

# Characteristics and social representation of ecstasy in Europe

■ **Authors:** Amador Calafat, Paolo Stocco, Fernando Mendes, Joseph Simon, Goof van de Wijngaart, M<sup>a</sup> Pau Sureda, Alfonso Palmer, Nicole Maalsté, Patrizia Zavatti.



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**CHARACTERISTICS AND  
SOCIAL  
REPRESENTATION OF  
ECSTASY IN EUROPE**

Research Coordinator: Amador Calafat

## **ORGANISATIONS AND NATIONAL RESEARCH GROUPS PARTICIPATING IN THIS RESEARCH**

### **IREFREA - FRANCE**

CNDT  
14, Av. Berthelot  
69007 LYON  
Tel.: +33 (0) 472 429307  
Fax: +33 (0) 478 82714  
CHAFIC SALIBA

### **C.S.S.T. / C.R.E.D.I.T.**

10 Av. Malausséna  
06000 NICE - FRANCE  
Tel.: +33 (0) 493 92 63 21  
Fax: + 33 (0) 493 92 63 20  
E-mail: credit@mcn.mc  
JOSEPH SIMON  
CORINNE COTTRON

### **IREFREA - ITALIA**

C.T. VILLA RENATA  
Via Orsera, 4  
30126 LIDO DI VENEZIA - ITALIA  
Tel.: +39 41 5268822  
Fax: +39 41 5267874  
E-mail: irefrea@doge.it  
PAOLO STOCCO

### **UNIVERSITA DI MODENA**

IST. DI MEDICINA LEGALE  
Policlinico. Via del Pozzo, 71  
41100 MODENA - ITALIA  
Tel.: +39 59 422088 /89 /90 /91  
Fax: +39 59 371393  
E-mail: medlegmo@unimo.it  
PATRIZIA ZAVATI  
ALESIA TRENTI

### **UTRECHT UNIVERSITY**

CVO ADDICTION RESEARCH INSTITUTE  
Bijlhouwerstraat 6  
NL-3511 ZC UTRECHT - HOLANDA  
Tel.: +31 (0) 30 2539303 - 2532686  
Fax: +31 (0) 30 2534365  
E-mail: addict@fsw.ruu.nl  
GOOF VAN DE WIJNGAART  
NICOLE MAALSTE, MIRIAM FRIS

### **IREFREA - PORTUGAL**

Av. Joao de Deus Ramos, 130-A, 1ºEs  
3030 COIMBRA - PORTUGAL  
Tel.: +351 (0) 39 484 660  
Fax: +351 (0) 39 483 727  
E-mail: nop28785@mail.telepac.pt  
FERNANDO J. MENDES  
LUCIA MARIANO GUERRA

### **IREFREA - ESPAÑA**

Rambla, nº 15-2º, 3ª  
07003 PALMA DE MALLORCA - ESPAÑA  
Tel.: +34 971 727434  
Fax: +34 971 718073  
E-mail: irefrea@telprof.eurociber.es  
irefrea@correo.cop.es  
AMADOR CALAFAT  
M. PAU SUREDA

### **UNIVERSITAT DE LES ILLES BALEARS**

Ctra. de Valldemossa, km. 7,5  
07001 PALMA DE MALLORCA - ESPAÑA  
Tel.: +34 971 173000  
E-mail: psapp0@ps.uib.es  
ALFONSO PALMER

# CHARACTERISTICS AND SOCIAL REPRESENTATION OF ECSTASY IN EUROPE

Authors: Amador Calafat, Paolo Stocco, Fernando Mendes,  
Joseph Simon, Goof van de Wijngaart, M<sup>a</sup> Pau Sureda, Alfonso  
Palmer, Nicole Maalsté, Patrizia Zavatti



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*This volume is dedicated very specially to Shafic Saliba and his family,  
the friend and colleague who began this research but who, sadly,  
was unable to complete it with us.*

*It is also dedicated to the founding members of IREFREA whose initiative  
made possible this type of intervention.*

*To all the professionals and other people who have participated,  
at one level or another, in this research.*

*To Prof. Jean Bergeret because the flame of his teaching  
is behind the statistics of this survey.*

*To Prof. Flament and Verges from Aix-en-Provence University,  
to share with us their knowledge of social representation theory and methodology.*

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IREFREA ESPAÑA  
Rambla, 15, 2º, 3ª E  
07003 Palma de Mallorca (ESPAÑA)

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# PRESENTATION

*It's a great pleasure for me to introduce a research into "Drug use characteristics and social representations of ecstasy" carried out in different European countries (France, Italy, Holland, Portugal and Spain) by an IREFREA research team, in order to evaluate comparatively the phenomenon of ecstasy diffusion.*

*The research has been carried out in five different European cities, from a sample of 1.627 young individuals, and its results provide a general view of the matter that makes possible to reach important conclusions.*

*Moreover, it clearly shows the ecstasy users difficulty in accepting they are dealing with a real drug, since they don't realise they are drug users and believe they only take this synthetic substance in order to enhance physical and psychological abilities and a better socialisation.*

*As the research points out this false idea makes young individuals think they are socially integrated, which shows a contrast with the fact that even that they are not marginal people, they present important differences with the control group used in the study.*

*The importance of this study as an empirical research is to show the different motivations and new attitudes of the synthetic drug users in relation to stronger drug users.*

*The present investigation also provides new data concerning the following objectives:*

- 1) To define, from a personal, familiar and social level, the typology of ecstasy users.*
- 2) To distinguish between the recreative nature of ecstasy use and the socialisation attempts facilitated in a illusory way by the substance empathogenous effects.*
- 3) Allow to identify not real ways of socialisation but illusions of it, that it is mainly possible to find out by a research of the preferred places for ecstasy use.*
- 4) Investigate the relationship between ecstasy use, the search of risk behaviours and deviant behaviours frequency.*
- 5) Study in depth the different social representations of ecstasy, in relation to consumers as well as non consumers.*

*The conclusions of this research corroborate, in an experimental way and from the perspective of a comparative study in Europe, what we knew about the expectations among ecstasy users, as well as the under-evaluation of its dangers and, at the same time, the overvaluation of its efficacy among non consumers.*

*As a result of the investigation it becomes clear the need for a programme planning and the setting of a series of different prevention strategies according to the type of use and the degree of drug involvement among young ecstasy users.*

*I can't but agree with these objectives, provided they were included in the wider context of primary prevention, where the efforts of IREFREA traditionally and institutionally have always been directed.*

**Francesco De Fazio**

*President of IREFREA*



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# 1. INTRODUCTION

## 1.1. DESIGNER DRUGS, SYNTHETIC DRUGS AND ECSTASY

### DEFINITIONS

Designer drugs or synthetic drugs are imprecise terms which cover a diverse and changing group of substances whose use began to spread through Europe, during the eighties in particular and taken up to now, mainly, as a recreational drug. Although there are certain differences between both designations for some people, in practice their use is rather indistinct. The term 'designer drug' originally described a chemical compound similar in structure and effect to another drug of abuse but differing slightly in structure, produced in clandestine laboratories to mimic the effects of controlled drugs. The name is attributed to a pharmacist in the University of California who coined it to refer to drugs introduced on the market to flout the law. The denomination arose from the necessity of 'designing' or 'synthesising' new drugs by introducing small chemical modifications of known drugs in order to avoid legal control -at least for a time- by not being registered and, therefore, banned. The North American Drug Enforcement Administration (DEA) refers to such products as 'Controlled Substances Analogs', a more neutral term which it uses to avoid unnecessary publicity for these drugs.

The meaning of 'designer drugs' or 'synthetic drugs' has continued to evolve and, nowadays, no longer corresponds to the need to find a legal subterfuge. They are terms which are becoming wider and wider which, on occasions, even include known pharmaceuticals which have crossed over to the illegal market. At other times, they are old drugs which reappear on the market and it is less common for such terms to describe drugs which have undergone some chemical change. Far from being a matter of chemicals, we are facing a sociological reality, a new way of using drugs, generally in the form of tablets or capsules. Within this new reality is the idea of a use that differs from that of the traditional drugs, above all as far as heroin is concerned, where novelty is important, as is its convenience, easy production and use, its few secondary effects, reasonable price, recreational aspects... All this forms part of the social representation which has been created around these drugs, although in practice we know that they are not free from dangers and that their use, although basically a recreational one at the present time, has many connections with other types of drugs. Nor are they exempt from a compulsive or addictive use. This type of drug has gone from being totally unknown, or one where use was restricted to very minority groups, to enjoying an unprecedented

popularity in Europe in little more than a decade, becoming a social phenomenon of the first order.

#### CHEMICAL COMPOSITION

Chemically, the majority are phenylethylamines which is a chemical group known, primarily, for including the amphetamines. The synthetic drugs most well-known to us (MDA; MDMA; MDEA...), belong to this group. There are isolated references to the apogee of others, less popular up to now, such as 2CB (4-bromo-2,5-dimethoxyphenethylamine) and ICE (crystalline methyl amphetamine hydrochloride) which can be smoked easily, and those which been described, on occasions, as 'new ecstasy'. A second group of synthetic drugs comprises certain synthetic opiate derivatives (derived from phentanyl and meperidine), the most well-known substance in this group being the alphamethylphentanyl, known on the streets as *China White*. This last group of substances attempts to duplicate the euphoric effects of heroin. They have a very rapid onset (1 to 4 minutes) and a short duration of action (around 30 to 90 minutes). They are normally injected and their addictive capacity and the production of respiratory depression makes them quite dangerous.

Other chemical groups comprise the arylcyclohexylamines (such as phencyclidine or PCP and ketamine which is an anaesthetic), derived from metacualona, a substance which was very popular in North America.... But, as we have already said, we are not dealing with a closed group of pharmaceutical products -new ones are welcomed which is why they keep appearing -such as GHB (Gamma hydroxybutyrate) or ephedrine (popularly called *cat*) which enjoys greater or lesser popularity, depending on the country or time. There are also some already known drugs and which have been very popular for years such as LSD 25 and amyl nitrate (known as *poppers*) or the habitual amphetamines such as metamphetamines which are making a come-back and being used in the same circumstances as designer drugs, with a pattern of use very similar to these latter. A recent review of the subject (Griffiths and Vingoe, 1997a), spoke specifically of amphetamines, ecstasy and LSD as a single group of travelling companions, to describe the similar role which they all play.

However as we have already pointed out, it is not the chemical composition that particularly defines this group, so that outlines of use about one of them may possibly be applied, in some form or other, to the remainder in the group. Although there are chemical variations between some of the drugs in this group, the profile of the effects when use is a recreational one and, even more so, when it concerns amphetamine derivatives, is relatively similar. In addition, the fact that one is more popular than another depends, at times, on matters external to its effects. In comparison with MDEA, MDMA has less lasting effects, whereas MBDB is more similar but the effects are less intense. MDA is the one with most psychedelic effects and MDE has less emotional effects than MDMA. The effects seem to be closely related with the time, the place, the expectations created... and it would not be easy, even for experienced users, to distinguish the composition of the product being used. MDMA or ecstasy is certainly

the most widely used because its effects are -supposedly- the least dangerous, its effects are more constant and it holds less surprises for the user. The fact of it being one of the substances in the group which took longer to be banned also has an influence. But this situation may change, as we have said, because it is not the chemical which is the only key to the popularity of these drugs. Novelty and experimentation with new drugs are all part of the scene. The present survey focuses mainly on ecstasy but this does not exactly mean on MDMA as all the so-called ecstasy tablets do not contain this chemical compound nor do the users themselves always have much interest in knowing the exact contents of a specific tablet, referring to them all, generically, as ecstasy. This is why many of the results and conclusions of this survey on ecstasy may be extrapolated to the rest of the substances in the designer drugs group.

#### MDMA OR ECSTASY

3,4-methylenedioxymethamphetamine (MDMA), known mostly by the name of ecstasy, has also been called other things such as *E*, *XTC*, *Adam*, in addition to an almost infinite number of popular names in each country or town. It is the most well-known synthetic drug and the one most widely used in Europe. We already know that not everything called ecstasy necessarily contains MDMA. This substance is not, as it might seem, a recently discovered drug but was synthesised by the E. Merck Laboratories in 1912 while it was looking for an anorexigenic Drug. Although it went on to be patented in Germany as No. 274,350, (see Roig, 1994) it was never marketed and interest in it waned although it is known that, in the fifties, the American Army asked an American University to investigate its toxicity.

#### THE AMERICAN EXPERIENCE

Present-day interest in this drug originates from the work of Alexander Shulgin, an American pharmacist who was interested in substances similar to mescaline, and carried out research on some two hundred phenylethylamines, resynthesising MDMA in 1965. Shulgin (1978) experimented with MDMA and became an enthusiast of the effects of the substance, and a discoverer and communicator of its 'beneficial' effects among therapists desirous of facilitating communication with their patients, and people who wanted to experiment with the psychedelic effects of ecstasy. Such use was within the legal framework of the State of California which authorised the use of non-commercial medicines provided that they were made and administered by the prescribing doctor.

It seems that the popularity of MDMA catapulted as a result of the banning of another phenylethylamine with similar effects in 1970. This was MDA or *love drug*, a name which has also been used for ecstasy. It was comparatively easy to buy this substance in the USA, for many years, as there were several laboratories producing it until July 1985 when the American Drug Enforcement Agency banned it entirely, including it on the list of those substances it considered as having a high potential for abuse, had no therapeutic uses and which failed to comply with Food and Drug

Administration regulations. There were several protests and court hearings which led to MDMA being taken off List I. However, after several vicissitudes, it was re-included in the List in November 1986.

The popularity of this drug continued to increase in the USA from the beginning of the seventies, and during the eighties there was a wide use of the recreational type, very different from the use more connected to the therapeutic context or the personal experiences of increasing knowledge of the oneself, for which it had been known for quite some time. Beck and Rosenbaum (1994) described the four North American spheres where this substance was most popular -among university students, among professionals, among homosexuals and among *new ager*.

On the different ways of using MDMA in the USA, Beck (1991) who is the one who has most studied the characteristics of the North American New Agers using MDMA, was interested in the influence of groups and ambients in drug use. According to him, “user groups are extremely influential in shaping both the context and the meaning of individual drug experiences. The concept of user **social worlds** reflects important societal developments that have substantially altered group characteristics and dynamics over the past few decades”. Prior to the seventies, the various drugs were associated with very characteristic marginal groups, but from the sixties the use of psychoactive drugs extended throughout the USA and above all among the young, white middle-classes.

In developing his theory on *social worlds*, he explains that the means of spreading information on these drugs stop being the users themselves who cede this role to the mass media. With this phenomenon, the *social worlds* where drugs are used become more and more diffused and amorphous and differ from the traditional ones in that they have no defined territory, no formal members and their limits are those of effective communication. The same drugs are being used in very different contexts, the *social world* concept defines these contexts and the significance that the drug acquires within them. Those people in the USA who were using MDMA therapeutically or for increasing personal growth called it *Adam* and looked with disfavour on its use for other purposes and were, of course, against its abuse. Those who used it for its recreational effects called it *ecstasy*.

These reflections of Beck are interesting because they accentuate the social contexts and lay less emphasis on the substance being used. It is not the pattern of the heroin addict where the drug is always omnipresent. This is an ever-changing world where drug and ambience continually interact.

In Europe where we were only aware of their recreational use, the use of these drugs was practically unknown until the middle of the eighties. And this transfer of the tourist Mediterranean night to the rest of Europe happened in just a few years, the English youth sector having a key role in this.

The banning of MDMA in 1985 obviously renewed media interest in this substance but it remains to be seen if this situation of illegality contributed to the popularisation

of MDMA or if it was a phenomenon which had begun much earlier and was going its own unstoppable way. In fact, the increase in the use of this substance can not be separated from the resurgence of other types of amphetamines such as metamphetamines which were noted in the USA in the eighties (Shulgin, 1978).

#### MDMA AND DANCING

To a certain extent, different types of drugs have been associated with particular styles of music. In the case of disco or northern soul music, the drug is not a determining component, whereas cannabis is a central element of reggae, and house music is associated with ecstasy. This connection between music and MDMA was already made by the Americans before the appearance of the *raves* phenomenon (Beck, 1993). Among the American groups interested in the music were the *deadheads*, *new wavers*, Dallas yuppies and the Southern Methodist University who liked to dance in public places under the effects of ecstasy in contrast with those who used it in private places to, at the most, a gentle music. A culminating point in the popularisation (1958-86) of dancing in public spaces and using MDMA in the USA coincided with the awakening of interest in Europe, although it never developed to the same degree in America. It was in the summer places (Ibiza, Spanish Mediterranean coast, Rimini...) where the *balearic beat* became popular and acted as an example so that, later, the English disk jockeys created the *acid house* musical movement. This music initially consisted of a mixture of the disco music of the seventies and eighties and the mutations of the Chicago (*house*), New York (*garage*) and Detroit (*techno*) sounds.

In effect, the English disk jockeys and the English juvenile culture -with the industry which sustains it- have been determining elements in this definition and expansion of the *house*, *rave* and *techno* cultures and their association with designer drugs. With the *balearic beat*, the disk jockeys have found an interesting formula whereby they can use any type of music to make any type of user dance. This gives the disk jockey a special significance as arbiter of the night, of a night which does not have to finish at a determined time.

But the interests involved in the success of *house music* and *raves* are infinite, the economic interests of the leisure industry being one of the biggest. It has been calculated that the sector involved in legal *rave* style entertainment is worth 2,16 billion Ecu a year, on the basis that around one million young people go to these events every week (Griffiths and Vingoe, 1997b). This can be seen clearly in Manchester where one cannot underestimate the importance of the local musical industry or Berlin, where the 'love parade' has become a leading tourist attraction in the last few years. Then we must consider the role played by the specialist magazines for young people. "As from the seventies, young peoples magazines and musical magazines abandoned contracultural militancy ... and rediscovered fashion, dancing and snobbery... They were also the first after 1985 to provide articles on ecstasy, giving good reasons for trying it although they also advised them not to trust the consequences" (Kokoreff and Mignon, 1994).

All this led to the famous English ‘summer of love’ in 1988 which was a rousing success for this musical movement and its MDMA catalyst and led to serious repercussions in the media which caused a huge wave of concern in the United Kingdom. But there were many interests involved and none were likely to surrender easily. The young, followed by the powerful leisure industry, ensured that *house* parties and *raves* proliferated. There was reaction from the rest of society, particularly after the death of a young girl who had used ecstasy, regulating the organisation of youthful demonstrations, with strong penalties for those who did not comply (20.000 sterling pounds or even 6 month gaol sentences for organising private parties without a licence). Obviously, these measures were ineffective in stopping this juvenile movement which continued to spread in popularity, in the nineties, throughout almost the whole of Europe.

#### A NEW MARKET

The massive appearance of the new drugs on the European scene brought with it new problems which combined with the normal ones such as effects on the user. In effect, the drugs which were being used, up to that point, in Europe and, in general, in the rest of the developed countries were normally produced outside our frontiers and brought in by powerful organisations fronted by leading drug traffickers. The communications media, citizen opinion and the police were organised on the basis of these facts. This scene changed radically once these new drugs were being produced in the European Union itself, and when Europe even went on to be an exporter of these substances, supplying them to Asiatic countries. European negotiations and the pressure it had exerted on Third World producer countries had to change with this new situation. After all, how could greater control of drug production be asked of other countries if the same problems were occurring in its own house?

Large Mafia-type organisations are not necessary to produce and distribute these drugs. The figure of the great drug trafficker is disappearing and is being replaced by small organisations with a minimal structure, eliminating many intermediaries where the key is, above all, easy access to the local market. This is, of course, a new situation which requires things to be re-thought, far removed from the easy stereotype of an external enemy introducing drugs to poison our youth. Recently, the European Union has adopted a common ‘Action on Drugs’ policy whereby Member States are asked to close those legislative loopholes relating to synthetic drugs. Overall action or co-ordinated measures has had to be taken or will have to be taken into consideration on controlling the precursors for manufacturing these substances, exchanging information at many levels on such aspects as the chemical composition of the substances sold in each country, co-operation between Member States on police work, harmonising legislation, etc.

### 1.2. SITUATION IN EUROPE

The concern about these new drugs has led the European Parliament to issue the ‘Joint Action on Synthetic Drugs’, adopted in Brussels on 16th. June 1997. In



compliance with it, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the Europol Drugs Unit (EDU) should establish an early-warning system to collect and exchange information on production, traffic, and use of new synthetic drugs. It also establishes the necessity of controlling the precursors required to make these drugs and to have rapid information available on the composition of the tablets in order to be able to establish relationships between the information from different countries and to be able to draw conclusions on the places of manufacture.

In spite of the efforts that are being made in the epidemiological field, European trends on ecstasy use are not well-known yet. The general impression is that the use of ecstasy and similar substances is increasing in all European countries.

According to the last report of the WHO Regional European Office (1997), ecstasy occupied the second place in terms of prevalence after cannabis in the Netherlands in 1992. It had been used by 3,3% of young students between 12 and 18 years of age, with 6,9% boys and 2,3% girls in the 18 years of age group. First use age is dropping in this country.

In Spain, there has also been an increase in synthetic drugs, ecstasy and amphetamine derivatives with 3,5%, 3% and 2% percentages of youngsters between 14 and 18 years of age reporting in 1994 that they had used this kind of substance at least once.

In the United Kingdom, in 1991, 9% of young people from 16 to 29 years of age had used ecstasy at least once, and in 1993, 5,7% males and 3% females between 15 and 16 years of age had used it. There is also some information in the WHO Report about increases in ecstasy uses in Portugal, Switzerland, Belgium and Ireland.

Similar information has been collected in the first EMCDDA Lisbon Report (1996) corresponding to 1996 on the situation of drug use in Europe. It warns of the difficulties in comparing data from the different countries because of the different methodologies used or non-existent data. More precise information is provided in the EMCDDA 1997 report (1997b) where a whole chapter is devoted to the subject of synthetic drugs. This and other information will be used to draw up the summary to follow, on the use of synthetic drugs in different European countries.

