents in this study

had frequented clubs in Northern Ireland. For many users 'clubbing' was an integral part of the Ecstasy lifestyle. Observational data were collected in five different club venues in Northern Ireland during 1998. Three clubs were located in Belfast and the remaining two outside the Greater Belfast area.

After the development of a guide to structure observations, data were collected on a number of features including club details (e.g., size, capacity, times of operation), health and safety issues (e.g., water availability, room temperature, presence of broken glass), evidence of drug use (speed wrappers in toilets, direct observations), crowd behaviour (e.g., on the dance floor, in queues), and other information. Notetaking did not take place in the clubs and the researchers did not identify themselves as researchers to staff or patrons, not least to avoid the Hawthorne effect, where the act of observation may impact upon the behaviour being studied.

The researchers maintained contact throughout the night and orally informed each other of relevant observations at regular intervals in order to serve as a memory check when writing up the findings. The observational data forms were completed upon returning from the venue. The data generated in the observational component of the research served as a validity check to some of the assertions made by interviewees regarding the relevance of 'setting' to drug taking (e.g., the availability of water, the relationship between the music and Ecstasy etc) and enhanced our understanding of such matters as health and safety with regard to dancing (Newcombe 1992). Observations were discreet and club identities remain confidential,

## ***2.3 Description of respondents***

Eighteen percent of the respondents were

<sup>3</sup> Each respondent was assigned a three-digit identifier that enabled us to link the transcribed interview with drug history and demographic data collected at the end of each interview. The identifiers are in cryptic code and are used throughout this report. Each of the four interviewers were assigned a number (i.e., 0,1,2,3) that corresponds with the first digit of the respondent identifier, e.g., Respondent 205 was the fifth respondent interviewed by Interviewer Number 2.



## Chapter 2

recruited through snowball sampling, 26% were recruited by one of nine gatekeepers, 29% learned about the research through one of the study's employees, and 27% read an advert that contained information about the study.

Characteristics of the sample are reported for descriptive purposes only;

- One-half of the respondents resided in Belfast at the time of the interview, 46% lived elsewhere in Northern Ireland and 4% resided outside Northern Ireland.
- Social class was self-identified; 49% of respondents described themselves as working class, 46% were middle class and 5% of respondents reported being 'between' working and middle class. Just over half of the sample (57%) were employed (either part- or full-time).
- Males accounted for approximately two-thirds (69%) of the sample and respondents' ages ranged from 17 to 45 years (mean=25; median=24; mode=23)<sup>4</sup>.
- Sixteen percent of the respondents identified their sexual preference as being gay or bisexual.

These sample characteristics are similar to studies conducted elsewhere. For example, in an Australian study of Ecstasy users males comprised 61 % of the sample, the mean age was 27 years, and respondents' ages ranged from 16 to 48 years (Solowij et al. 1992). In a study of participants in the Glasgow 'dance drug scene' (Forsyth 1996:

512), males comprised 62% of the sample, the mean age was 24 (range=14 to 44 years), and 40% of respondents were unemployed.

<sup>4</sup> A 'mean' is an average, i.e., in this study the average age of respondents was 25 years. A median is the middle score, hence, 50% of respondents were older than the median of 24 years and 50% were younger. A mode is the score that occurs most often, i.e., 23 was the most common age among respondents in the study.



# Chapter 3



## Chapter 3

# Patterns of Ecstasy and Other Drug Use

### 3.1 Introduction

An important focus of this study was to examine 'patterns' of Ecstasy use among respondents. The majority of respondents in this study had experimented with other drugs and we begin this chapter with descriptions of respondents' drug use histories. We include sections on the age at which respondents first consumed Ecstasy and their descriptions of these drug use 'initiations,' accounts of how consumption and dosage have varied over time, and gender and class differences in drug use patterns. Several respondents had used Ecstasy in conjunction with other drugs, i.e., during the same episode, and these drug 'cocktails' are also described. Previous research has identified the positive and negative effects of MDMA. Rather than using pre-determined lists of possible effects we encouraged users to describe the effects of the drug during the first and last episodes as well as their usual experiences with the drug. Overall, respondents were far more likely to report positive rather than negative effects of Ecstasy. The positive effects reflect changes in emotional well-being whereas the negative effects include both psychological and physical changes.

### 3.2 Drug use history

The mean age at which respondents first used Ecstasy was 21 years (median=20 years;

mode=19 years; range 13 to 35 years)<sup>5</sup>. Respondents who had used Ecstasy in the past six months had been using for four years on average (median=4; mode=3), although the pattern of use (e.g., weekly, monthly) fluctuated greatly over time. Respondents were asked about recent use of Ecstasy:

- 8% of respondents had not used at all in the six months prior to the interview

- 50% of the sample had used less than once a month (i.e., six times or less)
- 37% had used one to four times per month in the previous six months
- 5% had used at least twice per week in the six months prior to the interview
- 50% of the respondents had used within two weeks prior to the interview

Lifetime use of Ecstasy was defined in terms of the number of separate Ecstasy experiences over the lifetime rather than the number of tablets consumed. In this study, the term 'episode' is used to refer to a time period, (e.g. an evening) during which Ecstasy is consumed. The number of Ecstasy episodes over the lifetime ranged from two episodes to 'hundreds.' Relative to other studies of Ecstasy use (c.f., Beck & Rosenbaum 1994, Solowij et al, 1992) our sample was comprised of a disproportionate number of 'heavy users,' for example, 44% of our sample had used Ecstasy on at least 100 different occasions. In contrast, 18% had used the drug on 12 occasions or less. Most of the respondents (77%) were current users of the drug whereas 18% of the sample were former users (i.e., had stated that they would not use again) and 5% were trying to stop using or were not certain whether they would use again.

We noted a number of significant differences between respondents who had used Ecstasy on 100 or more episodes and respondents who had used less often. Specifically persons who had used on 100 or more episodes:

- were younger (mean=20) than other respondents when they initiated Ecstasy use (mean=22)
- were more likely to have snorted cocaine (53% versus 33%), to have used crack

<sup>5</sup> In a Glasgow study, the age for initiation into Ecstasy use also was 21 years (Forsyth 1996).

cocaine (22% versus <1 %), amphetamine (100% versus 85%) and LSD/magic mushrooms (97% versus 83%).

The two groups did not differ with respect to ever using heroin.

Eighty-four percent of the sample consumed beer, lager, ale or stout on a weekly basis. Pint drinkers consumed an average of 16 pints per week (median=15, mode=15). Nineteen percent of the sample drank spirits and spirit drinkers consumed an average of 10 drinks per week (median=5; mode=5).

Regarding tobacco and other drug use, 60% of the respondents smoked at least 20 cigarettes per day. All respondents had tried cannabis and approximately one-third of the sample (32%) smoked cannabis daily. Ninety-two percent of the sample had used cannabis in the six months prior to the interview. Most respondents (88%) had tried nitrates or poppers although only 5% had used nitrates or poppers more than once a month in the six months prior to the interview. Slightly over one-third (38%) had tried solvents or glue although these drugs were used primarily in earlier years and only two persons had used solvents or glue in the previous six months.

The vast majority of respondents (90%) had tried LSD or magic mushrooms and 30% had used in the past six months, although sparingly, e.g., less than once a month. Approximately 93% of respondents had tried amphetamines and 16% had used at least once a month in the six-month period prior to the interview. Additionally, 43% of the sample had tried cocaine powder but only one respondent had snorted cocaine more than once a month in the previous six months. Additionally, 16% of the sample had tried crack cocaine but only 5% had used in the past six months.

A small percentage, 11%, had used heroin (smoked/chased=9%, injected=5%, or snorted/sniffed=4%). Most respondents, however, were quite negative towards, and at times judgmental about, heroin users and injectors:

*"I think they're mad. But if they've gone that far down the line that they need help, they are addicted to them." (125, female, 24 years)*

*"...it's when you start injecting drugs, when you start puncturing and damaging your body's vital system, then you're taking huge risks. As far as what [Ecstasy users are] doing, they're having a good time, recreational drug. I don't think most E users would see themselves as, as a junkie, so to speak, you know." (015, male, 29 years)*

*"I would never, ever dream of doing it myself. I can't imagine at any time whereby with I want to, not through fear of needles or anything like that, just I mean there is, kind of, a scummy kind of air around it..." (126, female, 21 years)*

We observed that frequency of Ecstasy use was not related to attitudes towards heroin users. That is, value judgments about heroin users and injectors also were voiced by several heavy users of Ecstasy:

*"I generally think people who inject drugs have a drug problem." (131, male, 29 years - Has consumed Ecstasy approximately 100 times during a two- or three-year period)*

*"Definitely sad, you know that's an abuse of your body like you know. So maybe it's a different type of abuse but it's obvious what the abuse is, you know." (205, male, 30 years - Has consumed Ecstasy approximately times over a four-year period)*



## Chapter 3

We examined gender differences in drug use histories. Elsewhere, Parker et al. (1995) found no significant gender differences in drug prevalence among secondary school children in Northwest England. Our study supports that conclusion in that, for the most part, drug prevalence and age at initiation did not differ significantly between males and females. Some exceptions were noted. Females were more likely than males to have smoked cigarettes (97% versus 88%). Males, however, were significantly more likely than females to have used nitrates/inhalants (94% versus 73%) and Temazepam (58% versus 33%). Although few gender differences were observed for drug use prevalence and age at initiation, the number of Ecstasy episodes differed significantly between males and females. Specifically, males were approximately twice as likely as females to have used Ecstasy on at least 100 occasions (52% versus 24%).

With respect to drug use patterns, we observed only one difference between middle and working class respondents. Persons from middle class backgrounds were more than twice as likely to have used cocaine compared to respondents from working class backgrounds (55% versus 21%). No significant differences were found between the two groups for other drug use categories (i.e., crack cocaine, heroin, amphetamine, LSD/magic mushrooms) or for age at which Ecstasy was used initially<sup>6</sup>.

### 3.3 First use of Ecstasy

Research conducted elsewhere has shown that curiosity is a common reason for using Ecstasy initially (Solowij et al. 1992, Spruit 1997: 32). Our study supports those findings in that 'curiosity' was cited by a number of respondents when asked why they used initially e.g., 009, (male, 21 years), 130, (female, 30 years), 137, (male, 23 years). Opportunity, however, also appears

to be an important factor at onset. For example, a third-year university student reported that she never tried Ecstasy in first year because "...the opportunity never arose" (016). Another reported using initially after "...somebody got some. That was it" 207, (female, 32 years). A few respondents planned their first experience:

*"A lot of people at school took it, and then, a couple of friends said they were going to go and take E and we said that we were going to take speed, but we didn't think it would be as dangerous. And then we were just sitting talking in the pub... [and] 'Ok, we'll do that there.' It was all planned like it wasn't, a spur of the moment thing, it had been planned, for a while..." (009, male, 21 years)*

However, most respondents in this study did not plan to use Ecstasy on the first occasion but rather were in the company of people or in an environment where Ecstasy was available. At times, it was a special event, e.g., a concert, New Year's Eve, e.g., 109, (male, 23 years), a formal, e.g., 113 (male, 25 years), 120 (female, 23 years) or birthday celebration. For nearly all respondents, a friend in the company of the respondent had used Ecstasy previously. Peers were influential but their influence was subtle:

*"Another friend had taken it and he was telling us how brilliant it was, I was very wary at the start, XXX tried it first ^ and he says, 'Try it if you want,' so I did..." (206, female, 24 years)*

*"... there was a fear. You'd hear about a racing heart beat or think you'd drop but I saw the state they were all in and I thought, 'I want to be there.'" (308, male, 24 years)*

<sup>6</sup> Other group differences were not examined either due to small numbers within sub-groups (e.g., gay respondents) or lack of information (e.g., the chronology of drug use and employment status).



*"Everybody had some E in them like, so, maybe there was three of us didn't and I was the only one out of three took one you know... nobody pressurised them, nobody said, 'You'd better get that into you or I'll kick your head in.' No, just they said, 'Nah, we don't want them,' so fair enough, that was it." (305, male, 23 years)*

Peers also were important in determining when respondents did not use Ecstasy. For example, an 18-year old male (111) was a current user at the time of the interview but never used with his girlfriend, a non-user. And the vast majority of respondents reported that they would stop using Ecstasy if most or all of their friends did.

Users were asked to describe their first experience with Ecstasy. Nearly all respondents recalled this event in detail and several persons reported that the experience was extremely positive:

*"Yeah, and I couldn't dance to save my life and I turned out to be an amazing dancer; at least I thought I was an exceptionally amazing dancer when I was on E, but I turned out to be a good dancer; like people told me I was a good dancer. But from being an absolute no hope on the dance floor. These Es made me feel things that other people didn't feel, or I felt that, like all these subtle things and your body just does it, you know. It was just amazing." (101, male, 26 years)*

*"I was elated. Drained, completely and utterly drained but it was an experience I couldn't wait to do again to be honest." (115, male, 29 years)*

*"...Suddenly I just got this massive rush it's like something just flowing through my body, just completely*

*rushing around, and then just feeling absolutely brilliant just couldn't stop smiling..." (122, male, 25 years)*

*"And I took half a pill for the first time. The effects were OK, you got a good buzz, felt in the odd, sort of hallucinating, just wanting to understand more about what other people were, were, you know, feeling when they were on it. And you got a good feeling on it, and you sort of, especially your friends round there, everyone's, there was some who'd taken it before as I say and some who hadn't taken it and they took it for the first time, the same night, so it was real like, you know, 'Oh, you taking it for the first time', you gave them a big hug and all that there and, it, it sort of just developed into a pretty good night." (127, male, 23 years)*

*"It was like a subtle thing, it wasn't like going 'God I'm so ecstatic,' it was just like a feeling of real supreme contentedness, 'I'm just so happy to be here,' 'I don't want to be anywhere else in the world,' 'I'm just so happy to be here.' I thought this must be the buzz and then I kind of felt it kind of wearing off a wee bit, and I think I took the other half and then the feeling came over me again. And it lasted, the second time it only lasted about forty minutes so it wore off, and then that was it." (131, male, 29 years)*

Respondents' experiences with Ecstasy were heavily influenced by set and setting and several persons mentioned the importance of these factors during the drug initiation episode. For example, novice users needed to feel that someone would assist them if things went wrong:

*"I was with a good bunch of friends... I felt comfortable, in that I knew that if*



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*anything happened to me I was with people who were gonna help me. They're not gonna abandon me in any way...I felt very reassured and safe and this is not going to be bad." (102, female, 30 years, had used amphetamine and LSD two years before trying Ecstasy)*

*"Well, I'd said to the fellas I was with, you know, not to leave me you know just in case, and they were grand, you know they were sound...just kept asking me, 'You OK?', 'How do you feel?' and all, 'Is it kicking in?' You know stuff like that." (112, mate, 25 years)*

*"Yeah, he scored an MDMA capsule and a wrap of speed he says 'we'll just take half each,' So we went off, I got a bit anxious about it and I said 'Do we have to take it all now?' and he said, 'Yeah we have to take it all' so we took it and he said, 'Stay with me.' I said, 'Make sure I don't go off the rails or anything.' And he stayed with me..." (201, male, 25 years)*

*"...It's a very friendly place, I mean, the first time we ever went, there was some girl who was having a bad trip and she had a whole crowd of people around her, total strangers to her, who were doing everything they could to you know, make it as pleasant as it could possibly be for her so I knew that if something went wrong, there would actually be people there. I wouldn't, tike, just lie on the floor surrounded by dancing people who didn't care. At least it was supportive..." (103, male, 27 years)*

*"I was actually quite frightened first time and ah I was with somebody that had been taking E for quite a long time so I felt quite secure and comfortable you know." (118, 22 years, used*

*Ecstasy first at age 19, at least one year before she ever used cannabis, LSD, and amphetamine)*

Several people recalled feeling apprehensive about taking E for the first time:

*"...I probably spent the first half-hour wondering and anxious as well." (106, female, 23 years)*

*"It was 'speckled dove.' It was at a club near the end of May and I'd never done it before, I was pretty worried. There's a big mental stigma to get across because you hear so many people dying on one because you don't know if you're going to be allergic or there's going to be a bad reaction and stuff and whenever you've got in your hand and you're sitting in the club you're thinking to yourself, 'Jesus, will I or won't I?' 'Will I say I've taken it just for the lads or will I just take it?' and it came to the point where I looked round and everyone else had taken them and everybody seemed to be really enjoying it and they were ail saying to me, 'If you don't want to take it you don't have to.' " (108, male, 18 years)*

*"The first time I was very nervous because I'd tried other drugs before and had bad experiences with them, I'm generally not a person who's into taking other drugs. I was quite anti-drugs in some ways, 'cause I'd taken stuff like magic mushrooms which I had a very bad experience on and didn't enjoy that at all. I'd taken, what else, smoked a bit of cannabis, didn't get a lot out of cannabis, found it quite boring. But the, as far as hallucinogenics go the magic mushrooms put me right off those 'cause of the bad experiences, so I sort of was lumping Ecstasy in the*



*same sort of thing until somebody had, a few friends had talked about it and said it's worth trying it's not like that at all. They said, 'We're not into hallucinogenic drugs either, try Ecstasy ...maybe take a wee half of E...' So the first E I took I was quite nervous taking it and I took actually a quarter of an E in case they were wrong and in case I got left and it was a really bad thing, you know, 'cause I didn't want a repeat of my previous bad experiences...' (131, female 29 years)*

Despite having a negative first experience with E, all persons in the sample used on at least one more occasion. Some respondents reported that the first experience with E was negative, e.g., produced nausea (137, male, 23 years), fear, or that there was no effect at all:

*"So I took half of it and it just left me, it didn't, I didn't come up on a, I dunno if, I dunno whether there was any Ecstasy in the thing at all It just gave me really bad stomach pains, and I just went to bed..." (209, female, 21 years, has used Ecstasy a total of 20 times)*

*"...I just thought, 'I'm gonna die,' the first time I took it. ..I swore I'd never do it again..." (027, male, 35 years, subsequently used Ecstasy on 75 different occasions)*

*"...I did It in a club, XXX, I think, in Liverpool and I was just, that time I was particularly 'comatosed' as well and spent all night paranoid and on the toilet quite a lot. it was a really horrible experience. I didn't know what was happening to me. [My friends] kept saying this was really normal, 'It's OK, it's not a bad E', 'It's just your first time, you'll be ail right' and I actually threw up some of the E then...And*

*then I just kept thinking, 'Fig, that was a waste of money.'"* (125, female, 24 years)

### 3.4 Dosage and frequency of use

Although this sample contained a high proportion of heavy users, most respondents did not consume more than two tablets during any one episode, with many respondents consuming their dosage in halves, i.e., 'staggering' the dosage by taking half of the tablet early in the evening and the remaining half later.

However dosage per episode did vary. For example, one 17-year old male respondent (123) reported having had used more than 250 times but nearly always consumed half tablet only. A number of respondents reported having consumed several tablets during one episode, at least at some point during their drug career:

*"Uh, actually, probably, see the most Es I've taken is probably, I remember taking seven and a quarter, and then thinking I was going to die and my mate, he says 'I think you're gonna have to go to hospital'" (101, male, 256 years)*

I: *"How much? What would have been the maximum number you've taken at the one go?"*

R: *"Maximum number. In a week, or a day?"*

I" *"In one night, say."*

R: *"Upwards of about 15, a couple of wraps of speed maybe one top of it. That is, it was just, it's crazy, I know that it's crazy, touch wood like, God knows the side effects, I'll be a total mess by the time I'm 60 here. You know, I've a feeling, I've survived and am healthy enough. I wouldn't have*



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*done it any differently. I mean, I wouldn't have taken as many on the night because it was crazy, you're only chasing, say, that intensity, but I'm glad I've done it, you know, I really am."* (115, mate, 29 years)

*"...before Christmas, started hitting a wee high, and I was taking twelve plus a week and it was just fucking me up...just losing my memory and everything. A couple of me mates were saying to me, one was a dealer -and even he was saying to me, 'Cut it down.'"* (On, 27 years, has used Ecstasy approximately 475 times)

One former user consumed "five or six every other night" for a period of about one year (310, male, 22 years) but some respondents reported that the effects of Ecstasy were not necessarily stronger with increased dosage:

*"... took about five or six one night... you reach a certain level of just sort of talking gibberish basically."* (122, mate, 25 years)

*"... Six... it's not really much more of an effect, it just prolongs it, you know, you know. Because an E really only lasts about, really you get a good hit for about an hour, sometimes only half an hour, you know. When you go home from a disco you find, you find that you keep trying to get more out of the E, you know, by smoking or..."* (129, male, 23 years)

Elsewhere, tablet testing has shown a decrease in the amount of MDMA in tablets sold as Ecstasy (Bassline 1998, Saunders 1998). Many of the respondents in this study confirmed this claim and although several suggested that increasing the dosage did not necessarily produce additional positive effects, some suggested that a decrease in

purity may lead users to increase the dosage:

*"When I started doing it, not so much in the past year, but I was talking to a guy actually, after the second time I went to the XXX and he was doing them since he was, he was 18 and he was doing them since he was 13, since the XXX opened in XXX. And he said when he went there it was even marked two Doves, which were 80% Ecstasy and he said he only got, he says the people used to eat one Ecstasy tablet and that was them, you'd be all right for the night, and now he says, the most Ecstasy you're gonna get in them is 20%. He could've been bullshitting but he did seem to know, and he had eaten about nine that night."* (107, male, 18 years)

It is difficult to determine, however, whether a decrease in purity or user tolerance over time contributes to diminishing effects of the drug.

One 45-year old female respondent (203) reported that she had consumed 25 tablets in a period of nine or ten hours. However, generally the highest number of doses were consumed by people with whom the respondents were acquainted or familiar with 'on the scene' rather than by the respondents themselves. Given the importance suggested in some drug studies of 'myth' amongst drug users (Sussman et al. 1996), where questionable beliefs or views may justify or legitimate drug usage, the notion of heavier users 'out there' may serve in some sense to vindicate the consumption levels of the individual respondents;

*"One, one other guy I knew, in the area I live in, he was, like a real drug abuser. He drank codeine, cough mixture. anything to get a high, you know. It*

*was Ecstasy that killed him...He took 13 tablets or something in the one night..." (130, female, 30 years)*

*"I've known people that, have eaten 14, 15, 16." (107, male, 18 years)*

While comparatively few respondents perceived their own drug use as problematic, almost all respondents were able to identify other users who were 'messed up' from taking Ecstasy and other drugs. In one instance, two friends who were being interviewed simultaneously in separate rooms identified each other as 'messed up' because of drugs 210, (male, 22 years), 119, (male, 21 years) but were reluctant to accept their own heavy usage as a cause for concern.

Our study included respondents who had been using Ecstasy for several years and persons who had only recently began to use the drug. For several respondents, use of Ecstasy escalated and peaked at quite frequent use and then declined considerably:

*"...every three days, I think" (106, female, 23 years)*

*"...So the first four years it was every week. Then some weeks maybe Christmas time I was taking them maybe the whole week every night..." (034, male, 23 years)*

*"Oh, I didn't take it for about two or three months after [the first time] and then at weekends, say maybe two, two weekends and maybe I'd skip a couple of weekends and take another one and then, then I got really into them, like Thursday night, Friday night, Saturday night, Sunday night." (010, male, 27 years)*

I: "Once a month?"

R: "Not even."

I: "Not even that?"

R: "It was just more, the stage I'm at now you know I Just take it, on a special occasion." (112, male, 25 years, has used Ecstasy for three years)

I: "Say in the past six months how many times?"

R: "I've only took about ...seven maybe."

I: "OK."

R: "But before that it was, like, every weekend, you know." (119, male, 21 years)

A number of respondents suggested that the effects of the drug diminished over time. Again, it is unclear whether this outcome is due to the decreasing purity of the drug, an increasing tolerance to the drug or a combination of both factors:

*"I think the longer you take it, that you need more, right I think there is a danger of that, that you definitely, to sustain the buzz that you would have took, that you would have had em, for six months, then you need to take more and more E, but I also think the problem now, is that the Es are not as good as they used to be..." (018, female, 30 years, has used Ecstasy once per week in the past six months)*

### 3.5 Polydrug use

Polydrug use in this study is defined as the use of Ecstasy and some other drug (including alcohol) during the same episode. By this definition, the vast majority of respondents in our sample were polydrug users. In contrast to the Ecstasy scene of the 1980s in Britain at least where Ecstasy was used as a substitute to alcohol for many



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clubbers (Gilman cited in Saunders 1995: 56), most respondents in our study drank alcohol while under the influence of Ecstasy. Similar patterns have been found in more recent British studies (Parker et al. 1998). The combination of Ecstasy, alcohol and cannabis was very common amongst users, with cannabis used primarily at the end of the evening for relaxation or as a sleep aid.

*"It just sort of chills you out. ..once the music stops tike, what else do you do? ...a few smokes and a few beers" (112, male, 25 years);*

I: "Did you ever smoke blow to come down?"

R: "Yeh, all the time" 119, (male, 21 years).

Although a few respondents did not drink alcohol at all while consuming E ("...there's no point the E's fine by itself and drinking doesn't, I've never found drink to improve an E. It actually always ruins the effect of it..." 131, male, 29 years), these persons were the exception, and the sample included several people who drank heavily (e.g., 25 pints) while taking Ecstasy.

Ecstasy combined with amphetamine also was popular and although less common; some preferred to combine Ecstasy with LSD ("Ecstasy and acid mix fairly well like, mix OK, I prefer to fake E [first] and then acid after a while" 139, male, 28 years). Use of Temazepam during comedown was reported by a few respondents and observed by others at after-hours' parties. Very few respondents had combined Ecstasy with cocaine or with heroin. Smoking heroin (as a comedown) was observed by a small number of respondents at after-hours' parties (e.g., 030, female, 24 years) and reported by one respondent as having used it for particularly difficult comedowns:

*"If the comedown's not too bad like I'd maybe smoke the dope. If it's a real bad like I would get into heroin." (214, male, 17 years, has chased heroin weekly in the past six months)*

With regard to legal drugs and Ecstasy, some respondents had combined Ecstasy with Diazepam. For example, a male respondent saved his daily dose of (prescribed) Valium for the weekends when he would consume several Valium in combination with alcohol and Ecstasy. Others were taking anti-depressants but did not appear to be concerned about combining these medications with Ecstasy:

R: "...I'm on anti-depressants this past year. That's another drug; I would have been taking anti-depressants while on the last E."

I: "Are you allowed to mix other drugs with your anti-depressants, is there any kind of ground rule?"

R: "Well, there's no warning that I can't drink alcohol." (124, female, 21 years)

R: "...I'm on anti-depressants for over a year now."

I: "OK. So, what, what about taking Ecstasy with anti-depressants? Is that ...?"

R: "Well, you're not supposed to do it, but, I usually take two anti-depressants the next day... Ecstasy is a head-wrecker, it does your head in and it makes you think things you don't ever think if you didn't take it." (134, female, 21 years)

### 3.6 Availability of and expenditures on Ecstasy

Most respondents reported that Ecstasy tablets sold for £10 each in Northern Ireland during the time of the study. Bulk buys (e.g., ten Ecstasy tablets) typically lowered the



cost per tablet somewhat but buys conducted in clubs tended to be slightly more expensive. Several respondents had been buying and using Ecstasy for a number of years. This group reported that in years past Ecstasy tablets typically sold for £15 each in Northern Ireland but that the price had decreased over the past three to five years.

Obviously, monthly expenditures varied with usage (i.e., episodes per month; doses per episode). Some heavy using respondents claimed to be spending in excess of £500 on Ecstasy and other drugs per month. The range of expenditure in one evening, inclusive of club entrance fees, taxis, alcohol and drugs ranged from £30 to £100.

Only one respondent reported that Ecstasy was difficult to obtain and among those respondents who frequented clubs, most preferred to obtain the drug before they entered the club during which time the drug was usually obtained through a friend or acquaintance and less often by a "dealer."

### **3.7 Positive and negative effects of Ecstasy over time**

The effects of Ecstasy varied over time for several respondents. Positive feelings relating to mood, psychological and emotional well-being were by far the most common descriptions reported by respondents in our sample. For example, general feelings of euphoria were noted:

*"It always improves my mood." (131, male, 29 years)*

*"And the crowd, all start cheering, throwing their hands about and all and this was all new to me, like I was getting to like it and it was class. I knew at the time I never enjoyed myself like that beforehand... everything was as perfect*

*as it could be. It was a really, really good experience." (107, male, 18 years)*

*"I remember sitting in the corner of the room and thinking to myself, 'There's nothing on God's great earth that could depress me at the minute' and just thinking to myself that 'This is absolutely brilliant and everything's brilliant and everybody's brilliant' and there was nothing that could go wrong. Absolutely amazing." (108, male, 18 years)*

MDMA inhibits insecurities and indeed several respondents in the present study claimed that the drug was beneficial for or improved their socialising and improved their self-confidence:

*"It would make you a lot more open, a lot more friendly I remember going around, talking away to people, everybody was really friendly to you and it seemed as if you had a connection with everybody, you could just start off a conversation and really get into it and you felt good in yourself. You felt that this was a good night and everything was sweet and it really lifted me up." (108, male, 18 years)*

*"You actually you actually find yourself more attractive... and a lot of the time I've just really appreciated what I'm feeling myself, you know, just every inch of me, whatever I'm feeling, it's like really kind of aware of that and liking the feeling and certainly I mean, if you get where there's the toilets you kind of look at yourself and you, first of all, you tend to kind of just see, like, what your eyes are like or whatever, make you think 'Yeah, I don't look too bad tonight,' you know, whatever, you feel a lot more comfortable in yourself." (126, female, 21 years)*

*"... before whenever I'd go out Just out*



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*drinking I wouldn't have got up and danced or anything, I would have been quite a wall flower you know and the feeling I got just total confidence, I couldn't believe it I was on the dance floor all night, felt totally class, talking to everybody." (206, female, 24 years)*

*"...I tend to be quite shy and I would be nervous in like large groups of people I didn't know but if I've taken Ecstasy I'm not I'm, right in there, I'm loving it." (029, female, 24 years, has used Ecstasy approximately 60 times)*

Previous research has found that some users can experience emotional and physical problems that might be attributed to or associated with Ecstasy use (Spruit 1997: 34" 35). Several respondents in the present study reported negative effects of E yet many accepted the negative attributes of the drug and continued to use, arguing that the positive effects of the drug outweigh the negative ("I know that lots of people, their downers get so bad that they go, 'You know that's me finished - I'm never taking it again.' And I'm going, 'That's your problem I'm living with this,' like you know" 121, male, 38 years).

Vomiting was quite common among respondents and sickness was more likely to occur shortly after ingesting Ecstasy rather than later in the evening. Respondents, however, were not likely to refer to these effects as negative. In fact, several respondents reported that in some ways they enjoyed vomiting after taking Ecstasy, stating that it made them feel good and that they were usually able to enjoy the positive effects of the drug. Others suggested that vomiting was a sure sign of a 'great E.'

Difficult comedowns (also discussed in Chapters 4 and 5) were cited as the most common negative effect, although the degree of difficulty and the nature of the comedown varied considerably at times.

Although some respondents suggested that dosage was related to the difficulty of the comedown: "Well, if you only take one E or so it's, there's no real comedown, you know" (129, male, 23 years)- such was not always the case. Respondents were asked to describe their worst comedown:

*"And there was no one with me; I was in the house by myself. My friend came in and says 'You alright?' 'What was the erase last night?' 'Cause the last time I seen him was he left the bar at 1:00 and I hadn't seen him since then. He said 'Did you have a good night last night?' and I just felt like crying. Just, I could feel me eyes just welling up..." (113, male, 25 years, has used Ecstasy fewer than 12 times)*

*"...it was like trippy...like aagghh...it gave me a sore head and it was melting, it was like you couldn't think straight, ..... and they gave me bad physical effects for the next week. ..like a flu... for the whole week afterwards." (107, male, 18 years)*

Previous research has found that Ecstasy users often experience mid-week depression after weekend use (Curran & Travill 1997). In the present study, several respondents reported feelings of depression, irritability, or emotional instability that tended to surface between two and four days after consumption:

*"And sometimes it as soon as you'd finished taking them, on a Sunday night, you wouldn't be rid of your downer to maybe Wednesday." (011, male, 27 years)*

*"...well Monday, you're just tired, 'cause you've been up all night, all most of the weekend or whatever, and Monday you're just tired, so you, Monday flies by, at work and then,*

*Tuesday, start to get a bit, em, irritable, bit narky with people, Wednesday ill, that would normally be my worst day, and I would, I would not be enjoying work at all.” (109, male, 23 years)*

*“...the reason I haven’t taken it for a few months since then is actually because the comedown or the few days afterwards, were absolutely horrendous. I spent three days, I mean, it was coming up to exam time, bad time, three days afterwards when I was just an emotional wreck. One day, like one moment I’d be really hyper and happy and everything, next minute I’d be sitting down crying and not knowing what the cause was or whatever, you know, it was really, really horrific and everyone around me, the people in the house who’d been out with me and done the same thing, they were actually all right and it just affects me and I can only put it down [to] the drug, just because my emotions were up and down, up and down. I didn’t know whether I was coming or going, I couldn’t concentrate on anything. One minute I’d run out, like, you know, go for a walk, next, then I’d be outside and just want to go back to my bed. It was just a really bad three days, and it was three whole days of just torture, really, really a pretty bad experience.” (126, female, 21 years, has used Ecstasy approximately 20 times)*

*“...people say it’s brilliant, you get this wonderful feeling, you do, but it’s, it’s short, short term, very short term, and the effects of it after, it’s just, it really has put me off it now, the depression after, really bad.” (012, female, 21 years)*

Some respondents reported the effect of

long-term depression whereas others reported anxiety or panic attacks or paranoia:

R: *“I’m suffering from a lot of depression, and I do put that down to taking drugs... [Ecstasy], acid trips, speed and blow, every single day.”*

I: *“Were you depressed before you started taking drugs?”*

R: *“No, not really. I was always sociable and outgoing but I got very, very paranoid.” (134, female, 21 years, current user)*

*“Yes, it was like... exactly. It’s a flashback, but not in the acid sense. It’s different, it just heart palpitations, panicky and...that’s why I gave it up, was the panic attacks.” (101, male, 26 years)*

*“Sometimes, you know, I’d be taking Es, you know, I’d be tripping, you know, and I actually, like I was so close to, you know, fuckin’, I thought I actually was going to die one night, you know. Twice.” (119, male, 21 years, trying to quit using)*

*“I still have a fear every time I take it you know.” (112, male, 25 years)*

*“Usually the next day after an E I wasn’t that bad, maybe the second day, you know if I took it on a Saturday, then Sunday, the Monday were just, my body wasn’t right. I shit a lot, I sweated a lot, I didn’t sleep well. But then, probably Tuesday, then it started to kick in, the sort of feeling of - not everyone’s after me - that’s what I always thought paranoia was - but it was just this feeling of before I tried to say anything, I had to think about it, and I had to make sure it was alright and it made sense. And I ended up not saying anything ‘cause it was so much hard work trying to work*



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*out, you know, was everything OK. Because I was scared of being a blooper because I've met bloopers...." (101, mate, 26 years, former user)*

One respondent describes E-attributed hallucinations as being 'terrifying':

I: "OK. How long would it last for?"

R: "For about - the longest about half a minute, usually about 10 or 15 seconds. And usually after happening I'd be sweating, my heart would be thumping, you know I'd actually think I'm going to have a heart attack or something here, you know I thought, it was ... terrifying. I couldn't even explain what it was like to people. I told a couple of my friends, but it never happened them, you know. I was wondering why and then I started getting paranoid then thinking, you know, there's something wrong with me. And then that's when the paranoia comes in..." (119, male, 21 years)

Others reported great difficulties with communicating:

*"You're talking with them and...it's like talking to a dummy or something. And they're just going 'Yeah, oh I know, yeah.' And you feel it, because you're expecting a different answer... it's just this thing where you're dazing and you're thinking there's so many things, you're trying to concentrate on the person that you're talking to, but you just can't - there's so many other things going on. It's very, very scary you know because you just can't control what you want to think about. People don't realise how important that is." (101, male, 26 years)*

R: "...We got into our house about 3.00

*to 3.30 and we just couldn't sleep. I remember sitting in the chair with a couple of my mates and we were just sitting around and we sat there 'til the sun came up talking complete and utter shite. I don't remember finishing one conversation, I had the concentration span of four or five seconds. If I started talking about something I would forget what I was talking about, everybody else would forget what I was talking about and we would be back to square one. We couldn't get anywhere, we were completely melted, there was nothing else we could do."*

I: "That didn't worry you?"

R: "It would worry you if you weren't expecting it but everybody knows that the day after you take Ecstasy you're melted and as long as you keep telling yourself this isn't a permanent thing, this will wear off and I'll be back to normal, then you're all right, but it would certainly freak you out if you weren't expecting it." (108, male, 18 years)

And with recalling events:

*"...I find myself forgetting things at times, especially even a couple of days after it like, like you're doing things and...you're forgetting that you've done them, or you go back to doing, you're like, 'Jesus, I already did that...'" (018, female, 30 years)*

The negative effects did not appear to be related to dosage or frequency of use. Also, some respondents reported never having had a bad experience on E:

R: "...my friend used to wear really black, dark eye shadow and I was sitting in the back of the car and she was talking to me and looking at me in the



*mirror and suddenly while she was talking I saw her eye shadow develop into two mouths and it was funny, freaky."*

I: *"But it didn't freak you out?"*

R: *"No, but I very rarely get anything like that at all. Maybe f can't work out depth with certain objects at the very end of the night but that would be about it." (106, female, 23 years)*

*"Well, paranoia is not something I would associate with taking E at all, quite the opposite, you know, you feel quite confident in yourself and, sort of bonded with people, quite affectionate and, I mean, part of that is maybe that whenever I go out and take an E, I'd be with good friends and part of it is... the drug, it doesn't make you, it has never made me feel like that..." (110, female, has used Ecstasy approximately 55 times)*

Some respondents reported having experienced negative physical effects that might have been attributed to Ecstasy use. These effects included weight loss, e.g., 010 (male, 27 years), 034 (male, 23 years), 035 (female, 29 years), 105 (female, 20 years), sleeping difficulties, fatigue and less often, acne, e.g., 034 (male, 23 years) colds, sore throats:

*"...I'd actually not been in top form whenever I'd taken the E. I had a bit of a chest infection, bit of a cold, which was going away and, I think that the E made me feel physically more, and, the cold and the chest infection came back and got worse again..." (005, male, 34 years)*

and Impetigo:

*"We all got Impetigo...We were all dancing with no t-shirts on and all like*

*that there... it's very communicable anyway... it really spreads like wildfire and everybody had it..." (009, male, 21 years)*

These conditions might be associated with depressed immune systems among long-term users (Beck 1990) although more research is needed in this area,

In summary, our data indicate that a combination of factors contributed to initial use of Ecstasy. Specifically, curiosity and peer reports of a positive experience of the drug were associated with onset. Once these factors were in place, however, the opportunity to use had to present itself.

Although we are hesitant to use the terms, 'heavy' and 'light' use, data presented in this chapter suggest that several respondents in the study had used Ecstasy on 100 occasions or more. Cannabis and alcohol also were used frequently Ecstasy users tended to prefer amphetamine and hallucinogens rather than cocaine and heroin. Respondents were far more likely to report positive rather than negative effects of Ecstasy; other studies have reported similar results (Cohen 1995). These findings may indeed be a true reflection of the drug's overall effects or may be a methodological artefact; that is, our study largely included current users, therefore people who had stopped using Ecstasy as a result of negative experiences may be under-represented.

The negative effects described by respondents appeared to impact upon physical and mental health. However, it is difficult to determine whether these experiences can be attributed to MDMA. Most respondents consumed large amounts of alcohol while under the influence of Ecstasy and this combination may have produced some of the disturbing effects noted. At times, respondents stopped using



altogether after a negative experience:

*"I was convinced, 'cause I'd blacked out...I was out for about an hour; and, I was convinced that I had been raped during that hour... I was convinced that somebody had fiddled with me, and er, the whole week I was sitting worried about this...[a friend] says, 'Was anybody upstairs with you when you were up?' And I says, 'No' because the last thing I remember was actually coming' out of the toilet and was crawling across the landing and then I was out cold, and don't remember anything after that and then she was trying to waken me in one of the bedrooms, so I don't know actually how I got from there and on in to the bedroom...what made her say that? Did she see somebody with me or was somebody e/se up the stairs?" (035, female, 29 years, had consumed GHB in addition to Ecstasy)*

*"...the after effects for me personalty aren't, aren't particularly good, taking a long time to get off them and they tend to bring you down..." (005, male, 34 years)*

However, the majority of respondents who experienced negative effects continued to use Ecstasy. This finding begs the question:

how much does it take to dissuade someone from using? In one report, persons admitted to a Cardiff hospital for Ecstasy-related problems hoped to continue to use Ecstasy in the future (Lehane & Rees 1996). The Cardiff report and our data suggest that people may continue to use as long as the positive effects outweigh the negative, and that the nature of the negative experience may be the crucial factor in determining whether people continue to use.



# Chapter 4



## Chapter 4

# Ecstasy Use and the Typical Night Out

### 4.1 Introduction

One of the key features which this study sought to explore was the role played by Ecstasy and other drugs in the lives of the respondents. Variations occurred in the social and environmental context within which Ecstasy users took their drugs with, for example, some users preferring to take drugs at house parties with friends and avoid the 'hassle' of getting dressed up etc for dance clubs (120, female, 23 years; 024, male, 24 years) or others preferring to take Ecstasy in their local pub in tandem with their usual alcohol consumption (137, male, 23 years; 028, male, 32 years). However, from the respondents who perceived their drug usage as part of the 'dance scene' (who made up the vast majority of the sample for this study), we were able to draw out some shared patterns of behaviour. Such features are illustrated in this chapter by reference to a heuristic 'typical night out' which spans from the preparations and planning associated with the evening, to the timing of drug usage and the experience of 'coming up,' the question of transport to and from the dance venue and the post rave party and the 'comedown.'

### 4.2 Getting ready, planning and ritual

The use of illicit drugs has often been described as occurring within a ritualised and planned social setting (Henderson 1997, Plant 1975, Young 1971). Although the distinction between the rave scene and mainstream commercial entertainment has long since blurred in Britain (Thornton 1995), and arguably never really constituted a major part of the Northern Ireland scene, a degree of organisation when using Ecstasy is common.