## GERMANY

The problem of amphetamines was a serious one in Germany during the war and post-war eras but this type of use has nothing in common with use in the nineties linked to synthetic drugs and the *techno* culture. The first *love parade* in Berlin took place in 1989 and is, of course, a point of reference for the development of this culture in Germany. In addition to MDMA and the other designer drugs, the use of other drugs - particularly the other amphetamines and LSD has also grown. At the present time, abuse levels in Western Germany are greater than in Eastern Germany. In a Ministry of Health survey in 1995, with a sample of 6.305 people between 18 and 59 years of age, the results showed that 1,6% had used ecstasy at some time during their life and 0,5%

had used it in the preceding month. As for amphetamines, the percentages for the same periods were 2,8% and 0,3%, and 2,1% and 0,2% for LSD. Therefore, although there are more people who have used amphetamines or LSD, compared with ecstasy, at some time during their lifetime, when we talk of recent use, ecstasy scores higher than the other two substances. If in addition, we select age groups, we see that the youngest clearly show higher percentages. In this way the life prevalence rate for the 18 to 20 year olds is 6,9%, between 21 and 24 years it is 5% and it drops to 3,1% among people from 25 to 29 years of age.

As we have said, use is closely linked to the *techno* scene and there are several research works which study this phenomenon. In two surveys carried out in 1997, one of which interviewed 1.647 people who went to *techno* clubs and *techno raves* in Berlin (Tossmann and Heckmann, 1997), and in the other study (Kröger and Künzel, 1997) 447 in Munich, around half had used ecstasy at some time and, practically, the same proportion within the preceding year. Among the 69% (Berlin) and the 79% (Munich) who had used cannabis at some time, around 45% had used amphetamines, 40% hallucinogens and 35% cocaine, cocaine use being 6% in the Berlin sample and 9% in the Munich one. And the percentages become 4% and 5% in respect of use in the preceding year. In the Berlin survey, ecstasy was normally taken with other illegal drugs such as cannabis and amphetamines. On other occasions the hallucinogens or cocaine were added to this pattern. This survey underlined a significant correlation between involvement in the *techno-party* culture and drug use.

#### AUSTRIA

There are no surveys on the population in general, but some partial surveys as well as the opinions of professionals working with adolescents and risk groups show that the problem of synthetic drugs has penetrated this country during the last few years. In a survey (Bohrn, 1997) of 1.515 students from 13 to 18 years of age in Vienna, ecstasy occupied second place with 4%, after cannabis (life prevalence 22%). In the 13-14 year age group, 2,2% had tried ecstasy and among the 15-18 year olds, 5,6%. There was a significant correlation between its use and alcohol, tobacco and cannabis use. The lack of parental control and involvement and the existence of violence at home increased its use. In addition, it showed a correlation with frequent attendance of dancing establishments.

#### BELGIUM

There are no surveys which affect the population of the entire country although the impression is that there is a rapid growth in its use among young people. In an epidemiological survey conducted in 1966 in Brussels, with an anonymous questionnaire on 2.909 representative students, it was found that 6% had used it during the preceding year. Among young people of 17 and 18 years of age, this frequency was 8% in the boys and 5,7% in the girls.

## DENMARK, FINLAND AND SWEDEN

The Scandinavian countries have a lengthy history of amphetamine use. During the Second World War, it was calculated that some 200.000 people in Sweden (3% of the adult population), had used amphetamines during the preceding year. The epidemic continued in spite of a tightening of the circumstances in which doctors could prescribe them, as the adverse effects of the substances became known. But with time the problem, as something which affected large numbers, disappeared, although it always remained a problem among the marginal groups. In fact, it is calculated that of the 17.000 serious drug addicts at the present time, some 14.000 are in this category because of amphetamines. As in other places in Europe, substances such as ecstasy penetrated Sweden, particularly after 1992, in connection with the *house* culture but it does not appear that the spread has been enormous in spite of the echo that these substances have made, on occasions, in the press. In fact, there have been no epidemiological surveys of any importance which specifically asked about MDMA, with the exception of a periodic survey among military conscripts with results of a prevalence of 0,9% in 1995 which had risen to 1,4% in 1996 (EMCDDA, 1997b).

As for Denmark, there are parallels with the other Scandinavian countries. After the serious spread of drugs in the sixties in this country, with a rather large problem of amphetamine use, this was followed by several years of retreat and a disinterest in their use. However, the new fashion for recreational drugs has served to relaunch an interest in drugs although the problem of amphetamines, in general, still seems to be more serious than that of ecstasy used, above all, in very specific places. However, the problem has still not reached the proportions of other European countries. Around 4% of the general population (EMCDDA, 1997b) has used amphetamines at some time in the present, the number of those who have used ecstasy still being very low. There was a survey with a representative sample of 2.571 students (EMCDDA, 1997B) on the student population of 15 to 16 years old which showed a prevalence of 0,7% boys and 0,3% girls having used ecstasy on at least one occasion. This was lower than the amphetamines prevalence which was 2%.

In Finland the situation is also one of a chronic abuse of amphetamines and a still slight penetration of synthetic drugs.

## SPAIN

There is evidence that places Spain among the countries with a higher use of ecstasy and similar products, together with the United Kingdom and Holland. This increase in use has occurred particularly since 1992, based on a use linked more to minority groups or towns and whose commencement we would date back to the ambience of Ibiza in 1985. Within this new phenomenon, there is a connection with *house* music (known as *bakalao* in Spain), parties in large discos and the mass exodus of young people from one town to another throughout the weekend.

In the 1996 'Survey on Drugs in the School Population' (PLAN NACIONAL SOBRE DROGAS, 1997), the proportion of students from 14 to 18 years of age that

had used ecstasy or a similar substance once in their lifetime was 5,10%, in the preceding twelvemonths 3,9% and in the preceding month 2,2%. Differentiating between the use of MDMA and any other synthetic drug is not easy since, in addition to the typical aspects such as ecstasy tablets not always containing the said substance, it also has to be added that the Spanish user very often identifies synthetic drugs with rather broad descriptions such as *pastillas* 'tablets'. In 1994, the life prevalence among the same population was 3,5%, the preceding year 3% and the preceding month 2%. Other substances such as amphetamines, used by the students during the period from 1994-1996, rose from 3,3% to 4,15% and the hallucinogens from 4 % to 5,3% according to the same survey. During that same period, there was a significant increase in the use of cannabis, hallucinogens, amphetamines, ecstasy, cocaine and tobacco among the Spanish school population, the average age of first use of tobacco, synthetic drugs and tranquillisers dropping and that of alcohol use rising.

In a household survey of the general population, conducted in December 1995 on a sample at a national level of 9.984 people over 15 years of age (PLAN NACIONAL SOBRE DROGAS, 1997), life prevalence was 1,6%, preceding year 1,1% and preceding month 0,3%. If we study it by age groups, we find that in the 15 to 18 age group, the proportion who had used it at some time was 2,4%, between 19 and 24 years 44,9%, and between 25 and 39 years 2,3%. The majority of the users were males (70,1%), aged between 20 and 29 years of age (61,7%), single (77,4%), and lived with their family of origin (59,6%). The majority had elementary or secondary education and belonged to the middle classes. Multi-use among these ecstasy users is frequent and highly preoccupying as during the preceding year they had taken alcohol (92,2%), cannabis (76%), cocaine (47,3%), amphetamines (30,5%), hallucinogens (29,8%), heroin (19,9%) and tranquillisers or hypnotics (18,6%). Only 29,3% had used ecstasy on 10 or more occasions throughout their life. Asked about the largest number of tablets taken in one session, 20,3% had taken 3 or more tablets. Among these users adverse effects were frequently experienced -dry mouth (75,5%), mandibular tension (55,3%) disorientation (45,9%), tachycardia or palpitations (45,5%) anxiety, irritability or panic (37,1%), shivering (34%), auditory or visual hallucinations (31,6%), digestive problems (31,6%) and trembling (21,8%).

## FRANCE

The expansion in France corresponded to the nineties, above all, the first problems with the police arising from the *raves* of 1991. Concern for the phenomenon has led to a hardening of repressive measures since 1996. According to a report of the 'Observatoire Français des Drogues et Toxicomanies' in March 1997, it was calculated that 50,000 people occasionally or habitually use ecstasy and that they are generally male ,between 18 and 25 years of age, connected to the *techno*, *raves* etc. scenes, with a high level of professional users.

The situation in France (see also **Chapter 8.4.1.**) among the general population between 18 and 75 years of age (EMCDDA, 1997b), shows a prevalence of ecstasy use

of 0,7%, whereas use during the preceding year was 0,3%. There is no survey on the student population at a national level which specifically enquires about ecstasy but an INSERM survey in 1993, on the school population of 11 to 19 years olds, found a use prevalence of amphetamines of 2,8% among boys and 1,3% among girls.

#### GREECE

At the moment, it does not appear that the use of ecstasy and other designer drugs is very extensive. MDMA or ecstasy is not noted as a separate drug in the latest survey of the general population in 1993 by the University Institute of Mental Health Research. The proportion who had used amphetamines at some time was 1% (1,2% of women in comparison with 0,7% men, the highest prevalence among women being in the 25 to 35 age group at 2,2%), whereas in another survey on the student population, 4,4% had taken amphetamines at some time and, here, boys had a higher use than girls (EMCDDA, 1997b).

#### IRELAND

No surveys on general population have been published until now in Ireland but the European School Survey Project on Alcohol and Drugs (ESPAD) is due to be released in 1997. In this country, "there could be anything up to 150.000 users a week. A survey of Dublin schools reveals that an average of 1 in 4 pupils take the drug" (O'Keefe, 1996). It is now estimated that up to 1 million tablets are consumed every week, and up to three-quarters of a million people have taken ecstasy at some time, with well over a hundred thousand regular users (Ministerial Task Force to Reduce the Demands for Drugs, 1997).

#### ITALY

There are no surveys on general population but there are a fair number of regional ones or ones which study the use habits of the young people who go to discos (**see Chapter 8.4.2**) which show an extension of the problem of use of this type of substance. For example, in a survey (Schifano et al, 1996) of 343 young people who went to 5 different clubs in the Veneto Region in summer 1996, 47% admitted having taken ecstasy at least once. The majority of these users (86%) said they had taken the drug with others (alcohol 60%; cannabis 59%; poppers 33%; cocaine 31%; amphetamines 9,9%; special K 4%). In general, these were people with employment or who were studying and 6% of them had also taken ecstasy in football stadiums.

#### LUXEMBOURG

Like the surrounding countries, the drug arrived with the nineties. The first record of anyone being treated in connection with this drug occurred in 1993 and the first seizure was in 1994. There are no general population studies and a 1992 survey on the

school population found a prevalence of ecstasy use of 1,2%, less than the 2,1% LSD, and 9,9% amphetamines (EMCDDA, 1997b). A 1997 survey (Meisch, 1997) of 660 students between 13 and 22 years of age who went to the European network of Health Schools -and, therefore, not representative of all students in the country- showed a prevalence of 2,12% overall and this percentage increased to 4,2% in the 18-22 year olds, with a similar proportion of girls and boys, the frequency of use being less than once a month and once a week.

#### THE NETHERLANDS

Representative surveys of the whole country are scarce. 'Sentinel Station Surveys' in the schools have been conducted every four years since 1984 to monitor the use of drugs by schoolchildren aged 12 or older at a national level during this period. Use of ecstasy was measured in 1992, for the first time, and the preceding month prevalence was 1% and in 1996 (de Zwart et al., 1997) it was 2,2% (2,9% boys and 1,5% girls) and the life prevalence was 5,6%

Amsterdam's population has been studied more frequently. The last report (Sandwijk et al., 1995), of a household survey on the prevalence of drug use among the Amsterdam population of 12 years and over, dates back to 1994. This is the third consecutive time that the University of Amsterdam has conducted this survey. The life prevalence was 3,2% among the 4,308 respondents, and the preceding month prevalence was 0,6%. In comparison with 1987 and 1990, the use of cannabis and ecstasy appears to have increased. "For ecstasy, prevalence rates rose in all age groups where use was present but this drug has not (yet) been introduced into the youngest and highest age groups. The increase in the other age groups is due to the large-scale introduction of this drug on the market. Prevalence rates rise fastest among the 20-34 year olds" (Sandwijk et al., 1995).

A recent research (van de Wijngaart et al., 1997) on ecstasy use among 1.121 *ravers* took place during 1997, conducted by Utrecht University Addiction Research Institute. The life time prevalence was 81% and the preceding night 64%, confirming the huge connection between *raves* and MDMA. This use was mainly recreational with 6% of the sample having a pattern of misuse. Only 34% drank alcohol during the *raves* and a similar percentage used amphetamines. Cannabis was used by 41%.

#### PORTUGAL

There are no general population studies but the results of a school survey ESPAD (European School Survey Project on Alcohol and other Drugs) carried out during 1995 on a sample of 9.774 students has just been published. In this survey, the prevalence rate for ecstasy use was 0,54%, less than that of the other amphetamines which was 1,97%. Among boys, the proportion who had tried ecstasy rose to 0,8% and among girls it dropped to 0,34%. Other surveys of specific populations are mentioned in **Chapter 8.4.4.** but the present survey also explores the characteristics of use by more than 300

young people in the town of Coimbra and we can see that the sample has the characteristics of a population where use has emerged, in other words, where it has finished emerging and is now embedded.

#### UNITED KINGDOM

The first reference on MDMA to reach a wide audience in the UK was made in an article published in "The Face" in 1984. In it, it referred to the use of this drug by a small group of people who worked in the communications media, pop music world and fashion fields who travelled to the United States and brought back small amounts of this drug for their personal use (McDermott and Matthews, 1997). In the following two years, the 'MDMA scene' grew slowly but strongly. The English disk jockeys, and others interested in the music and dances of the young, frequented Ibiza and other tourism centres in the Mediterranean and created a new style of music in 1986 which was called *Balearic beat*. The combination of ecstasy and night-club began to extend itself slowly from the elite in the London musical world, and by 1991, the rave scene had become the largest juvenile subculture which Great Britain had ever known.

After 1988 when the first death linked to ecstasy use was recorded, and the problems connected to its use increased as a logical consequence of there being more users, a great controversy arose in the media and people and institutions took up their positions on this substance and the *rave* culture, a controversy which has still not ended. The relationship between ecstasy and *rave* was very strong although, nowadays, it is not so close.

The results of the 1994 survey (Ramsey and Percy, 1996), on the general population between 16 and 59 years of age, on a representative sample of 14.520 people, showed that lifetime use was 2% which increased to 6% in the 16-29 year old group, with a 1% use in the preceding month. In a survey conducted in 1995, (Health Education Authority, 1996) on a broad sample of 5.020 people from 11 to 35 years of age, 28% had been offered ecstasy and life prevalence was 7% (9% men and 5% women), and the preceding month prevalence was 1%. Said use is connected most of all to clubs (65%), *raves* (51%) and parties (43%).

In the Group Pompidou survey (Miller and Plant, 1996) which studied the use of drugs among the student population of European countries, it showed that on a sample of 7,722 students in the 15 to 16 age group, 9,2% of the boys and 7,3% of the girls had used ecstasy at some time.

### 1.3. OBJECTIVES OF THE RESEARCH

The context of this research lies within the scope of IREFREA, a European network of experts on drug addiction prevention and research, set up in 1988. Prior to this research, IREFREA had already carried out certain investigations into drug addiction

risk factors among adolescents (Calafat et al. 1997; Saliba et al. 1990). The present research started on September 1996, with financing from the European Commission. Its objectives were:

- \* The formation of a European network team to study the risk factors, circumstances of use, and social representations of the new synthetic drugs -ecstasy in particular- in order to facilitate the implementation of policies or prevention campaigns.
- \* Drawing up qualitative/quantitative methodologies to fit this line of research and adapted to the national realities of the countries participating in the investigations.
- \* Carrying out field work, data collection and analysis, publishing a final report and proffering suggestions.

So, in a period of one single year, the already existing IREFREA network of professionals has been adapted to participate in this research, setting up the appropriate contacts with those countries where IREFREA had no professional platform (Holland, for example). A lot of ground has been covered -document review, specification of objectives, methodology selection, sample definition, fieldwork, data analysis..., to reach its final objective: this report.



## **2. METHODOLOGY**

### **2.1. SITUATION AND NEED OF THE QUALITATIVE METHODOLOGIES**

The studies on drug addiction have shown always the great amount of variables that take part in the addiction processes and the complex relationships among them. Besides, the appearance of the AIDS problem has increased the need of carrying out preventive strategies at an international level. It has been confirmed that the cultural differences, not envisaged by the quantitative methodology, can be a serious obstacle to the efficiency of the programs as the professionals of WHO (1995) have verified, noticing that the same program could be effective or not depending on the place where it was applied.

Both phenomena have increased the interest of drug addiction researchers in the qualitative methodology and the beginning of a discussion on the possibility and convenience of combining it with the quantitative methodology. That will make easier to work psychological and social processes at the same time. In general terms, there are two opposite positions in this discussion. One is represented by those who consider that the qualitative and quantitative methodologies are compatible, and the other by those who believe it unsuitable because of the different epistemologies that belong to each one of the methodologies. We are not talking about two well-defined positions, because within each of them there are also differences.

Among those who support the compatibility of the two methodologies we find McKeganey (1995), who considers that the qualitative studies are necessary as a previous step to the quantitative, with the aim of clarifying meanings and providing the most adequate questions or variables for the questionnaires, but who has many doubts about the samples design and the data analysis with such a methodology, considering both processes not rigorous enough. From his point of view, samples should be representative and in the data analysis frequencies should be included in order to quantify results. Wiebel, as far as he is concerned, agrees with McKeganey in the need of applying the qualitative methodology in the exploratory phase of the investigation but considers that the qualitative sampling techniques far from being an obstacle for the both methodologies combination can be a help in the investigations on drugs, since they are the only way of reaching concealed populations, as tends to be the case in these sort of researches. This opinion is also shared by Hartnoll (1995), who believes that the solution to make compatible the qualitative and the quantitative methodology is not to

make quantitative what is qualitative, but to accept that both methodologies exist in different paradigms and that each one has its own value.

Werner and Shoepfle (1995), though in the first position, do not agree with the functions assigned by the former authors to the qualitative methodology in its combination with the quantitative methodology. According to their point of view, the qualitative methodology does not only serve to elaborate questionnaires but to formulate objects of study, in order to guide the statistic analysis and interpret the results, and it can not be limited to the exploratory phase of the research, but has to go with the quantitative methodology during all its phases.

On the opposite position to this combination of methodologies, we find Pearson, Ogborne and Darke (1995) who consider that, though it would be positive for the research on addictions the combination of the qualitative and the quantitative method, it is not possible because it is not just a methodological discussion, a decisive difference exists that separates them: the object of the study nature and the data that it produces. It is not only the strictness in the method, which is so necessary in the qualitative as well as in the quantitative, but a question of different epistemologies.

A third position, though it is more a proposal, is the one that suggests Stimson (1995). The need of new investigation methods does not necessarily imply the combination of the qualitative and quantitative methodologies, and his proposal is to elaborate a new methodology starting from the most interesting aspects of the previous methodologies related to the field of drugs and capable to do its own contributions.

Although this theoretical discussion is not solved, there are several researchers in the drug addiction area that already use both methodologies in their studies. Díaz and Barruti (1992) in their research on cocaine consumers in Barcelona, combine the snowball technique and semi-structured interviews, which are techniques of the qualitative methodology, with a closed questionnaire, technique of the quantitative methodology. Also Solowij (1992) in his study on ecstasy consumers in Sydney uses a qualitative methodology in an exploratory phase and afterwards designs a closed questionnaire that goes to a sample obtained through the snowball technique.

#### **QUANTITATIVE AND QUALITATIVE METHODOLOGY IN THE IREFREA RESEARCH.**

The investigation team of IREFREA is aware of this methodological discussion but takes an eclectic position: to combine both methods in order to answer the requirements of the research. Here follows an explanation how both methodologies are put into practice in this research:

- 1) We follow the Social Representations theory and methodology for the study of the Social Representations. This theory is based on the idea that there is no break between the object and the subject, and that means that an objective reality does not exist. It is just a represented reality, formed by interpretations socially developed. These meanings certify the social representation and that is why there knowledge are so important in our research.

So the nature of our study send us directly to the qualitative methodology, since the aim is to gather “common knowledge”, the common sense that each individual has and that it is shared with the rest of the people who belongs to a certain social context. We can only get this information through the speech, either directly through personal interviews, or through the literature on the topic. And so, we think that using the qualitative techniques is the best way to get that information.

On the other hand, it is very important for the study of the social representations to know the structure of the relationships between these interpretations and it is here where the quantitative technique analysis of data take part. In this occasion we have used a methodology developed by a group of researchers of the university of Aix in Provence, directed by Flament (1992).

2) Continuing the requirements of the investigation, we must face a phenomenon, the use of MDMA, that has not been sufficiently studied from an epidemiological point of view. Therefore there is a lack information about the extension of the phenomenon, the characteristics of the population that uses ecstasy, ways of life and consumption standards. This hole was filled introducing in the study a part dedicated to questions on ways of life and consumption standards (part I and II of the questionnaire. Though we did not intend to make an exact picture of the situation and of the characteristics of the consumption in each one of the cities, the size of the chosen samples in each city and the methodology used, allowed us to create a minimal quantitative framework that permitted to locate the qualitative analysis. It was a challenge for us to prepare the conditions for comparability between the different city samples. It was necessary to give enough importance to this section in order to locate the subsequent analysis on the social representation. This quantitative part of the questionnaire analyses the characteristics of the consumption (how, where and how much is consumed, the opinion on the effects of the ecstasy, why ecstasy is used,...). To sum up, the data that provides us the quantitative part of the study: a) offers us descriptive information about the characteristics of the drug use in different European cities of a substance still not sufficiently studied, b) and these quantitative data serve to analyse the social representation of ecstasy users or non-ecstasy users.