While a small number of respondents in this

study described their drug taking as spontaneous (108, male, 18 years), (128, female, 23 years), or "spur of the moment" (129, male, 23 years), it was much more common for drug taking to form part of a planned activity, which included buying drugs previous to the event, co-ordinating the attendance of friends, meeting up before the club, going to the club and then returning to a house party after the event. Amongst some of the respondents the planning of drug taking (e.g., buying drugs earlier in the week for the weekend) appeared to be a logistical question wherein respondents wished to avoid any potential difficulties obtaining the drugs and thereby 'ruining' the night:

*"...few nights, I have just gone through the whole night looking. It's stressy 'cause you can't find any E, you don't enjoy your night 'cause you're looking . and you Just can't find any and that's your night over, so I try to, Just try to avoid that." (016, female, 25 years)*

*"When I was taking it regularly, I would always try and get it at least a few nights beforehand and preferable a week before. I would actually buy an extra E and maybe I'd think of buying next week's too and try to keep that for the next week. Or if I knew I was going out on Saturday night I would try and contact somebody who I knew could get it or knew somebody who could get it on say Thursday or Friday night. I would try not to leave it to get it in the club 'cause that usually ends up spending most of the night trying to get E, by the time you get it the clubs over maybe." (131, male, 29 years)*

*"When it's handy you don't really need to plan, you just nip round to see this*

*guy or give him a ring and he'll call round. But when it's hard to come by in your own area, you'd probably be talking at least five days ahead, say you were going out Friday night, you'd maybe phone Monday or Tuesday or something like that there."* (121, male, 38 years)

*"Usually, if we're going to go out, usually it takes I would say at least, well because where I live in Dublin and it's usually organised from Belfast, so usually if we're going to do something like that it's two weeks prior to the event which would normally be an average time to organise it to give everyone time to get together, basically make sure that they can commit to going and then organise things like Es and stuff in advance... it's often happened that Es weren't sorted out at all or sometimes not 'til we're in a club, we'd get lucky but we don't like doing that because that's risky."* (211, male, 27 years)

For other respondents, clearly the act of planning was itself part of the process of anticipation, ritual and the actual drug taking:

*'Well I prefer to have it set up before I go out you know 'cause it's like an event whenever you go out you know, ...when you do go out for a night out you like to enjoy it and you don't want to go out on ifs and maybes you know. ...I would maybe get myself cleaned up, bathed, my clothes sorted out maybe early on in the afternoon, sit and maybe chill out and have maybe a couple of bottles of Iron Bru or a couple of tins of beer or something,... then come the evening there's like a nervous tension builds from within you, and maybe about six o'clock, seven o'clock, as you're wearing on towards the time, you end up, well I*

*end up running to the loo and sitting on the pot for awhile, it seems to, the*

*nerves seems to affect your bowel or something and it's like you nearly get to enjoy it you know, it's part of the routine and if you don't go to the loo that way you sort of think the nerves aren't there maybe I'm not gonna get as good a hit you know, it seems to be all linked together and I don't know whether it's a psychological thing within yourself or but em, then anyway."* (205, male, 30 years)

*"...we normally would, invite the person [to a friend's house] who's ever bringing the pills with them, i.e., the dealer. So they would be normally invited along and everybody gets. whatever they want. And we have the decks and all set up so it's all very organised, and the lights you know. God, it's a very serious business you know, some of my friends take it very serious. And then we would probably take our pills... we would take it before we go out and then go to the club and we would only spend a few hours there and come back."* (118, female, 22 years)

Taking time for the preparatory routines or rituals which formed a normal part of drug taking was stressed as being of particular importance by a number of other respondents:

*"For me, it's usually arranged to get some during the week so to make sure when I go out on Friday that I would have enough to do me for Friday night and Saturday, so I would arrange that. I personally would take a lot of time getting ready before I go out especially if I had personal expectations that it was going to be a good night so I've said to the mate I was with, 'Give us half a haircut,' then I'd go and have a*



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*shower, took out the clothes I was going to wear, put on some good records or CDs or something like that, Just to get me in a good mood before I go out and then sit in the house. Whenever I'm ready, just have a smoke, watch the TV, just relax for a while before hitting my friend's house, then I would go over to my friend's house with a carry-out and we'd sit and have a chat and have a few beers and have a few smokes and then head down about ten." (013, male, 26 years)*

*"Welt we would normally go to a club about half eight, so we would start getting ready about half five, get ready get dolled up, you have to have a bath, and wash your hair and paint your nails and fake tan and all that caper, em, normally, sometimes you would have a drink before you go out sometimes you wouldn't." (206, female, 24 years)*

The notion of drug usage as part of a broader routine associated with leisure activities would appear to lend some support to the thesis advanced by a number of writers (e.g., Collin & Godfrey 1997. Parker et al. 1998) that the use of "recreational" drugs has become a "normalised" and integral part of the lifestyles of a generation of clubbers in Britain<sup>7</sup>. Other than the suggestion of the requirement of a greater degree of advance planning (e.g., in accessing illicit drugs), an amalgam of music, clothing, meeting up with friends, use of alcohol etc are familiar features of those readying themselves for the "scenes" of previous eras such as mods, rockers or disco (Cohen 1980, Rose 1994). Almost all of our respondents acknowledged that Ecstasy use was an intrinsic part of the dance scene in Northern Ireland, and as one

respondent put it, that scene "...gets into your routine, you look forward to it, this weekend we're going to go out and get really off our heads and stuff and just have a really good laugh" (013, male, 26 years).

### 4.3 Timed drug usage and "coming up"

Respondents varied with regard to the particular time of the evening at which they chose to take their Ecstasy. Some respondents chose to take their first tablet, or a proportion of it, before leaving their house 118, (female, 22 years), with friends in the pub before going on to a club 121, (male, 38 years), in the taxi or car on the way to the club 138, (male, 26 years), 203 (female, 45 years) or in the club itself 204, (male, 27 years). The time period during the evening when the first tablet is consumed is a decision that appears to be related to a number of variables including timing of the "coming up" to coincide with appropriate periods in the evening or the closing time of the club, concerns regarding being searched by door staff at night clubs, or the number of drugs normally consumed by the respondent:

*"...you want to time your up to, just when you're getting into the club kind of thing yeah, ok, so what happens then, get to the club, coming up, what's happening now." (203, female, 45 years)*

I: *"Did that freak you out in any way, when you were being searched at the door: when you'd taken it in advance?"*

R: *"Ehm, no, I'd be more nervous having it on me, you know, rather than in me, certainly." (126, female, 21 years)*

R: *"... we usually have a carry out.. About five or six tins and then, we all, come down here have a few pints, em, wait to the DJ comes on, 'cause he doesn't usually come on to about eleven, so*

<sup>7</sup> For a critique of the normalisation thesis see Shiner & Newburn (1997)



*we probably neck it about ten, ...say a half..."*

I: *"Inside?"*

R: *"Uh huh, just, just do half, let it kick in, do the other half later on, then just dance, for most of the night" (117, male 18 years)*

R: *"Well we come to the club at about, say half ten, and you might not drop your E 'til about midnight, depends on how long your night is. If it's not finishing until six or five, you might have taken it at midnight. And that would just be it."*

I: *"Would you say that would be common across the dance culture or just amongst your group?"*

R: *"I think most people do it that way. There are people that take it the minute they get in and just keep going and they'll take six to ten Es in one night. They tend to be those that have a connection with a dealer or something like that. I could never afford to take that many. I wouldn't want to take that many." (201, female, 25 years)*

*"I'd take one and then, like an hour and a half or two hours later I'd take another one and then I might then, a wee while after that, take another one or something and then once you get home take another one, then sort of maybe another half early in the morning." (016, female, 25 years)*

The experience of actually 'coming up' on Ecstasy has been previously described as 'a rush' (Forsyth 1995). Literature published by Lifeline (1996) suggests that 'coming up' lasts for 5-20 minutes. That information also describes it as 'a rush' which may leave an individual gasping for breath or even feeling sick and users are advised that this period is followed by the plateau (four to six hours)

and eventually 'comedown.' Similarly, the American middle class professional users reported upon by Rosenbaum et al. use the description 'to come on' as the drug begins to take effect, noting that *"...the MDMA comes on in waves, beginning with sweaty palms, and then an almost nauseous feeling in the stomach-chest area. Finally the user fully experiences the effect, and there is no doubt that s/he is 'loaded'" (1989:18).*

One respondent in this study described the instant of coming up:

*"Dicks will ask you how you feel. You cannot put a word to it. you can't feel that in real life unless you have done it. Amazing happiness which don't come along that often frankly, like a true moment of huge euphoria and, unless you win the lottery, there's very few things that bring that much amazing feeling through you." (021, male, 31 years)*

Another suggested:

*"I just started tingling everywhere. I just turned to him [friend] and said, 'I'm coming up'.... when the MDMA started happening I shouted, 'Woooooh!' Very woozy, but I was with a lot of friends, great feeling, up, I was a friend to the world, just hugging everyone." (201, male, 25 years)*

As noted in Chapter 3, several respondents had experienced vomiting and nausea after taking Ecstasy. One respondent described the feeling;

*"I'm coming up, my hands are sweating, my pores opened, maybe I feel sick and then bang you're flying ... it's, em, it's the rush, sometimes it's very very intense, I know a person just goes, urrgh [vomiting noise] it's usually*



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*water or whatever but it's not like vomiting it isn't, nasty, it's just out and gone." (203, female, 45 years)*

It is clear that 'coming up,' even when experiencing illness or nausea, is regarded as an intrinsic element of the drug taking experience.

### **4.4 Transport to and from the dance venue**

This study also sought to explore the means of transport used by drug users to get to and from dance venues and in particular whether or not users operated motor vehicles while under the influence of Ecstasy. The extent of 'drug driving' is not known, largely because of limitations associated with indicators of drug driving (e.g., blood or urine from drivers, convictions for driving under the influence of alcohol or drugs (Parliamentary Office of Science and Technology 1996: 60-61). Studies that examine Ecstasy use and driving or the effect of Ecstasy on driving skills are rare although Schifano (1995) describes five case reports where individuals drove after taking Ecstasy and were subsequently involved in traffic accidents, However, in four of the five histories, the subjects had used other drugs or alcohol in addition to the MDMA, so it is difficult to determine the effect of MDMA on driving. Elsewhere, MDMA has been linked with a loss of concentration and co-ordination (Downing 1986) which would suggest that driving a motor vehicle may present some problems for those who have ingested Ecstasy.

In this study the vast majority of respondents in the greater Belfast area indicated that they would either walk or take a taxi if going to a club in the city. While some respondents suggested that the difficulties getting a taxi after the club closed might exacerbate some of the disorientation associated with the comedown experience, others suggested

that a walk home after the club could itself be pleasurable on E:

*"Getting home that's a big problem, trying to get a taxi...I hate coming out of clubs, coming off your E and it's fucking freezing and there's no taxi's and you don't know what you're doing and where you mates are." (123, male, 17 years)*

*"Taxi down then you walk home from the club. A walk afterwards, you always enjoy the walk afterwards coming home from a dub, especially if it's starting to get light... in the summertime you are walking out dripping with sweat and you put your jacket on because it's a wee bit cooler; you are coming from a dark club and then you come out morning time and you go, 'Woa, this is great!', and then you go home and then go to a party and enjoy the rest of the night." (127, male, 23 years)*

For respondents who were travelling some distance to a nightclub, some went to considerable lengths to avoid driving on E such as hiring an apartment near the club to stay over (202, female, 22 years), organising the hiring of a bus for themselves to take them to the club and home e.g., (307, male, 24 years), (011, male, 27 years) or using the general buses which provide transport to the clubs. However, a number of respondents raised concerns about the atmosphere and activities on buses which picked up clubbers other than their own immediate friends and acquaintances. One Catholic male recounted:

*"The first time I was on one [bus] it was shit 'cause somebody pissed in a cider bottle and left it on top of my coat and they fuckin' didn't close it probably [both laugh]. On the back of the bus, the bus doesn't stop, no piss*





*stops, [makes dying to go to the toilet noise] right? Another time there was load came in from Tiger's Bay, I'm not like that at all, you know in any political way. But there was a load come on from Tiger's Bay in their Rangers tops and UVF fuckin' tattoos and it just, fucked me up the whole night...it was just fuckin' [sings] 'Hello, hello, we are the Billy Boys' you know all that shit? Here me, 'Ah for fuck sake' and everybody else is going 'Ah fuckin keep your trap shut.' There was millions of them so nobody could say anything."* (212, male, 19 years)

Another respondent described the atmosphere thus:

*"...They'd music on just, but it [the bus] was always full of dickheads like, we used to just sit quiet like, and, get full of hash and you know roll a couple of joints on the way up like and sit. The ones on the bus, I dunno, they just got on your nerves and all, tapping you for this, and give us that, and fuck, have you any, have you any fag papers on you. You'd have another boy coming asking you, have you any fucking Es on you, you'd say nah, and then somebody asking you have you any speed on you, you'd say nah, know, that sort of thing, it Just, you know, it annoyed me, at times, .... so, it must have been just, they were acting buzzy as we used to call them, know, letting on they're on out of their heads and they weren't like."* (305, male, 23 years)

With regard to driving while on Ecstasy, while a few respondents suggested that they "wouldn't chance it" for fear of seeing things in front of you (214), or that they wouldn't get into a car driven by someone on E (107), many more either had driven on Ecstasy or been driven by someone who had taken

Ecstasy. Unlike alcohol, most respondents attach little social stigma to driving after having taken Ecstasy. As one respondent described:

*"No, it's not shunned as such. There isn't anybody I know who'd get into a car with somebody that is drunk, but there's an awful lot of people I know who would get into a car with someone who is on E."* (101, male, 26 years)

Driving while on Ecstasy was favourably compared to driving under the influence of alcohol by a number of respondents:

*"It's not like being drunk, you concentrate more."* (215, male, 20 years)

*"You feel very much in control, not tike alcohol really, it's not like alcohol where you feel as if you're impaired you*

*know, it actually makes you feel more in control."* (205, male, 30 years)

*"I've driven with alcohol and I'd have to say, given the times that I've driven on E...it certainly feels a lot safer to me than having two to three pints for example in you, which I've done for short distances."* (211, male, 27 years)

*"You're quite sharp, your reactions are sharp in the car... I'm quite against people drink driving ...whereas on E there was very much, there's no sense of that, there's a sense of doing what I wanted to do, feeling that not being made a fool of, not tripping over myself, there was a definitely a genuine feeling of sharpness."* (131, male, 29 years)

Some respondents believed that driving under the influence of Ecstasy enhanced their driving abilities:

*"I actually thought I could actually drive*



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*better. I was more aware of traffic and things, I was more relaxed.” (119, male, 21 years)*

For other respondents, the act of driving or being driven on Ecstasy was itself a pleasurable experience. For example, one young male respondent indicated that he loved being driven at speed when coming up as it enhanced his ‘rush’ (145). A 24-year old female respondent described the experience:

*“I loved it, I loved it, I love driving on E, when I used to live out in [place name] honest to God I love it, see driving on the motorway, at night when, you’re not really, by the end of the night, it’s maybe wearing off a wee bit, but you’re still sort of buzzing but you’re not on that full on, like the first maybe half hour to an hour when you come up you know...I absolutely love driving on E, it’s a really strange experience, tike it’s a weird thing to do, see especially on the motorway and there’s no other cars in sight, and you’re just in this wee lane in the middle, it’s great like I think it’s brilliant. I know it’s, I know it shouldn’t be done, I know, I slabbered at my father for years about having one beer on a Wednesday night, and driving home until he stopped, and then I go out and take Es and drive home.” (029, female, 24 years)*

Other respondents who had driven under the influence of Ecstasy were also willing to acknowledge the risks:

*“...you think you’re the perfect driver. but [describes one incident],”...there’s a bend [on the road]...you’ve got to take this bend about 20 [mph], but we were chatting away, the girls were you know, the music was up blasting. I hit*

*this bend at about 70 [mph] ... we bounce on the corner on our two wheels and landed but everyone was off their head and they were all laughing about it...” (204, mate, 27 years)*

*“If I took an E I wouldn’t drive ‘coming up’ or anything because the car would be ail over the road like [laughs]. But I used to drive to clubs, you know and there was no problem.” (119, male, 21 years)*

*“I have been in a car with someone who was coming up on their sixth E from Cork to Derry that I didn’t know, that was a bit scary.” (017, male, 22 years)*

Another respondent who was normally driven to the dance clubs by his friend who had taken Ecstasy indicated:

*“You wouldn’t care what’s going on about you you’d just be focusing on the road, but during that there time like he’s told me he’s been hallucinating and ail driving along the road, aye, seeing trees falling down, people tying in the road and all this, so he gets other people to drive then, that bad you know.” (216, male, 18 years)*

In summary, while a number of respondents in this study indicated that they would not drive or be driven under the influence of Ecstasy, these were clearly in the minority. Many of the self-justificatory arguments for driving on E such as enhanced control, greater care or caution being exercised are reminiscent of the debate on alcohol and driving two decades ago (Beirness et al. 1997). Users who drive or are driven under the influence of Ecstasy employ various techniques aimed at risk reduction such as not taking their E until 20 minutes from the end of the journey (018, female, 30 years), making judgments about the strength of the

E (211, male, 27 years) or believing that the driver was particularly adept at handling driving while on E because of his position as a professional soldier (014, male, 25 years).

While the physiological consequences of driving while on Ecstasy are under researched compared to alcohol or cannabis (Parliamentary Office of Science and Technology 1996), the suggestion of loss of concentration and co-ordination (Downing 1986) linked with MDMA may suggest that operating a vehicle under the influence of E is unwise. Given the suggestion that a change in cultural attitudes to drinking and driving has been one of the key features of reduced rates of drink driving (Clayton 1997), the social acceptability of driving amongst Ecstasy users is also a cause for concern.

#### 4.5 The after-hours' party

In the aftermath of the club a large number of respondents indicated that they would end their 'typical night' by attending a house party. Often planning for the house party will have taken place in advance of going to the club. Such events would appear to be an opportunity for continued 'raving' involving music, dancing etc, an opportunity for a more sedate gathering with friends or a combination of both.

*"...you know students who are taking drugs don't want to finish at one o'clock, one o'clock is a ridiculous time - so they used to run house parties. And you know get people in with decks and play music and maybe 100 people there sometimes 50 people... but after XXX there's always a party. There's always a party Friday and Saturday." (021, male, 31 years)*

*"... go to the club and we would only spend a few hours there and come back. Because I prefer my friend's 'DJing' - he plays my type of music."*

*So go back and basically, it's very much a social thing were all friends we all know each other and it's an opportunity we all get together we haven't seen each other in a few months and it's very civilised. There's a lot of chatting and if people feel like getting up and dancing, and having a wee dance then fine go ahead you know, it's all very pleasant." (118, female, 22 years)*

*"Yeah, yeah, very often like we go back, if we're all really buzzing, I mean, we want to dance and we want to listen to some, obviously wherever we go afterwards whether it's home or to a party, we'd listen to music and swap music and stuff, you know, and, I mean, sometimes dance if you've, if you've got the real energy for it. Eh, mostly just 'sit and talk and actually, I think part of the whole fun of taking an E is that you actually have really good, informed conversations with people...you can feel sharp and you can have a, what, you know, is a sort of, you know, good conversation with people." (110, female, 33 years)*

*"...get back here [respondent's home] then about half two, ten of us back altogether, another mate of mine, they went down and got more Es, one for everybody, and would have took them about three o'clock, and I just lay down, stereo on, chatted, and the girls would just go to the toilet they spend an hour in the toilet sort of thing like you know and you go out there's another couple chatting shouting across the kitchen table, making themselves tea, that's the thing like it's just, ...you can just chat the whole night like, you hear all the problems." (204, male, 27 years)*

As noted above, post-rave or after-hours'



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parties may involve further consumption of Ecstasy, as well as alcohol or smoking cannabis- Indeed one 19-year old male respondent suggested that his drug consumption actually increased at house parties because, following the dancing of the club, the sight of people sitting chatting at a house party made him think he was “coming down” and then “you take more and more” (309). Often respondents suggested that they would have either made preparations for the party such as purchasing a ‘carry out’ [alcohol], retaining some drugs for use at the party or, viewing the party as a venue wherein more drugs may be ‘scored.’

*“...say you’d have another one or two [Ecstasy tablets] left, you play sober like, you’d head back to a party, ... take them and then just, sit there and listen to music and all, have a bit of craic and then once you’re coming down smoke a bit of dope.” (216, male, 18 years )*

*“...In the club I would always, you know, just have a few bottles of, one or two bottles of Hooch [as well as Ecstasy]. And then after that, you know go to a party or something, I’d usually have a carry out you know, just in case.” (119, male, 21 years)*

*“...usually back to someone’s house, ...you take another E, maybe a few drinks, few joints, music going and the party continues until you’re tired.” (212, male, 19 years)*

*“...back to a party and take whatever’s going there plus another E.” (215, male, 20 years)*

Many of the post-rave parties appeared to run on until the early morning with respondents suggesting that they came to a close somewhere between 6.00 am and 12.00 noon the following day. The health and occupational implications of such sustained drug usage and expenditure of

energy are explored in subsequent chapters.

### 4.6 The ‘comedown’

Beck & Rosenbaum (1994) suggest that the comedown after using Ecstasy begins to take effect three to four hours after ingestion. In their study respondents used a variety of methods to combat the effects including taking smaller ‘booster’ dosages of Ecstasy, using tranquillisers, alcohol or marijuana or reliance upon non-drug strategies such as a hot bath. Information from Lifeline (1996) indicates that the depletion of serotonin levels and tiredness from dancing all night may mean that the experience is an unpleasant one. As discussed in Chapter 3, the respondents in this study described a range of negative experiences related to comedown including tiredness, irritability, paranoia, depression, anxiousness, poor communication skills and other symptoms which may persist for two to three days.

The most common response to the negative effects of ‘comedown’ amongst our respondents was the use of alcohol or smoking of cannabis:

*“I wouldn’t take Es or any other sort of drug if I didn’t have cannabis, I just wouldn’t do it, ever, wouldn’t even dream of it...” (017, male, 22 years, smokes cannabis daily)*

*“...when you’re on a comedown you should start drinking it [Buckfast wine]. Like I usually drink it before and during and after anyway, but it just helps because... it kind of lifts you up a bit and you fall asleep eventually.” (134, female, 21 years)*

A number of respondents also suggested sore mouths and teeth, associated with prolonged chewing and jaw grinding while on Ecstasy, which in turn contributed to an



inability to eat the following day (e.g., 018, female, 30 years).

*"...the next morning I was sitting in the house ...my mouth was all sore from grinding my teeth and what not and chewing gum a long time. Plus next day there was a really bad taste in my mouth. It's a real 'carbony' taste. All my mouth would be covered in bites on the cheek or bites on the tongue. I wouldn't notice it at the time." (310, male, 22 years)*

One respondent suggested coping with his comedown through a carefully planned process of relaxation.

*"All the next day is like a de-stressing process, it's like I'm, I probably have, if it's planned, I would have got a couple of videos. I'll make something nice to eat and sometimes, most of the times, I'm on my own and I enjoy that, being on my own, puttering around and you know, making cups of hot chocolate and just watching TV or watching a favourite old movie or whatever." (301, male, 29 years)*

Quite apart from the impact upon the

individual drug user, the 'comedown' effects can have implications for the partners, families and work colleagues of Ecstasy users. These implications are discussed in the next chapter.





# Chapter 5



## Chapter 5

# Ecstasy Use and Lifestyle: Socialising, Relationships and Work

### 5.1 Introduction

One of the key features which this study sought to explore was the role played by Ecstasy and other drugs in respondents' lifestyles. This chapter explores the impact of the drugs on socialising, the relationship between drugs and the dance scene, the implications of drug use (including 'comedown') for relationships within the home and the impact of drugs in the occupational setting of the respondents.

### 5.2 'Loved up': Solidarity amongst users

The effects of Ecstasy have been described as 'a feel-good drug,' 'fun,' 'loving,' 'insightful,' a drug that 'deepens relationships' (Beck & Rosenbaum 1994: 59). Klee (1998: 43) suggested that the drug produces feelings of 'passive sensuality.' Many of the respondents in our study referring in the main to activities at dance clubs, made similar references to the feelings of being 'loved up,' or 'euphoric,' and having experienced 'rushes' after taking Ecstasy. These feelings appeared to make users more sociable rather than introverted, and more empathetic, with respondents persistently speaking of feeling 'emotionally close' to strangers, 'hugging' strangers, 'rubbing the backs' of strangers and acquaintances, 'looking out for each other,' and using other phrases which appeared to suggest a sense of fellowship or community amongst fellow drug users whom they did not know personally:

*"Everybody would be like friends, like you would be shaking hands and all with everybody. I am actually getting tingles remembering it. It's good. It's a great feeling." (304, male, 18 years)*

*"It's just a total feeling of love, love, not just people, you love everything, you could love your worst enemy. You could, I've seen me hugging my Ma and my Dad and everyone, you hug everybody, you just cannot stop loving people, more chattative, more friendly, the craic's better, you cannot hate anybody on Es." (210, male, 22 years)*

*"It brought a sort of a, to such a higher plane of awareness, if you like, you know, sort of, a more, in-depth understanding of people, you know... it's very hard to quantify, you know, but, see, you're on E with somebody who you've just met, right, there's a sort of, it's almost like an electrical connection, which is impossible to sort of explain," (015, male, 29 years)*

*"I've actually hugged strangers, [I would say to them], 'Aw you're alright. Can I give you a hug?' You'd sit and talk complete rubbish to them..." (113, male, 25 years)*

*"... and that complete stranger would also be on E and if they were over they would pass you a remark or they're sitting there after sweating it out on the dance floor for a long time and you go over and sit beside the, and that's just you, I mean see them in the street the next day you know that you don't know the person but you would've discussed absolutely everything with them..." (124, female, 21 years)*

Quite apart from the effects of the drug itself, clearly the sense of belonging to a scene was an important part of the sense of fellowship amongst drug users who regularly



attended dance clubs. A female former user described taking E as like 'joining a club' (125, female, 24 years). Another respondent referred specifically to the 'dance community' (126, female, 21 years) and a sense of solidarity in the face of adversity from, for example, the police raids in clubs or arrests of drug users:

*"...the clubbers have like a sort of community where everybody sticks together you know, if a club closes down everybody thinks, 'Fuck sake where are we gonna go now?' Go somewhere else, and you always see the same crowd, like at a certain nightclub, and even if you go to another nightclub, you'll always see somebody that you've met somewhere else." (008, mate, 23 years)*

*"We all knew a lot of people who we would only see at that particular time, we would only see at the weekends, so it was like the whole thing of Belfast was starting to mushroom. More and more people you knew were getting into it so there was a real big sort of community, like, 'This is the scene,' kind of environment about it. Everybody really, we all got into our DJs and stuff like that, we all knew our DJs, we all met them through a lot of friends who I lived with all buying records. I bought a set of decks and was completely immersed in the whole thing about it." (013, male, 26 years)*

The levels of public intimacy between Ecstasy users on the dance floor are strikingly different from traditional social relations in nightclubs where alcohol is the principal drug of choice. One heterosexual male respondent related the following account

R: *"People were doing all sorts of weird things like you know you'd get people offering you tiger balm<sup>8</sup> and saying here rub it on your balls tike you know."*

I: *"Tiger balm on your balls, did you ever try it?"*

R: *"I'm telling you, a fella offered me that in XXX one night he says, 'Here rub some of that Tiger Balm on your balls,' he says, 'it's fucking great.' I looked at him, I says, 'Nah, it'll just do where you've got it.' He'd already rubbed in across my face and across here [pointed to neck]. It's pretty strong that stuff like, my missus keeps it in the house, I've never thought of that though ...I'm telling you he was 'hotfooting it across the floor I thought not a bit of wonder." (205, male, 30 years)*

In Britain, at least some of this kind of behaviour has been described as *passee* (Measham et al. 1998: 26). In Northern Ireland, we too detected some weariness with such ostentatious displays of affection, and cynicism of what many perceived as the 'falseness' or fakeness of the *bon hommie* associated with being 'loved up.' One user recounted *"...I think that a lot of that 'emotionally close to strangers' thing is a bit of bullshit"* (116, male, 33 years). Others suggested that it was no longer "cool" to act "loved up" in clubs (029, female, 24 years) and that such activities were more associated with the dance scene in Northern Ireland of the late 1980s and early 1990s (030, female, 24 years).

*"...it was shallow because you would have the same conversations with people over and over again and that showed that nobody was actually taking that amount of Interest in what you were talking about." (013, mate, 26 years)*

<sup>8</sup> Tiger Balm is a strong traditional Chinese vapour rub.



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*"The first time you take it, you're quite innocent to it and you just love it, but I think the more I took it the more I was aware that this was just a front. Everyone was just, it was false affection from people, you know deep down that they don't give a shit about you; it was just the drugs making them amorous towards everything...And so the more you become aware of it, you become a bit sceptical of it..." (201, male, 25 years)*

*"...you're only dose with them when you're on the Es. It's a false friendship. I used to like it but I don't now. Now I avoid strangers who get too friendly." (303, male, 27 years)*

It also appeared clear from respondents that their tolerance of other 'loved up' drug users was affected when they themselves were straight, or sometimes even during comedown:

*"...both parties have to be on E ... I remember we were out one night and we weren't on E and this guy came up and he was on E, and it was his first E and he was going 'I love you's' and we were, 'Right OK, we know you love us, you told us that, so fuck off.'" (113, male, 25 years)*

*"...when you're straight, you've got no time for people, but when you're both off your heads, you love each other. And then when you're coming down, you think, 'He's the biggest cunt ever.'" (308, male, 24 years)*

### **5.3 Setting and usage: Clubs, DJs and music**

The link among music, dance/rave clubs and DJs has been emphasised in studies of Ecstasy users in the US (Beck & Rosenbaum 1994), Australia (Solowij et al. 1992),

Scotland (Brown et al, 1995, Forsyth 1995) and England & Wales (Collin & Godfrey 1997, Henderson 1997). The experience of taking Ecstasy and dancing is an intrinsic element of the 'scene' and arguably qualitatively different from previous eras. Russell Newcombe, writing in the early 1990s, described the setting in the North West of England:

*"Loud, captivating music, psychedelic lighting, heavy use of dry ice or smoke, a tropical climate, and a mass of dancers are essential factors in sparking off the orgasmic 'trance dance' atmosphere sought by ravers, described as 'mental', 'happening' or 'kicking'. Comparing a rave to a disco is like comparing New Year's Eve celebrations to a quiet drink in a local pub." (1992: 26)*

Pearson et al. (1992: 13) suggested that, This vigorous activity [of dancing] may well even interact chemically with the MDMA to produce experiences qualitatively different to those felt when the body is relaxed (and listening to Beethoven}.' The effect Of Ecstasy is to prolong and increase the vigour of dancing (Shapiro 1992) and increase the user's 'appreciation' or understanding of the music. As one respondent in this study described:

*"...you gear more into the way the records have actually been produced and the way they've been cut and put together, where the sound comes in, what it does, where it goes out and you can really get in deep, get involved in the whole sound trek. There's a couple of times when I feel as if I'm just in the middle, this space where the music's all around me and really concentrate on the different sounds that are coming out." (013, male, 26 years)*



From the interviews and observational component to this study, a picture emerges of the structural relationship between DJs, music and users/dancers. During club visits, research staff observed various familiar techniques of crowd management used by DJs to enhance the enjoyment of the dancers. These techniques included ‘building up’ the music to a crescendo in pace and style at different periods over the evening, stopping the music and beginning again when the crowd demanded it via clapping and whistling, and in one venue using a roving camera crew from a visiting television programme to urge the dancers to ever-more energetic performances. Although we did not observe any explicit reference to or encouragement of drug consumption by DJs, the interview data provide clear evidence of an intimate relationship among the DJ, the type of music and enjoyment of drugs:

*“The music, the music, the music, it brings you up higher, there’d be, you, the way they beat the music, the dance music em, it’s constant for a while and then it gets higher and higher and as and as the music, the beat gets faster and faster, you’re rising with it, you get this rush, before you know and it’s, that’s it...” (012, female, 21 years)*

The choice of music played by DJs at various junctures in the evening is evidently linked to assessments as to ‘where the crowd is at.’ One respondent suggested that ‘DJs just know’ (309, male, 19 years) what a crowd wants and another noted:

*“It brings you up you know, on different levels, and he brings you down again, takes you up again, so it’s just a whole brilliant buzz.” (307, male, 24 years)*

I: *“So how would they [the DJ] know how, what kind of music to play to get you?”*

R: *“It’s a good question that. ...say they were playing a tune, right, and they maybe seen that the crowd had, the crowd was maybe just sitting, you know not really going really, ‘cause it whenever there’s a good tune played you sort of, everybody starts shouting, they’re up all clapping their hands, you know sort of going mad. So if the crowd’s not doing that then obviously you have to ... you lift them a bit, so he puts on a good tune that lifts them, that’s it then, the whole place just goes mad you see, that’s how, that’s how they know.” (013, male, 26 years)*

Less skilled DJs can be a source of irritation to drug users. As one respondent indicated:

*“...like you get DJs, know what I mean, they think they’re ail good DJs, they’re playing a tune and half-way through the tune they -would cut it off into another one, they’d cut it off in the wrong spot. Like, if you’re up there dancing, know what I mean, that just stops you dead in the dancing like ...if he cuts off in a bad place you can’t keep the rhythm going when you’re dancing, know what I ...and you can end up sitting down for a while, know what I mean, like. It’s important really to have, you know, a good DJ like, when you’re on them.” (310, male, 22 years)*

#### **5.4 Ecstasy, aggression and the dance/rave scene**

One persistent feature of the accounts of many Ecstasy users, linked to the pharmacological effect of being ‘loved up,’ was the lack of aggression or violence on the dance/rave scene. Often this perception



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was compared to the disco or night-club scene, the influence of alcohol and the view that such venues were plagued by the outbreak of fights. Some studies have indeed suggested anecdotal evidence that alcohol probably creates more problems such as violence than drugs (Wise 1997). Whether the link is that alcohol use encourages violent behaviour (Parker & Rebhun 1995) or that alcohol abuse may be part of a broader lifestyle of violence and aggression (Gottfredson & Hirschi 1990), the management of alcohol-related violence is a key issue for most modern nightclubs. However, a number of the Ecstasy users were at pains to suggest that such behaviour was alien to the E related dance culture:

*"I have never In my life seen anybody fighting on Es." (108, male, 18 years)*

*"There is no doubt, definitely people do not fight on E." (205, male, 30 years)*

*"...people who are on E who are subject to aggression? I don't think, ...it doesn't compute as far as I am concerned, because, there's just, as far as they're concerned aggression's the last thing on their mind, you know." (015, male, 29 years)*

Where respondents had witnessed fights or acts of violence, these behaviours were often explained as being linked to alcohol consumption, the mixing of a rave with a 'normal disco,' drug dealing, a 'change' in the nature of the scene or, for some middle class respondents, the presence of working class users (discussed later):

*"Maybe there is [violence] now because there are a lot of dickheads out there who would take E and drink a load and get totally off their head and wouldn't know where they were at, but it's rare..." (206, female, 24 years)*

*"[There are no fights] unless the place is such, like half Es and half normal disco." (210, male, 22 years)*

I: *"Have you ever witnessed a fight or other aggressive act by people who were on E?"*

R: *"Never; unless it has been drug dealing related," (015, male, 29 years)*

Thus when respondents had witnessed fights or acts of violence, these events were normally explained as being linked to alcohol, 'normal' discos or the desire to maintain a collective 'loved up' status. Violence is portrayed as either 'other' or alien to the scene, or motivated by a desire to maintain order within it.

*"I think it was over a boyfriend-girlfriend type of thing. Some bloke went up and slapped another bloke and I know for a fact that both fellows concerned were on E and I was taken aback by it because it was completely alien to me. I was going like 'Jesus, people aren't meant to fight in places ' like this where there's drugs, you know?'" (022, female, 23 years)*

*"I've known people to be aggressive, kind of. Well, aggressive in that, not aggressive, but if a fight comes up, they'll feel that they have to take control of everything; they have to sort everything out. It's such a good experience they think, 'I can't have this being bad for everybody else, right so I'll go over and sort that cunt out.'" (107, male, 18 years)*

White a small number of respondents did acknowledge that they had seen Ecstasy fights, these acts were described as 'drug dealing related' (015, male, 29 years), where

*"it's normally between a couple of fellas and a dealer [perhaps] 'cause*



*the dealer sold them a crap E or not a good enough buzz or something like that” (214, male, 17 years).*

Even in these instances, where violence breaks out as a result of drug transactions, clearly an intrinsic part of the scene, respondents still insist that Ecstasy makes people a lot less aggressive than alcohol (214, male, 17 years), or that “...a pound to a penny they weren't on E” (015, male, 29 years).

A minority of respondents did however have aggressive feelings or witness acts of aggression amongst Ecstasy users. One working class male respondent who had both witnessed and participated in ‘E fights’ suggested:

*“I don't like to fight but if I'm provoked I fight...E mixed with drink makes you very aggressive if provoked. Gives you strength. ...E fights are nastier than drunken fights. Drunken fights make you stupid and clumsy. An E fight makes you fast and furious. The adrenaline rush -I think some guys get hooked on it.” (303, male, 27 years)*

Another respondent, the 23-year old female reported being shocked to see a fight break out acknowledged that:

*“I get very annoyed on E actually sometimes, anybody coming into my space while I'm dancing or I dance move all the time regardless of whether I'm on drugs or not but anybody coming into my space when I'm dancing, I tend to get really, [demonstrates pushing motion] ‘Uh, move, get out, leave’ ...” (022, female, 23 years)*

While not wishing to dispute the pharmacological effects of being ‘loved up,’ there were a number of other factors which undermined the image of a non-violent club

setting for Ecstasy users in this study. Research staff in club settings did observe considerable evidence of quite a tactile, sociable and friendly atmosphere in four of the five clubs with overt hugging (involving the club security staff in one club), shoulder rubbing, hand shaking and casual conversations with strangers. However, outside one club, the observers noted an altercation between club security staff and a number of patrons who had been ejected from the club or refused entry. After a fight erupted and one patron received a cut on the forehead, his friends returned and attacked the bouncers with a mallet and an axe, both of which had been retrieved from the boot of a car. Similarly, some respondents frequented venues only after careful selection, e.g., location or the extent to which the club was viewed as ‘trouble free’ i.e., having little violence (208, male, 29 years).

### **5.5 Relations between Catholics and Protestants**

Given the highly segregated nature of Northern Irish society in, for example, schooling (Galiagher, Cormack & Osborne 1994), and demography (Geddis et al 1997), one of the most discussed topics regarding Ecstasy and the rave scene is the potential for young Catholics and Protestants to meet in a recreational setting and begin to get to know each other. Saunders (1995) recounts how in 1994, just before the first IRA ceasefire, he interviewed young people in a Catholic club and ‘...lots of them were keen to tell me about the friendships they had made with members of the opposite sect, who they assured me they would not have met otherwise.’ Saunders continues... ‘I soon came to realise that it was not only Ecstasy, but the whole rave scene that had opened up new ways of meeting; the music and the dancing, the non-partisan venues and more young people with cars to reach them.’



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This study sought to explore the views of our respondents with regard to this phenomenon. Their views appeared to fall within a number of categories. First, there were clearly a number of respondents who argued strongly that use of Ecstasy and the rave scene had a positive impact on intercommunity relations;

*"I think Ecstasy has had a very positive effect, I have to say living where I do which would be perceived as a Protestant loyalist area, I hadn't had much dealings with Catholics you know. I have to say I have made a couple of good friendships through it [Ecstasy] and it doesn't matter to me now whereas before I would have put my flag out on the twelfth and this sort of craic<sup>9</sup>. Now I don't bother putting my flag out." (205, male, 30 years, working-class Protestant)*

*"[Ecstasy] greatly changed my socialising. Before I wasn't much into religious mixing... you would have known and talked to people but you wouldn't have gone out with somebody from the other religion and [Ecstasy] changed your perspective, you meet people you realise it's not all everybody's been saying, you know, talk to them. I know some guys I knew turned from being in bands<sup>10</sup> and being staunch loyalists into mellow people who started having Catholic girlfriends and all." (117, male, 22 years)*

*"Ecstasy has bridged the gap socially...you would have had Catholics and Protestants but you would [also] have had Loyalists and some Republicans and to have them housed in one place was amazing like, you know? And they couldn't have done that unless they were off their faces, you know." (118, female, 22 years)*

*"...there's guys running about like I used to fight, I'm a Catholic myself, I used to fight with the Protestants in our park like but since we're took drugs like we don't give a fuck and people we used to scrap with we go out and party with." (216, male, 18 years)*

Some respondents attributed the interactions to drug dealing rather than (or in addition to) using Ecstasy, i.e., one might have to mix with member of the other community in order to 'score':

*"And sometimes through dealing as well you'd have contact these people [from the other community] you know [who] you would avoid normally..." (208, male, 29 years)*

Other respondents appeared somewhat more cynical about the harmonising potential of Ecstasy and the rave/dance scene. For example, some noted that the Ecstasy may have improved interaction between Catholics and Protestants but only to a limited extent: *"I wouldn't say they'd dance with each other like but they would talk to each other"* (214). A number of respondents suggested that while Ecstasy brought Protestants and Catholics together, the effect might be shortlived:

*"I think it does manage to cut across boundaries and some people may go on from that to realise, you know, that there's more to life and some people may not, may just retreat back into their own camps after it." (015, male, 29 years)*

*"Of course it does when you're there in a club but the minute you're out the door the old tribal thing takes over again." (203, female, 45 years)*

*"I say religion's not involved in the clubs but that starts and stops at the*

<sup>9</sup> The Union Jack flag is flown in Loyalist areas during the period of Orange marches which centres around the Twelfth of July.

<sup>10</sup> The bands referred to here are Loyalist marching bands.



*entrance to the club. Walking home you would be worried, walking past a bus that is coming from a Protestant area you would be worried if you were a Catholic and vice versa.” (108, male, 18 years)*

Additionally club locale was mentioned as a relevant factor in several interviews. For example, it is clear from the interviews and observational data that the vast majority of clubs in the Belfast City centre area are religiously mixed. However, in more rural areas, and indeed within religiously segregated areas of greater Belfast, there are rave venues frequented almost exclusively by one religious denomination or the other. A respondent from a large predominantly Catholic town outside Belfast was interviewed. She was quite familiar with the club scene there, having frequented most of the venues- She reported that such clubs were quite segregated, in fact, she stated *‘I don’t actually know any Protestant in [town name]’* (022, female, 23 years).

And as noted previously, it would appear that even in transition to religiously mixed venue using specially organised transport such as buses, such locations are not immune from sectarian tensions.

Middle class respondents also clearly identified a class variable to the existence or otherwise of aggressive or sectarian tensions. In many such interviews the phrase ‘spide’ appeared, which denoted young working class males, so called because of the stereotypical notion of the presence of ‘spider web’ tattoos on the collar of the neck. As one respondent suggested:

*“...I think the only way you get a religious divide is if, I mean the [club name] became very ‘spide’ heavy and a lot of my friends stopped going to*

*it...it’s a stereotype, the ‘spides’ do tend to fight quite a lot, they’re more prone to aggression. It’s hard to say without sounding really pompous and pretentious but say you have people from Twinbrook [working class Catholic area] who know there’s a gang from the Shankill [working class Protestant area] down in the place, you’re more likely to get fighting between them. But your general average everyday Catholics or Protestants, I’ve never noticed people caring about it.” (013, male, 26 years, middle class)*

*“‘Spides’ start beating each other, that’s, it’s just, I don’t know, it happens like, it happens everywhere. It wasn’t because of drugs but, actually 50% of the time, If you look at why it happened it probably was because of drugs, not because these people were on the drugs but these people are drug dealers and were fighting with each other.” (017, male, 22 years, middle class)*

In sum while the combined effects of the Ecstasy and the mixed nature of some clubs may have had some positive impact in Catholic/Protestant relations, such features are mitigated by setting e.g., club location and other characteristics of the venue. Additionally the socio-economic background of users appears to affect perceived impact upon community relations, with middle class users more likely to blame working class users for sectarian or aggressive acts. Class segregation of the club scene has been noted elsewhere (see e.g., Howes 1990) and some of the findings of this study would suggest that class-based assessments (e.g., avoiding working class users) play a role in choosing club venues.

While some users do suggest changes in behaviour which might have been perceived



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as sectarian (e.g., the flying of a flag) and friendships having been formed with members of the other community, such friendships would appear to have been based primarily around the social world associated with drug usage (e.g., arranging to meet up in a certain club). With due regard to the views of one respondent interviewed in February 1998, before the conclusion of the Good Friday peace accord (“*I think they should throw a few Es into the peace talks at the minute, and it might sort out a few problems*” 018, female, 30 years), the extent to which Ecstasy use and the related culture with make any structural impact upon the divisions in Northern Irish society is debatable.

### 5.6 Family relationships

There is little discussion in the literature on Ecstasy with regard to the effects which usage of the drug has upon the partner, parents or other family members of the user. In this study, a broad range of responses were reported including negative implications associated with the ‘comedown’ period, improvements in sibling relationships developed through shared drug experiences, and attempts at ‘bridging the generation gap’ by a parent taking Ecstasy with his teenage son.

With regard to ‘comedown’ associated implications, a number of respondents noted that family relationships had suffered as a result of their Ecstasy usage.