3) Finally, two scales which allowed quantitative analysis were included in the study: the Sensations Seeker Scale version V of Zuckermann and the Social Deviation Scale used by the Centre on Drug and Alcohol Research of the University of Kentucky. These scales were introduced to reach a more detailed characterisation of the ecstasy users. On the other hand, IREFREA is not interested in treating the drug phenomenon separately from the rest of the youth difficulties. These scales study problems of personality and social deviations and they have been already applied to populations of drugs users, but it does not exist a lot of experience in the case of the ecstasy users.

The Sensations Seeker Scale, through its four subscales, will facilitate us the identification of some personal motivations or personality characteristics that can have some relationship to this type of drug use. This scale has often been used in the study of the relationship between drug use and seek of sensations, but there are less studies

concentrated in ecstasy use. A study using this scale has been made in Spain by Villa (1996) with a limited sample of 17 consumers, supporting the hypothesis that this drug is used to seek new forms of amusement and as a way of escaping to boredom. In our case we will try to verify if this hypothesis is valid in all the samples of the different countries or if, on the contrary, we find different motivations depending on the nationality or other variables.

The results of this scale are complemented with the study of the social representations, in the sense that the motivations for the consumption can strengthen or contradict a certain social representation.

The Social Deviation Scale, also a quantitative instrument, opens the study to other fields and youth problems as psychological characteristics or socially deviant inclinations. The investigations show a complex and sometimes coincident relationship between the risk factors that facilitate drug use and delinquency.

## **2.2. RESEARCH DESIGN**

In September 1996 took place a meeting of the national researchers in order to define the objectives of the study and to discuss the investigation design. In this meeting, following the previous schemes, it was decided to make a first exploratory phase using qualitative techniques such as the semi-structured interview, documentary analysis and direct observation.

In this exploratory phase each country had to make four semi-structured interviews, according to a previous plan prepared by the project director and to select the relevant elements in all kind of magazines, press, and other literature connected with the design drugs, as well as be familiar with the disco atmosphere and to get informants that afterwards could be used to carry out the gathering of the sample.

In a second meeting celebrated in Lyon in the month of November the results of the exploratory phase were analysed, and the methods for the elaboration of the definitive questionnaire were discussed, considering the objectives of the study and the results of the interviews and documentary analysis, and the selection criteria of the samples were made specific. It was necessary to have a questionnaire that met all the needs of the investigation: a) a sociodemographic part that allows a description of the samples and the search of controls for the consumers; b) a quantitative part in order to know the consumption characteristics of the sample; c) a social representations questionnaire; d) the Sensation Seeker and Social Deviation questionnaires.

## **2.3. TECHNIQUES AND INSTRUMENTS USED**

EXPLORATORY PHASE.

### **2.3.1. Semi-structured interviews**

In the exploratory phase, all the representatives of the different cities in the project made semi-structured interviews following the same plan (see annex 1). Each country had to make four interviews, two to ecstasy users, and two to non-ecstasy users (being indifferent if they used other drugs). The interviewee had to speak about the topics settled in the project plan, but the interviewer should never transform that in an examination, because the spontaneity of the answers were essential in this exploratory phase.

The objective of these interviews was to know the ideas, images, etc. concerning ecstasy, as well as to approximate us to ways of life, night environments, music, and other elements bound to this type of drug use.

### **2.3.2. Documentary and bibliographical analysis**

Each country had to make a bibliographical research and analyse those documents (scientific as well as journalistic) related to designer drugs, in order to see the way this topic had been treated in their country and to gather the most popular attitudes, convictions and ideas that the authors of these documents transmit to the readers (see annex 2).

INVESTIGATION PHASE.

### **2.3.3. Questionnaire**

The closed questionnaire (see annex 3) was the selected method for collecting the information needed. After sharing the opinions and points of view in the different countries on a meeting, and analysing several questionnaires, we got, through mail and telephonic conversations, a common questionnaire that had four different parts:

- Part I: Sociodemographic variables (basically to know the characteristics of the sample and be able to make the selection of the control group according to age, sex, study level, socioeconomic level,...).
- Part II: Variables of standards and characteristic of consumption and ways of life.
- Part III: Sensations Seeker and Social Deviation scales.

*The Sensations Seeker Scale* was designed by Zuckerman to quantify the “optimum stimulation level” concept (Cárdenas and Moreno, 1989), which means that each individual has his own optimum stimulation level. This scale has several versions, and in this study it has been used the last one, the version V, that has the same factors that

the others versions but with less items, 10 for each factor. These four factors, that constitute four subscales are (Carroll and Zuckerman, 1977):

1. Thrill and Adventure Seeking (TAS): it expresses the desire of getting involved in activities that imply danger or speed and that provide unusual sensations.
2. Experience Seeking (ES): it implies the search of activity through unconventional or non conformist life styles. It shows a need for different internal experiences that can be reached with trips, drugs, music, art and a not conventional style of life. There is also some resistance to the authority.
3. Disinhibition (DIS): it is a fluctuating factor, oscillatory, it includes items that express hedonism, sexual promiscuity, etc.
4. Boredom Susceptibility (BS) implies a displeasure for repeated experiences of any class.

*The Social Deviation Scale* is a scale of 10 items adapted from the FBI Uniform and Crime Report used for investigation on drug users by the Centre on Drug and Alcohol Research of the University of Kentucky. This scale has not been validated in Europe, and has been scarcely used in investigation.

- Part IV:

*The Social Representations Scale* is a questionnaire that must be elaborated specifically for each study, which implies a preliminary research gathering all those convictions, ideas, attitudes, etc...connected with this drug and that we find in the social context of the five European cities that participate in the investigation. This need of previous information to the elaboration of this questionnaire was covered during the exploratory phase. As soon as all this elements were collected, with the information provided by the individuals interviewed and the journalistic and professional articles analysis, material of prevention, etc., a twenty phrases list was elaborated. These twenty phrases form the definitive questionnaire which has to be answered selecting four phrases blocks according to the following procedure:

1. In the first block, you have to choose the sentences that seem to be closer to your idea about ecstasy.
2. In the second, you have to choose among the sixteen sentences that remain, the ones that have less to do with your idea about ecstasy.
3. In the third block, of the 12 remaining sentences, you have to choose again the closest to your idea about ecstasy.
4. In the fourth block, of the 8 that remain, choose the furthest to your idea about ecstasy.

All this will serve to obtain two types of information:

- a) The sentences or articles chosen by each one of the different groups of the study, because of its identification with them.
- b) The relationships between the elements that constitute the social representation, which means the structure of the social representation. This information will be obtained from a similarity analysis, using the coefficient Tau-b of Kendall. The analysis of similarity measures the proximity among the analysed variables. It has been used the program “Simic”, elaborated by the group of the University of Aix in Provence for the analysis of the social representations, in order to do both analysis and we have followed the Analysis of Similarity methodology developed by Flament (1985) and a group of researchers of the University of Aix-en-Provence for the study of social representations.





### 3. SAMPLE DESIGN AND FIELD WORK

#### 3.1. SAMPLE DESIGN. GENERAL ASPECTS

In the first meeting, that took place in Madrid in September 1996, it was agreed to carry out a research in one city of each country that took part in the project. This city should have the following characteristics: be medium size, have a good economic level, have a university and discos, not to have particular social conflicts or other problems that could introduce distortions to be controlled. Following these criteria the following cities were selected: Coimbra in Portugal, Modena in Italy, Nice in France, Palma de Mallorca in Spain and Utrecht in The Netherlands.

Another meeting took place in Lyon in November 1996 and the characteristics of the populations suitable to be studied were discussed. By then, the exploratory phase was already developed so that each country had already a more realistic picture of the different environments in which this type of drug was used in a higher or lower level. At the end, it was decided to carry out the study using two samples:

1. A sample of 80-100 ecstasy users and of 80-100 non ecstasy users (as control group) on the population that attends discos.
2. A sample of 80-100 ecstasy users and of 80-100 non ecstasy users (as control group) on the university population.

The decision of dividing the sample into two types, disco and university, was taken in order to assure that we would have a sufficient sample to carry out the research, since previous studies on drug addictions had showed us that it is difficult to find illegal drug users out of the treatment centres -the population we have studied do not attend normally this kind of centres- as it happens to be a hidden population. We were also worried on how to get the collaboration with the project of these youngsters. The university sample would serve to compensate the foreseeable difficulties that could present the disco sample. What really happens paradoxically in all these countries was that the greatest difficulties appeared when collecting the university sample.

As a result of the field work the final sample was constituted by **1.627 individuals** which distribution is resumed in the table that follows:

### Sample distribution (N= 1.627)

	UNIVERSITY		DISCOTHEQUE	
	MDMA consumer	Non consumer	MDMA consumer	Non consumer
COIMBRA	60	60	82	76
MODENA	80	80	77	78
NICE	67	60	84	125
PALMA DE MALLORCA	84	79	84	87
UTRECHT	86	91	97	90
GLOBAL SAMPLE	377	370	424	456

### 3.2. DISCO SAMPLE

Since the people and the ways ecstasy is used may change according to the kind of disco they attend, at the beginning we decided to classify the discos according to the type of music/ environment, because it seemed that this would be connected with a higher or lower ecstasy use level. However, this classification was not a suitable one at least for Spain, where it does not exist the same level of connection between using a certain drug and a concrete disco. Previous observations verified that in Palma de Mallorca, what settles the kind of people, the consumption level or the kind of music is not, most of the times, the different sort of discos, but the time the of the night people attends the discos. For that reason, in order to obtain comparable samples, it was necessary to seek a more general criterion to select the sample: that is, to associate the interviewee to the environments or situations of higher or lower level of ecstasy use. Following this criterion every research team had to look for discos or situations of high, medium and low ecstasy use, so that some would make it according to discos and others according to time.

Consequently the sample distribution had to be according to every situation of risk, so that it assured a certain stratification among similar samples from every town. In this way it was easier also to get a representation of different types of ecstasy users in every sample. As a consequence, the optimum sample distribution was determined to be the following:

- \* people recruited in a high drug use situation: 50%
- \* recruited in a medium drug use situation: 40%
- \* recruited in a low drug use situation: 10%

Two different methods were suggested to collect the individuals for the sample: using the snowball technique or interviewing the individuals in the discos. Detailed instructions accompanied both options in every country (see **annex 4**).

### **3.3. UNIVERSITY SAMPLE**

To select the university samples, each city chose the most accessible faculties or departments. According to this and the coincidences of faculties and departments in each town involved in the study, the proposed selection was as follows:

- Humanity faculties:
  - ⇒ History (had to be about 20% of the total university sample).
  - ⇒ Philosophy (20% of the sample).
- Psychology or Social Work (20% of the sample).
- Sciences faculty:
  - ⇒ Biology (20% of the sample).
- Computer Sciences or Mathematics (20% of the sample).

It was decided to interview complete classes and every team started to look for suitable contacts. Approximately 500 surveys was calculated would be enough to obtain the 80-100 drug users needed for the study.

### **3.4. FIELD WORK REPORTS**

#### ***3.4.1. Coimbra (Portugal)***

##### UNIVERSITY SAMPLE

A permission to administer the questionnaire at the classes was requested. As the topic turned out to be very interesting from the professors point of view, there was not any problem in giving that permission. On the whole, 800 surveys were administered. As only 50 consumers were found through this methodology, the snowball technique had to be employed to complete the sample.

It was not difficult to get this sample, although many interviewees complained about the length of the questionnaire and the complexity of the last part (social representations questionnaire).

Finally, the university sample is composed by 60 drug users and 60 drug non-users from the faculties of History, Philosophy, Psychology and Social Work, Computer

Sciences and Mathematics. However, it has been pointed out that there are some surveys that do not belong to these faculties, because the need to extend the sample to others departments due to the difficulty to find enough number of MDMA users.

#### DISCO SAMPLE

The Coimbra team chose the methodology to contact the individuals to be interviewed directly at the discos. To select the discos where the young people should be contacted they got information from several sources: “Serviço da Prevenção e Tratamento a Toxicodependentes”, disc-jockeys and discos regular clients. Finally, they chose six discos and contacted with the owners or persons in charge. Everybody helped and some of them even offered a private room to administer the questionnaires.

In order to get the ecstasy users for the disco sample, 300 questionnaires were administered. As we can see, things were easier in this case than with the university sample.

The disco sample was composed by 82 consumers and 76 non-consumers. The distribution according to the supposed environment level of consumption was: 74 of them (46,8%) in a high drug use level, 51 (32,27%) in a medium drug use level and 33 (21%) in a low drug use level.

#### **3.4.2. Modena (Italy)**

##### UNIVERSITY SAMPLE

Following the instructions, it was requested the authorisation from the heads of departments and professors in order to administer the questionnaires in the classrooms after the classes. Through this method there were just founded 1-2% of ecstasy users by classroom and so, they had to change the strategy after some failed attempts. They decided then to contact the students in their reading rooms and other common places out of the classrooms. The number of ecstasy users increased and from 1.000 administered questionnaires they got 80 ecstasy users.

The university sample is composed by 160 individuals: 80 consumers and 80 non-consumers from the faculties of Law, Economy and Trade, and Medicine and Surgery. The sample survey of university students has been selected between those degree courses more similar with those recommended on the instruction; because the University of Modena, which is near another big university centre (Bologna), doesn't include all degree courses.

##### DISCO SAMPLE

The Modena team chose to find the individuals directly at the discos. People frequenting the discos or working there were interviewed in order to select the discos

according to drug use level. Finally, they chose 4 high drug use level discos, 4 medium drug use level discos and 3 low drug use level.

This interview situation presented some difficulties: noise, not enough light, lack of comfortable places to fill the questionnaire, low motivation of the interviewees to answer the questionnaires during their spare time, distrustful attitudes, complains about the length of the questionnaire, the pertinence of some questions and the difficulty to answer the last part (BBS, EDS and Social Representations scales).

In order to obtain the sample 350 questionnaires were administered. The final selected sample is composed by 155 individuals, 77 consumers and 78 non-consumers. 76 of them (49%) in a high drug use level, 63 (40,6%) in a medium drug use level and 16 (10.4%) in a low drug use level.

### ***3.4.3. Nice (France)***

There were five people in the research team: a sociologist, a psychologist, a social worker and two young people that used to frequent discos.

#### UNIVERSITY SAMPLE

They started administering the questionnaires in the classrooms but, as it happened in the other countries, the percentage of drug users was lower than expected. Therefore, they decided to look for students in other places in the university campus. In general, it was observed that the students were little interested in ecstasy. They found more consumers in places frequented by students of Communication Sciences and School of Arts.

The university sample is composed by 127 university students, 60 non-consumers and 67 consumers from the faculties of Philosophy, Psychology and Social Work, Biology, Computer Sciences and Mathematics, and other schools such as Communication Sciences and School of Arts.

#### DISCO SAMPLE

Advice was sought from the heads of different drug addiction projects (Médecins du Monde, Centre d'Aide aux Toxicomanes, etc...), from a techno music composer, from students and also from the responsible of the associations "Verbe d'Etat" and "Image Publique", specialised in disco sound equipment's. The team contacted with the owners of 10 discos and only one of them refused to collaborate.

Finally they selected 6 of the 9 remaining discos, being classified according to the consumption level: 3 high drug use level discos, 2 medium drug use level discos and 1 low drug use level disco. The surveys were performed from 1.30 to 3.30. Far from what the owners of the disco had expected, the interviewers did not have great difficulties to

contact with drug users, who showed themselves communicative. However, the interviewees found the same difficulties as the former countries: the questionnaire was too long, the last part too difficult to answer, some questions too tactless, the environment (noise, light) did not help, etc... We must take into account that some of the interviewees were under drugs effect.

The disco sample is composed by 209 individuals, 84 consumers and 125 non-consumers. 96 of them (45,9%) were contacted in places with an expected high level of consumption, 80 (38%), in a medium level and 33 (16,1%), in a low level.

#### **3.4.4. Palma de Mallorca (Spain)**

##### UNIVERSITY SAMPLE

We came into contact with different heads of department in order to ask their permission for administering the questionnaires in their classes. All of them agreed and helped us to carry it out. Following this methodology 560 questionnaires were answered and we found that only 40 individuals were ecstasy users. At the sight of these results, we decided to get other users among the students and we chose the snowball technique. Therefore, some of the questionnaires obtained with this technique do not belong to the faculties previously chosen by us.

Generally, nobody had problems to answer the questionnaire, though they found it too long, because they were quite busy and did not have much time. The last part of the questionnaire, above all the BBS and EDS scale, was the most difficult to do.

The Palma de Mallorca University sample is composed by 163 individuals: 84 are consumers and 79 non-consumers. They belong to the following faculties: Psychology, Computer Sciences and Mathematics, Social Work, History, Teaching, and others schools.

##### DISCO SAMPLE

As we have already said, discos in Mallorca are not specialised according to kinds of music or environments, and this made impossible to measure the ecstasy use level at this point. However, it was possible to do it in accordance with the time because drug use is higher as it becomes later. So, the use levels were defined as follows:

- \* Low: individuals that go to discos until 2-3 in the morning.
- \* Medium: individuals that go to discos from 2 to 6-7 in the morning.
- \* High: individuals that go to disco-afters.

The chosen methodology was from the beginning the snowball technique, because we considered the answers to be more sincere and we found extremely difficult to find any co-operation from the individuals that went to discos very late. In case they wanted to help, we thought they would not be able to answer a questionnaire with these characteristics.

We came into contact with eight individuals that often went out in the evenings and they became the departure point of the chain. We gave them information and they received written instructions in order to administer the questionnaire. The interviewers had to be in permanent contact with IREFREA, so as to control the percentage of individuals in low, medium or high level use, if they really often went to discos and afters, as well as the age and sex, so that none of these categories of variables were over-represented.

The interviewers commented that without the age limit of 18, they would have found more ecstasy users. They also had problems to find low level consumers and had to insist in order to get more women because the number of men was much higher.

The disco sample is composed by 194 individuals, 84 consumers and 87 non-consumers. The results are as follows: 99 (51%) are people who frequent place with an expected high level of MDMA consumption, 88 (45%), in a medium level and 7(4%), in a low level.

### ***3.4.5. Utrecht (Netherlands)***

#### UNIVERSITY SAMPLE

In Utrecht, as they started the field work later than the other cities, they already knew the difficulties in finding ecstasy users at the university if they followed the methodology of administering the questionnaires in the classrooms. For that reason, they tried another method: in two Social Sciences classes (20 and 30 students) they asked the students to administer four questionnaires to some individuals who lived in their area, if possible two consumers and two non-consumers. In this way, they expected to get the first questionnaires. At the same time, they sent an interviewer to the Biology and the History faculties, but the students reactions were so negative that he did not continue. They tried the same with another interviewer but he got a similar answer.

It seems that the questionnaire was found offensive to the sensibility of some Dutch consumers, who felt were treated as criminals. So, the Dutch team had many difficulties to complete the sample. Finally, they accepted all kind of students without considering their faculties (most of them were from the Art School). To complete the sample it was nevertheless necessary to chose some questionnaires from the disco sample that belonged to university students.

The university sample is composed by 158 individuals, 86 consumers and 91 non-consumers of the following faculties: Social Sciences, Philosophy, Psychology, Biology and others.

#### DISCO SAMPLE

The Dutch team had been working on a project on design drugs among “ravers”, particularly among the “hardcore movement” (Gabbers), and so, at the beginning, they

wanted to use the contacts they already had in that project. However, they decided not to do it because of the following reasons:

- This kind of population does not exist in all of the countries.
- The gabbers are usually under 18 years old and, for that reason, they did not enter in the project.
- The Dutch gabbers thought the questionnaire was old-fashioned and suggested a relationship between drug use and deviated conduct while they did not consider it criminal.

Finally, they decided to adopt the snowball methodology. It was really difficult for them to find individuals who wanted to answer the questionnaire, though it was easier than at the university. Because of these difficulties, they did not do the sample stratification giving the individuals the category of low ecstasy use or high ecstasy use. According to Dutch researchers, there is a higher representation of users connected with “mellow music”, and they have less deviant social characteristics and use less compulsively ecstasy than “hardcore” lovers.

The final sample is composed by 206 individuals, 97 consumers and 90 non consumers.



## 4. SOCIODEMOGRAPHIC BACKGROUND

### INTRODUCTION

In order to ensure that the samples from the five cities would be comparable, precise instructions were given on sampling methods and data collection, so that all the local research teams worked in a similar way. Certain earlier surveys -the research into cocaine use characteristics in three European cities (Díaz et al, 1992) or the one on ecstasy use in Sydney (Solowij and Lee, 1991)- had shown the great difficulties which emerge when hidden populations are being surveyed. Therefore, some of these difficulties were already anticipated and taken into account when planning the survey so that they could be dealt with as soon as they arose. As we have already seen in the preceding section (**chapter 3**), two alternative methodologies were offered to obtain the disco sample in order to reach the individuals to be interviewed. In this way, each team could choose the most appropriate one depending on the difficulties encountered. As a result of the problems in completing the sample, it has to be added that certain countries had to combine methodologies and follow instructions less rigidly. We note, for example, the difficulties which existed in finding young users among the universities in our survey. There were occasions when having interviewed 1.000 students, we had still not found the number of users (between 80 and 90) necessary to complete the sample. This meant we had to use other faculties or departments other than those originally suggested. In some cities, it was even necessary to fall back on the snowball method to complete the sample.

From the research point of view, it is preferable to be able to comply with the pre-established standards, at all times, but a field survey always produces these challenges. In the previously mentioned work (Díaz et al. 1992) which explored the use of cocaine in various European cities (Amsterdam, Barcelona and Turin) through interviews with users contacted by the snowball method, of the 50 people that comprised the first level, it was only possible to continue on to the second level on 14 occasions, so that a usable sample of 126 interviews was only achieved by means which involved a bias, in spite of the efforts of the researchers. Therefore, in the present survey, we must be relatively satisfied by the degree with which the standards were met and which enables us to defend the validity of the results we obtained with the already mentioned rider that the research was not carried out with representative samples.

Knowledge of the sociodemographic variables responds to diverse requirements. They were used in the research to establish the non-user control groups on the basis of

the cases collected of ecstasy users. The sociodemographic variables also act to describe the samples. Certainly the world of young people is not a homogenous one in all cities and countries. To have descriptive data of the facts, however minimal, also facilitates reading the results which we obtained from other parts of the questionnaire.

As these are not representative samples of each city, the conclusions are provisional. We can not say with certainty that the existence of a greater number of people of a high social level is a result of the sociocultural differences inherent in each country or a result of sampling errors. We are adopting the same attitude as that in a recently completed work in 12 western countries studying delinquency: “If the objective is to compare the indices of national delinquency, then representative samples are necessary. However, if we are interested in explaining some of the differences among countries, we can select smaller local samples” (Junger-Tas et al. 1994). Actually, samples are better structured in the present IREFREA study than in the one already alluded, probably because of the past experience of IREFREA in similar investigations, a higher uniformity in the national research groups and that the objectives are more clear and concrete.

We start now to compare the city samples relying on the following sociodemographic variables: Age, sex, civil status, study level, current occupation, economical status and other variables connected with family relationship and religion. This analysis of the five European cities will give us a certain vision of the similarities and differences of each sample, and will help us to read the data referring to consumption characteristics and scale results.

We have used the total data of each city sample and only in the case of some variables we have separate the data between consumers (C) or non-consumers (NC).

## RESULTS

The total sample for the five cities that participate in the project, is of 1.627 individuals. The distribution of the sample according the main variables is at follows:

### AGE

	COIMBRA	MODENA	NICE	PALMA	UTRECHT
Mean	23,11	21,85	24,16	22,4	24,4
Median	23	21	23	21	24
Standard Deviation	2,7	4,02	5,6	4,06	5,2
M-Estimator (Huber)	22,9	21,2	23	21,56	23,6

As we explained in the sample design (**chapter 3**), it was decided 18 should be the minimum age because of two reasons: at universities it would be impossible to find younger people and, following some data collected in the bibliography referred to ecstasy in the different countries, the age for starting its consume is usually around 18 or over.

We did not think it would be necessary to settle a maximum limit of age because we did not expect to find many individuals over 35 in the places where the samples were recruited, even when we knew that we could find older people in discos.

In reference to the sample data and for the comparison among countries, it is as well to use the M-Estimator (Huber) instead of the arithmetic mean, because the data dispersion is quite high and therefore, its results are more exact. Following the above-mentioned index, the mean age oscillates between 21,2 years old in Modena and 23,6 years old in Utrecht. There are significant differences between the samples from Modena and Palma de Mallorca (the two cities with younger samples) and the other three cities.

### **GENDER (%)**

	<b>COIMBRA</b>	<b>MODENA</b>	<b>NICE</b>	<b>PALMA DE M.</b>	<b>UTRECHT</b>
Male	72	75,8	59,3	52,8	51,1
Female	28	24,2	40,7	47,2	48,9

Gender variable was not taken into account among the selection criteria of the sample, in order to make easier for the research teams to get enough consumers for the sample. From the beginning, it was decided not to include this variable in the instructions, with the purpose of avoiding greater difficulties. Therefore, it is impossible to determinate if these percentages correspond to an approximation of the consumers percentages that we would find among young population of each city or to criteria and special circumstances of each research team.

In fact, in some cases, as it happened with the Spanish sample, serious efforts were made in order to make both percentages equal, striving against the natural tendency of a higher representation of men.

As we can see in the table, the distributions that show bigger differences in relation to this variable are Coimbra, with 72% of men as opposed to 28% of women, and Modena, with 75,8% of men in contrast with 24,2% of women. Anyway, we see that the number of men is higher in every country.

### **CIVIL STATUS (%)**

	<b>COIMBRA</b>	<b>MODENA</b>	<b>NICE</b>	<b>PALMA DE M.</b>	<b>UTRECHT</b>
Single	91	88,8	82	91,9	78,4
Married	4,3	3,8	2,1	3,3	4,7
Divorced/separated	1,8	0,6	2,1	1,5	1,1
Lives with a couple	2,9	5,1	13,6	3,3	15,8

Every sample is composed by a majority of single individuals, being Palma de Mallorca the city with the highest percentage (91,9%) and Utrecht the one with the lowest percentage (78'4%).

Obviously, all the other categories have minor proportions compared to “single”, though in Nice (13,6%) and Utrecht (15,8%) we find important percentages of young people who live with a couple, in contrast with the rest of the cities, where the percentages never go beyond 5%. These differences coincide, as we will see later, with the higher economical level of the young people from these two cities, that are themselves richer than the others, as it is expressed in the variable “How much money have you got per month?”. In Italy, Portugal and Spain, independently from economical problems, young people has a strong tendency to remain living with their parents.

### BIRTH PLACE (%)

	COIMBRA	MODENA	NICE*	PALMA	UTRECHT
Town of field work	39,8	33,8	20,7	69,6	22,7
Different towns	50,2	63	22,8	28,9	70,1
Different country	10	3,2	56,5	1,5	7,1

\* There has been a translation problem in the French questionnaire. The interviewees could mistake being born abroad or in a different part of France.

This variable should give us interesting information about youth mobility during the week-ends. For instance, we see that in every city, with the exception of Palma de Mallorca, most of the individuals do not live in the same city where they have been interviewed.

It is not easy to determine the exact reasons of this phenomenon in this survey according to the data, but at least we can think at least in two sort of explanations. It seems quite reasonable to think that an important percentage of the sample are university students that moved to these towns in order to follow their university studies. The second reason could be the fact that young people tend to look for fun at discos placed in different towns where they live.

The percentages that stand out since they break this tendency are the 69,6% of individuals from Palma de Mallorca, who were born in the same city where the investigation was carried out, and the 56,5% of foreigners from the sample of Nice. However, this last percentage is not a reliable quantity for the reason that there had been a problem with the questionnaire translation to French language and interviewees could not distinguish between having been born abroad or in a different part of the country. Though it is true that Nice has a certain percentage of immigrants from other countries, it has above all young individuals from other French areas who study at its university.

The explanation of the particularity of Palma de Mallorca is easy. On the one hand, as it is an island, very few students from other cities go to its university and, on the other hand, approximately half of the population of the island lives in this capital.

**STUDY LEVEL (% on global sample; % on disco sample)**

	COIMBRA		MODENA		NICE		PALMA		UTRECHT	
	Global	Disco	Global	Disco	Global	Disco	Global	Disco	Global	Disco
Primary studies	0	0	7,7	17	1,5	2	10	18,9	1,4	2,2
Secondary studies	29,4	50,6	28,3	51,9	27,8	41,1	26,6	47,9	16,9	28,9
University studies	70,6	49,4	64	31,1	70,7	56,9	63,4	33,1	81,7	68,9

The study level variable depends on the kind of sample that has been recruited for the research. As we all know, half of the sample in every town is composed by university students and this explains the high percentage of individuals with university studies in the total sample. Therefore, we consider important to include the study distribution among individuals of disco sample.

It stands out the high percentage of individuals with university studies in the disco sample of Utrecht (68,9%) and Nice (56,9%), in contrast with the other three cities, where most part of the sample has secondary studies. It also stands out the high percentage of individuals with primary studies in the disco sample of Modena and Palma de Mallorca. As we are not working with representative samples, it is difficult to evaluate adequately the differences among percentages. We have to consider the different richness of every town, sampling bias, ..., and the age of every sample (Modena and Palma de Mallorca are the youngest).

**CURRENT OCCUPATION (% on global sample)**

	COIMBRA	MODENA	NICE	PALMA.	UTRECHT
Studying	58,5	61,7	36,7	48,2	24,4
Studying and working	20,4	15,4	19,4	25	36,4
Working	19,3	18	34,3	21,3	33,8
Military service	1,1	3,2	4,5	1,5	3,1
Others	0,7	1,6	5,1	3,8	2,3

The highest percentage of individuals who only study is found in Modena (61,7%), followed by Coimbra (58,5%) and Palma (48,2%). The samples of Nice and Utrecht have relatively low percentages of young people who only study in comparison with the other cities. In these two cities a great number of individuals are distributed between the variables “studying and working”, and “working”. This fact explains the differences of economical resources per month, and the higher proportion of individuals who live alone or with a couple in comparison with Coimbra, Modena or Palma de Mallorca.

### **ECONOMICAL STATUS (% on global sample)**

	<b>COIMBRA</b>	<b>MODENA</b>	<b>NICE</b>	<b>PALMA.</b>	<b>UTRECHT</b>
High +middle high	24,7	27,1	27,6	27	63,5
Middle	63,4	60,7	48,4	62,9	27,1
Middle low + low	11,8	12,2	23,9	10,1	9,4

Before analysing the similarities or differences among percentages of the five cities, it is important to point out that what we tried with this question was to get people subjective impressions about their own social level or their families, and, according to that, they placed themselves in the different categories. For this reason we are not facing objective data, but subjective valuations from each individual. To belong to a certain group or social level is a topic influenced by many variables (some objectives and some subjective) and reasons to chose one or another category can be different in every country. Some of the field workers have report that was not easy for some people to answer to this question.

According to the data, and with the reservation expressed before, Utrecht is where people define themselves as more wealthy. In Coimbra, Modena and Palma de Mallorca, the most common answer is “middle”. A certain percentage (23,9%) of the interviewees from Nice, who have high economical earnings quite superior to the other cities –we will see this point later-, consider themselves, however, of a lower social level. This is probably due to the fact that in this city there are a lot of people who have finished their studies and are already working. Only this can explain why we have only found a 27,6% of individuals of the high + middle high class, when the data we have been analysing show us that interviewees from Nice, and also from Utrecht, are the ones who personally have more money.

In every city, the “middle-low” and “low” level is the one with less individuals, being Nice the city with the highest percentage (23,9%), quite a big difference with the other samples.

### **WITH WHOM DO YOU LIVE (% on global sample)**

	<b>COIMBRA</b>	<b>MODENA</b>	<b>NICE</b>	<b>PALMA</b>	<b>UTRECHT</b>
Family	42,9	68,1	38,4	71,3	19
Wife/couple	9,2	4,5	19	7,2	20,1
Friends	26	16,9	4,8	12,2	4,1
Student Residence	8,1	2,2	6,3	1,5	36
Alone	9,2	1,3	27,7	6,6	17,6
Others	4,8	7	3,9	1,2	3,3

The samples where we find the highest percentage of individuals who live with their parents are Modena (68,1%) and Palma de Mallorca (71,3%), and the sample where we find the lowest percentage is Utrecht (19%), that shows a significant great difference with the other cities.

In Utrecht, most of the young people are independent from their families and live with a couple/married or alone, above all in residences (36%). Emancipation at such an early age is something that answers to cultural and economical matters. In this sense, we already know that the sample of Utrecht has a higher purchasing power and an important percentage of individuals have a scholarship or a job.

In comparison with Modena and Palma de Mallorca we find that Utrecht and Nice have a quite low percentage of individuals who live with their families. It stands out the high percentage of individuals who live in these two towns with a couple/married (19% in Nice and 20,1 in Utrecht) or alone (27,7% in Nice and 17,6 in Utrecht). This data is also connected with a better economical status.

In Coimbra, it stands out the high percentage of young people who live with friends. We suppose they are students from other areas that share a flat while studying at the university.

### HOW MUCH DO THEY EARN PER MONTH (In ECU)

	COIMBRA	MODENA	NICE	PALMA	UTRECHT
Mean	342,8	446,9	830,8	434,9	594,9
Standard Deviation	235	485,64	700,1	425,4	458,1
M-Estimator (Huber)	295,28	284	688,3	338,9	514,9

There are significant differences (test de Kruskal-Wallis) between the French and Dutch sample and the other cities, though Utrecht and Nice have also differences between them. In order to read the table it is recommended to follow the M-Estimator of Huber, since the standard deviation is high and the mean can induce to an error.

Nice, followed by Utrecht, is the city where young people earn more per week. The explanation of these differences is found in the purchasing power of each country.

Nevertheless, there are other reasons, as we have seen in the analysis of other tables of this study. The mean interviewee from these two cities is older, independent from his/her family and has a job. We must also remember that a higher percentage of the Utrecht sample consider themselves to a high/middle-high social level -63,5%- though in other cities this percentage is around 27%. Besides, in those two cities there are more university students than in Coimbra, Modena and Palma.

### MONEY'S ORIGIN (In %)

	COIMBRA#	MODENA++	NICE**	PALMA*	UTRECHT+
Family	60,2	60,8	32,1	46,6	3,4
Permanent job	20,7	27,8	41,3	17,6	25,1
Temporary job	13,3	8,4	8,6	28,3	45,9
Scholarship	1,7	0,8	7,9	2	18,7
Public assistance	1,2	0,4	5,1	1	4,6
Others	2,9	1,7	5,1	4,6	2,4

# 38 Missing ++83 Missing \*\* 25 Missing \* 30 Missing +39 Missing

There are many missing in this table. Nevertheless, data go in the same direction as other tables that give us parallel information (work or study, with whom do they live, etc...).

It stands out the high economical dependence upon families found in the samples from Modena (60,8%), Coimbra (60,2%) and Palma (46,6%). On the opposite side, it stands the sample from Utrecht (3,4%). Obviously, where we find less dependence upon families are the places with higher percentage of individuals with a permanent or temporary job (in Utrecht is a 64,6%). Another difference among cities is that Utrecht (23,3%) and Nice (14%) receive more public assistance than Coimbra, Modena and Palma (less than 3%).

The economical differences are significant, as well as the ones connected with young people financing sources. Some of these differences are due to sampling problems and too many missings in the answers to this table, but we also consider they reflex social realities, that are different in each country. In some of them, young individuals have a great dependence on their family, while in others it happens exactly the opposite. Obviously, this should be taken into account when determining the kind of strategy more adequate for each country.

#### WEEKLY MONEY SPENT IN GOING OUT (In ECU)

	COIMBRA#	MODENA+	NICE*	PALMA**	UTRECHT++
Media	27,55	45,43	57,83	39,78	31,2E
Standard Deviation	19,21	53,88	82,24	43,42	28,18
M-estimator (Huber)	25,68	28,65	39,64	25,53	24,40

# 14 missings    +69 missings    \*63 missings    \*\*18 missings    ++30 missings

There are many missing in this table which force us to read the data again, with some reserve, above all in the cases where there is a higher number of no answers. Apart from this, we think the M-Estimator Huber is the most suitable reference, because there is a high standard deviation.

In addition to the previous warnings, we see young people spend going out more or less the same money in the five cities of the study (approximately 25 ECU's per week, using the M-Estimator Huber). Nice is the city where they spend the most, but it is also the place where they have more money.

There are significant differences (Kruskal-Wallis test) between Nice and the other cities. We also find important contrasts between Coimbra and Modena. The sample that spends less money is Utrecht, though it is a sample with a high economical level. This relative uniformity in the money they spend going out per week, with the exception of Nice, is something that happens in spite of the differences among economical resources of the young people from one or other city, that can be twice as much, and also, in spite of the economical differences among countries.



## SUMMARY

We remind again that, in spite of the efforts when defining the sample and the methodology used to collect data, we are not working with representative samples and, therefore, all comparisons must be made carefully. When there are differences or similarities, we can not be sure if they are due to the sampling methodology or to sociodemographic characteristics attributable to the characteristics of each country (for instance, there are richer cities, places where there are more objective possibilities for the family emancipation of young people,..). One of the aims of this part of the study is also to provide data in order to get control groups of non-consumers, from the interviewees who are consumers. This is a qualitative study that tries to collect a great amount of outstanding information, even sacrificing matters such as representation.

In this sense, and relying on the data coincidences that in several tables point out in the same direction, there are few doubts, for instance that young people from Nice and Utrecht have less dependence upon their families than young people from Coimbra, Modena and Palma de Mallorca. Neither can be doubted, at the sight of such convincing data, that the relationship between young people and their parents is quite good in the five cities.

The summary we make of the studied samples would be that the mean age of the interviewees is around 22 years old, with little differences -though sometimes they are significant- among cities. The oldest sample is the one from Utrecht (23,6) and the youngest is the sample from Modena (21,2). Sex composition, though its importance, was not a controlled variable because of the reasons we have already mentioned, and so it differs quite a lot from one city to the other.

Basically, the sample is single, though in Utrecht and Nice there is a high percentage of individuals who live with a couple. Family dependence is a variable that suffers great changes. In Palma de Mallorca and Modena, we find a 70% that lives with their family, while in Utrecht is only a 19%. Young people from this Dutch city have a tendency to live in residences or with a couple, which shows the great influence of the socio-cultural characteristics on young individuals ways of life. Undoubtedly, we find a high percentage of university students, that reaches a 81,7% in Utrecht. We can not forget that half of the sample in every city had to be a university students sample. In reference to job, Nice and Utrecht are again the cities with the highest percentage of people working, and Coimbra and Modena the cities with the highest percentage of people only studying.

Most of the individuals of our study place themselves in the middle-high class. It stands out that Utrecht has the highest percentage of individuals who place themselves in the high class and Nice, the highest percentage of individuals who place themselves in the middle-low class. However, it is the city where individuals have more earnings per month, because there is a high percentage of young people working. We think it is interesting the data that shows that -although there are many missings in this question- in spite of having different economical status and different socio-economical level depending on the country, young people from the five cities spend more or less the same amount of money per week, with the exception of Nice, where they earn and spend more.



## **5. CHARACTERISTICS OF ECSTASY USE. DIFFERENCES BETWEEN CONSUMERS AND NON CONSUMERS**

The analysis of social demographic variables and the methodology we have used have explained the similarities and differences among the samples of each country and settled a certain framework where to place the following data. The comparison among different country samples is never easy. In our case, it has to be added the difficulty that we are not working with representative samples and, therefore, we can not pretend to set up analogies statistically valid. However, the aim of this research is to establish, from the data collected, some orientations and reflections on the characteristics of the new uses of drugs. Though we assume all the limitations, we consider there is room enough for taking seriously the following data. The extension of each city samples and the methodology applied have allowed us to get the opinion and behaviour of a wide sector of the five cities youth. Nevertheless there is a quite important point to be considered: the control and XTC users group are quite similar in terms of sociodemographic variables and other characteristics and this provides a good platform for comparisons.

### **GROUPS OF USERS ACCORDING TO FREQUENCIES OF CONSUMPTION**

On the basis of the “ecstasy use frequency” variable, we have distributed the sample in five groups. In this way, we can explore the possible differences and characteristics of the different types of users. In effect, it is to be expected that an occasional user and a compulsive one would have different characteristics and that therefore, some variables are going to explore these circumstances. The sample has been subdivided into the following groups:

- Non-users; those individuals who have never used ecstasy and who have been chosen to form the control group.
- Occasional users; individuals who use ecstasy less than once a month to once a month.
- Habitual users; individuals who use it more than once a month to once a week.
- Compulsive users; individuals who use it more than once a week to once a day.
- Ex-users; the most heterogeneous of all as it combines ex-users, occasional users, ex-habitual users, ex-compulsive users and includes individuals who tried ecstasy once or twice and did not continue with it.

This classification will be used from time to time during the present study when we will need to know how some variables affects each one of the subgroups. But generally we will use the classification of being consumers of ecstasy or not (control group).

#### WAYS OF LIFE AND DRUG USE

Next, we will make a report of the collected data according to different ways of life of interviewed people. We will compare the data derived from the global samples (which means, every individual who answered the survey at discos and universities in the five cities) of each city, considering all the people who answered the questionnaire in that particular country. In order to facilitate its comprehension, we will show only the tables that we consider more interesting -often with a selection of the items where the differences can be better appreciated- and we will chose only some of the frequencies.

#### ATTENDING BARS (%)

	COIMBRA	MODENA	NICE	PALMA	UTRECHT
Often and very often	84	37,4	61,7	67,2	55,1

Young individuals from Coimbra (84%) are the ones who attend bars more frequently, while young individuals from Modena (37,4%) are on the other end.

#### ATTENDING DISCOS (%)

	COIMBRA	MODENA	NICE	PALMA	UTRECHT
Often and very often	72,5	39,6	60,2	41,1	44,5

Once again, young people from Coimbra (72,5%) are the ones who, in our sample, more frequently attend discos and, on the other end, we find again young individuals from Modena (39,6%), although in this case, young people from Mallorca (41,1%) and Utrecht (44,5%) are closer to the Italian behaviour.

#### ATTENDING “AFTERS” (%)

	COIMBRA	MODENA	NICE	PALMA	UTRECHT
Often and very often	12,1	7,2	15,8	13,3	7

Attending “afters”, places that open very late at night and close the following morning, is a habit above all for the young people in Nice, Palma de Mallorca and Coimbra, being less common in Modena and Utrecht samples.

## ATTENDING 'RAVES' (%)

	COIMBRA	MODENA	NICE	PALMA	UTRECHT
Often and very often	45,2	9,5	29,6	5,9	20,3

The denomination “rave” is neither a term, nor an event, equally introduced in different countries. *Raves* offer is different from one country to other. In some countries, they are not up to date or there are other possibilities that make *raves* less necessary as places for meeting and dancing with other young people. In our study, we notice that Nice, Utrecht and specially Coimbra show high percentages in comparison with other countries. In Coimbra they are two fixed raves in may and august and than the others depend of the organisers. Sometimes the Coimbra ravers attend party raves organised in neighbourhood towns. It is Palma de Mallorca the place where people attend less often “raves”.

## MUSICAL PREFERENCES (% on total of responses)\*

	COIMBRA	MODENA	NICE	PALMA.	UTRECHT
Rock	13,9	17,9	10,1	16,7	12,9
Pop	13	10,5	8,3	14,8	14,3
House-bacalao	1,3	8,9	10,2	7,6	8,4
Hardcore	4	5	5,6	3,6	1,6
Hardcore-house	9,9	3	8,7	3,3	2,4
Mellow-house	5,4	1,3	4,3	2,3	12
Punk	2,3	5,1	2,7	5	4,9
Salsa/merengue	4,4	4,4	4,9	6,2	2,8
Heavy	3,7	3,8	1,7	5,5	3,4
Melodic	4	1,2	4,2	6,9	4,6
Hip-hop	9,7	6,3	7,3	1,9	5,9
Reggae	12,2	8,4	10,4	9,9	6,9
Rap	3,4	5,9	6,3	1,1	3,3
Funky	3,3	10,6	8,3	6	8,8
Others	9,4	7,5	6,9	9	7,7

\* Each individual could choose a maximum of five answers.