*“...my Ma was trying to talk to me and I just felt like saying, ‘Go away to fuck out of my face,’ like I just didn’t want to talk to nobody, just wanted to sit there and watch TV.” (025, male, 20 years)*

*“...well when I was living with my girlfriend, I was, before Christmas there and we would have took them the two of us just, soon as we seen*

*each other we fucking, we would have started about something like, sometimes like, but, we’d fall out like you know if I was on comedown and she was doing my head in, I’d tell her to fuck off, and then I was doing her head in she’d tell me to fuck off like... that would be the comedown like.” (216, 18 years)*

*“...I lose my temper wild quick [on comedown], and you lose it more with the people that are close to you, rather than you know, somebody that you didn’t know. You feel in control, you know what you are saying, you know what you are doing, but you’ve no motivation to stop it, know what I mean, get out of my sight, go away, leave me alone.” (011, male, 27 years)*

A number of respondents acknowledged that their drug usage had caused their parents considerable concern and worry 016, (female, 25 years), 144, (male, 17 years), 145, (male, 19 years). One student respondent felt aggrieved that his father in particular, who suspected his drug use, continuously gave him ‘digs’ about his use of Ecstasy:

*“You’ll maybe go home and your parents kind of equate Ecstasy with Heroin or Smack... Obviously I wasn’t doing as well at Queen’s as what I would have done. I knew that and I was still sort of able to get good grades and still end up with a 2.1 so I was able to keep a grip on it. But whenever I go home ‘drugs are drugs are drugs’ and that’s just what they see, ...I didn’t want them to feel disappointed, you know, ‘What have we done wrong?’ ‘Why’s our [name] turned to drugs?’ “ (013, male, 26 years)*



However other respondents suggested that using Ecstasy had actually improved their relationship with their parents. For example, one gay woman (124, 21 years) suggested that Ecstasy use had helped a lot of gay people to 'come out' to their parents. Similarly another user suggested that Ecstasy had allowed him to 'see' more clearly the sacrifices which his parents had made on his behalf:

I: *"Your relationship with your parents, did it weaken because of drug use?"*

R: *"No, I mean, one thing about it is that I sort of understood my parents for who they were, which, I think has got advantages, you know, and what they'd done for me and their place in, you know, the previous generation. You know, we don't know we're living, that's what it boils down to, you know. You wouldn't have realised, I wouldn't have thought of these things but you can see, you know, what they've done for me and my father's life, he's just bust his bails all his life just to provide for his family, you know, so I think my drug use has strengthened my relationship with my parents." (015, 29 years)*

One father of a teenage drug user suggested that taking Ecstasy with his son and his son's friend had brought them closer together and kept his son out of trouble by ensuring drug taking happened in a controlled environment:

*"I was with my son and his friends they're all about 17 and 18 like and the thing about it like is I've told friends of mine that my son does it [takes E], I know like it could be called a cop out like but I think the thing about it is that it's in some kind of controlled environment, because I know he does it anyway and a lot of his friends have been in trouble for joyriding. He has*

*never been in trouble, basically put it like that there, ...they come into the kitchen and play cards and stuff. And they're quite sensible for their age you know they don't go buck mad. They sit and play cards and listen to music basically you know so you know I can have a good rapport with them, so I get on well with them. But I wouldn't do that all the time it's usually with a group of older friends..." (121, male, 38 years)*

His son, also interviewed for this study, was similarly positive about the effect on their relationship:

*"...me and my Dad didn't really have a, we had a relationship like but it wasn't like as close as what it is now and it was weird because it was the second time or something that I had taken an E.... I just didn't know what time it was or what time they would be back at or anything.. And then they all came in, my Ma and Da and all their friends came in. We were in the living room and my Da came in and we all spread out like in the kitchen and I was going up the stairs, you know sort of panicking a bit, going 'Fuck, there's my Ma and Da and I'm off my face like, they're gonna know, they're gonna know' and I was just about to walk up the stairs when my Da says, [name], come here a minute', and he called me down and he says, 'I know you're off your face but just be careful, we're going back out again, just keep an eye on yourself. And I just went, 'Fucking hell, what's happening?...' Then it led from there and we started sitting together and talking together and then weekends we'd go up maybe to my uncle's, get up and taking drugs and taking Es up there together, get my*



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*carry out, so sort of good tike. Because my friends, when my friends have the E, when they're taking Es they sort of have to hide it from their parents," (123, 17 years)*

Other respondents suggested that the act of telling their parents the truth had been a positive one. One respondent, who took Ecstasy with her sister and brother suggested, that her mother's advice to 'be careful' and not to do 'anything drastic' had been a 'cool,' response after her brother informed her about his usage (120, female, 23 years). Another suggested that his mother appreciated the fact that he had told her the truth after an enquiry as to why he was looking so terrible.

*"She said, 'Well I disapprove and I think you're really stupid but, I think you've got a solid enough head on your shoulders that you won't ever get out of control... thanks for telling me, I think you're an idiot.' And I said, 'Thanks for your concern, I'll be careful.'"* (001, male, 24 years)

### 5.7 The workplace

The issues of drug usage in the workplace and the consequences of drug use on work performance have been cause for concern among policy makers for some years. In Britain the issue received considerable attention in 1991 after a train hit the buffers in Cannon Street station killing two of the passengers; subsequently, urinalysis showed traces of cannabis in the driver (Parliamentary Office of Science and Technology 1996; 65). In 1992, the Health & Safety Executive published a guide for employers to assist in the formulation of policies with regard to drugs in the workplace.

While the literature on Ecstasy has by and

large only dealt tangentially with the question of E usage and employment, the current study sought to explore the relationship between Ecstasy and employment on a number of levels. Amongst the issues explored were the impact of Ecstasy use in the workplace in terms of reduced or enhanced performance, workdays missed or disciplinary/dismissal proceedings because of Ecstasy and dancing activities and whether certain professions might be more conducive to an 'occupational cultures' of drug use.

A number of respondents indicated impaired abilities at work as a result of having taken Ecstasy. For example, one shop assistant indicated that she had suffered from mild dyslexia in the wake of an Ecstasy episode, a condition she shared with a secretary friend of hers:

*"I would be writing something down and even simple words like, you get it mixed up and write it the wrong way around with numbers more so, you know I am ringing something in the till and I would read it totally back to front," (206, female. 24 years)*

Other respondents linked drug usage with potentially more serious consequences for workplace health and safety. One former roofer experienced a delayed comedown while working in a potentially hazardous situation:

*"Aye we'd be up heights, it was an area outside [place name]. I remember being out in the [place name] on morning on one of the big aircraft hangers, there's an old airfield and everything there like you know, sixty foot up and I just took a head stagger. This was Tuesday morning about half nine, grand on the Monday, felt a bit sick and everything like you know, on*



*the Tuesday it hit me...then I think it was the next couple of weeks or so I thought, 'Going to have to wise up here...' (204, male, 27 years)*

One regular Ecstasy-using welder (145, male, 19 years) had been sent home a number of times (but not dismissed) after having taken Ecstasy over the previous weekend because his employer did not want him to use the blowtorch. A carpenter suggested that on a number of occasions he had come into work straight from a weekend of taking Ecstasy and believed that the saws were 'talking to me and everything' (214, male, 17 years), although he felt that he was more careful 'with the Es in me' than without. Another respondent from the same occupational setting suggested that when taking E, he would stay up all night to ensure that he did not sleep late and then smoke cannabis at work to ensure that his concentration was maintained (215, male, 20 years). Elsewhere, a factory worker (who smoked cannabis daily) indicated that he would only operate one of the most dangerous machines in the factory if he had smoked cannabis:

*"...the boss knows I smoke, I told him I wouldn't do this job, I hate the machine I'm on, worst machine in our factory, I told him I need a couple of joints every day to get my head together in order to be able to work it. He goes, 'That's alright as long as you do your dozens.' " (210, male, 22 years)*

Other respondents indicated that they had been dismissed or disciplined because of lateness, poor performance or theft relating to drug usage. One taxi-depot operator had been dismissed from two jobs for consistent lateness and absence on Mondays (212, male, 19 years). Similarly the factory worker above had been dismissed from three previous jobs for drug-related tardiness (210,

male, 22 years). Another respondent had been dismissed from his post in a dairy for stealing money to buy Ecstasy (309, male, 19 years). Another suggested that whilst he hadn't lost a job, he had received a number of 'chewings off' for lateness associated with his drug taking (216, male, 18 years). The work of self-employed respondents was also impacted upon by their drug usage. As one now unemployed painter and decorator indicated:

*"Like if I said to somebody, like, if I were painting and decorating your house, well ... if I says to him, 'Do it, the day,' if I was on Es the night before like, know what I mean, I could just turn round and phone him up and say, 'Look, I didn't feel too well the day, I'll be in tomorrow', just 'paper it for you tomorrow,' and they would just go 'No problem,' ...because I was my own boss, know what I mean, I could have went and done it any time, know what I mean." (310, male, 22 years)*

A US study found that persons from various professions and occupations had used cocaine at work (Waldorf et al. 1991). Similarly, our data show that the impact upon work performance appeared to cross class and professional boundaries. One factory manager admitted feeling guilty for 'phoning in sick' as a result of Ecstasy and dancing (014, male, 25 years). A university lecturer suggested that people who had taken Ecstasy were definitely unfit to teach or communicate with people. Similarly, a middle class computer trainer suggested:

*"Whenever I was in London, ... I was working for [company name], they're a very, big multi-national organisation and I was under a tot of pressure and, coming into work on Monday morning, you were just like, people were hitting you with things, you know, demanding*



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*things and you'd be expected just to jump and you'd want to, but just do whatever you were supposed to do, as usual, but the E was sort of, you just weren't entirely compus mentus. It took you a while to sort of get it together and actually sort of do anything and you just weren't, just entirely, even, maybe as things wore on, you wore, it would really take until Thursday before you'd feel completely normal again, you know, and then, of course, Saturday night, you'd had two days of sort of, sort of some semblance of normality and then you were back into it again." (015, male, 29 years)*

A small number of respondents argued that usage of illicit drugs had the potential for enhancing work-based performance. One student claimed that taking Ecstasy the night before an important examination resit had helped him to write and think during the exam (122, male, 25 years). Another respondent spoke of a friend who was a consistent cocaine user over a 15-year period who took cocaine every Sunday and then worked and claimed that the best of her published work had been written when she was *'off her face'* (301, male, 29 years). Another respondent who had waitressed on cocaine in the US suggested *'I am the most efficient waitress in the world when I am on coke and I am not when I'm not'* (023, 21 years). Similarly, a taxi depot operator suggested that he was better at his job after taking Ecstasy,

R: *"I work in a taxi depot, do the desk. You go in there off your nut, you know you're fuckin' answering the phones, 'Ach what about ye love? Where do you want?' [laughs] ...I think I was better."*

I: *"You were good craic with the punters aye?"*

R: *"Well fuck aye! You don't get flustered, see when fuckin' it's a Friday or Saturday night and phone's ringing like fuck and peoples' get flustered and they're shouting and all 'Right roger XX and you're fuckin', and you're thinking fuckin' (says slowly) 'Hello what about ye darlin'?' on the phone for about half an hour with one punter. It's great when the other one's on Es [caller] sit and fuckin' bullshit all night, brilliant!"*

I: *"So how come you got the sack, if you were performing so well?" [from two previous taxi depot jobs]*

R: *"It was Just I wasn't going in. If I was on the Monday day shift I would wake in the morning and go 'Fuckin' no chance.'" (212, male, 19 years)*

Respondents were also asked whether they took drugs or attended raves with their co-workers. A number indicated that they kept their drug 'use concealed from fellow employees. Some such concealment was clearly linked in some instances to the particular professions. For example, one former member of the British army indicated that he only took Ecstasy when he was home on leave in Northern Ireland (108, male, 18 years) and another respondent claimed that she used to buy Ecstasy for friends who were serving RUC officers, given the professional risks entailed in police officers buying drugs for themselves (130, female, 30 years).

Other respondents indicated that a 'drug using' culture existed in certain professions. Some respondents suggested that such usage was known about and tolerated in some workplaces 145, (male, 19 years), with some employers appearing to condone it. One skilled labourer suggested

*"...the boss used to say to me, you*



*know days he thought I was going a bit slow in the work, 'Say here, get a couple of Es in you like and you'll fly through'" (305, male, 23 years).*

One former civil servant claimed that all of the younger ones in his office used to take Ecstasy and attend raves together (010, male, 27 years). Others working in the bar trade (011, male, 27 years), (013, male, 26 years) computer industry (015, male, 29 years), restaurant business (017, male, 22 years), (024, male, 24 years), student welfare (022, female, 23 years) all indicated that use of Ecstasy and attendance at dance or rave venues was common in their workplace. One factory worker indicated:

*"I'd say 90% of people in there take drugs, I'd say 70% take drugs while working...every Thursday when I go to get paid, drug dealings going down all over the place... I've worked in a load of factories, meat factories, and they've loads and loads of drugs, there is always a drug culture hiding somewhere." (210, male, 22 years)*

From the data gathered in this study, it is clear that the workplace in Northern Ireland is affected by the use of Ecstasy and perhaps other drugs. The effect of drugs may manifest itself in lateness or absenteeism, hazardous operation of machinery and the belief by some users that their work performance is enhanced by drugs. Such features have long been associated with over-consumption of alcohol and related difficulties with 'hangovers.' With workplaces inhabited by individuals who share similar interests and recreational pursuits, the development of an 'occupational culture' of drug usage would appear inevitable in some sectors.





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# Health, Sexual Behaviour and Information on Drugs

### 6.1 Introduction

We begin this chapter by discussing important health issues associated with use of Ecstasy: water intake during consumption, the role of Ecstasy as it relates to respondents' sexual activities, and users' thoughts about long-term effects of Ecstasy. We also describe the sources from which respondents obtained most information as well as their thoughts about media and government messages about drugs.

### 6.2 Water intake

Use of MDMA can raise body temperature, particularly in warm club settings. Many people enjoy dancing when using E and dance activity over long periods can further escalate body temperature. Clubs in Northern Ireland have been slow to provide user safety changes to the club environment. Tap water was available free of charge from behind the bar in four of five clubs that we visited. In the fifth club, patrons who requested water from bar staff were required to purchase bottled water for £1.20 per bottle, in three of the clubs visited by research staff, observers described the club conditions as being 'well-ventilated' or 'cool.' In the two other clubs, conditions were described as 'hot' or 'very hot.' A number of respondents described similar settings;

*"...it was I think about the most people I'd seen in that place at that time, at any time, and the place was, the sweat was dripping off the place, not, not only just the people but the, the condensation on the walls and there was just people gasping for air sometimes." (127, male, 23 years)*

*"The [name] Club was really hot on Saturday night there, like they could definitely do with air condition or some kind of ventilation system because it was just absolutely sweltering like." (138, male, 26 years)*

Measham et al. (1998) noted that the early research on water intake and Ecstasy use focused primarily on the dangers of dehydration. Too much water, however, can be dangerous as well, even with small doses of MDMA (Henry et al. 1998). It is commonly believed that Leah Betts, one of the most well known Ecstasy-related deaths, died from dilutional hyponatremia ('build up of water in the body') although hormonal factors may have played a role (Druglink 1996: 4). Lifeline (n.d.) recommends that users sip-about a pint of water per hour, however because 'MDMA reduces perception of thirst' (Henry et al. 1998; 1784), gauging water intake may be difficult for users. For instance, a respondent reported that he consumed two litres of water when taking Ecstasy:

I: "Are you conscious of measuring it?"

R: "No" (201, male, 25 years).

In this study, many of the respondents were unaware of how much water to drink while on E:

I: "What about drinking too much?"

R: "Water?"

I: "Uh huh."

R: "I never heard of it." (Oil, mate, 27 years, a bartender, has consumed approximately 14 pints of water per night when taking Ecstasy)



*"I would drink loads of water. I don't know how much water you should drink n or shouldn't. I don't know if anyone knows. How much water are you supposed to drink?" (303, male, 27 years)*

*"I would say the best thing to do would not to be drink water." (119, male, 21 years)*

*"I don't know. People say a pint every hour or something. Is that the right amount to take?" (107, male, 18 years)*

*"I don't think you could drink enough water when you're on E." (215, male, 20 years)*

A few respondents were aware that water intake might depend on whether they were dancing:

*"... If you're having a smacky night, you don't really need to drink water at ail, maybe a glass or two because your body temperature rises, but if you're not dancing then you're not really sweating that much then you're not losing so many fluids, minerals, nutrients, so drink intermittently." (001, male, 24 years)*

*"...I don't drink a lot of water because I smoke with it - I'm not dancing as much so I don't need to worry about that end of it so much you know." (118, female, 22 years)*

I: *"Did you consume any water during the night?"*

R: *"Ehm, yeah, I think I had a glass of water once. I usually take water either when I'm dancing or when I'm feeling a bit sick, then I'd have a drink of water.. Ehm, see it depends where I go. If it's [club name] or somewhere I would because I'd be dancing for a long period of time whereas that, the place I was at the other night I*

*wouldn't bother, it's a small sort of dark club and you sort of get up and dance and sit down, it's not the same as a big hall." (017, male, 22 years)*

I: *"What do you know about using E safely with regard to water?"*

R: *"I know everything you should know, I'm very well informed. I know it raises your body temperature for a start and if you dance that raises your body temperature, you sweat more then and so you need water to tower your body temperature and to replace the sort of water that's been lost through sweating, if that meets the heat-stroke it could be death."*

I: *"Do you know anything about too much water?"*

R: *"I know it's bad for you. I'm not quite sure what happens but you drown in it. That's why I don't constantly drink it." (013, male, 26 years)*

Other respondents assumed that alcohol was a safe substitution for water intake (*'...I still drink pints...! never bothered with water..'* 114, male, 26 years), when in fact alcohol can increase the probability of dehydration. Moreover, alcohol combined with Ecstasy can lead to more difficult hangovers (Beck 1990).

A few respondents, however, were aware of the dehydrating effects of alcohol. One young user stated:

*"Oh, I didn't drink any pints, well so, I've been told, friends and whatnot, they didn't drink when they're on Es. They said it's not well to... [it] dehydrates. And so, I wouldn't touch drink while I'm on it." (304, male, 18 years)*

For others, water intake varied considerably:



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I: "How much water would you drink?"

R: "Fuck, loads...Well seen nights I've drunk, I've only drunk two or three but then I've seen nights I've drunk ten or fuckin' twelve bottles," (212, male, 19 years)

And others were not aware of the importance of taking the water in small amounts;

R: "I knew that...I should drink water at a reasonable pace, not to overdo it, not to just keep drinking and drinking and drinking."

I: "Did you know that was dangerous?" FS: "U-huh. [yes]"

I: "Did you know whether you should sip it or whether you should ...?"

R: "No, I didn't honestly, I just threw it in me, to be honest with you." (015, male, 29 years)

As noted above, water was freely available in four of the five clubs in which we observed, in other Belfast clubs bar staff do not provide any water at all (Erwin 1999); our interview data confirm this claim. Such practices may encourage customers to fill used bottles or dirty glasses in toilets where the source of water is unsanitary. In some clubs, staff will turn off water in the toilets, keep it to a trickle, or have the hot water tap working only, all of which discourage water intake. Thus club regulations can increase the probability of dehydration:

"...they were charging two pound [for] a bottle of Ballygowan. A lot of people would just drink then because the beer was the same price - might as well just drink beer." (121, male, 38 years)

"In [club name], they would give you a pint of water [but] it depends on the staff, [if] it's a Friday and you're asking

for a pint of water, it's an unusual drinking occasion. They know, perhaps they can see it in the eyes or just the general appearance but a certain number of staff will give you water. ...[However], if you're in on a Sunday watching a football match and you don't want to get drunk, you'll get a pint of water, no problem. Basically it depends on your appearance I reckon." (208, male, 29 years)

"...[in one dub] the water that you would have fumed on the tap - big yellow stuff would come out...I didn't mind paying for water, it's just the thing, you'd really get worked up and you'd like, you know, a couple of big splashes of heavy water around you, but you couldn't do it, you had to go away and pay a pound, you need a pound to throw water over your head, and then another pound [to drink the water]..." (309, male, 19 years)

He continues:

"...some people...went there with enough for 3 Es, enough to get myself in, and me left with nothing, no money for water...and ...having to go around and steal somebody else's water because I was dehydrating badly... somebody who went with no money, and say they couldn't get their hands on somebody's water, they're fucked."

A 44-year old female respondent stated:

"...they've paid in, then there's their transport, they've no money for buying those bloody bottles of water at a pound each." (203)

Similarly a 22 year old male suggested:

I: *“When you, what would put you off, when the water would be free would you tend to drink it more than if water wasn’t free?”*

R: *“Ehm, oh, yeah, definitely.”*

I: *“Do you find yourself drinking water when it’s free?”*

R: *“Yeah, oh yeah, definitely.”*

I: *“What if you had to pay £7.50 for it?”*

R: *“No, I wouldn’t.” (017, male, 22 years)*

*“(Water costs) a pound a bottle, for a wee bottle this size. in XXX it used to be a pound for a litre bottle but they’re ripping the ass out of it now. The wee small bottles [sell] for a pound and they last you for about two gulps and that’s it.” (206, female, 24 years)*

Some respondents appear to be unconcerned with health issues related to water intake because they have not been affected by their behaviour. A female respondent who never drinks water and always drinks alcohol with Ecstasy use noted:

*“I’ve never actually had any side-effects from drinking alcohol or not drinking water for that matter, so until such times as we get them I’ll probably just keep going on as I’m doing.” (022, female, 23 years, has used Ecstasy approximately 45 times)*

I: *“What do you know about what would happen if you didn’t drink water?”*

R: *“I couldn’t, well, if you don’t drink water at all, hmm ....”*

I: *“Well, within, ehm, when you’re taking E.”*

R: *“Oh, I’ve taken a half and not drank water before, I’m sure, I had some, took E and just drank beer and ...”*

I: *“It’s not something you’d worry about?”*

R: *“No.” (017, male, 22 years)*

These data suggest that respondents’ knowledge about water intake is limited. For example, while users do experience thirst when consuming Ecstasy, only a few respondents understood that too little water could be damaging. Although 3 number of respondents were aware that too much water could be harmful, most voiced confusion when asked about how much water might be dangerous to users. Further, only a handful of respondents mentioned the importance of sipping and a number used alcohol as a substitute for water intake. The interview and observational data indicated that some (although not all) clubs in Northern Ireland maintained unacceptable standards regarding free water availability, thus, regulations in some clubs can affect users’ health.

### 6.3 Sexual behaviour

Ecstasy has been linked in the American and British popular press as a ‘love drug,’ an aphrodisiac, part of the ‘sex and drug orgies’ public image of the early rave and Acid House scene (Henderson 1997, Nasmyth 1986). Certain drugs such as Alkyl Nitrites (Poppers) have been linked explicitly to sexual activity, particularly amongst the gay community (French & Power 1998). Whilst Parker et al. (1998) found that adolescent drug users were far more likely to engage in sexual activity than their ‘abstaining’ counterparts, this finding may have been linked to greater risk-taking overall rather than drug-induced promiscuity. In Beck & Rosenbaum’s (1994) US-based study on Ecstasy, most respondents reported feeling sensual rather than sexual, Buffum & Moser



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(1986) and Solowij et al. (1992) report similar results.