This item is extremely important because we all know the close relationship among music, youth and drug use. We can see “rock” and “pop” are the most popular kinds of music for young people in different countries. Besides, “house” music occupies also a quite relevant position when we put together its different variations. House music is traditionally associated with designer drugs use, it is the most popular dance music of the 90’s.

The name “*acid house*” comes from disc-jockeys slang. It seems that this kind of music had its origin in Ibiza or Valencia, in Spain (Guarnieri, 1997; Lyttle and

Montagne, 1992) or Rimini, in Italy, but English disc-jockeys were the ones who made it popular. Nowadays, it is a movement with a great success in Great Britain, Germany, Holland.... In the places where there is a tradition of this kind of music, they divide this movement into two subgroups: hardcore and mellow.

On the Dutch sample we find a high percentage of people who like “*mellow-house*” and a low percentage of people who like “*hardcore*”. This fact is related mainly to sampling and represent a difference with the other countries. There are also significant differences between countries concerning “hip-hop”, “rap”, among others. We do not know if these differences correspond to different musical preferences in each country, to different used names or to sampling.

There is an especial relationship in this study between every type of music and the use of ecstasy. With the house music there is always a higher proportion of ecstasy consumers. But with rock music, pop, *salsa* and melodic music the proportion are inverted. Punk music in all the samples, with the exception of the Dutch one, relates also with the use of ecstasy. Some of the less popular music are sometimes associated with the use of ecstasy in some of the towns: that is the case of reggae in Palma de Mallorca, Modena and Utrecht, Hip-hop in Coimbra and Palma de Mallorca and funky in Palma de Mallorca and Utrecht.

#### **RELATIONSHIP WITH PARENTS (% on global sample)**

	<b>COIMBRA</b>	<b>MODENA</b>	<b>NICE</b>	<b>PALMA</b>	<b>UTRECHT</b>
Very good	15,5	22,1	43,1	25,4	28
Good	31,3	54,8	35	46,7	46,3
Not good/Not bad	49,6	15,4	14,1	24	21,3
Bad	3,6	4,5	4,2	2,7	3,6
Very Bad	0	3,2	3,6	1,2	0,8

In all the cities the relationship between the interviewees and their parents is normally good or very good. Coimbra is a especial case: although there is a high percentage of individuals who consider their relationship with them “no good, no bad”, it is also the only sample with 0 individuals who believe their relations with their parents are “very bad”. These data confirms we are in front of a population that can not be described as marginal.

This question have preventive implications, because as we know the family can be a very effective preventive tool. The relationship between the youngster and their family is very good and furthermore in some countries (especially Spain, Italy and Portugal) people depends at many levels on their families. Family prevention should be a commoner strategy.

**RELATIONSHIP WITH PARENTS ACCORDING TO DIFFERENT CONSUMER GROUPS REFERRED TO GLOBAL SAMPLE (N=1.627).**

	Very bad	Bad	Neither good nor bad	Good	Very good
Non consumer	0,9	2,3	18,5	44,4	33,9
Occasional C.	1,9	3,1	32,3	43,6	19,1
Regular C.	1,3	8,4	38,1	35,5	16,8
Compulsive C.	22	8	18	32	20
Ex consumer	1,2	5	25	44,2	24,6

As we have seen in the preceding Table, the relationship of the individuals in the sample with their parents is, in general, good in all the countries. But in spite of this trend there are significant (p. ,001) differences according the type of use in their relationship with their families. These differences are clearly observed if we look specially to the categories “bad” or “very bad”.

In this way, the control group, the non-ecstasy users, is the one that shows the lowest percentage of individuals who have “very bad” (0.9%) or bad (2.3%) relationships with their parents and the one which shows the highest percentages in the “good” (44.4%) and “very good” relationships (33.9%) categories.

As for ecstasy users, the ex-users group is the one that shows the best relationships with their parents with 68,8% declaring that they have a good or very good relationship. But the greater the frequency of use the more these differences are accentuated, the habitual users being those who have a greater percentage of individuals with “bad” relationships (8.4%) and the compulsive users those who show the bigger percentage of “very bad” relationships (22%).

**RELIGION BELIEVER (% on global sample)**

	COIMBRA			MODENA			NICE			PALMA			UTRECHT		
	Glob	C	NC	Glob	C	NC	Glob	C	NC	Glob	C	NC	Glob	C	NC
Yes	57,6	42,5	72,8	59,5	54,2	64,3	42,4	36,6	46,7	46,1	37,5	55,2	21,2	17,3	25,1

Glob: Global sample C: Consumer NC: Non Consumer

This variable was included in the questionnaire because in several epidemiological studies, religion has a correlation with low use of drugs. Religion is a sort of protective factor against consumption, as is the case also in this study. The most religious sample are people from Modena (59,5%), followed closely by Coimbra (57,6%) and not so closely by Palma de Mallorca (46%). The less religious individuals are the French (39,3%) and Dutch (21,2%).

With regard to the religious differences between consumers and non-consumers, they are quite obvious. Consumers are, in a significant way, less religion believers than non-consumers.

## RELIGION PRACTITIONER (% on global sample)

	COIMBRA			MODENA			NICE			PALMA			UTRECHT		
	Glob.	C	NC	Glob.	C	NC	Glob.	C	NC	Glob.	C	NC	Glob.	C	NC
Yes	22,3	3,6	41,5	18,9	9,3	28	17	15,3	18	8,7	5,42	12,3	9,6	2,3	18,2

Differences between religion believers and religion practitioners are huge. The percentage of practitioners is much lower, above all in Palma de Mallorca, where religion practitioners are one fifth of religion believers. It is surprising to confirm that the less religious sample, the Dutch one, has a higher percentage of practitioners than Palma de Mallorca.

To practice religion is a variable extremely important, much more than just being believer, when talking about the possibilities of being ecstasy user.. For instance, in Coimbra, the percentage of individuals who practice religion among non-consumers is eleven times higher than among ecstasy users. There is a similar situation in Utrecht, but in Nice the percentages between C and NC do not show great differences.

Religion believes and practices change from one city to other, probably being a reflection of each country cultural standards. Modena and Coimbra are the cities with a higher religious percentage among young individuals (approximately 60%) and Utrecht, the city with the lowest percentage (21%). In Palma de Mallorca, only one fifth of the individuals who declare themselves to be believers are practitioners. Ecstasy consumers are more likely than non consumers to be non religious and non practitioner. In the Coimbra sample, the percentage of individuals who do not use ecstasy and are practitioners is eleven times higher than the percentage of individuals who have used ecstasy. We find something similar in the Utrecht sample. Nevertheless, in Nice there are no significant differences between percentages of C and NC. As we already know, these data agree with several studies that have shown this relationship between religion and drug use.

### DESCRIPTION OF ECSTASY USE

We must remind again we are not using representative samples and, as a consequence of that, the comparisons among the samples corresponding to each town must be done carefully. If one specific percentage is exactly the double in one town in respect to another, this cannot be interpreted by no means saying that one town has twice the problems of the other. The only thing we can say is that may be we are confronted with differences or trends that should be further investigated.



## INCIDENCE OF ECSTASY USE (%)

	COIMBRA	MODENA	NICE	PALMA	UTRECHT
Never	48,9	50,5	55,2	49,9	50,7
< 12 times a year	18	6,9	11,3	13,1	24,7
Once a month	7,2	5,7	2,4	4,2	4,7
Less than once a week	7,6	1,9	3,3	10,7	8,5
Once a week	4,7	4,4	2,7	2,7	2,2
Several times a week	1,1	4,1	3,9	2,7	0,3
Everyday	0	1,6	2,1	0,6	
Ex-consumers	12,6	24,9	19,3	16,1	9

Approximately, half of the sample in every country are not ecstasy users, as a consequence of the sample definition. In relation to the distribution of the rest of the frequencies, as is the case of every table of this study, the data depends on sampling matters and on the particular characteristics of drug use in each country. These are the most significant differences among the cities:

- the high frequency of ex-consumers in the Modena sample (24,9%) in comparison with Utrecht (9%) on the other end.
- in the most pathological levels of drug use (several times per week and everyday), the lower frequencies are found in Coimbra and Utrecht. As a consequence of that these two towns have the higher frequencies observed in the less pathological level (<12 times per year).

## NON-ECSTASY PILLS USE

	COIMBRA	MODENA	NICE	PALMA	UTRECHT
Yes	21,9	23,6	31	30,6	13,8

In the sample of Nice and Palma de Mallorca, we find that approximately 31% have used other type of pills, different from ecstasy, while in the sample of Utrecht, just 13,8 % have done it. Probably, it is a consequence of the constitution of the Dutch sample -with a higher percentage of “mellow-house”- and of the probably higher selectivity of the Dutch consumer in the use of this kind of drugs, because of cultural standards and market.

## NON-ECSTASY PILLS

	COIMBRA	MODENA	NICE	PALMA	UTRECHT
Amphetamines	34,9	42,7	30,6	45,3	48,6
LSD	30,2	18,3	40	7,9	21,6
Benzodiazepines	4,7	8,5	2,4	31,1	
Other designer drugs		2,4	7,1	1,6	18,9
Others	30,2	28	20	14,2	10,8

It stands out the high percentage of amphetamines used. In Utrecht is nearly 50 % of the sample and in Nice, the sample with the lower percentage, 30,6% of the people have used it. We will see later that, above all, this consumption corresponds, for amphetamines as well as other drugs, to the individuals who are also ecstasy-users.

The LSD use is very high in Nice (40%), while Palma de Mallorca shows the lowest percentage (7,9%). However, this last city is where we find the highest percentage of Benzodiazepines use (31%), which is less frequent in the other cities and non-existent at all in Utrecht. We have not got an explanation for this high use of Benzodiazepines in the Spanish sample, although it could be that what people seek is their effect mixed with alcohol. We consider it an interesting datum that should be more studied.

In the Utrecht sample we find the highest percentage of people who has used other designer drugs (18,9%), while in the rest of the cities these percentages are practically non-existent, except in Nice with 7,1%. Probably, it is due to the fact that Dutch people has got a better knowledge of synthesis drugs or that in other countries, drug users ignore -because of the market characteristics- or are not interested in knowing if they are using ecstasy or any other designer drug.

## FRIENDS WHO ALSO TAKE ECSTASY

	COIMBRA			MODENA			NICE			PALMA			UTRECHT		
	Glo	NC	C	Glo	NC	C	Glo	NC	C	Glo	NC	C	Glo	NC	C
All	0	0	0	3,4	2	4	5,6	1,1	10,6	5,7	0	10,8	0	0	1,6
Almost all	16,8	0,7	32,3	14,6	2	28	18,9	8,1	32	19,1	4,8	34,2	18,6	2,7	34,4
Half of them	17,9	4,4	31	9,8	0,7	18,8	16,6	8,1	27,3	11,9	4,8	19,2	10,1	3,3	17,2
A few	37,6	38,2	36,6	41,4	33,3	49,3	38,5	47,6	27,3	32,5	33,3	31,1	41,1	38	44,4
None	27,6	56,6	0	30,8	61,9	0	20,4	35,1	2,6	30,7	57,6	4,8	29,3	56	2,2

Glo: Global sample    NC: Non ecstasy consumer    C: ecstasy consumer

## GLOBAL SAMPLE ANSWERS

We find a relatively homogeneous behaviour in the answers of the global sample in every city. Approximately 30% have not got any friend who uses ecstasy and between a 30% and a 40%, very few.

Palma de Mallorca (5,7%), Nice (5,6%) and Modena (3,4%), where, as we will see later, we detect the highest percentages of ecstasy misuse and more polyconsume, are the cities where we find a part of the sample that has all their friends ecstasy users.

## ANSWERS ACCORDING TO DRUG USE VARIABLES

If we compare the answers given by drug consumers (C) and non-consumers (NC), we find very different percentages in each one of the frequencies, except when “having

a few friends”, which has quite a similar behaviour in the five countries and in both categories of C and NC, between a 30% or 40%. That is to say, C have significantly more friends using drugs than NC.

However, if we choose the category “None of my friends uses ecstasy”, we notice deep differences. We find percentages of more than the 56% (except Nice with a 35%) among NC, while the percentages found among C range from 0% to 4,7%.

### OTHER DRUGS USED DURING THE LAST MONTH (in %)\*

	COIMBRA			MODENA			NICE			PALMA			UTRECH		
	Glob	NC	C	Glob	NC	C	Glob	NC	C	Glob	NC	C	Glob	NC	C
Alcohol	81,7	73,7	90	90,2	82,9	98,4	87,4	82	94	88,6	83,2	93,5	93,2	87,4	99,4
Cannabis	50,6	13,6	81	69,5	42,5	96,0	65,3	48,1	82	61,7	32,8	83,5	51,6	27,3	72,5
LSD	11,4	1,7	19,6	17,3	0	50	11	0	21,8	18,1	3,6	28,8	2,5	0	4,2
Amphetamine	15,3	3,4	25,4	17,4	0	51	11	2,3	19,7	8,5	1,8	13,8	16,7	1,5	29,2
Cocaine	6,6	0,9	11,4	26,7	3	64,5	20,3	3,5	34	31,6	8,6	49	14,8	2,2	25,1
Heroin	1,2	0,9	1,43	5,3	0	21,2	6	0	12,5	2	1,8	2,1	0,7	0,8	0,7
Tobacco	72,7	45	97,8	71,5	50,4	96,1	80,8	71,5	90,3	75,2	57,3	91	70,7	54	86,5
Mushrooms	9	1,7	15,2	8,1	1	25,7	9,8	4,6	15,1	2,7	0,9	4,16	14,8	4,4	23,5
Others	14,2	7,5	20,3	13,2	4,9	33,3	11,9	6	18,6	13,8	4,6	21,4	17,9	12,5	22,4

\* Missings: The percentages on the table refers just to the people who have answered to the questions. In this table, specially in the sample of Modena and Nice, there are a lot of missing that we can not say if they do not want to answer to the question, or that they are not consuming that particular drug. The problem is specially important when they are a lot of missings. Here follows a reference of the missing of each sample: in Coimbra there are 7 missings in the case of Alcohol and a maximum of 25 in the case of amphetamines, being the average of missings around 15, all that referred to the global sample; in Modena the minimum is 49 (alcohol) and the maximum is 191 (heroin), being the average around 130; in Nice the minimum number of missings is 33 (alcohol) and the maximum is 175 (heroin), being the average around 130; in Palma the minimum is 8 (alcohol) and the maximum is 83 (heroin), being the average number of missings around 60; in Utrecht the minimum number of missing is 4 and correspond to the alcohol, and the maximum is 92 (heroin), being the average around 65 missings.

### GLOBAL SAMPLE ANSWERS

The reading of the global data (the sum of ecstasy consumers and non-consumers) in this table has many limitations, since data suffer a lot of variations when afterwards we work separately with the NC or the C group.

At the sight of the global data, there is no doubt that, during last month, alcohol use prevails (more or less 90%), followed by tobacco (approximately 70%) and cannabis (approximately 60%).

Nevertheless, we can not ignore other drug use percentages, as is the case of cocaine that in Palma de Mallorca reaches 31,6% of the total sample who has used it.

Amphetamines are often used with frequencies that range from 8,5% in Palma to 17,4% in Modena. Similar percentages are found with the LSD use, from 11% in Nice to 18,1% in Palma de Mallorca, with the exception of Utrecht, that only reaches 2,5%. These high percentages on LSD consumption leads us to wonder about the doses they use.

Fungi have been used during the last month, above all by the samples in Utrecht (14,8%) and Nice (9,8%), being scarcely used in Palma de Mallorca (2,7 %).

#### ANSWERS ACCORDING TO THE USE OR NON-USE OF ECSTASY (C AND NC)

Group C must be defined as a group of polyconsumers, since the use they make of different substances is quite important. In every case, the use of other drugs during the last month is higher among C group than among NC group. Alcohol is the drug that shows the smallest differences, while the other drugs present significant differences, in spite that the control group uses drugs with a certain frequency.

Tobacco is a legal drug much less used by the group of ecstasy non-consumers. We find percentages that range from the 45% of Coimbra to the 71,5% of Nice. Among the C group, frequencies of use go beyond 90%, with the exception of Utrecht (86,5%).

It is obvious that cannabis is the most used illegal drug among ecstasy consumers. Its prevalence goes from 72,5% (Utrecht) to 96% (Modena), though in this last sample, as we have already explained, there were a certain percentage of missings in the C group. It is very important to point out that the prevalence of cannabis use has surpassed ecstasy use, during the last month. We must consider the binomial ecstasy-cannabis as an essential association. The use of cannabis among ecstasy NC is also quite common. With the exception of Coimbra that has a prevalence of 13,6%, in other cities samples, the percentages range from 27,3% (Utrecht) to 48,1% (Nice).

Cocaine is the second illegal drug more used by ecstasy NC. The percentages we have found range from 8,6% in Palma de Mallorca to 0,9% in Coimbra. Obviously, higher percentages are found in group C, being again Palma de Mallorca, the city where cocaine is more frequently used (49%) and Coimbra (11,4%), the city where this drug is less frequently used.

Amphetamines have also been frequently used during last month, above all by ecstasy C group. The frequencies found in the studied samples range from 29,2% in Utrecht to 13,8% in Palma de Mallorca (we do not take into consideration the percentages of Modena, since there were many missing among consumers). These percentages decrease significantly among ecstasy NC, finding the highest frequency of use in Coimbra with 3,4%.

LSD has lower percentages of use than amphetamines and they range from 28,8% in Palma de Mallorca to 4,2% in Utrecht (we do not take into consideration the percentages of Modena, since there were many missing among consumers). Again percentages decrease significantly among NC, being Palma de Mallorca (3,6%), the city where we

find the highest percentage, while in some of the other cities we have found not even one LSD consumer in this group.

Heroin data among ecstasy users in Modena (21,2%) and Nice (12,5%) are especially disturbing, though as we have already explained, these data had to be considered cautiously because there were many missings among the answers. For example, the 21,2% of Modena corresponds to 7 persons who have used this substance among 33 ecstasy consumers who have answered to this question. In spite of all this, we think it is a result that should be more deeply investigated. In the other three cities, we find a maximum of 2,1% in Palma de Mallorca and a minimum of 0,7% in Utrecht. The use of this drug among NC is really low in all samples.

Fungi use is practically non-existent in Palma de Mallorca, either in group C (4,1%) or NC (0,9%), in comparison with the other cities. In Utrecht there are 23,5% of fungi consumers during the previous month to the survey, among ecstasy consumers, percentage that decreases to 4,4% among NC. In Modena and Nice we find similar percentages, though there were many missing in the answers, and Coimbra should be in the intermediate position.

#### GETTING DRUNK DURING THE LAST MONTH (%)

	COIMBRA			MODENA			NICE			PALMA			UTRECHT		
	Glob	NC	C	Glob	NC	C	Glob	NC	C	Glob	NC	C	Glob	NC	C
Daily	1,8	2	2,1	0,3	0,7	0	1,2	0,5	1,9	0,9	0,6	1,2	0	0	
Several times a week	23,7	14	32	4	2,7	5,3	10,1	7,1	13	12,8	4,2	21	8	3,8	12
Once a week	19,4	8	30	8,3	8,2	7,9	9,5	6	14	14,3	7,3	20	9,1	4,3	14
Several times a month	13,3	16	9,8	25,6	9,5	24	17,9	11	18	12,8	13	15	22,5	23	18
Once	12,9	13	14	17,3	22	28	14,3	18	18	13,7	14	11	20,6	17	28
None	29	48	11	44,5	56	34	47	58	34	45,5	61	31	39,8	52	28

#### GLOBAL SAMPLE ANSWERS

The data shows that, among the youth, the excessive use of alcohol must be considered as disturbing at least as the use of ecstasy and other designer drugs. As we can see, more than half of the total sample has got drunk at least once during the last month. This percentage reaches 60,2% in the Dutch sample and 71% in the city of Coimbra.

In the sample of this Portuguese city we do not only find more individuals who have got drunk during the last month, but also more individuals who get drunk more often (44,9% of the answers declare to have got drunk at least once a week during the last month).

In the Utrecht sample, however, although there is only 39,8% who have not been intoxicated during the last month, they have the tendency to do it with a lower frequency, since between one and several times a month drunken states we find 43,1% of the total sample.

The drunkenness frequencies are relatively low in Modena and high in Palma de Mallorca, where 28% of the total sample has got drunk at least once a week.

#### ANSWERS ACCORDING TO ECSTASY USE OR NOT (C AND NC)

Between 50% and 60% of the NC have never got drunk during the last month and this percentage lessens by one half among the C of the different samples. The exception comes from the Portuguese sample, where only 11,2% of the C have not got drunk during the last month.

Again it is the sample of Coimbra the one which shows highest drunkenness frequencies during the last month, both in the NC group and, above all, in the C group (64% of the sample answers they have got drunk at least once a week during the last month!!). The local research team has an important remark on this question. During the period of time that the field work was done in Coimbra it took place an important yearly university festival for the students called “Queima das Fitas”, where it happens to drink a lot of alcohol. The C sample of Modena shows the lowest frequencies, since only 13,2% has got drunk once or several times during the last month.

The Utrecht sample, even that a high percentage has got drunk at least once during the last month, the number of repeated drunkenness is relatively low among the NC group of the Dutch sample and also the C group maintains low drunkenness frequencies in comparison with the other towns.

#### WHY DOES ECSTASY PRODUCE PROBLEMS

	COIMBRA			MODENA*			NICE**			PALMA			UTRECHT		
	Glo	NC	C	Glo	NC	C	Glo	NC	C	Glo	NC	C	Glob	NC	C
No problems	7,2	2,3	12	7,3	0,7	14,5	8,6	6,4	10,7	3,6	1,8	4,9	6,9	4,0	9,3
Because is illegal	17	6,8	26,7	1,4	2	0,7	12,9	8,2	19,2	3,6	1,2	6,13	4	4,4	4,06
Feel bad the day after	2,9	2,3	3,5	5,2	5,2	3,4	4	5,3	2,3	2,4	0,6	4,3	6,9	4,0	9,8
Produces addiction	13,4	26,3	1,40	16,6	25,5	7,3	20,5	25,7	13,8	27,3	34,1	20,1	9,5	15,9	2,9
Friends don't take	0,4		0,7	0,3	0	0,7	1	0	2,3	0,6	0	1,2	0,6	1,1	0
Unforeseeable effects	16,7	27,8	17,6	45,3	53,7	35	35,3	38	31,5	37	40,2	34,4	27,5	38,1	16,8
Pills adulteration	30,4	15,8	43,6	6,9	2	12,4	9,2	7,6	11,5	18	15,2	22,1	21,8	19,3	24,4
Family problems	2,2	3,8	0,7	1	0,7	1,4	1	1,8	0	3	1,2	4,9	2,3	1,1	3,4
Others	9,8	15	4,9	15,9	12,1	20,4	7,6	7,0	8,4	3,9	5,5	1,8	20,6	12,5	29,0

\* 31 Missing (valid Cases 289) \*\*37 Missing (valid Cases 303)

## GLOBAL SAMPLE ANSWERS

Approximately only 7% of the global sample of each town believes that ecstasy does not produce any problems. Palma de Mallorca is the town who considers ecstasy more problematic (only 3,6% of the total sample consider that ecstasy do not produce problems). Consequently there is an apparently general feeling that ecstasy produces problems.

“Unforeseeable effects” (between a 17% in Coimbra and a 45% in Modena), “it causes addiction” (between a 9,5% in Utrecht and a 27% in Palma de Mallorca) and “Adulteration” (between a 30% in Coimbra and a 7% in Modena) are the causes mainly chosen.

Percentages of the other causes are low, except for “Other causes” that in Utrecht reach 20,6% and in Modena 15,9%. “Illegality” gets very low percentages in Modena (1,4%), Palma de Mallorca (3,6%) and Utrecht (4%), while it is more valued as a problem in Nice (12,9%) and in Coimbra (17%).

## ANSWERS ACCORDING TO ECSTASY USE (C AND NC)

It is quite interesting to see how in every city the NC group answers follow a similar pattern quite different to the C group. Furthermore the non consumers believe, in a quite high proportion than ecstasy consumers, that the use of MDMA is problematic. The NC punctuate lower in all the possibilities collected in the questionnaire, with the exception of “Produces addiction” and “Unforeseeable effects”. These two possibilities, and above all the first one, show the great difference between both groups. For instance, in Coimbra only 1,4% of C believe ecstasy produces addiction, while among NC the percentage reaches 26,3%. Even in Utrecht, where the lowest global percentage is found, the difference between C (2,9%) and NC (15,9%) is striking. *These facts provides us interesting keys on the social representation of the ecstasy among young people and the differences of this representation between consumers and non-consumers, with important preventive implications.* We will see along this study that these data are not isolated. They have the same orientation discovered in the section 8.3. where is studied the ecstasy social representation of C and NC.

## CAUSES TO TAKE ECSTASY (% on total answers)\*

	COIMBRA			MODENA			NICE			PALMA			UTRECHT		
	Glob	NC	C	Glob	NC	C	Glob	NC	C	Glob	NC	C	Glob	NC	C
Relax	6,1	8,4	4	2,4	2,7	2,1	8,1	7,0	9,6	3	4,3	1,7	14,1	11,9	16,3
Enjoy dancing	20,5	18,5	22,4	10,5	8,9	12,4	22,2	21,6	23	13	7,2	18,4	9,6	5,8	13,5
Dance longer	11,7	17	6,5	11,1	9,2	13	9,3	9,2	9,6	12,6	15,5	10,1	14	19,5	8,2
Improves relation															
ship with others	13,3	11,4	15,1	13,7	11,1	16,8	11	11	10,7	9,5	9,2	9,4	10,8	9,5	12,1
Escape from reality	9,9	18,3	2,15	23,8	30	16,8	20,8	24,5	16	22,6	28,5	17,1	14,6	22,6	6,3
Makes feel OK	17,3	10,4	23,9	14	12,6	15,4	7,3	9,7	4,5	18,1	16,8	19,5	22,4	18,1	26,8
Better sex	2,5	3,3	1,7	3	1,9	4,3	3,6	2,5	4,8	3,5	3,1	3,7	2,6	3,1	2,01
More creative	8,7	6,3	11	5,3	5,6	5,2	3,6	2,9	4,5	4,4	3,4	5,5	2,6	2,1	3,02
Stimulate senses	10,1	6,3	13,4	16,1	18,1	13,9	14,1	11,7	17	13,3	12,1	14,7	9,5	7,4	11,7

\* ATTENTION!!. Each individual could choose three answers. The % are referred then to the total of given answers.

## GLOBAL SAMPLE ANSWERS

The most popular reasons for the ecstasy use are to dance (adding the two possibilities “Enjoy dancing” and “Dance longer”) with percentages between 21,6% (Modena) and 32,2% (Coimbra), “Escape from reality” with percentages between 9,9% in Coimbra and 23,8% in Modena, “Feel good” frequently between 7,3% in Nice and 22,4% in Utrecht and “Stimulate senses” with frequencies between 9,5% (Utrecht) and 16,1% (Modena). We notice that dancing is one of the most chosen answers, above all among C, as we will see later on.

The other 4 causes collected in the questionnaire are not often chosen. An important exception is the answer “To Relax” which is chosen by 14,1% of the Dutch sample. One of the answers not selected frequently by the people was to take ecstasy “to have better sexual relationships”. Nevertheless, in an other part of the questionnaire –the social representation scale- the youngsters are interrogated again on this subject and it seems that this time they demonstrate more interest for the relation of sexuality and XTC. *In fact 33,8% of the sample of NC and 45,1% of C do agree that ecstasy disinhibits sexually.*

## ANSWERS ACCORDING TO BEING OR NOT ECSTASY USER (C AND NC)

“Escape from reality” is interestingly the most chosen answer by NC and the one that shows the greatest differences between both groups. In the case of Utrecht, these differences range from 22,6% (NC) to 6,3% (C), a similar distance to the one found in the sample of Coimbra with 18,3% (NC) and 6,4% (C). We consider this is a consequence of the different social representation of MDMA between NC and C in a similar way of what was shown in the last table in relation of different reasons why ecstasy produce problems.

The relationship of the dance with this drug is often mentioned. Certainly, if we select group C, the two possible answers connected with dancing are the most chosen. These percentages are between 32,5% in Nice and 21,7% in Utrecht. Nevertheless, these data must show us that, from the point of view of prevention, the association ecstasy-dance is important but not exclusive, since young people also associate ecstasy to other problems.

Continuing with the dance topic, it is interesting to emphasise the differences found between NC and C, according to the two questions connected with this matter. The NC group associates ecstasy above all with “Dance longer”, while C with “Enjoy dancing”.

THE FOLLOWING TABLES HAVE BEEN ANSWERED EXCLUSIVELY BY ECSTASY USERS OF EACH CITY AND BOTH THE DISCO SAMPLE AND THE UNIVERSITY SAMPLE HAVE BEEN PUT INTO ACCOUNT TOGETHER.



### ECSTASY USE DURING THE LAST THREE MONTHS (In %)

	COIMBRA	MODENA	NICE	PALMA	UTRECHT
No use	22,4	48,7	50,3	42,3	34,1
Less than once a month	32,9	17,3	21,4	14,4	27,9
Once a month	20,3	11,5	7,6	10,7	15,1
Less than once a week	11,9	2,6	10,3	19,6	20,1
Once a week	9,1	7,1	6,2	5,4	2,8
Several times a week	3,5	9,6	2,8	6,5	
Almost daily		3,2	1,4	1,2	

In the Portuguese sample there is the lowest frequency of ecstasy users (22,4%) who have not consumed ecstasy during the last three months. Therefore, it is the city where we find more individuals that have consumed. However, these uses are distributed in the lowest frequencies, that is, even that they are the sample which the highest incidence of ecstasy use during the last three months, they tend not to repeat that use very frequently.

The Dutch case is quite similar. There are relatively few individuals who have not consumed during the last three months (34,1%). However, consumers in the highest frequencies are practically non-existent.

Where the highest frequencies of use can be found is in the city of Modena, followed by Palma de Mallorca and Nice.

### ECSTASY USE DURING LAST MONTH (In %)

	COIMBRA	MODENA	NICE	PALMA	UTRECHT
No use	32,2	67,7	61,7	52,4	54,4
Once	37,8	11	19,5	19,9	27,8
Less than once a week	15,4	2,6	8,7	13,3	12,8
Once a week	12,6	6,5	6	7,8	5
Several times a week	2,1	9	2,7	5,4	
Almost daily		3,2	1,3	1,2	

As it is logical, the same comments made in the previous table can be applied in this one, too. We have to point out that the logical increase of “No use” found when we studied last month consumption instead of the last three months consumption, comes basically from the less frequent consumers, since the highest frequencies remain practically unchanged, as expected.

### DIFFERENT PRESENTATIONS OF ECSTASY (In %)

	COIMBRA	MODENA	NICE	PALMA	UTRECHT
1 type of pill	15,6	25,7	40,3	14	58,7
2 type of pills	38,5	30,1	23,1	16,2	31,4
3 type of pills	34,8	26,5	16,9	59,6	5
> than 3 types	11	17,7	20,8	10,3	5

These data are interesting in order to know the type of market. Does it exist a diversity or a frequent change of the presentation of ecstasy in the market?. These data show us that Utrecht is the place with the greater stability in the presentation of ecstasy. In this city, 58,7% has only taken one form of ecstasy pills. Palma de Mallorca and Coimbra are the cities with the highest changes.

**IMPORTANCE GIVEN BY THE CONSUMERS TO THE KNOWLEDGE OF THE PILLS COMPOSITION (in %)**

	COIMBRA	MODENA	NICE	PALMA	UTRECHT
It does not matter	18,9	45,3	16,6	33,1	14,2
I'd like to know, but I take it anyway	65,7	11,5	53,8	55,4	58,5
If I don't know the composition, I prefer not to take them.	15,4	43,2	29,7	11,4	27,3

The Palma de Mallorca users are the less interested in knowing the exact content of the ecstasy pills. Something similar happens in Coimbra. The sample from Nice and Utrecht follow a parallel behaviour, and among them, 30% of the answers affirm that if they do not know the composition of a pill they prefer not to take it, which does not exactly mean they will not take it at the end.

The results corresponding to the Modena's sample can look contradictory because they are very polarised. Half of the sample do not bother at all which is the composition of tablets and the other half looks quite worried about it. A possible explanation of this behaviour could be that at the same time that was done the field work there was a big preventive campaign in that Italian region very centred in the question of the pills composition.

The results in this Table would seem to indicate the scant interest shown spontaneously by young people in the composition of the tables, and this should be taken into account in those campaigns that lay great emphasis on this aspect. These results would coincide with the idea that, in general, young people do not look for a tablet with a specific chemical composition. They are not buying MDMA, they are buying "ecstasy" with is a much broader thing but, at the same time, one that they understand better than a simple chemical formula. These young people buy the substance to enjoy their night out and are convinced that the goods they buy, whatever their composition, will help them to achieve it.

**AGE OF THE FIRST USE (In years)**

	COIMBRA	MODENA	NICE	PALMA	UTRECHT
Mean	21,3	18,28	20,88	18,94	21,45
Median	21	18	20	18	21
Standard Deviation.	2,50	3,12	4,58	3,76	4,15
Huber M-Estimator	21,11	18,06	19,99	18,39	20,94

Both the mean and the Huber M-Estimator (which is the best way of calculating means when there is a great data dispersion) place the first consumption between 18 and 21 years old. The samples of Palma de Mallorca and Modena start earlier and the samples of Coimbra and Utrecht, later. A possible explanation could be the fact that the mean age of the samples of Coimbra and Utrecht is higher.

From these results, with a relatively late average initiation age, we can deduce that this type of drugs is not the first illegal drug used, a position which is, undoubtedly, still occupied by cannabis.

### FAVOURITE DAYS FOR USING ECSTASY (In %)

	COIMBRA	MODENA	NICE	PALMA	UTRECHT
Weekends	90,1	72,1	74,8	90,7	77,9
From Monday to Thursday	1,4	3,3	3,1	1,2	0,6
Any day of the week	8,5	24,6	22,1	8	21,5

The consumption is higher on the weekends in every sample, and that seems logical if we think it is considered basically a drug of recreational use. However, we have to point out that Modena (24,6%), Nice (22,1%) and Utrecht (21,5) have relatively high percentages of individuals who use ecstasy any day of the week. The case of Modena can probably be explained, since it is a sample that shows in different tables a high misuse potential. In the case of the samples of Nice and Utrecht, may be we can think that an important part of the use is not anymore linked to the weekend recreational scene. In Palma de Mallorca and Coimbra the use is quite clearly recreational.

### NUMBER OF PILLS CONSUMED PER OCCASION

	COIMBRA	MODENA	NICE	PALMA	UTRECHT
1/4 of a pill		6	1,4	5,4	3,5
1/4 of a pill	13,4	15	34,2	19,2	24
1 pill	51,4	41,4	37,7	29,9	39,2
2 pills	33,1	24,8	17,8	27,5	26,9
Between 3 and 4 pills	2,1	10,5	5,5	7,8	5,3
More than 4 pills		2,3	3,4	10,2	1,2

The consumption of one or two pills is the most frequent among the different samples of this study. Palma de Mallorca is the city with the highest frequency (10,2%) of consumers who take more than 4 pills every time they consume, being also high in this city sample the use of between 3 and 4 pills (7,8%). In this town, and also in Modena and Nice, we can observe an important tendency to abuse in terms of pills taken in every occasion.

Coimbra and Utrecht are the towns where people tend less to abuse. There are few people having more than two pills a time.

## WITH WHOM TO CONSUME ECSTASY? (In %)

	COIMBRA	MODENA	NICE	PALMA	UTRECHT
Alone		5,6	1,4	0,6	
With friends	93	77,8	85	94,6	92,7
Sometimes alone, sometimes with friends	7	16,7	13,6	4,8	7,3

The highest percentages are found, as expected, in the category “With friends”, as corresponds to a drug that generally has a recreational use. Nevertheless, in Modena there is 5,6% that prefer “Alone” and 16,7%, “sometimes alone and sometimes with friends”. A reasonable explanation could be the fact that this sample is the one with the highest misuse potential. It is rationale to think that when people tend to consume on their own it is not a typical recreational pattern. In other towns we can find also a certain percentage –much lower- that tend to use it no always with their friends.

## WHERE TO USE ECSTASY (In %)

	COIMBRA	MODENA	NICE	PALMA	UTRECHT
At home	1,6	5,9	6,5	3,4	11,2
At friends home	9,7	5,3	18,2	9,7	10,9
At the disco	29,3	44,9	23,4	32,4	20,5
At bars	1,1	4,3	2,3	12,4	3,1
In the street	0,3,	3,7	2,3	2,6	4,7
At “rave” parties	35,2	18,7	29,5	8,4	37,4
At ‘afters’	8,3	11,2	12,7	25,8	8,8
Others	14,5	5,9	5,2	5,3	3,4

Discos are the places with the highest percentages. In Palma de Mallorca we also find a high percentage (12,4%) at bars, but this kind of places can be considered as discos, since they have high volume music and a dancing area. “Afters”(bars or discos that open very late at night) are also extremely popular among the population of Palma de Mallorca (25,8%).

At “raves” we also find high percentages in Utrecht (37,4%), Coimbra (35,2%) and Nice (29,5%).

The answers “At home” or “At a friend’s house” are relatively important as places of consumption, above all in Nice (24,7%, considering both percentages) and Utrecht (22,1%, considering both percentages). This means that prevention strategies should not only concentrate in the dance scene.

**OTHER DRUGS TAKEN SIMULTANEOUSLY WITH ECSTASY (in %)\***

	COIMBRA	MODENA	NICE	PALMA	UTRECHT
Cocaine	11,9	65,6	33,7	48,1	28,9
Alcohol	18,3	97,3	70	83,5	70,3
Heroine	1,4	27,8	13,5	1,4	
Tobacco	97,2	94,6	82,9	88,8	79,9
Cannabis	81,7	93,2	74,4	80,6	66,9
LSD	26,2	53,1	30,9	38,8	9,4
Amphetamine	34	38,5	24,2	39,5	41
Fungi	13,6	35,1	19,8	3,5	20,4
Other	21,1	39,3	18,2	17,7	13

\* *The number of missing in this table is irrelevant in the case of Coimbra and Palma de Mallorca, but in the case of Utrecht there is a minimum of 18 (alcohol) and a maximum of 48 (heroin) and an average of 30 for the rest of drugs; in Nice, the minimum is 18 for the alcohol and 62 for heroin, with an average of missing for the rest around 40; and in the Modena sample there is a minimum of 47 (alcohol) and a maximum of 121 persons (heroin), and an average of 80 for the rest of drugs. Very presumably there are not real missings, but people that just not filled the questionnaire in these particular items because he/she did not use that particular drug. In any case, it is important to remind that the percentages on the table concern only to people that has responded correctly to the question.*

We are confronted in general terms with a poly-consume pattern in all towns. Alcohol and tobacco are the most popular and they are combined very often with ecstasy. Also, cannabis and cocaine are present in this polyconsume. Obviously, the idea that ecstasy tends to be consumed alone does not have actually any empirical support in this research. The isolated use of this drug may it was possible many years ago in the context of the new age culture. But the results of the present study and many others prove clearly that when ecstasy consumption is massive, as it is the case at present, we just can expect to find a polyconsume pattern.

However, even with these other drugs that are used in such a massive way, we have to introduce important nuances according to the countries. In the Portuguese case, only 18,3% of the sample uses ecstasy simultaneously with alcohol. As we will see later, in the table where the sample answers to the question “What substances have you taken during the last month?”, 79,9% of this sample has consumed alcohol. Therefore, we are confronted with a sample of users who follow to a certain extent the instructions that alcohol must never be mixed with XTC. The probable reasons for this ‘exceptional’ pattern is because, according to this and other data, the Portuguese of this study are people who have started consuming ecstasy very recently, they are not abusing (not taking many pills each time, not taking ecstasy very often,...) and they still capable to use ecstasy in a controlled way.

As we know there is an important number of missings in the case of Modena and Nice, nevertheless it worries the high percentage of individuals who take simultaneously heroine in the sample of Modena (27,8%) and Nice (13,5%), but it is important to remind that the percentages on the table concern only to people that has respond correctly to the question.

As we have already seen in other tables where there were many missings it is difficult to know which is the right interpretation, because we do not know it is a question of sampling or especial consumption habits of the studied area or both. This high association between ecstasy and heroin needs then further exploration.

The Utrecht sample behaviour is interesting. Though there is also a certain polyconsume, it is lower than in other towns. Actually, there are no heroine consumers, they are among those who consume less tobacco (79,9%), alcohol (70,3%), cannabis (66,9%) and cocaine (28,9%) simultaneously with XTC. May be the biggest difference with other cities is the use of LSD (9,4%). Nevertheless, as we can see, the percentage of simultaneous use are still quite high and we must consider the Dutch sample also as poly-consumers. We have already explained possible sampling reasons to explain a less heavier polyconsume influenced by the fact that young people in Holland are more divided into groups that share same cultures, music, drugs,...

### HAVE YOU EVER THOUGHT ABOUT GIVING UP ECSTASY (In %)

	COIMBRA	MODENA	NICE	PALMA	UTRECHT
Yes	56,3	64,6	76,9	55,8	42,4

Nearly in every country, more than half of the users have considered giving up ecstasy in some moment of their life, reaching up to 76,9% in Nice. Dutch users seem to have less problems with its use, which is due probably to the fact that they are the sample with less tendency to misuse. Probably it has also some influence in the Dutch case the cultural connotations linked with the important preventive campaigns that have taken place in this country.

We can not forget that the samples from Modena and Nice have a high percentage of ex-consumers, which may be explains why in these cities we find a high percentage of people who wants to give up ecstasy. A second possible reason is the high percentage of misuse.

From a preventive point of view, we consider significant that such a high percentage of individuals had thought about the possibility of giving up ecstasy. This will mean that an exclusive harm reduction strategy will not take into account this need expressed by the ecstasy users, and therefore we have to think also in some programs that could help them in giving up this drug.

### WHERE ECSTASY IS OFTENER BOUGHT

	COIMBRA	MODENA	NICE	PALMA	UTRECHT
At discos or bars	13,3	20,1	18,1	24,11	12,6
In the street	5,6	11,8	10,5	11,9	3,7
With friends	35,3	46,5	36,8	34,3	58,2
At concerts	11,5	1,4	3,6	8,2	2
At "rave" parties	27,4	10,4	22,7	8,4	16,7
At football stadiums	2,3	0,7	0,7	1,8	0,3
Others	4,6	9	7,6	11,3	6,5

Quite clearly the most common answer is “to friends”, followed by at “discos or bars”. “Raves” and “concerts” are also places used to buy ecstasy in some of the countries.

To buy ecstasy “in the street” is approximately 10% in the different countries, which indicates the scarcely marginal character of its use.

## EFFECTS VALUATION

	COIMBRA	MODENA	NICE	PALMA	UTRECHT
Very positive	44,8	30,8	33,3	21,1	35,6
Positive	54,5	33,6	45,3	47,6	53,7
Not good, not bad	0,7	20,3	4	22,9	8,5
Negative		7	11,3	6,6	1,1
Very negative		8,4	6	1,8	1,1

Ecstasy effects are generally considered by users as extremely positive. The lowest valuation is found in Modena, with 64% who considers the effects of ecstasy use are between positive and very positive.