The respondents in this study suggested a similar range of experiences in Northern Ireland. Some respondents suggested that Ecstasy was 'asexual' to some extent, '...you're there to dance, if you like, the music takes hold of you and everything else goes by the wayside' (015, male, 29 years). A female respondent suggested that while '...there is definitely sexual energy involved... you want to be close to people and there's a touchy feely thing about it, but it's not necessarily about penetrating sex or trying to get off with someone...' (007, female, 30 years). Another respondent reported that Ecstasy had reduced his sex drive:

*"I never ever thought about sex when I was on it like. I didn't think about it whatsoever, for ages and ages, it did decrease the urge, or the feeling for it," (008, 23 years)*

*"...that's the funny thing about it, about Ecstasy although you feel very loved up, ehm like I would have very little sexual encounters when I'm on E, in fact none because I'm more interested, it's more emotional, social." (TIB, female, 22 years)*

Another male respondent suggested that:

*"the scene was different from discos etc in that girl you know, years ago like at discos you would have no problem but you see now nobody's interested in getting off":*

I: *Do you think that's something to do with E?"*

R: *"...they just want to have a good time you know. Just, there's no point me*

*going and sitting in a corner all night snogging like I just want to be up dancing you know...you look around you and there's nobody... there's no slow music or anything... you just don't act on it you're out for a good night ...you get to house parties and you end up just drinking or something, talking or chatting or something you know and you forget all about it. The erase starting, the aul house party, starting the music starts and you start getting into it again and you know and you just, it's like you haven't any time." (024, male, 24 years)*

However other respondents suggested a heightened interest in sex when taking Ecstasy, including greater likelihood for more promiscuous sexual conduct:

*"I'm terrible for... like I just hop on anything when I'm on E." (023, female, 21 years)..*

*"There's another mate of mine he has said, I'm not taking fucking E again, I can't get a hard on,' whereas I could rap the door with it." (205, straight male)*

*"Well I think sex is brilliant on Es and you just wanna shag for Ireland all night like and you don't care... I'm the laziest person you'd ever wanna meet but when I'm on Es I would do anything for you like I would run to the other side of the street, so I think that it gives you that energy, so if, I suppose I don't like this word, performance but I heard it mentioned this morning, down the stairs in the office when we were like, you perform for longer space of time you know what I mean you have great stamina..." (018, gay female)*

Beck & Rosenbaum (1994) reported that

some users in their study experimented with other sexual lifestyles, e.g., gay/straight sexual partnerships, while under the influence of Ecstasy. In our study, one gay woman claimed that her last ten partners had been otherwise 'straight' women who had taken Ecstasy or other drugs (022, female, 23 years). Another gay female suggested;

*"...well for a start I think everybody's bisexual, you know intrinsically bisexual and so I think yes if you're going into situations where there's E available and say there's probably likely to be a couple of gay people there in that kind of party environment and they're probably feeling more relaxed and open about their sexuality and everybody else is more accepting of them if they've a bit E-ed up or whatever. And therefore it's an accepting environment for people if they do want to kind, I don't want to use the word experiment, but if they want to kinda find out for themselves, you know, a bit more about their own bisexual side or whatever, it's easier to do it probably in an E-ed up environment" (019, female, 29 years)*

Generally, however, the majority of respondents in this study did not report having had alternative sexual preferences when using Ecstasy.

Respondents also were asked if they, or anyone they knew, had been placed in a sexually vulnerable or uncomfortable position as a result of having taken Ecstasy. One male respondent related an incident of a friend who had been accused of rape by a woman who claimed that her drink had been spiked with E. The respondent claimed

*"...he says she asked him out, there's no way on an E, if she was on an E she*

*still knows what she she's doing" (024, male, 24 years).*

Another respondent, an 18-year old female, reported a disturbing incident where she was coerced into having sex on E with a male when she did not wish it;

R: *Ehm, it happened to me once but I'm still going with the fella but it was, I didn't want to have sex with him but I didn't say no or, I just felt really bad the next day, guilty and all and things like that but I'm still going with him so, I've been going with him for over a year so it must have not been that bad like."*

I: *"But do you feel that you were... it makes you less assertive, or you know, easier to be sort of coerced into it."*

R: *"Yeah."*

I: *"Would you have if you had been sober [not on E], you wouldn't have..."*

R: *"You would have known, you would have said no." (020, female, 18 years)*

Overall, reports of vulnerable sexual situations were rare among respondents in this study.

Similar to other research findings, the results of this study with regard to sexual conduct are mixed ranging from suggestions of a preference for more 'touchy feely' intimacy to a view of Ecstasy as enhancing sexual pleasure. Use of Ecstasy might lead a small number of people to explore their sexuality, although more research is needed in this area. Further, as with alcohol and other drugs, there may be some implications with regard to Ecstasy and users placing themselves in sexually vulnerable positions.

In terms of the club setting and sexual health risks for drug-using patrons, condom machines were observed in the toilets of four



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of the five clubs in which we visited and in club, condoms were being distributed free of charge by a local health organisation. Sexual health posters were observed in two of the clubs. While some sexually intimate behaviour was noted in two of the club settings, it did not prove possible to discern whether the participants had consumed illicit drugs.

### 6.4 Perceptions about long-term effects

Little is known about the long-term toxicity of MDMA. Dozens of case reports spanning heavy, infrequent, and first-time users have emerged which describe psychiatric, negative physical symptoms, or death after ingestion (see for example, Brown & Osterloh 1987; Ellis et al. 1996; Maxwell et al. 1993; McGuire & Fahy 1991; Williams et al. 1993), but longitudinal studies involving human subjects are lacking. Studies do show that MDMA damages serotonin cells in animals. In humans, serotonin depletion could eventually affect depression, anxiety, eating and sleep disorders and a host of other problems.

A number of respondents reported that they were unaware of any long-term effects:

*"...long-term effects I don't think they know cause we're the guinea pigs and they'll not know for another twenty years to see what way this generation will turn out." (206, female, 24 years)*

*"The long-term effects, I'll not know until I'm about 40," (013, male, 26 years)*

*"Bits and pieces. It's hard to tell, they don't really know yet." (120, female, 23 years)*

Some anticipated negative consequences in the long-term:

*"Couple years when research does*

*come out there'll be some fucked up people and they'll be some shocked people. I wouldn't sit in the house and do an E every night or so, I would do it in moderation, I wouldn't go wild, because there's not that much research done on it." (113, male, 25 years, has used Ecstasy fewer than 10 times)*

However most appeared to be unconcerned about the possibility of long-term effects or dismissed the source of the information;

*"The fact that nobody knows, the fact that there's never been any real study done, people say it's gonna effect your brain, in fact a lot of things affect your brain..." (117, male, 22 years)*

*"...how much of it is scare mongering and how much of it is put out by authorities to alleviate what is obviously perceived to be a large social problem?" (116, male, 33 years)*

R: *"...Serotonin levels and all the rest. I've heard that... I've heard, ehm, liver failure, ehm, something like that."*

I: *"Are you concerned about any of that?"*

R: *"No, not really."*

I: *"You don't think about it?"*

R: *"No, I don't think about [it] normally."*

I: *"Is there anything about it which concerns you?"*

R: *"Och aye, I don't want liver failure and be manic depressive, but, I mean, I don't know...It's just, you just don't think about end of it, it's like asking a smoker if he realises they could kill him, I don't know, maybe, it depends whether you weigh it up, smokers get lung cancer."*



I: *“Do you think it’s worth the risk to be. If the worst happens?”*

R: *“Well at least, well at least, if you compare it with the cigarette again, what do you get with a cigarette, nothing at all whatsoever and when you’re on E at least you get, all right, you know you’ve a chance of kidney failure, but as far as I know it’s not proved yet, there are anything by anyone.” (017, mate, 22 years)*

The comparison with the effects of other drugs was noted by other respondents as well:

*“...E in a lot of ways is a lot less harmful than a lot of actual medical drugs used in hospital...” (127, male, 23 years)*

*“But I mean, sure, alcohol Just has long-term problems, smoking has it’s own problems you know. I mean it’s just when you’re in a sort of your own position in society where you decide to take those acceptable risks.” (122, male, 25 years)*

And several mentioned Serotonin levels:

*“...I’m interested in the long-term effects and stuff because I would like to know what I am doing to myself. I read about the depletion in the Serotonin level in the base of the brain. I read that the receptors get damaged, I read that after four months the receptors repair themselves then after four months the repair is supposed to go away again and they go back to like a damaged state.” (205, male, 30 years)*

*“What are we told? We’re told we’re going to end up with Alzheimer’s Disease, mmm, because of the Serotonin and all that’s rubbish, the*

*third of the brain, you know, that kills off cells and stuff.” (115, male, 29 years)*

A number of respondents indicated that depression was a source of concern with their drug usage. At times this effect occurred shortly after use (e.g., within and lasting for a few days). However, Easting depression was mentioned by a number of respondents:

*“... really serious depression and paranoia and flashbacks.” (207, female, 32 years)*

*“Yes, well I have friends that have been taking it for five years and would be taking It still regularly and one of the [effects] would be depression, mood swings. Serious mood swings. I have one friend that’s had flashbacks.” (118, female, 22 years)*

*“...there’s friends that, they’re on anti-depressants and I believe it’s because of long-term use of E.” (125, female, 24 years)*

One young respondent, whose lifetime use was approximately 10 to 12 times over the course of one year, had only used twice in the past six months. The decline in usage he claimed resulted from what he had heard regarding physical effects:

*“...people who are completely mad and can’t hack coming down again and they’ll have ten in their pocket and eat all ten of them, just to stop coming down. But that just completely fucks your insides up. Apparently eating one of them is like drinking a ten glass bottle of vodka, that’s how much damage it does to your insides; so once I heard that, I actually [slowed down my usage].” (107, male, 18 years)*



In a study conducted ten years earlier in the United States, Beck (1990: 90) noted that users believed that Ecstasy 'drains the spinal fluid' or 'fuses the spinal cord.' Other reports indicate that the alleged effect on spinal fluid is a myth that originated in the United States (Druglink 1992). Some of the respondents in this study appeared to believe these myths:

*"...when you take E like, even though when Es finished off you, it lies down now 'round near the bottom of your spine... it can start like, you know, decaying your spine, you know, crumble it up a bit and what not..." (310, mate, 22 years)*

*"I have a friend that's been taking it for about five years, and, ehm, he's quite recently started having trouble with his back, you know, just kind of he feels like the two bones rubbing together or something. And he's actually put that down to E. It's like, you know, he can't think what else it would be but he hasn't actually had anyone to look at it or anything because he's worried, you know, he's like, 'Oh God, you know, I think that's what it is,' because we've heard that you can get trouble with your bones or whatever." (126, female, 21 years)*

*"I've heard it rots your teeth. That it affects your bone marrow that one guy ended up in a wheelchair." (303, male, 27 years)*

And others mentioned having heard about damage to the liver and kidneys:

*"I worry about what it would do to my liver and my internal organs as well as the mind, you know?" (118, female, 22 years)*

*"But there's another girl that I know and she's had really serious liver*

*trouble and that is, I mean. that's what I've heard of the most, you know, it affects your, ehm, liver and kidneys." (126, female, 21 years)*

A number of respondents in this study were aware that the long-term effects of Ecstasy in humans are not yet known. Several people, however, mentioned the possibility of serious outcomes, e.g., depression, liver and brain damage, yet not one former user had quit using because of concerns over long-term effects.

### **6.5 Perceptions about drug information from government and media**

Drug information can be conveyed by media and government, e.g. health, education, and criminal justice. The respondents in this study, however, tended to obtain information about drugs from other sources, namely through personal experience or from friends or acquaintances:

*"I get most of my information from experience, to be honest." (115, male, 29 years)*

*"My information? From the grapevine." (103, male, 27 years)*

*"...hearing from other people what they've heard or whatever." (206, female, 24 years)*

R: *"Hearsay and things like that, from people who've read stuff on it. My friend, he's like the fucking teletext. He reads millions of sheets and comes back and tells you all this odd information."*

I: *"Do you think it's reliable?"*

R: *"Some of it, yeah. A lot of it." (123, female, 17 years)*

Overall, respondents tended to question the credibility of government and media





messages about drugs. A number of respondents, for example, believed that government officials produce inaccurate drug information because they lack experience with drug use:

I: *"Do you think that government officials have accurate information about Ecstasy use?"*

R: *"I think they have good insight into it, I don't think they've put enough resources into actually finding out about it, to be honest. You know, it's, it's like a non-alcoholic trying to teach an alcoholic the pros and cons of not drinking. You can't do that." (115, male, 29 years)*

*"No I don't think so. The best way to get information is from the people that use it..." (121, male, 38 years)*

*"Well, I think it's really like any government organisation or government body, they don't really have a clue about anything, you know. It's just, I think really, somebody to have an idea of the drugs situation, it would need to be somebody who's actually taken drugs, not somebody who's went to Oxford, you know, haven't got a clue like, you know what I mean?" (129, male, 23 years)*

Some respondents appeared to suggest that government information lacked credibility:

*"I think that they probably do but they just don't give it out, because there are a lot of scientists who know a lot about this, about Ecstasy and about it and they have probably told the government about it." (138, male, 26 years)*

*"No, I would... I think all government statistics are made up anyway. All these*

*statistics that you hear that you're a part of and, sure, who asked you? Where do they get all the information, you know?" (128, female, 23 years)*

Some offered their own suggestions for more effective interventions:

*"...let's get people to look at the law, what the drug does, after-effects and just positive and minus things of it, like not just an out and out blanket, 'Just say no', I would say that wouldn't work, it's been proven not to work." (113, male, 25 years)*

I: *"What realistic advice do you think we can give young people about drugs?"*

R: *"I would say, give them the strict facts, no exaggeration, but at the same time do stress the dangers, make the dangers quite clear, that's part of the facts. It's not a good idea to get... it's probably not a good idea not to mention the positive effects, because just to say the negative effects tends to make young people react and go, 'cause if they do find out, if they take E and have a positive effects, they generally say 'oh everybody said negative things about it and I'm finding it, that there's a positive side to it so they must be lying' and then generally thinks 'so they must be lying about everything then' if they're lied about that part, they're probably lying to you about drinking water and you probably don't need to do that anyway and there's probably no danger at all and it's totally exaggerated, so it's good to say a totally unbiased opinion of both negatives and positives and let them make their mind up. And neither encourage or discourage them." (131, male, 29 years)*



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*"Instead of informing them about it, you know. Like, they were going, don't do this, it's going to kill you, or you're going to end up like this or end up like that instead of going, look, we know that you might do it. If you're going to do it, if you're going to take that risk, these are, this is what can happen to you. Flight, you can avoid this, (a), by not doing it full stop, (b), eat well, stay in the right company, don't allow yourself to get too dehydrated and so on and so on."* (115, male, 29 years)

Respondents were asked about specific drug-related government-sponsored advertisements including one that featured the image of an apple being eaten by maggots<sup>11</sup>. Some respondents were familiar with the campaign although most did not think the advert was helpful:

*"Phew, that's about the trips like. I don't think that's the right way of going about it, it scares people but that's not the right way to do it."* (179, male, 21 years)

Some indicated that the advert might deter non-users from using in the future but would probably have no effect on persons who were current users. Other respondents suggested that the advert might serve as a deterrent for very young people:

*"Well I thought young people looking at that would just go, 'shite, my drug use has nothing to do with decay and death,' I mean to me the, the age range that that would sort of have any interest in would even be about twelve or fourteen and I don't even know if that's what they're aiming at now... Information is the key thing, I mean if they know how to, if they know what levels are dangerous, what to do whenever you're on it, what to do if there's a situation, where you go to get*

*help and the point when to go and get help."* (207, female, 32 years)

*"...I mean it was very much based on sort of 14 to 15-year old teenagers. I don't think that anybody who was in that situation who had already started taking acid or E, I don't think it would have changed them..."* (029, female, 24 years)

Some media reports on drug use were described as 'hysterical' e.g., 203 (female, 45 years); 307 (male, 24 years), and the majority of respondents suggesting that media reports were sensationalist and inaccurate:

*"...a tot of it is scaremongering - telling you that Es are cut with rat poison and things like that. Obviously, stories like that, people can see through the bullshit, who the hell's going to cut an E with rat poison?"* (108, male, 18 years)

*"I think, you know, again, it's that sort of scare tactics. It's that sort of moral high ground 'don't do it.' I mean you never hear a positive drug story. You won't - but that's the nature of news. You're never gonna hear any good news. They're going to pick up on the one story that someone has died. And then all of a sudden there seems to be many stories, it seems to be a fad for a while, 'Let's talk about E and the dangers of it.'" (102, female, 30 years)*

*"No they try and scare people. That's what they're trying, they never focus in on it, the good points. They never say, 'All right, you can do it in moderation.' But the fact that they say it's bad, well that entices some people to take it."* (107, male, 18 years)

*"...But the information coming across has been finely gathered by obviously*

<sup>11</sup> The fieldwork for this study predated the Health Promotion Agency television campaign which focused on matters such as the variable quality of Ecstasy in Northern Ireland.



*people within institutions with power, So I mean with their own ideas on how society should operate like and they're transferring those values and obviously their interpretation of social values onto a younger community like and they're so far removed like actually in some senses from what those people are actually thinking. So that model doesn't actually work..." (116, male, 33 years)*

Others appeared to be more trusting of the alternative press. A few respondents, for example, mentioned dance/music magazines (206, female, 24 years) and the gay press (110, female, 33 years) as sources for alternate, and in their opinion more accurate, information on drugs.

Several respondents voiced distrust in government messages because their experiences with Ecstasy (and at times other drugs) have largely been positive. They know, for example, that in general most people do not die from using Ecstasy and when confronted with similar messages they may reject the messenger completely.





# Chapter 7



# Ecstasy Users, Crime and the Criminal Justice System

### 7.1 Introduction

The status of Ecstasy as a Class A drug has profound implications for those who use it. Quite apart from the risks of apprehension, prosecution and potential imprisonment by the criminal Justice system, when purchasing drugs Ecstasy users may come into contact with criminal elements with whom they would not otherwise encounter. Further, drug users (and in particular, dealers) have at times become the targets of harassment or punishment by paramilitary groupings (McEvoy et al. 1998). Another area of concern is the 'chicken and egg' relationship between drugs and crime, i.e., whether drug use contributes to criminal activity or whether a criminal life style will involve engagement in the drugs scene (Chaiken & Chaiken 1990, Hobbs 1988). Our data did not permit a test of the possibility of a causal link between drugs and crime, nevertheless, we describe some of the experiences related to this issue.

### 7.2 Ecstasy and crime

The sample for this study included ten ex-offenders who had been convicted for drug-related offences, some of whom had been imprisoned. Other respondents had been prosecuted for other offences and still others reported having been drug dealers who had never been prosecuted. In addition, a number of respondents had experience with elements of the criminal justice system, such as witnessing a police raid on a nightclub or being arrested for possession of drugs.

Some of the criminal activity that occurred while on Ecstasy could be attributed to disorganised or deviant lifestyles. One former dealer liked to take Ecstasy during the day and 'give shit to the cops' (214, male, 17

years). A joyrider respondent (212, 19 years) indicated that he had previously stolen cars while high on Ecstasy although he indicated that joyriding on E was little different than normal since he usually got a big 'rush' from joyriding anyway. Normally he had stolen cars while on E through boredom or in order to get home from a club. This respondent indicated however that he never took additional chances on Ecstasy ('it didn't effect my driving, I'm a crap driver anyway') and was somewhat judgmental about other joyriders who engaged in ostentatious displays of car theft and substance abuse.

*"One of my mates, right, I never sniffed glue, never done it, one of the mates, he fuckin', want to see him joyriding, everybody just gets out of the car, he sits like that that's (demonstrates driving with bag on face) he sits with a fuckin' bag full of glue. ...while he's driving. Fuckin' lunatic!" (122, male, 25 years)*

Other respondents admitted engaging in criminal activity in order to purchase Ecstasy. One ex-offender who had been out on home leave from prison and went 'on a job' [a burglary] in order to get money to buy Ecstasy, was caught and sent back to prison (132, male, 25 years). Another ex-offender suggested that,

*"...there's peoples just can't get the money for it and they're out robbing stuff and ail like, stealing money out of the Ma's purse or something for it, know young boys doing them like, stealing radios out of cars, just for money for Es like" (025, male, 20 years).*



Another respondent who was sacked after being caught stealing from his employer suggested:

*"I was stealing for money for E you see, At the [work name], I was getting was getting 80 pound a week... but on the Friday night I'd steal £50, and the Saturday night I'd steal £50." (309, male, 19 years)*

None of these respondents suggested the urge to steal in order to buy Ecstasy was anything akin to an addictive compulsion.

As we only were able to interview ten known ex-offenders it is not possible to compare drug use histories between this group and other respondents. The data, however, suggest the need for additional research that examines drug use among offenders in Northern Ireland. For example, several differences emerged between the two groups in terms of age at first use. Specifically, known ex-offenders were more likely than other respondents to have tried amphetamine, LSD/mushrooms, nitrates, and solvents/glue at younger ages than other respondents. For example, the average age at which known ex-offenders first tried LSD/mushrooms was 16 years whereas other respondents used initially at 19 years on average. Further, known ex-offenders began using Ecstasy six years earlier compared to other respondents (means: known ex-offenders=16 years; other respondents=22 years). Whether these findings hold for larger, more representative samples remains to be seen. Future research might focus on this area.

### 7.3 Drugs, style and masculinity

In his excellent work on the drug and crime habits of young male offenders, the late Mike Collison (1996) suggested that excessive drug use was one of a number of key factors in the construction of a sense of masculinity

for those structurally excluded from society He argued that such individuals were 'super consumers' in every sense, wanting to be dressed in the latest fashions, taking more drugs, committing crimes, the desire to be seen as 'mad' rather than 'sad':

*"The mad joyrider, street fighter, thief, drug user, leisure worker makes a statement in chaotic deviance which both signifies difference from normative orders and over socialisation, and .belonging within a peer group. Sad may be used - tragically to describe the intrusions of mundane reason into daily life: getting arrested excluded (from school, the home), addicted, going honest, and worse, wearing cheap 'imitation' clothes." (Collison 1996: 440).*

Some interesting similarities appeared in the sample of known offenders included in this study. Offenders were amongst the highest users in the study, both in terms of numbers of episodes, the amount of drugs consumed and the breadth of polydrug use. In addition, the offenders also appeared to place considerably more emphasis upon the clothing worn to rave and dance venues than many other respondents in the study. One young offender suggested that he would normally only wear 'Adidas' clothes to a rave (309, male, 19 years). Another suggested:

R: *"...that's why I'm working, ...just to get the money in for clothes, it goes into the bank and buy more clothes with ...I would spend £80 every week on clothes...there's a few mad stuff I've got I've bought a few mad things, "*

I: *"Mad things, in what way mad?"*

R: *"Well, luminous belt and trousers' label on it, they're like a luminous yellow wild good material, I've got the top to match it, luminous top and that's it,*



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*and big, the pockets are green there and you could add to them, and they're not my style."*

I: "What made you buy them?"