It seems that the samples of those cities where it exists a smaller misuse in the consumption or a minor polyconsume (Coimbra and Utrecht) value in a more positive way the effects. An incredibly high percentage of the Coimbra sample (99,3%) considers the effects of the ecstasy are positive or very positive.

It would be worth determining how far the perception of the bad effects has driven part of the sample to become ex-consumers. We must remember that there is a high proportion of ex-consumers in the samples of Modena and Nice and also a certain percentage of users who do not like the effects of ecstasy.

In Palma de Mallorca, a sample with a tendency to ecstasy abuse and to polyconsume, is where we find a 23% of users that evaluates the effects as “not good, not bad” and 8,4% as “negative” or “very negative”.





## 6. SENSATION SEEKING SCALE (SSS)

### 6.1. BIBLIOGRAPHICAL ANALYSIS. THEORETICAL FUNDAMENTALS

The Sensation Seeking Scale was created in order to quantify the concept “optimum stimulation level”, proposed by Hebb and Thomson (“The social significance of animal studies”. In G. Lindzey, De. Handbook of social psychology. Cambridge. Mass: Addison-Wesley, 1954, p. 551-552) among others. These authors propounded the theory that little stimulation leads the organism to an increase of stimulation, while too much stimulation leads to a conduct that decreases stimulation. This idea implies each individual has his/her optimum stimulation level.

Zuckerman “has proposed the Sensory Deprivation Theory, based on the optimum stimulation level. The Sensation Seeking Scale was developed in order to distinguish individual differences in optimum stimulation level. It was postulated that the need of change, variation and stimulation intensity should appear in different behaviour characteristics, including seeking adventures, social activities, etc”. (Lyttle and Montagne, 1992). Zuckerman created the first scale, at the beginning of the sixties, with Kolin, Price and Zoob. Nowadays, the most popular is the V version (Zuckerman, Eysenk and Eysenk, 1978). It includes four subscales.

Version V was made because it was necessary to have a reduced version of the SSS (Sensation Seeking Scale). Starting with four factors, 10 items were selected for each of them (that would constitute the four scales). They should have a significant importance in the same factor in every sample and coefficients superior to a magnitude of 0.30. These scales would have the highest values for the cultural comparisons (O’Rourke, 1985). Total amount could be obtained adding the four scales results.

The names and contents of the four subscales with 10 items each in the SSS version V are:

1. Thrill and adventure seeker (TAS): it expresses the wish to involve oneself in activities connected with risk, that provide unusual sensations.
2. Experience seeking (ES): it implies a need to change interior experiences which can be obtained through travelling, drugs, music, art and a not conventional way of life. Some resistance to authority and irrational conformity.

3. Disinhibition (DIS): it seems to describe the wish to be free through alcohol, fun and sex.
4. Boredom susceptibility (BS): it implies a refusal of repeated experiences, boring people and no reaction to monotony.

We ignore if this scale has been validated in other European countries, but “in its Spanish version, it offers an alpha reliability similar to the one found in the original version of this same scale. The reliability test-retest at intervals of ten days and five weeks between administration is acceptable because the total scale coefficients are superior to 0,87 and comparable to those presented by other scales of questionnaires with similar characteristics to this scale” (Robins, 1992).

#### SENSATION SEEKER SCALE AND DRUG USE

“Due to the kind of personality associated with the sensation seeker, it is not a surprise that great sensation seekers have more diverse experiences connected with sex and drug use. Perhaps we are insisting too much in the psychopathology of drug use and sex, and not enough on the fact that both are a way of obtaining new experiences (Solowij and Lee, 1991).

Several investigations find a consistent relationship between the SSS scale and drug use (Bates, 1986; Zuckerman, 1990; Zuckerman, 1980, Villa Canal, 1996). Luengo (1996) carries out an excellent revision of this literature. Even Zuckerman (1983), in a revision of some investigations, indicates that the sensation seeker scale (especially subscales DIS and ES) explains most of the variances of drug use. Also, Jaffe (1987) thinks sensation seeking scale is the most important predictor in comparison with other personality variables and scales. Teichmann (1989) considers sensation seeking has a higher predictive effect on drug use than depression or anxious characteristics and helps to identify abstemious, experimental users and all kind of drugs users.

We can find two explanations between seeking sensations and drug use. Zuckerman provides the first one, trying to connect the pharmacological properties of each drug with his theory, and in a sample composed by 80 drug users found that sensation seeking is interrelated with stimulant and hallucinogenic drugs and, at the same time, sensation seeking would have a negative correlation with depressive drugs. Another explanation, more supported by current data, would be that the sensation seeker is an individual interested in the changes produced by drugs on personality and behaviour, considering quality a secondary element. Culture and drugs current market goes in the direction of a poly-consumer and it does not allow individuals to choose a specific drug according to his/her personality. Zuckerman (1983) also supports this possibility when he says people try to find in drugs a change of their affective state more than specific effects.

Luengo (1996) carries out a longitudinal study during two consecutive years in a sample of 1226 adolescents (583 male, 643 female) and finds the magnitude of the

correlation's varies in function of the components of the sensation seeking scale that are analysed and the substances that are taken into account.

In the former study, the total punctuation in the sensation seeking scale interrelates more with legal drugs (beer, liquors and tobacco). The correlation with cannabis is inferior and for the rest of drugs it decreases considerably. For the subscales, not all of them have the same association, being the DIS scale the most connected with all kind of consumption. Taking into account the kind of substance *stimulant drugs are the ones which have greater correlation*. The second subscale connected with drug use is the ES, being the TAS scale the one with the weakest correlation.

In both samples -men and women- it is confirmed that the total punctuation of the sensation seeking scale is the one which presents a most intensive relationship with all kind of consumption. Nevertheless, it is observed that men and women tend to defer in the magnitude of the associations between the total punctuation in the sensations seeking and the different kinds of consumption. In the consumption of most of the substances, above all beer and liquor, correlation seems to be higher (though not in a way statistically valid) for the men sample than for the women sample; however, when talking about tobacco, cannabis or, above all, cocaine use, the association tends to be higher in the women sample. In short, these tendencies seem to suggest that while the DIS scale can be more intensely associated with drug use in the masculine population, the ES scale has more relevancy in the women sample.

Also in the former study, it is demonstrated that sensations seeking is a relevant variable in order to differentiate the non-consumers adolescents, during the two years of the research, and those who, in the second year, increase their drug use. The direction of these differences is clear, being higher the mean punctuation in the sensations seeking among groups with progressive patterns of drug use. Within these, the individuals who change from legal drugs to cannabis use are the ones who present the highest punctuation in the sensation seeker scale. It seems that, while for the beginning of the consumption, which means the progression from not drug use at all to legal drug use, the most significant dimension is disinhibition, for the progression to cannabis use the seeking sensations dimension also acquires a high significance. These findings, according to the authors, are congruent with Zuckerman (1978) predictions. He outlined that, while thrill and adventure seeking would corresponded to the most socialised modality of seeking sensations, experience seeking and disinhibition would represent the most sociopathological characteristics of the area and, for that reason, they would have to show a greater link with socially deviant behaviours.

In a former study of Zuckerman (1972), where the relationship between SSS and drugs, sex, smoking, taking coffee and alcohol was investigated, the results were as follows:

- In men samples, drugs experience correlated significantly with all scales, except with DIS. However, in women samples, drugs experience correlated with all subscales. For both sexes, the strongest correlation was in the ES.

- Smoking had a significant correlation in men, but not in women. All those who had the highest punctuation in SSS were great smokers.
- There were not relevant correlation for alcohol and coffee.

In another study, it was again investigated the SSS with sexual experience and drugs. These were the results:

- Sexual and drug use experience correlate between them so intensely as with the ES subscale. This suggests both are characteristics of the sensations seeking as a rule.
- Alcohol use is connected with other drugs and sex only among women.
- The highest alcohol use is not found among those who punctuate high in sensations seeking, but among those who have an mean punctuation. Among women, the percentage of alcohol users among high sensations seekers decreases, while it increases among low sensations seekers. The author has the hypothesis that, as there is such a proliferation of drugs in the university, high sensations seekers prefer illegal drugs to alcohol, while low sensations seekers prefer alcohol. They also think it is due to the fact that sensations seekers prefer stimulant drugs. They consider certain common drugs such as cannabis or alcohol will become characteristics of sensations seeking. “The sensation seeker is always looking for something new”.

The only study found that connects specifically Zuckerman SSS and ecstasy is a Spanish research (Villa Canal et al. 1996) about a group of ecstasy users belonging to the subculture “after-hours”. The sample of the population studied was composed by 17 young people, living in Asturias. The method used to get the sample was the snowball technique, starting with those individuals who were in judicial processes connected with MDMA traffic during 1994. All interviewees followed the sensations seeker standard. In the total scale 82,4% obtained a punctuation above the mean of the general population. The subscale with the highest punctuation was BS (88,3%). All women punctuated above the mean of the general population in subscales DIS and BS. Men did it in subscales ES and BS. As comparative sample, it was used the study of Pérez and Torrubia (1986) for the Spanish general population.

## **6.2. RESULTS SENSATION SEEKING**

As we saw in the preceding bibliographic review, several surveys have shown that sensation seeking is related to drug use, so it is to be expected that consumers score higher than non-consumers on the scales measuring this variable.

Before interpreting the difference between consumers and non-consumers, we have to take into account certain characteristics of the samples used in this survey. The non-

consumers sample comprises individuals who do not take ecstasy but may be taking another type of drug. In fact, analysis of the consumption variables (see **chapter 5**) shows us that non-consumers also make use of drugs, notably alcohol and cannabis. The ecstasy consumers sample, for its part, comprises individuals who consume other types of drug -multiconsumers in other words-and, in addition, who consume them with greater frequency than the non ecstasy consumer group.

Therefore, the difference between the non-consumers and consumers sample is not only that the former do not use ecstasy and the latter do but that, in general, the individuals in the ecstasy non-consumer sample use drugs with a lower frequency than those in the ecstasy consumers sample.

Below, we give the results of the Sensation Seeking Scale (SSS) and the different subscales that it comprises in respect of the four variables:

1. Country.
2. Sample type.
3. Consumer group.
4. Sex.

In order to ascertain the significance of the differences between the mean score resulting from the analysis broken down by country, sample type and consumer group, several parametric tests and the non-parametric test by Kruskal Wallis were carried out. The table shows the values obtained for this latter test, in that some sub-scales do not give the implications necessary for the comparison of the means with parametric tests and this type of non-parametric test is the most appropriate.

In order to find the differences in mean scores in respect of sex, an analysis was applied of mean differences based on the variance.

### ***6.2.1. SSS scores for the overall sample by country.***

In this section, the mean scores of each city were calculated and compared for the overall sample (all the people interviewed in each city). In order to be able to better explain the origin of the difference between the various cities, the results have been completed with a factorial analysis between the type of consumer variable and the country variable, so that, in this way, we can justify some of the differences that appear.

We have considered 5 types of consumers; non-consumers of ecstasy (practically half the sample), occasional or experimental consumers, habitual, compulsives and ex-consumers.

## THE SSS IN THE FIVE CITIES IN THE SURVEY

	TAS	ES	DIS	BS	GLOBAL
Coimbra	5,8037 (2,3993)	5,4088 (2,0633)	5,4059 (2,0288)	4,9478 (1,8575)	21,3640 (6,1728)
Modena	5,4309 (2,4680)	5,4944 (1,7256)	5,7197 (1,7388)	3,9471 (1,8470)	20,7405 (5,2691)
Nice	5,4452 (2,3050)	5,8885 (1,6904)	5,3018 (2,0795)	4,7474 (1,5685)	21,4658 (4,8908)
Palma	5,4209 (2,1887)	6,4764 (1,6893)	6,0161 (2,0040)	3,4441 (1,7943)	21,3115 (4,8434)
Utrecht	6,3851 (2,1743)	6,6513 (1,6751)	5,7047 (2,0686)	4,0316 (1,8115)	22,7029 (5,2120)
K-W (p)	44,39 (0,0001)	102,65 (0,0001)	22,22 (0,0002)	124,26 (0,0001)	22,70 (0,0001)

The data in the Table correspond to the mean and, inside brackets, to the standard deviation. K-W (Kruskal Wallis test statistic and level of significance).

### THRILL AND ADVENTURE SEEKING (TAS)

On this SSS subscale, *Utrecht scores the highest and it is significantly different from the mean of the other cities*. Among the other cities, there are no significant differences between means. This high score by the Dutch sample may be a result of the fact that on this subscale, as we will see later, the Dutch non-consumer group has a higher mean score than the mean overall score for this group. Which means to say that the Dutch non-consumers of ecstasy are greater thrill and adventure seekers than the non-consumers in the other countries.

### EXPERIENCE SEEKING (ES)

In this second subscale, we see two groups of cities which show significantly different scores. One of these groups comprises Nice, Coimbra and Modena, and the other Palma and Utrecht. It is the latter two cities, *Palma and Utrecht which have significantly higher means than the first group*.

According to the results of the factorial analysis, we see that these differences arise from the fact that on this subscale, Spain and Holland score above the overall mean for the non-consumer and occasional consumer groups, and Spain also scores above the overall mean for regular consumers.

Therefore, *the non-consumers and the occasional or experimental consumers in Utrecht and Palma de Mallorca are greater experience seekers*, which means that they have a greater necessity than the other two cities for leading a not very conventional life, either through travelling, music styles or drug use.

## DISINHIBITION (DIS)

*Modena, Palma and Utrecht are the samples that score highest on this subscale, there being no differences between them. In addition, the mean score for Palma is significantly higher than that of Coimbra and Nice, and the mean score for Utrecht is significantly higher than that for Nice.*

In the factorial analysis, no interaction appears between the type of consumer variable and country, in other words, the explanation for these differences does not arise from the differences between the scores for the different types of consumers. In any case, we can say that the individuals in Modena, Palma and Utrecht show a greater tendency to hedonism than the individuals in the other cities.

## BOREDOM SUSCEPTIBILITY (BS)

On this subscale, the highest mean scores are obtained by Coimbra and Nice, and are significantly different from the mean scores for Utrecht, Modena and Palma de Mallorca. On the other hand, Palma de Mallorca shows a significantly lower mean score than the other cities. In fact, in the factorial analysis, Palma scores beneath the overall mean in the non-consumer, occasional consumer and regular consumer groups, whereas Coimbra scores higher.

Therefore, we see that overcoming boredom is more important factor for the Portuguese and French samples when explaining their behaviour, than for the other countries, most of all in comparison with Palma.

## SENSATION SEEKING SCALE (SSS)

*Utrecht scores highest on the overall scale, it being significantly different from the mean scores of the other cities. It is followed by Modena, Coimbra, Palma de Mallorca and Nice, in this order, even if the Kruskal Wallis test shows no differences in the mean between these cities.*

On the global scale, *the factorial analysis shows that the non-consumer group in Utrecht has a higher mean score than the overall mean for this group, in other words, that the non-consumers in Utrecht are greater sensation seekers than the non-consumers in the other countries. This score by the non-consumers could be the explanation for Holland being so prominent in this analysis.*

## CONCLUSION AND SUMMARY

The Utrecht sample scores high on all the subscales and on the overall scale for Sensation Seeking, except on the subscale on boredom susceptibility. Therefore, the characteristics of drug use in the Utrecht sample, at least in comparison with the other countries, may have experience seeking, thrill and adventure seeking and Disinhibition as important factors, whereas overcoming boredom did not have such weight as in the

other countries. The Italian sample scores high, on the disinhibition scale, and low on the remaining subscales, therefore a factor which would have more importance for this sample is a tendency to hedonism, to the search for enjoyment. The Nice and Coimbra samples only score high in respect of the other cities on the Boredom Susceptibility Subscale. Overcoming boredom seems to be a factor with more weight among the French and Portuguese. As for the Palma sample, it seems that the necessity for a more unconventional life style and a tendency to hedonism are the factors which predominate in comparison with the other cities. Notable too, is the low score on boredom susceptibility.

**6.2.2. Score on the SSS Scale by sample type differentiating consumers or non-consumers of ecstasy.**

These scores correspond to the total sample of individuals (1,627), in respect of the sample to which they belong (disco and university) and differentiated also in accordance to whether they are ecstasy consumers or non-consumers.

**SSS SCORES BY SAMPLE TYPE**

	<b>TAS</b>	<b>ES</b>	<b>DIS</b>	<b>BS</b>	<b>GLOBAL</b>
<b>University</b>	<b>5,6686</b>	<b>5,4841</b>	<b>4,9226</b>	<b>3,4622</b>	<b>19,5685</b>
<b>Non-consumer</b>	(2,4796)	(5,4841)	(2,0516)	(1,7839)	(5,5723)
<b>University consumer</b>	<b>6,0563</b>	<b>6,9747</b>	<b>6,4152</b>	<b>4,6207</b>	<b>23,9218</b>
	(2,2203)	(6,9747)	(1,7229)	(1,8018)	(4,4189)
<b>Disco Non-consumer</b>	<b>5,5714</b>	<b>5,5450</b>	<b>5,1611</b>	<b>4,0296</b>	<b>20,3576</b>
	(2,3357)	(5,5450)	(2,0871)	(1,7714)	(5,1488)
<b>Disco consumer</b>	<b>5,7493</b>	<b>6,4858</b>	<b>6,2139</b>	<b>4,8067</b>	<b>23,2638</b>
	(2,1988)	(6,4858)	(1,7714)	(1,7861)	(4,7882)
<b>K-W (p)</b>	7,80 (0,05)	156,35 (0,0001)	127,62 (0,0001)	109,06 (0,0001)	130,46 (0,0001)

The data in the table corresponds to the mean and, inside brackets, to the standard deviation. K-W (Kruskal Wallis test statistic and level of significance)

**ANALYSIS ACCORDING TO SUBSCALES**

For the TAS Subscale, there are only significant differences between the mean scores of the university consumers and the disco non consumer groups. There are no differences between the other scores.

On the Experience Seeking Scale (ES), the mean scores obtained by both the university and the disco consumer groups are significantly higher than those obtained



by the non-consumer groups. In addition, there are differences between the university consumers and the disco consumers, the scores of the first group being higher than the second. There are no significant differences between the two non ecstasy consumer groups.

On the Disinhibition (DIS) Subscale, the differences in means are significant between the consumer and non-consumer groups irrespective of whether they are university or disco, those for the first group being higher.

On the Boredom Susceptibility Scale (BS), the mean score of the university non-consumer group is significantly lower than that of the other groups, including disco non-consumers. In addition, there is also a difference between the disco non-consumer group and the consumer groups, both disco and university.

The score for the complete SSS indicates that the consumer groups score higher on the sensation seeking scale than the non-consumer groups, there being no differences between university or disco but only between consumers or non consumers.

#### SUMMARY

Non-consumers of ecstasy, either disco or university, always score below consumers. Therefore, *the individuals pertaining to the ecstasy consumers sample, either disco or university, are greater sensation seekers than the individuals in the non-consumers of ecstasy sample.*

In addition, on the Susceptibility to Boredom Subscale (BS), we also find different scores for the non-consumers, disco non-consumers scoring higher than university non-consumers.

As for the consumer groups, there are no differences between disco consumers and university consumers on the overall scale. Nevertheless, on making an analysis of the scores by subscales, we see that there are differences between these two samples on the Experience Seeking Subscale. On this, the disco ecstasy consumers score above those of university.

We see, then, that *the most sensitive subscale, that is the one where there are more significant differences between the groups, is the Experiences Seeking, followed by Boredom Susceptibility and Disinhibition.* The Thrills and Adventure Seeking scale shows least sensitivity.

#### **6.2.3. The SSS by consumption frequencies.**

The following results of the Sensation Seeking Scale, Version V by Zuckermann have been taken from a total sample of 1,642 individuals, the addition of all the national samples. The analysis was made by groups in accordance with their consumption level, distinguishing between the non-consumer (approximately half of the sample, because

they are the control group), occasional consumer, regular consumer, compulsive consumer and finally ex-consumer groups.

### SSS SCORES BY CONSUMPTION FREQUENCY

<b>Group/ Subscales</b>	<b>TAS</b>	<b>ES</b>	<b>DIS</b>	<b>BS</b>	<b>TOTAL</b>
<i>Non consumer</i>	<b>5,6093</b> (2,4079)	<b>5,5141</b> (1,8073)	<b>5,0400</b> (2,0652)	<b>3,7631</b> (1,7985)	<b>19,9597</b> (5,3685)
<i>Occasional C.</i>	<b>6,2862</b> (2,1777)	<b>6,8517</b> (1,7157)	<b>6,4794</b> (1,6551)	<b>4,7949</b> (1,7951)	<b>24,3172</b> (4,5618)
<i>Regular C.</i>	<b>5,7338</b> (2,1352)	<b>6,7299</b> (1,7086)	<b>6,5333</b> (1,7051)	<b>4,6741</b> (1,9349)	<b>23,5124</b> (4,3207)
<i>Compulsive C</i>	<b>5,5833</b> (2,1827)	<b>6,8571</b> (1,4378)	<b>6,5946</b> (1,8022)	<b>5,6970</b> (1,6102)	<b>24,8571</b> (4,6405)
<i>Ex-consumer</i>	<b>5,5101</b> (2,2366)	<b>6,4759</b> (1,5907)	<b>5,8639</b> (1,8274)	<b>4,5050</b> (1,6895)	<b>22,4118</b> (4,7025)
<b>K-W (p)</b>	20,56 (0,0004)	152,40 (0,0001)	140,45 (0,0001)	101,37 (0,0001)	142,75 (0,0001)

The data in the Table corresponds to the mean and, in brackets, the standard deviation.  
K-W (Kruskal Wallis test statistic and level of significance)

On the overall scale, the significant differences are between the non-consumer group and the other groups, on the one hand, and between the ex-consumer group and the occasional consumer group, on the other. The remainder of the scores are not significantly different.