R: "I liked them at the [time], I liked them, they were at the time actually but I wouldn't wear them 'now, I don't like hard core any more." (215, male, 20 years)

A young ex-offender from the same town reported that he only ever wore Levi's to clubs, '...all Levi's, Levi gutties, boots, socks, 'cause it's the best make of stuff out... the whole outfit I wear is about three to four hundred pounds...easy like, sure the socks are thirty pound alone.' (214, male, 17 years) Another young ex-offender, also a major wearer of Levi's clothing suggested:

*...I don't know it gives you that cool effect you know it's... everybody says it's drugs clothes if you know what I mean, you know you need to be cool when you go to a rave or something." (024, male, 24 years)*

A number of the known ex-offenders interviewed spoke of their experiences with Ecstasy use and the criminal justice system. One respondent who had received nine months for dealing after being caught with £3,000 worth of cannabis, believed that the judge had taken pity on him because he had attended court whilst stoned (214, male, 17 years). Others detailed their experiences in being approached by the police to become 'informers' 115. (male, 29 years), 309, (male, 19 years), been rammed by the police while driving a car on Ecstasy (215, male, 20 years) and taking drugs while in prison- One former prisoner described the experience of taking drugs in his cell as 'hateful' and claimed that individuals used to visit the prison to acquire drugs whenever there was a 'famine' on the outside (132, male, 25

years). Another ex-prisoner concurred:

*"Well there's no problem getting the drugs in...it's [the E experience] not as good in there as it would be in a club...you're just looking out you window and you're depressed and sad, you just can't get up, dance about and wreck the place, ...lie there and stare at the ceiling, reflect on Pamela Anderson or something." (214, male, 17 years)*





# Chapter 8



# Study Limitations and Recommendations

### 8.1 Study limitations

Before discussing the policy implications of this study, it is important to consider some potential limitations. First, this study was based largely on self-report data collected through in-depth interviews. Several studies have examined the validity of self-reported drug use (for an overview of research, see Maisto et al. 1990), and these studies generally find that when self-reports are invalid, more often than not the discrepancy occurs from under-reporting, i.e., denying that drug use occurred when in fact it did. As per the criterion for participation in our study, all respondents admitted to using Ecstasy. Although it is possible that underreporting occurred not through denial but in terms of reporting fewer episodes, we believe that this possibility is remote. Respondents admitted to using and thus had little to fear by discussing other details about drug use. It also is possible that some respondents over-reported use of Ecstasy (e.g., claimed they had used when they never had done so) in order to receive the £15 voucher payment. We believe that the extent of over-reporting was extremely low, if it occurred at all. Our interviewers were skilled in their knowledge of the Ecstasy scene and were trained to probe respondents when inconsistencies surfaced during the interview. Whilst some users may have exaggerated certain experiences during the interview, we believe that this possibility was minimal and random, and hence unlikely to affect the findings.

Second, to our knowledge, four of the respondents 020, (female 18 years), 023 (female, 21 years), 032 (male, 28 years), 203, (female, 45 years) had used Ecstasy within the 24-hour period before the interview. Adler observed that the effect of drug use on

responses differed depending on the drug category; confusion and tiredness characterised respondents in her study who were under the influence of marijuana at the time of the interview. Alternatively, cocaine use was a 'research aid' in that it 'diminished respondents' inhibitions and increased their enthusiasm for both the interview experience and us' (1990; 105). The extent to which recent Ecstasy use affected responses in this study is not known. However, the interviewers were sufficiently trained to notify the Project Directors when interview data were unusable. The four interviews noted above progressed satisfactorily although during one interview, the respondent asked to have several questions repeated.

Third, this research is based on qualitative research whereby the sample was not generated randomly. In fact, random samples generally cannot be drawn from hidden populations such as drug users because identifying a list of all users in the population is impossible. Thus, it is not known whether the findings are representative of the entire population of Ecstasy users in Northern Ireland. They may well be, but there is no way of knowing. Nevertheless, we are encouraged by the similarity in demographic make-up found in other studies of Ecstasy users.

Finally, our research is not a study of prevalence; rather we interviewed current and former users of Ecstasy and thereby omitted non-users (thus the 'prevalence' rate here is 100%). It is also possible that our study omitted a disproportionate number of one-off users. For example, during a recruitment drive, one individual commented that he had known about the study but did not think that he would meet the criterion for



study participation (he had used once). One-off users or persons who had used a few times only may have believed that they had little to offer the study, e.g., that the researchers would not be interested in their experiences. It is possible that the Ecstasy experiences of those persons differed substantively from the experiences of our respondents. Unfortunately, the data do not permit a test of this hypothesis.

## 8.2 Health promotion

The area of drug-related health promotion is complex and challenging. From the data gleaned by this research, a number of key matters in health promotion emerge.

- There is a need to ensure that information about Ecstasy and other illicit drugs is accurate, up-to-date and presented in a fashion that is credible to users. It should be noted that current written information produced for 14 to 17-year olds as part of the Northern Ireland Drugs Campaign does give balanced information about drugs such as Ecstasy. Additionally, much of it is framed in a manner designed to reduce the harm caused by drug use. The interview data in this study suggest that users might respond best to harm reduction strategies. Balanced messages that include harm reduction strategies should be targeted to all age groups and policymakers should follow the guidance of the United Nations International Drug Control Programme (1997: 204):  
*“Exaggerating the dangerous qualities of drugs undermines the credibility both of the message and of the message giver, such that any other information on the same subject, or from the same source, may be disregarded if the recipient learns that he or she has been misled.”*

- Certain key areas should be highlighted for users. These areas include clear advice on water consumption, possible implications of polydrug use, the variable quality (and impurities) of ‘Ecstasy,’ and possible damage to liver or kidneys. Studies that examine the long-term effects in humans are now underway but to date our knowledge is limited in this area. Users should be made aware that there is limited research into the long-term effects of Ecstasy use.
- There is a need to ensure that information is made available in venues and through mediums that are accessible to drug users. In particular, clubs should be encouraged to display and distribute health promotional literature regarding drug use.
- Given the importance of friends and peers as sources of information on drug usage, greater emphasis on peer education as a mechanism for imparting drug-related health information should be placed in drug education/prevention strategies. Such strategies might include a greater usage of ‘detached’ or outreach drug educators who work with groups of drug users.
- The process of better-targeted information for drug users would be facilitated by further qualitative research focused in particular upon the [changing] information needs of drug users.
- Persons involved in health promotion and drug education/prevention programmes should be encouraged to discuss the relevance of this study to their” own practice and training needs.

## 8.3 Drug-taking and the workplace

The interview data showed that work performance is at times affected by Ecstasy use or by after-effects of the drug. This



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finding and the presence of work-related, drug-using sub-cultures in some professions are cause for concern.

- Health and safety information regarding drug use should be available to employers' bodies, major employers, trade unions, health and safety advisors, the Training and Employment agency and other central employment-related venues. Again, we would emphasize that information be presented in a non-judgmental and credible manner.
- Health promotion and drug awareness training for management and staff should be made available (possibility by existing drug education/prevention agencies) to particular employers who have identified a drug use problem amongst staff or where the operation of machinery or equipment would be dangerous while under the influence of Ecstasy.
- Although our study did not test the hypothesis, it is possible that proactive strategies in the workplace that offer stress management and physical fitness might help reduce alcohol and drug use among employees.

### **8.4 Safer dancing**

The interview and observational data emphasise the importance of ensuring that dance venues are appropriately designed, managed and staffed to protect the health of patrons.

- In line with the recommendations of the Department of Environment for Northern Ireland, all places of entertainment that provide dance events should develop a drug awareness/education strategy for the venue in consultation with local Drug Co-ordination Teams and appropriate professional agencies. Such a strategy should include:
  - \* The availability of drug-related health information on water consumption, overheating, etc
  - \* Easy access to condom machines
  - \* The provision of free cold tap water
  - \* The presence of trained first aid and security staff
  - \* Appropriate ventilation and room-cooling facilities
  - \* The provision of a clearly identified 'chill out' area that is separate from the main dance floor. The area should have adequate seating and reduced temperature and noise level
- The regulation of DJs to ensure that the tempo and pace of music is reduced at regular intervals to avoid overheating
- Monitoring and reviewing the implementation of such a strategy could become the responsibility of local councils or other appropriate bodies, which ultimately have the power to revoke the entertainment license of any venue that fails consistently to comply with the conditions specified in the strategy.
- In the initial stages of the study, we approached a club owner and asked if he would allow us to place our study advert in strategic locations within the club. He denied our request stating that drugs were not used on the premises (and jokingly asked an employee whether he used drugs). Club owners must assume that at least some patrons are drug users and offer a safe environment for patrons.



In line with the practice of some British magazines such as *The Face*, local newspapers and other sources of club advertisement should be encouraged to refuse to publish adverts from venues that do not meet certain standards, such as those specified above. Similarly, local music/club/dance magazines (e.g., *Bassline*) can highlight those clubs that practice excellent health and safety procedures. Awards might be given to clubs that adhere to safety standards, and these awards in turn can be used in club adverts to attract patrons.

### **8.5 Drug-taking and driving**

The study indicated a willingness of some people to drive while under the influence of Ecstasy and other drugs. In light of those findings the authors recommend:

- Additional research is needed that examines the effects (and after-effects) of Ecstasy on driving. If Ecstasy is demonstrated to impair driving abilities, a similar campaign to that used for drink driving should be instigated, and, again, presented in relevant and credible language and available in club venues. Such a campaign should highlight the illegal nature of Ecstasy consumption and equally important, should suggest that patrons attending clubs or dance events ensure that a driver is not consuming Ecstasy or other drugs, or suggest other means of transport such as arranged buses. Some respondents indicated that the atmosphere on buses made them feel uncomfortable. Moreover, some users are unwilling or unable to pay fees for bus transportation to clubs. These issues should be considered by health promotion staff. Club owners should be encouraged (e.g., by the Department of the Environment or local

councils) to at least partially provide for and regulate transport to and from clubs so that patrons are not discouraged by cost in deciding whether to arrive by bus or car.

- Consideration should be given to the development of a peer education strategy (similar to established strategies regarding alcohol and driving) which would seek to persuade people to discourage their friends from driving if they have consumed illicit drugs.

### **8.6 Drug-taking and criminal justice**

Given the findings regarding the small subsample of known ex-offenders in this study regarding drug use initiation and patterns, we suggest that further qualitative research is needed to explore the relationship between criminal behaviour and drug use. Similarly, future research could explore the effects of Ecstasy across a range of social settings in Northern Ireland, including prisons.





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# Appendices



## Appendix 1

### **Roles and Tasks of Research Assistants and Projects Co-Directors**

#### **Research Assistants**

- Participated in training
- Assisted with recruitment
- Interviewed respondents
- Completed interview forms (drug use history, parts 2 and 3)
- Labelled tapes with respondents' ID, date, and interviewer name
- Entered interview information in log book
- Arranged for dates and times of some interviews
- Entered drug history data
- Observed in clubs
- Completed observational guide upon return from club sites
- Conducted library research
- Reviewed transcriptions
- Attended staff meetings

#### **Project Co-Directors**

- Submitted personnel forms for recruiting/hiring Research Assistants and Secretary
- Served on Interview Panels for Research Assistants and- Secretary
- Organised initial training sessions
- Held several meetings with QUB staff to acquire building, office telephones, office furniture, alarm system, locks/keys, heating
- Typed all forms (Interview guide, parts 2 and 3, drug history, observational guide and instructions)
- Completed and submitted monthly mileage and payroll forms for Research Assistants
- Monitored expenditures
- Submitted paper work for supplies (e.g., music vouchers)
- Ordered equipment (e.g., tape recorders, transcribing machines)
- Organised and attended staff meetings
- Prepared for and attended meetings with Steering Committee
- Distributed letters to notify persons about study
- Distributed adverts in various locales throughout N. Ireland
- Interviewed respondents
- Completed interview forms (drug use history, parts 2 and 3)
- Labelled tapes with respondents' ID, date, and interviewer name
- Entered interview information in log book
- Arranged for dates and times of some interviews
- Reviewed and copied interviews (tapes)
- Monitored transcription process
- Reviewed transcriptions (and distributed to staff for revision)

## Appendix 1



Observed in some clubs  
Completed observational guide upon return from club sites  
Reviewed, photocopied and organised data forms  
Entered data (Part 2) and matched Part 2 data with drug history data  
Analysed qualitative and quantitative data  
Wrote and typed draft and final reports



## Appendix 2

### Training Schedule

#### Study of Ecstasy and Other Recreational Drug Use in N. Ireland

##### Training Schedule

##### Day 1 (Wednesday, 1 October 12:00-3:00; University Square)

###### Introduction to Research Project

- A. Distribute Training Packet including training schedule, proposal, reading materials, Interview Guide (Part 1), Interview Questionnaire (Part 2), and Interview Assessment (Part 3), statement of confidentiality, diary, paper/pens, flyers.
- B. Description of Tasks - Interviewing, recruiting, observing, attending weekly meetings, recording observational data, inputting data, assisting with report writing.
- C. Details of Project
  - Focus (e.g., not interested in names or other identifiers of respondents, not interested in drug trafficking)
  - Timeline
  - Hours/time sheets/time keeping
  - Pay
  - Journal keeping
  - Decide on time for weekly meetings
  - Request phone numbers, addresses, and to the extent possible, work and study schedule
  - K and K provide home numbers
  - Need for pp size photos for research IDs
  - Emphasise that confidentiality begins today

##### Day 2 (Thursday, 2 October 10:00-4:30; ICCJ)

- A. Overview of ethnographic research (emphasis on in-depth interviewing, covert observation), access/recruitment issues, special problems that occur when studying drug users and related populations (Dr Marina Barnard)

##### Day 3 (Friday, 3 October 10:00-4:00; University Square)

- A. Overview of local club scene. Description of sites, locations, costs, behaviours within, clientele, transportation to/from, clubs/pubs with Rave nights as opposed to Rave/Dance clubs, (Mr Frank McGoldrick)
- B. Ecstasy use in N. Ireland. Photo descriptions of drugs, marketing, costs, positive and negative effects, slang, other dance drugs (Mr Frank McGoldrick)



**Day 4 (Tuesday, 1 October 9:00-1:30; University Square)****Interviewing**

- A. Meeting respondents
- introductions (first name only reduces intimidation)
  - ask respondents to remain anonymous
  - shake hands
  - have tea/coffee, ashtray available
  - focus on privacy
- B. Interview Guide, Interview Questionnaire, and Assessment ->
- Review instruments
  - Role play
  - Learning good probes
  - Effective interviewing skills listening skills, avoid verbal and non-verbal judgments, conceal university affiliation, establish rapport, appropriate dress
  - Expect some anxiety on your part; skills will improve with time
- C. Tools for use during the interview
- Interview Guide (do not use to write responses)
  - Interview Questionnaire (code responses)
  - Interview Assessment (to be completed after the interview)
  - Tape recorder
  - Blank tapes
  - Spare batteries
  - Calendars (to aid with recall)
  - Pens/notepad
  - ID card
  - To record: Make certain that recorder is ON and tape is IN,
  - Watch for tape to END and turn over.
- D. Once interview is completed:
- Express thanks and appreciation
  - Ask respondent for referrals (provide printed announcement)
  - Issue payment
  - Once respondent leaves the premises:
  - Record Respondent ID in receipt book, Log, and make certain that tape ID appears on the Interview Questionnaire, Assessment, and on the tape labels
  - Deliver tape, Interview Questionnaire, and Assessment to K or K (we make duplicates)
- E. Issues that might arise before or during interviews
- Participation criteria = 18+; used E in past 6 months. Strategies for dealing with persons who do **not** meet study criteria
  - Strategies for identifying non-users (cost, drug appearance, drug effects, knowledge about raves)



## Appendix 2

- Strategies for identifying inconsistencies in responses
- Strategies for identifying duplicate respondents
- Strategies for encouraging conversation
- Strategies for ending a lengthy interview
- What to do if a respondent does not wish his/her answers to be taped?
- What to do if a respondent asks for help with a drug problem (Service Directory will be available but for this study, we are not drug treatment specialists or counsellors even if you have expertise in this area)
- What to do if a respondent asks you about your drug use?

### F. Safety issues

- If you can, please let someone (other staff or K or K) know your interview schedule for the week.
- Most interviews should occur in the office. If interviews are scheduled to take place elsewhere, please discuss the location beforehand with K or K. If necessary, someone will go with you.
- Speak calmly if a respondent becomes aggressive or threatening. End the interview if you need to. Think about ways to end it, e.g., tell the respondent that you are ill and ask the respondent to return at a later date, think of an excuse to ring K or K.

### **Day 5 (Wednesday, 8 October 10:00-4:00; University Square)**

#### A. Interview role-playing

#### B. Discussion of reading materials

#### C. Conduct and Ethical Responsibilities of Drug Researchers

- Distribute handout.
- Confidentiality of respondents' identities. Identifying a respondent or his/her responses or behaviours to a third party could affect the credibility of the research project, and more important, could place respondents in danger. Never disclose this information.
- Strategies for dealing with situations when you see and recognise a respondent at a later date.
- Strategies for dealing with someone you know who comes to be interviewed (arrange for another interviewer). Under no circumstances should you interview someone you know.
- What to do if police question you about a particular respondent? (Show Research 1 D and give work/ home telephone numbers of the Project directors)
- Avoid developing romantic attachments with a respondent who is interviewed or someone being observed in a club setting.
- Confidentiality of the study. Refrain from discussing details of the study. Word can spread easily and we would like to avoid media interest. Also, under no circumstances should you speak with media
- Sign Statement of Confidentiality.

#### D. Drug use in the gay community; drug use similarities and differences between gays and straights; club/pub scene as it relates to drug use in the gay community. (Mr Adrian McCracken)

**Day 6 (late October/early November)**

Materials: Observation Guide

**A. Observation in dance/rave clubs**

- Focus
- Arrival - Drive together; arrive when clubs open, leave at closing time. Carry Research ID but only use in the event of an emergency (threats, raids, etc.). If not accompanied to club, ring K or K ring before you leave, when you arrive, and when you return)
- Observation Guide (a document that you will complete after you leave the club - will be supplied later)
- Areas of observation - main dance area, bar areas, seating areas, toilets and stalls, foyer, stairways, fire exits, parking lot, queue area
- People to observe - customers, managers, DJs, bar staff, glass collectors, door staff, security staff
- What to observe - club safety drug taking evidence of drug taking (e.g., wraps) or a drug culture (e.g., loo graffiti, DJ references), drug passing, customer exhaustion and demeanour generally acts of aggression/violence
- How to observe - fit in (dress, style, conversation, dance), observing discreetly (don't stare; use brief glances, peripheral vision). If possible, spend some time in an area that offers a wide view (e.g., wall seats, balcony seats). Speak of observations at regular intervals as a memory jog.
- alternate locations but work in teams as much as possible
- Alcohol - no alcohol should be consumed when observing.

**B. Club Safety**

- Team should decide on a specific meeting place in the club in the event that team members become separated for X amount of time.
- Do not carry weapons; do not carry drugs. If a customer leaves drugs on a table at which you are sitting, you are in possession. Leave the table - go dance, use the loo, but leave the table. Do so discreetly without panic.
- if a customer asks you where s/he might find drugs and you direct him/her to a group in a corner, you are conspiring to commit a drug offence. Just say "don't know."
- If you give someone a lift so that s/he can obtain drugs, you are conspiring to commit a drug offence.

**C. When to Record Observations**

- Record at home after you arrive or first thing the next day.
- Jot down notes in the car while the other team member drives. These notes will jog the memory the next day You may want to take a recorder and keep it under the seat. Record on the way home. (check batteries beforehand!)

**D. What to record - See Observation Guide.**



## Appendix 3

# Indepth Interview Schedule

PLEASE RE-USE PART 1

**Interviewer: Do not write answers in Part 1.**

**Part 1 should be taped; write responses in Part 2 only.**

### PART 1: Interview Guide

#### Study of Ecstasy Use

#### INTRODUCTION

1. About myself
2. About the project (research; data for book)
3. The form of the interview (e.g., I'd like to ask you a number of questions but we can talk about related issues if something comes to mind)
4. Briefly describe payment
5. Confidentiality/anonymity/INFORMED CONSENT

Interviewer:                      Tape recorder on; blank tape inserted

**1. Could you tell me about the last time you used E? When was that?**

E.g., What did it look like (or what was it called?) How many Es did you take? Did you have trouble getting it? How much did it cost? Did you take it with a group of friends? If so, about how many friends took E with you? Did you take any other drugs at the same time? Did you drink alcohol? Which order? (e.g., E, beer, dope)? In what ways was it a usual or unusual drug experience for you? What was positive about it? What was negative about it? Was the effect of the drug what you expected? What were the main reasons you used E the last time you took it?

**2. About how many times in your life have you used E? About how many times in the past 6 months have you used E?**

**Note: If respondents have used E one time only (lifetime), skip to question 7.**

**3. Can you tell me something about your first experience with E?**

E.g., How old were you? Who were you with? Why did you take it? How many Es did you take? How much did each E tab cost? Did you know what to expect? What did you think the effects would be like? In what ways was it a positive experience? In what ways was it a



negative experience? Did you take other drugs or alcohol at the same time? How did you feel the next day?

- 4. Think about the number of different times that you have used E. Are the effects of the drug similar to the effects that you experienced the first time that you used E?**

E.g., Are the effects now more negative, positive, or about the same as the first time you used it? Do you think the purity of E has increased, decreased or remained about the same, since the first time you used it?

- 5. About how much per week or per month would you spend on E and other drugs?**
- 6. Do you have a favourite drug? What is it? Do you have a favourite combination of drugs (e.g., wine, blow in the same evening)? What is your favourite combination of drugs? And how do you “come down” after taking E?**
- 7. Have you ever taken E that has been laced with heroin or with cocaine? What are the effects? Were the effects different than taking E without heroin or cocaine?**
- 8. Is it easy for you to get E? What about other people - is it easy for them to get E? Do you have to leave your area or is it readily available there?**
- 9. Have you ever planned ahead of time (even a few hours before) to take E? I'd like to know more about what happens during a “typical” night of taking E, when you planned to do so. Talk me through a “typical” night.**

E.g., What do you do to prepare for the night? What time do you start partying? Where do you go first or do you start in someone's home? Do you meet friends first? Who do you **usually** take E with? Are they your friends, or are they a different set of friends? Do you drink alcohol? If so, at what point during the night and why? Do you go to a club? **How do You get there?** Where do you **usually** take E? At what time in the evening do you take E? How reliable is the quality? Do you ever worry or doubt the quality or content? **How do you get home?** Do you use other drugs in combination with E? If so, **what** and **why**?

- 10. Have you ever taken E and then felt emotionally close with strangers around you (e.g., made friends with new people)? How do people treat each other when they take E? And what happens when you see them again and you haven't taken E? Do you act like friends? Do you say hello? Why or why not?**
- 11. Tell me how Ecstasy affects your socialising.**

E.g., How do you act with other people, including strangers, when you've taken E? How does this behaviour differ from how you act when you have not taken E? Do you think that E is good for socialising? Why or why not?



## Appendix 3

**12. Some people tell us that they get E from friends. Do you typically get E from friends? If so, would you be friends with these people if you were not interested in E?**

**13. What do you think about your physical appearance? Does using Ecstasy affect your physical appearance? If so, how?**

E.g., Being thin, looking good.

**14. Do you ever read dance/rave club magazines or newsletters? Which ones? How often? What parts of the magazines or newsletters do you like best?**

**15. Have you ever been to a dance club in Northern Ireland? (Interviewer: DO NOT CIRCLE; USE SKIP PATTERN AS A GUIDE)**

1. NO (Probe reasons for not going and skip to question 25)

2. Yes

**16. Tell me a little about the club scene**

E.g., How often do/did you go to clubs? How do/did you usually get there? How do/did you get home? Do/did clubs here have “chill out” areas in them? What happens in “chill out” areas? What rules are/were followed in “chill out” areas? Is/was there any information or advice in the clubs about taking drugs safely? If there is/was “safety” information available, do/did club goers pay any attention to it?

E.g., How much does/did water cost? How much are/were entrance fees? About how much money do/did you spend in a typical night?

E.g., What about the club management - do/did they know about people taking E there? How do/did you know? Do/did people take E on the premises? Whereabouts? Do/did the bouncers try and stop it? Do/did the DJ's know?

**17. Think about a club in Northern Ireland that you like/liked best (but don't identify it to me by name). What is it about this club that makes/made you like it so much?**

**18. Have you ever observed any fights or other aggressive acts in clubs? Why do you think they occurred?**

**19. About what percentage of club goers are/were taking E on any given night? How can/could you tell?**

**20. Do/did you ever go to clubs where both Catholics and Protestants might go? What are/were these “mixed clubs” like? Do/did Catholics and Protestants talk with each other there? Do/did they dance with each other?**



21. What about police raids in clubs? Have you ever been in a club in N.Ireland when it was raided? What was that like? What did you do? Did the raid make you nervous or anxious in anyway? Why or why not? In general, how do you feel about police raids in clubs?
22. Have you been to clubs both 1) since the latest IRA ceasefire (i.e., since July, 1997) and 2) before the latest ceasefire (From February, 1996 to June, 1997)? If so, did the club atmosphere differ during and before the latest ceasefire? How so? (E.g., security, friendliness, drug use within)
23. Do/did you ever buy special clothes to wear to clubs? How would you describe the clothing fashion in clubs, that is how do they differ from clothes you would wear to a restaurant or pub? How expensive are these clothes? About how much money do/did you spend on a club outfit? About how often do/did you buy club clothes?
24. Are Ecstasy and other drugs a big part of the dance scene? Did you go to clubs before you ever tried Ecstasy? Would you go to clubs anyway, if you were not interested in taking E?
25. (If Employed) Do any of your co-workers attend rave/dance clubs? About how many attend (most, some, few, none)?
26. (If Employed) Do any of your co-workers take E? About how many? Do they ever miss work or arrive late to work because they used E the night before or a few nights before? What about you - do you ever miss or arrive late to work because you've used E the night or a few nights before?
27. (If Employed) What about your performance at work - what's that like the day or two after you've taken E? Have you ever changed Jobs because a particular type of job makes it easier for you to use E? Have you ever lost a job because E has affected your work performance?
28. Do you ever use E other than to have a good time? (e.g., for other purposes such as work, study, to enhance creativity, etc.)
29. Do/did you drink water when you take/took E? About how much water do/did you drink when you take/took E? Is it dangerous for people to drink too much water when taking E? How much is too much water? What if you didn't drink any water -what might happen?
30. If you were giving advice to someone who wanted to take E, how would you describe the "do's and don'ts of taking E safely?
31. Have you ever been in a situation where you felt awkward or upset, where E or other drugs were involved? Describe.



## Appendix 3

32. Do you know of anyone in Northern Ireland who when taking E, has got into some sort of sexual situation that he or she did not want to be in? (E.g., took some sort of sexual risk, did things s/he would not normally do, been with someone s/he normally would not have been with)? Please describe.
33. Have you ever felt ill from taking E or other drug (excluding alcohol)? What was that like?
34. Have you ever taken E or other drug (excluding alcohol) and you've thought that you had taken too much or had totally lost it? Please describe.
35. Suppose you were at a party and someone passed out or "overheated" at the party after taking Es. What would you do? What would other people there do? Would someone ring an ambulance? Why or why not? Have you ever observed someone who has passed out or "overheated" after taking E? What did the other people do?
36. Have you heard anything about the long-term effects of taking E? What have you heard? Are you concerned at all about the long-term effects of taking E? What concerns you?
37. Do you know anyone who is "messed up" because of using E? (MESSED UP BECAUSE OF ECSTASY NOT DRINK, ETC.)  
  
E.g., anyone who has difficulty communicating/interacting with others or is depressed because of using E?  
  
About how much and how often did this person use E?
38. Have you ever been to see a doctor for health problems which might have been related to your drug use (even if you didn't tell the doctor about the drugs you took)? What were these health problems? Did you tell the doctor that the health problem was drug-related? Why or why not?
39. Have you ever heard about anyone in Northern Ireland or elsewhere who has died from taking E? Tell me about what you have heard.
40. Have you ever started a relationship with someone when using E? How long did the relationship last? Did you both continue to use E? How did E affect the relationship, if at all?
41. Overall, do you see your drug use as okay - or a problem? Does your drug use affect any other aspects of your life (either positive or negative - other aspects would include things like friendships, relationships with parents, work, study)
42. How do people living in your area/neighbourhood feel about drug users?





43. Do you think Ecstasy use in Northern Ireland increasing, decreasing, or remaining about the same? Why do you think this is so?
44. Do the media (e.g., television, newspapers) present accurate information about Ecstasy? Explain.
45. About how many of your friends have tried Ecstasy (e.g., all, most, some, none)? About how many of your friends use Ecstasy as often as you do?
46. Have you ever felt pressure to get E for friends? (Describe).
47. Would your drug use change if suddenly, all of your friends stopped using drugs? If so, how would it change?
48. Where do you get most of your information about drugs, or who do you get it from (e.g., friends, schools, universities, work, clubs)? This can be any information about drugs, such as health information, drugs and the law, how to use drugs, effects of drugs, and so on.
49. Do you think that government officials (such as, educators and health officials) have accurate information about Ecstasy and other drugs?
50. What realistic advice, if any, can we give to youth about drugs?
51. How do you see your drug use in the future? Will it remain about the same, or will it change in some way?
52. Ecstasy currently is illegal here. How does this affect users? (e.g., consumer safety)
53. How do you feel about the legalisation of drugs? (Ecstasy, heron, cocaine, cannabis, etc.)
54. How do you feel about injecting drugs? (Or about drug injectors)?
55. Are drug users dealt with fairly by the criminal Justice system? (Describe/explain).
56. Have you ever travelled to/from N. Ireland to or from the south of Ireland, England or some other place with E on you? (Describe).
57. Do you know the difference between Class A and Class B drugs? Can you tell me the drugs that are categorised as Class A and as Class B?
58. If a person has Es on them and was stopped by police, about how many Es on the person would it take to get a caution by police (rather than formal prosecution)?



## Appendix 3

59. Do you know anyone who has been arrested by the RUC for possession E? (not dealing)  
What happens to them?
60. Do you know anyone who has been approached by police because they use drugs - and asked by police to inform on other people (e.g., paramilitaries)?

### OPTIONAL

61. Paramilitaries are also involved in the “policing of drugs,” e.g., in the form of punishment beatings. What is the purpose of punishment beatings? How effective are these punishment beatings?



## Form for Drug Use History

**Question 62.** (Except A) Please provide one coded number for each drug category.

**Do not leave blanks, even for non-users.**

Respondent ID Number \_\_\_\_\_

**A. About how much alcohol do you drink a week?** (code verbatim; probe for details)

	<b>Ever Used</b>	<b>Past 6 Months</b>	<b>Age at First Use</b>
	0=No 1=Yes	0= None 1= < 1 Per Month 2= 1 -3 Times Per Month 3= 1 Per Week 4= 2-3 Times Per Week 5= 4-6 Times Per Week 6= Daily	(In Years)  98=Not Applicable Never used
Cigarettes (Pack 20 or more)	_____	_____	_____
Nitrates/inhalants (poppers)	_____	_____	_____
Ecstasy (not Liquid E)	_____	_____	_____
Ecstasy laced with heroin	_____	_____	_____
Ecstasy faced with cocaine	_____	_____	_____
hashish/marijuana (blow, dope, weed, pot)	_____	_____	_____
LSD/mescaline/mush rooms (acid, mushrooms, trips)	_____	_____	_____
Heroin-not in E tab (smack, H)	_____	_____	_____
A. Injected	_____	_____	_____
B. Smoked	_____	_____	_____
C. Sniffed	_____	_____	_____



# Appendix 4

Respondent ID Number \_\_\_\_\_

## A. About how much alcohol do you drink a week? (code verbatim; probe for details)

	Ever Used	Past 6 Months	Age at First Use
	0=No 1=Yes	0= None 1=< 1 Per Month 2= 1 -3 Times Per Month 3= 1 Per Week 4= 2-3 Times Per Week 5= 4-6 Times Per Week 6= Daily	(In Years)  98=Not Applicable; Never used
Cocaine-not in E tab (coke, snow)	_____	_____	_____
A. Injected	_____	_____	_____
B. Inhaled/Smoked (Crack/Free base)	_____	_____	_____
C. Snorted	_____	_____	_____
Amphetamines (speed, uppers, whizz)	_____	_____	_____
Temazepam (jellies)	_____	_____	_____
Ketamine (K, Special K)	_____	_____	_____
Used any other substance	_____	_____	_____
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____



## Form for Demographic Data

### SETTING:

#### PART 2: Interview Questionnaire

(To be completed after the in-depth interview)

Respondent ID \_\_\_\_\_

Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_ 19 \_\_\_\_\_  
   Day  Month

1. Gender of Respondent (Circle one)

- 1. FEMALE
- 2. MALE

2. What is your age?

\_\_\_\_\_ YEARS

3. How did you learn about this project? (Circle all that apply).

- 1. FRIEND PARTICIPATED IN THE STUDY
- 2. ACQUAINTANCE PARTICIPATED IN THE STUDY
- 3. SAW FLYER/ADVERT (WHERE?) \_\_\_\_\_
- 4. PERSON WHO WORKS ON THE STUDY TOLD ME
- 5. OTHER (SPECIFY) \_\_\_\_\_

4. Do you currently live in: (Circle one)

- 1. BELFAST
- 2. ANOTHER CITY IN NI
- 3. A SMALL TOWN OR VILLAGE IN NI
- 4. A RURAL AREA IN NI
- 5. OUTSIDE NI (specify country but not specific locale)

\_\_\_\_\_



## Appendix 5

5. In what county do you **currently** live; (Circle one)
1. ANTRIM
  2. ARMAGH
  3. DERRY/LONDONDERRY
  4. DOWN
  5. FERMANAGH
  6. TYRONE
  7. OUTSIDE NI (specify country but not specific locale)

- 
6. Are you currently employed? (Circle one)

0. NO (SKIP TO QUESTION 8)
1. YES, PART-TIME
2. YES, FULL-TIME

7. How would you describe your occupation? (code verbatim)

8. How would you describe your social class? (code verbatim)

9. What is your sexual preference? (Circle one)

0. Straight
1. Gay/Lesbian
2. Other (Specify)

10. What is your religion? (Circle one)

0. NONE
1. CATHOLIC
2. PROTESTANT
3. OTHER RELIGIOUS GROUP (SPECIFY)
4. REFUSED TO ANSWER

Thank you very much for your time. We appreciate your help with this project.

**If you have any friends or acquaintances who have used E and who might be interested in participating, please have them contact us.**

**We are especially interested in people who have used E and who live in Counties Tyrone, Derry/Londonderry, or Fermanagh.**

Receipt Number \_\_\_\_\_

Voucher: (Circle one)

1. Virgin Records
2. Rave Shop
3. Book Shop



## Form for interview Data

### PART 3: SUMMARY OF THE INTERVIEW

This form is to be completed by the Interviewer at the conclusion of each interview, and when the respondent has left the premises. Please provide your assessment of the interview, including but not limited to, 1) the truthfulness of respondent's answers (e.g., whether s/he exaggerated or concealed certain information), 2) any interruptions, 3) respondent's concerns over confidentiality, 4) unusual comments or events that occurred, etc. Use both sides if necessary.

Respondent ID \_\_\_\_\_

Interviewer \_\_\_\_\_

Date of Interview      \_\_\_\_\_      \_\_\_\_\_      19 \_\_\_\_\_  
   DAY      MONTH      YEAR

---

Assessment:



## Appendix 6

Assessment, continued:

Respondent ID \_\_\_\_\_

Interviewer \_\_\_\_\_

19 YEAR

Date of Interview      \_\_\_\_\_      \_\_\_\_\_      19 \_\_\_\_\_  
   DAY            MONTH            YEAR

---

Assessment:

List a few descriptors, e.g., strong country accent, white jumper (avoid facial descriptors)

Checklist:

- 1) Make certain that Respondent's ID appears in all sections.
- 2) Label tape with ID and date.
- 3) Enter information in Interview Log Book,
- 4) Deliver Interview and tape to Kieran or Karen, sign diary.





## Observation Guide and Instructions

### *Observation Guide*

Researcher \_\_\_\_\_

Day of Week \_\_\_\_\_

Date (day/month/year) \_\_\_\_\_ Hours \_\_\_\_\_ (p m./a.m.) to  
(p m./a.m.)

Club type:

A. Rural / Urban (Circle one)

B. Driving time from QUB \_\_\_\_\_ minutes

C. County: \_\_\_\_\_

### **1. Estimated Numbers**

A. Legal Capacity \_\_\_\_\_ persons

B. In queue (minutes before opening) \_\_\_\_\_ persons

C. In club at 11:00 p.m. \_\_\_\_\_ persons

D. In club at 1:30 a.m. \_\_\_\_\_ persons

E. Time club opened \_\_\_\_\_

F. Time club closed \_\_\_\_\_

G. Time club emptied \_\_\_\_\_

H. Time vicinity cleared \_\_\_\_\_

### **2. Customer Profile**

A. Per cent Female (estimated) \_\_\_\_\_ %

B. Age range \_\_\_\_\_ years to \_\_\_\_\_ years



## Appendix 7

C. Most common age \_\_\_\_\_ years

D. Religion; (Circle one)    1. Mostly Catholic    2. Mostly Protestant  
3. About Equal    4. Don't Know

Cues used to determine religious background of customers:

---

### 3. Customer Behaviour

A. Customers dancing at 11:00 p.m. \_\_\_\_\_ %

B. Customers dancing at 1:30 a.m. \_\_\_\_\_ %

C. Customers drinking alcohol \_\_\_\_\_ %

D. Customers using Ecstasy \_\_\_\_\_ %

E. Customers smoking blow \_\_\_\_\_ %

F. Customers using other drugs:

\_\_\_\_\_ %  
(Drug type)

\_\_\_\_\_ %  
(Drug type)

\_\_\_\_\_ %  
(Drug type)

\_\_\_\_\_ %  
(Drug type)

---

### 4. Setting

A. Describe chill out area (existence, location, number of people within, peak times of use, informal or formal rules, using drugs, type of music, presence of staff):.

B. Describe water availability (price/type of unit, staff present in loos to monitor water till-up, staff present at loo entrance to monitor glasses/bottles):

C. Describe toilets (wraps on floor, 'drug graffiti' on walls/stalls, cold water taps working, condom machine present, operational all night):



- D. Describe floors/stairs (how dry/safe? Presence of broken glass for extended time period, whether people were dancing on the stairs and whether security staff moved them);
  - E. Describe temperature/air in club (how hot did it get and at what time was it the hottest? Was atmosphere damp or stuffy? Was air breathable (or lacking oxygen)? Were people sweating?);
  - F. Describe behaviours of persons in car park (before club opens and after club closes):
- 

### **5. Security**

- A. Describe door searches (How often were searches conducted? How were females searched compared to males, e.g., bags only? About how many people were searched in a 15 minute period? Were searches random or were cues used to decide whom to search? What were the outcomes of searches, e.g., what happened to confiscated material, what happened to patrons?):
  - B. Describe security presence inside club (Are bouncers present in all or selected areas only? Do bouncers 'patrol' regularly or just at certain time periods? Describe any intervention observed, etc))
- 

### **6. Music**

Describe type of music and music played at particular times. Describe DJ's behaviour.

### **7. Any Other Observations**



## Appendix 7

Category	Time	Area	Nos. M	Nos. F	Description
1. Violence					
2. Drug Use					
3. Ill-Health					
4. Other					

**INCIDENTS' KEY**

Time: Approximate time to nearest half-hour

**Area of Club:** Specify floor (Ground, First, etc.) and area of floor (ea. Front/back; bar, toilet, dance floor, foyer, etc.)

**Number:** Number of males and females directly involved in incident.

**Description:** Give as much detail as possible, continuing on the back of the sheet if necessary, Abbreviated examples include:

**Violence:** "man punching another man on face"

**Drug use:** "small group taking Es"; "woman preparing a joint"

**Ill-health:** "woman lying down on floor, panting furiously", "man vomiting in the toilets"

**DO NOT RECORD DRUG DEALS OR DRUG/MONEY EXCHANGES**



## Appendix 7

### NOTES FOR COMPLETING OBSERVATIONAL GUIDE

Try to write as much as possible, continuing on the back of the sheet if necessary: you may be contacted for more details.

If on any given night you cannot estimate or give the required information for any of the listed items on the form write DK (for “Don’t Know”) and then talk to Karen or Kieran about how to do it in the future.

#### 1. ESTIMATED NUMBERS

Try to estimate the numbers (queuing outside/inside club at specific times, etc.) to at least the nearest 50, e.g. “about 950”.

Time club emptied: the number of minutes after closing time (e.g. 2 am) that it takes for most (99%) of the people to leave - to the nearest 5 minutes.

Time vicinity cleared: the number of minutes after closing time that it takes for most (99%) of the people to leave the street or car park outside the club - to the nearest 5 minutes.

#### 2. CUSTOMER PROFILE

% Females: As with other percentage estimates, try to estimate to the nearest 5%, e.g. “65% were female”;

Age range: Main age within which 90% of customers fall;

#### 3. CUSTOMER BEHAVIOUR

% Dancing: Estimate to the nearest 5% the proportion of customers dancing (excluding people moving slightly to music while standing and watching/drinking), at 11pm and at 1.30am;

% Drinking: Estimate to the nearest 5% the proportion of customers who consumed alcoholic beverages at the event;

% Using Drugs: Estimate to the nearest 5% the proportion of customers who had probably taken illegal drugs (either before entering or inside the event) - excluding quasi-legal drugs like poppers);

#### 4, 5, 6. SETTING, SECURITY, MUSIC (examples given on form)



## BASIC PROCEDURES FOR OBSERVATIONAL WORK IN CLUBS

1. Observers will work in teams of two. The team will share transportation (i.e., will arrive and depart together), Observers should arrive at the club at least half an hour before the doors open and should leave when the vast majority of customers have left the vicinity (usually between 2.15 and 2.30 am). Please ring the on-call project director before you depart, upon your arrival, before your departure from the club (or from a nearby phone box), and upon your return home.
2. The areas to be covered during monitoring should include the area outside the club (just before the event begins, and as it finishes); all parts of the premises (e.g., main dance area, bar areas, seating areas, cafe, toilets, foyer); and stairways and fire exits. The behaviour of staff at the event may also be monitored, including the manager; security officers; DJs; bar staff; glass collectors; and others. Observers may be better 'covered' if in the company of 'associates'; i.e. acquaintances familiar with the rave scene or customers of the particular event. It is also advisable for observers to arrange to meet at designated times and places within the club to co-ordinate and compare thoughts/observations. Try to stay together for most of the night.
3. Observations should be discreet (e.g., no staring; using brief glances; using peripheral vision). Although observations can be made at any time or place, whether stationary or in transit, it is advisable to establish good vantage points. Such sites may offer maximum invisibility (e.g. dimly lit, crowded, near the periphery of an area) and/or provide a panoramic view (e.g. wall seats, balcony).
4. Remember; Customers should not be aware that they are being researched. Do not record any information while in the club, but do so as soon as possible afterwards (no later than the next afternoon). Bring a tape recorder, extra batteries, microphone, and blank tapes but keep these supplies safely in the car. When you leave the club, record as much information as you can recall. The taped information will help when you complete the observational guide.
5. Drugs/Alcohol, We ask that you refrain from using drugs or alcohol when you visit clubs as our staff and when you complete the observational forms.
6. Observation involves keeping a mental record of any relevant events in all parts of the club throughout the night while simulating the role of a customer. The basic observations should cover customers' characteristics (e.g., sex, race/religion, age range); general behaviour (e.g., proportion dancing, sitting, talking, drinking, alcohol or soft drinks, etc.) and any risks relating to the premises (e.g. state of the floors, fixtures, fittings, toilets, stairways, and main areas, as well as air quality and crowd density throughout the event).

General monitoring of drug taking should include an estimate of the proportion of customers who appear to be intoxicated by illicit substances, and observations of secondary indicators of drug use (e.g. cannabis aroma, drug paraphernalia in toilets and on floors). Feel free to engage in conversation with others but do not appear inquisitive.



## Appendix 7

7. Systematic observation involves counting each time a particular type of customer behaviour occurs during each hour, incorporating a brief description of each incident (location, participants, etc.). Three types of behaviour should be systematically monitored:
  - (a) Violence: e.g. assault, fighting, wounding, threats;
  - (b) Ill-health: e.g. vomiting, fainting, fits, mental disorder;
  - (c) Drug taking: e.g. rolling/smoking cannabis joints, sniffing powders, swallowing pills/powders/paper squares;
8. An incident should be recorded only if it can be designated probable rather than possible. Probable means that the observer is subjectively 90% confident that the incident involves one of the three target behaviours. Such judgments require full observation whenever feasible. For instance, if someone punches another customer on the arm, and the latter turns round, smiles and hugs the first person, they are likely to be friends, and this is not a probable incident of violence. Similarly, customers who look exhausted, drenched in sweat, excited, etc., are not necessarily exhibiting signs of ill health.
9. Please complete the observational guide by the following afternoon and leave it on Karen's • desk at 61 and please return all equipment. Many thanks.
10. One final issue, please do not carry drugs when you work for us in the clubs. If a customer leaves drugs on a table at which you are sitting, you are in possession. Leave the table - go dance, use the loo, but leave the table. Do so discreetly. If a customer asks you where s/he might find drugs and you direct him/her to a group in a corner, you are conspiring to commit a drug offence. Just say "don't know." If you give someone a lift so that s/he can obtain drugs, you are conspiring to commit a drug offence.





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