### SCORES ACCORDING TO EACH SUBSCALE

On the Thrills and Adventure Seeking Scale (TAS), the score for occasional consumers is significantly higher than that for the non-consumer and ex-consumer groups, no other significant difference being found.

As for the Experiences Seeking Subscale (ES), and without distinguishing their level of use and including the ex-consumers, all the ecstasy consumer groups, have the same scores, this being significantly higher than the scores of the ecstasy non-consumers of ecstasy.

As on the previous scale and on the overall one, on the Disinhibition Subscale (DIS), the non-consumer group obtained a significantly lower score to the other groups. The ex-consumers group also has a significantly lower score than the occasional consumers group and the regular consumers group.

Once again, on the Boredom Susceptibility Subscale (BS), the non-consumer group obtains a significantly lower score (at 5%) than the rest of the groups. On this subscale there are also significant differences at the 5% level between the compulsive consumers and the ex-consumers group and the regular consumers and differences at a 1% significance level between the score for the compulsive consumers and that of the occasional consumers. In other words, the compulsive consumers group has a significantly higher score than the other groups.

## SUMMARY AND DISCUSSION

All the consumer groups score significantly higher than the non ecstasy consumer group on the overall scale and on the other subscales, with the exception of the Thrill and Adventure Seeking Scale (TAS) where the non-consumers only achieve a significantly lower score than the occasional consumers.

One possible a priori hypothesis could be that the greater the frequency of consumption the greater the score on the SSS but, in accordance with our results, it did not work completely that way. Each of the subgroups maintains some special behaviour or characteristics:

1. The ex-consumers are those who obtain the lowest scores between the consumers.
2. The occasional or experimental consumers seem to occupy a special place. As we have seen, it is the only group which always maintains significant differences with the non-consumers on all the subscales. On the Thrills and Adventure Subscale (TAS), it is the only consumers group that manages to score significantly higher than the non-consumer group and, in addition, the ex-consumer group. On the overall scale, it is the only group that shows significant differences from the ex-consumers. The fact that the scores for this group stand out in comparison with other groups which have higher frequencies of consumption may be because the search for sensation is more related to those individuals who consume drugs occasionally, or in an experimental way, and not with those who do so habitually or compulsively, as, after all, the latter are searching for effects that they already know; they are not new sensations for them and, by definition, the sensation seeker “always seeks something new”. (Zuckerman et al. 1972).
3. As for the regular consumers, these always score higher than the non-consumers and on the Disinhibition Scale Subscale (DS), they also score higher than the ex-consumers. Nevertheless, as a consumer group they do not play a notable role.
4. The scores of the compulsive consumer group are notable on the Boredom Susceptibility Subscale (BS), their scores being significantly higher than the other groups. But they do not seem to be a group for whom the SSS would be especially important taking into account all the subscales.

After analysing the results by groups and by scales, discovering by these means the significant differences between the scores of the different groups, we can say that *the scales which present a greater sensitivity from the point of view of the number of significant differences are the Boredom Susceptibility Subscale and the Disinhibition Subscale*, in that order. Whereas those that present a lesser sensitivity are the Thrills and Adventure Seeking and the Experience Seeking Subscales, also in that order.

#### 6.2.4. SSS in the global sample by sex variable.

Traditionally, this scale is very sensitive to the differences in sex. In our case, as we see, it also produces these differences. But it will not be possible to analyse very deeply the importance of gender as we did not separate the two sexes by consumption groups.

#### SSS BY SEX VARIABLE

	TAS	ES	DIS	BS	GLOBAL
<b>Men</b>	<b>5,8914</b> (2,234)	<b>6,0146</b> (1,804)	<b>5,8649</b> (1,964)	<b>4,4832</b> (1,794)	<b>22,2073</b> (5,119)
<b>Women</b>	<b>5,5133</b> (2,432)	<b>6,1261</b> (1,900)	<b>5,2789</b> (2,066)	<b>3,8025</b> (1,881)	<b>20,8109</b> (5,556)
<b>t-value</b>	2,95	-1,10	5,28	6,80	4,33
<b>2-Tail</b>	<0,05	>0,05	<0,001	<0,001	<0,001

The data in the Table correspond to the mean and, in brackets, the standard deviation. T-value and 2'tail correspond to Levene's Test for Equality of Variances results.

According to the mean differences, the scores for the women are significantly lower than that of men on the TAS, DIS, BS and Overall Scales. For the Experience Seeking (ES), men and women scored the same.

We have to take into account that these calculations are made on the total population without differentiating between consumers and non-consumers.

### 6.3. RESUME OF RESULTS

By cities, the individuals that have the highest score as sensation seekers are the Utrecht sample and Nice is the one that has the least. As we will see below, on analysing the Social Deviation Scale, it is also the young people of Utrecht who score highest on

this new scale. The individuals belonging to the Palma de Mallorca, Modena and Coimbra samples are to be found in an intermediate position in respect of the SSS.

The factors which correlate drug use, as far as sensation seeking is concerned, differ from city to city. In one (Utrecht), the variables related to experience seekers have more weight and this implies a not very conventional way of life. And a certain transgression of the norms. In others, the factors relating to boredom have more weight (Nice and Coimbra) or to hedonism (Modena). Palma is characterised by the necessity of a not very conventional way of life and the tendency to hedonism, scoring very low in boredom susceptibility.

The non-consumer groups score lower on the sensation seeking scale than the consumer groups. This also occurs in both the disco and the university samples. We understand, therefore, that the subjects of the consumer groups seek sensation more than the non-consumer groups.

Among consumers, the ex-consumers are those who score the lowest. Possibly at the other extreme are the occasional consumers. Surely this scale is more explicative of the experimental consumption than the abusive ones. However, this matter remains more in the nature of a hypothesis, given that the results insinuate but do not confirm this tendency.

According to Zuckerman (1972), the Experiences Seeking Subscale is the one that has a greater relationship with drug consumption, in both men and women. For our study, that scale is the one that scores the highest in all the analyses, and it is the one that is most sensitive in identifying differences between consumers and non-consumers according to whether they are disco or university. In the analysis of the scales in respect of consumption frequency, however, it is the Boredom Susceptibility and Disinhibition Subscales that show more differences among the groups studied

As for the analysis by sex, the men score higher than the women in all the subscales except that of Experience Seeking. On this subscale, both men and women obtain the highest score, that of the women being slightly higher, although statistically there is no significant difference. This result coincides with those obtained by Luengo in the article quoted in the preceding section (**Section 6.1**) where the Experience Seeking is associated more with women than with men in respect of drugs. Another result in our study that coincides with that of Luengo is that the Thrills and Adventure Scale is the one that is found to be less sensitive to the drug consumption variable.



# 7. SOCIAL DEVIATION SCALE

## 7.1. LITERATURE ANALYSIS

The relationship between drug use and antisocial behaviour or delinquency is complex. We often get this association through mass media (crimes, robberies, drug traffic,...). A high percentage of individuals in prison are connected with drug crimes. In this research we are not interested in these connections and we work with a general population sample. Our aim is to explore the way deviant elements that exist inside individuals or society have an influence on the beginning of drug use and misuse. The term “deviant” used in this short bibliographical review is not clearly defined and we include studies that make reference to insignificant antisocial attitudes, criminal behaviours, tendency to rebellion, problems with authority, violence, etc...

A deviant behaviour, as well as being depressed, is quite a common characteristic among young people. We must not forget there is a distribution between depression and deviant behaviour influenced by sex. Kandel and Davies (1982), from a sample composed by 8206 teenagers, between 14 and 18 years old, draw out the conclusion that more boys than girls have committed antisocial acts (68% - 57%), while more girls than boys have a tendency to depression: (36% - 56%).

Another study (Kashani, 1985), applying DSM-III diagnostic criterion to a sample of 150 north-American teenagers, found a 41,3% with psychiatric diagnosis, generally connected with anxiety disorders, deviant behaviours and depression. Anxiety and depression had a higher percentage among women while deviant behaviour had a higher percentage among men.

We find a great number of bibliographical references to rebellion, disagreement with social patterns, resistance to authority, quest of adventure, etc...(Kandel, 1980; Jessor and Jessor, 1977; Goldstein, 1977; Calafat, 1994; Calafat, 1997).

Bergeret and Saliba (1990), from psychoanalytical hypothesis and with a sample composed by 1.382 French students between 15 and 19 years old, describe two different subgroups concerning youth uneasiness and drug use. The first subgroup is composed by those individuals who show a higher tendency to action and to express outwardly their psychological uneasiness. They have more probabilities of using drugs. The other subgroup is composed by those individuals who keep inwardly their uneasiness and show higher inclination to depression. They have less probabilities of using drugs.

Still following psychoanalysis, Kohut (1971) and Kernberg (1975) find similarities between narcissist problems, poor affectivity and drug users inability to control impulses, and personalities with antisocial tendencies. Kernberg (1975) also refers to the theory that associates in psychoanalytical literature borderline personalities with drug use. Afterwards, Bergeret (1984) has studied this theory showing that individuals with a lack of structure -opposite to neurotics and psychotics- have higher possibilities of developing an addiction.

Data given by the MMPI support the theory that the two scales most frequently altered by drug users are psychotic deviation (Pd) and depression (D), after the revision of more than 21 studies carried out by Craig (1979a, 1979b).

Schubert (1988) made a statistical evaluation of the literature that connects alcoholism, other drug addictions and antisocial personality from 1965 to 1983. He found that individuals with one of the three diagnosis had more possibilities of having one of the other two diagnosis. There is a relationship between antisocial attitudes, or at least not traditional ones, and drug use and precocious sexuality (Donovan, 1985), showing us again that we are facing something connected with different psychological and social strata.

Newcomb (1988), in a longitudinal investigation made from 557 students in two occasions, separated by a three years period, got two different interesting results:

- 1) The influence of family problems on drug use is indirect: the young people become disinterested in traditional values and approach non-standard attitudes, base of drug use.
- 2) Attitudes and behaviours of disagreement with social patterns increase emotional problems difficulties and problems.

Calafat et al. (1994) investigates three different youth disorders: depressivity deviant behaviour and immaturity, with a sample of 720 students from Mallorca, between 16 and 18 years old, and their relationship with drug use and social life. A higher punctuation in the deviation scale and a more active social life correlate positively with most of the variables connected with legal or illegal drug use. Immaturity correlates positively with illegal drugs use, while introversion correlates negatively. Depressivity can not be related to drug use, with the exception of a precocious use of alcohol. The way youth disorders appear determines social life, which also influences on drug use. Personal characteristics have a clear influence on a higher or lower social activity, and this alone or put together with personal characteristics increases legal or illegal drug use. In an IREFREA study (1997) we got similar conclusions. From a representative sample of school students in Mallorca, between 13 and 19 years old, we analysed the relationship between depression and deviant tendencies of teenagers, and alcohol, tobacco and other drugs use. We found again a close relationship between drug use and deviant behaviour, which is also associate to other problems, such as family difficulties, weight problems, enuresis, insomnia, etc..., while there is not any relationship with depression.



Former studies refer to deviant tendencies of personality, not to a real delinquency. However, many statistics show the existence of a connection between drugs and delinquency. There is no doubt about it, but the kind of relationship established between them can be discussed. Which is the one that precedes the other?. Perhaps there is a third factor. A research (Junger-Tas et al. 1994) carried out in twelve occidental countries (United States and eleven European countries), about young people delinquency, shows that the most critical moments of many deviant behaviours (robbery at 16-17; vandalism at 14-15; violence against people at 18-19) are previous to abusive drug use, with the difference that afterwards this behaviour continues.

#### RELATIONSHIP BETWEEN SOCIAL DEVIATION AND SENSATION SEEKING

It is very interesting to point out that many researchers find a strong relationship between social deviation or even delinquency and seeking sensations. Great advances in neurophysiology make possible to develop hypothesis in that sense. Seeking risks, adventures and strong emotions provides an important psychological and neurophysiological stimulation highly compensatory for the individual. "What is important about this physiological system is that it shows that risky or deviant behaviours can be intrinsically a pleasure, and the physiological process that supports behaviour is the same physiological process that gives strength to many drugs. This suggests there is a similarity between pleasant experiences originated by drug use and pleasant experiences originated by risky or illegal behaviours. It seems admissible this could be one of the reasons that explains the strong connection between drugs and criminal behaviour"(Wood et al. 1995).

## 7.2. SOCIAL DEVIATION SCALE RESULTS

#### QUESTIONNAIRE

The questionnaire has been elaborated starting from the Uniform Crime Report of the FBI (1997) This adaptation was made by the Centre of Alcohol and Drug Misuse of the Kentucky University. The items chosen by the researchers in order to elaborate the scale were those results of the inform with more relevancy among young people. It has not been a validated scale, but there is strong evidence of the validity of the auto-reports of delinquent behaviour (Elliot et al. 1985; Hirschi et al. 1980; Moffitt et al. 1994).

#### ANALYSIS OF THE RESULTS OF THE SOCIAL DEVIATION SCALE IN THE DIFFERENT COUNTRIES

The results of the table that follows are the mean punctuation and standard deviation obtained by the *global samples* (which include all the interviewees) of each city for the social deviation scale. The differences among medians have been measured through parametric tests, such as Bonferroni y Tukey, but as it happened with the sensations

seeking scale, the hypotheses for the comparison of medians through this tests were not fulfilled in every case and, therefore, in the table appear the results of the non-parametric test of Kruskal Wallis applicable to this cases.

**SDS results according to towns.**

	<b>Punctuation SDS</b>
Coimbra	1,7148 (1,8163)
Modena	1,3369 (1,5722)
Nice	1,9967 (1,9636)
Palma de Mallorca	1,8558 (1,8113)
Utrecht	2,2361 (1,8786)
K-W (p)	39,33 (0,0001)

The highest punctuation corresponds, therefore, to the sample of Utrecht, followed closely by the sample of Nice, and being the lowest punctuation the one that corresponds to the Modena sample. In reference to significant differences among punctuation of the five countries, Utrecht has a mean punctuation significantly higher than Palma, Coimbra y Modena. Besides, the mean punctuation of Modena is significantly lower than Nice and Palma. For that reason, *in reference to the social deviation of the global sample, we find the highest punctuation in Utrecht and Nice, an intermediate punctuation in Palma de Mallorca and the lowest punctuation's in Coimbra and Modena.*

**SDS ACCORDING TO THE KIND OF SAMPLE  
(UNIVERSITY OR DISCO AND ECSTASY CONSUMER OR NON CONSUMER)**

The following table contains the results of the SDS scale on the basis of the kind of sample, depending if they are individuals from the university sample or the disco sample. So, we will continue comparing all the individuals of the five cities samples who compose the disco sample with the individuals who compose the university sample, subdivided in the two possibilities of being or not ecstasy users. The differences among medians have been found as in the previous item and, therefore, the table results correspond to the Kruskal Wallis test.

**SDS results according to university and disco sample.**

	<b>Punctuation SDS</b>
University non consumer	0,9141 (1,1551)
University consumer	2,4295 (1,8248)
Disco non consumer	1,5571 (1,6636)
Disco consumer	2,7751 (2,0631)
K-W (p)	251,78 (0,0001)

The lowest mean punctuation corresponds to the university non-consumer sample, being significantly lower than the other three groups, including disco non-consumer. Those, for their part, punctuate significantly lower than university as well as disco consumers.

Therefore, we can come to the conclusion, *that university and disco individuals who use ecstasy, have more deviant behaviours than non-consumers. And within the consumer group, disco individuals would have more deviant behaviours than university individuals.*

#### SOCIAL DEVIATION SCALE RESULTS ACCORDING TO THE CONSUMERS GROUP

The punctuation of the following table correspond to the global sample punctuation (N=1.627) according to consumption groups. We would see that the total sample has been divided in five groups: non-consumers (approximately half of the sample), occasional or experimental consumers, regular consumers, compulsive consumers and ex-consumers.

#### **SDS results according to consumers group.**

	<b>Punctuation SDS</b>
Non- consumers	1,2429 (1,4727)
Occasional consumers	2,6250 (1,7594)
Regular consumers	2,8058 (2,1565)
Compulsive consumers	3,0541 (2,6765)
Ex-consumers	2,4187 (1,9261)
K-W (p)	228,80 (0,0001)

*The punctuation of the non-consumer group is significantly lower (p=.0001) than the punctuation of the other four consumers groups. Among the consumers group the highest punctuation corresponds to the compulsive consumers group and the lowest, to the ex-consumers group, although these differences are not significant.*

Therefore, the results obtained through this analysis show that ecstasy non-consumers -that we know consume less drugs and with minor frequency than ecstasy users- have a less deviant behaviour than consumers.

#### SOCIAL DEVIATION SCALE ACCORDING TO SEX

The following item that we analyse corresponds to the punctuation of the total sample of individuals according to sex.

### SDS results according to sex

Sex	Punctuation SDS
Man	2,2262 (1,957)
Woman	1,3776 (1,555)
t (p)	9,14 (0,0001)

Women punctuate significantly (.0001) lower than men in the social deviation scale, which means they have a less deviant behaviour than men, as usually comes out in other studies.

#### SUMMARY

In summary, non-consumers are less deviant than consumers, men punctuate higher than women, and disco samples punctuate higher than university samples. Undoubtedly, those were the results we all expected. Nevertheless, we have not got any explanation for the high punctuation of the Utrecht sample-just like what happens with the sensations seeking scale- that shows significant differences with the other samples.

# 8. SOCIAL REPRESENTATIONS

## 8.1. THE THEORIZATION OF SOCIAL REPRESENTATIONS

The theory of social representation is framed within a context of renewed interest in the subjective processes which are present in an individual (Jodelet, 1984), understanding them as conditioners, in conjunction with the objective context, of social phenomena. Said theory is developed around the concept of “social representation” coined by E. Durkheim in the last century, in his work “Individual Representations and Collective Representations”, and revived by Moscovici in the sixties.

The theory of social representations is based on the idea expounded by Moscovici that “there is no break between the exterior universe and the interior universe of an individual or group. The subject and the object are not fundamentally different” (Moscovici, 1969), meaning that objective reality does not exist without there being a represented reality, socially constructed on the basis of significances which are, at the same time, those which make up the subjective reality of the individual (Berger and Luckmann, 1988).

The theory of social representations refers to the instruments through which we interpret reality and which are the fruit of the cognitive processes. Through such processes, we absorb social messages transmitted via education, the communications media and the constant relationship with social reality and we put them into order, giving them a structure. We are therefore faced with a theory which unites social processes with the cognitive ones, breaking the barrier between objective reality and subjective reality.

All this learning gives rise to a common sense knowledge, a knowledge possessed by all the individuals in the same group and which gives us the keys to communicate with each other. Quoting Jodelet, “spontaneous ingenuous knowledge, which is of such interest nowadays to the social sciences, the one that is normally called common sense knowledge or even natural thought as opposed to scientific knowledge. This knowledge is acquired on the basis of our experiences but also on the information, knowledge and models of thought which we receive and transmit through tradition, education and social communication” (Jodelet, 1984).

The interest of Social Sciences in this theory lies in its ability to explain social behaviour and practices, in that social representation complies with the functions of

understanding and explaining reality, identification, orientation of behaviours and justification of such behaviours. In the words of Abric, “the functions of social representation are essential for the understanding of social dynamics... It is in the origin of social practices from those functions that fabricate a common sense, or social identity, from the expectations and anticipations which is generated” (Abric, 1994). On the other hand, as we mentioned earlier, it is also interesting as a theory which combines objective social phenomena and the cognitive processes, to take into account both society as a whole and the individual in particular.. To quote Verges, “in effect, it enables consideration, at a particular time of collective determinations, on the one hand, and freedom of choice and the creation of the social actor, on the other” (Verges, 1996).

The group of social psychologists in Aix-en-Provence (Abric, Flament, Verges...) reached the conclusion that social representation is a double system comprising:

*A central system* (central nucleus) “whose determination is essentially social, linked to historical, sociological and ideological conditions and therefore, directly associated with values and norms” (Abric, 1994). This nucleus is the responsible of the stability of the of the representation, so that it remains through time. This system changes, but very slowly.

*A peripheral system*, that depends on individual characteristics and on the daily circumstances.

Therefore, for a complete knowledge of social representation from the point of view of the theory of representation, which these authors are defending, one has to distinguish between the components that comprise each system.

One of the sectors in which there has been a great deal of work on the theory of social representation is in the field of health. One of the pioneer and landmark studies on this theory is the work by Jodelet on the social representation of insanity (Jodelet, 1984). Other titles within this same field are “Réprésentations sociales et image de la psychiatrie” by Penochet and Guimelli (1994), “La fonction d’infermière”, also by Guimelli and which appeared, together with other studies, in “Pratiques sociales et représentation” (Abric, 1994) etc.

At the present time, analysis of social representation is being carried out on matters which are important social problems and where the preventive strategies put into practice to date, have not achieved the expected results. It involves finding an explanation for these preventive failures and understanding these problems from the perspective of the different social groups.

One of these problems is AIDS, where several studies have already been made, notably two works by Michel Morin, one in which the author endeavours to show the different attitudes and behaviours of doctors dealing with Aids patients, where it is considered of great importance that doctors are more involved in the prevention and care of patients (Morin et al. 1996), and a second, included in the book “The Social Challenge of AIDS” (Basabe et al. 1996) in which, using the theory of social representation, he discusses the hypothesis of ignorance and resistance to change as an explanation for the advance of this illness.

Another of the subjects where one begins to see the necessity of studying social representations is that of addiction. There are very few studies published on this subject even though interest in studying phenomena linked to drugs from the point of view of the theory of social representation is increasing. In this respect, we quote a study carried out by Basabe and Páez (Basabe and Páez, 1992) on social representations of alcohol in the juvenile population of Bilbao. In this study, the authors attempt to identify the components of social representations of alcohol with the objective of adapting preventive strategies to make them more effective. They base it on the hypothesis that alcohol consumption forms part of a culture shared by young people in which this substance is linked to leisure time and celebrations. It means, therefore, seeing the differences between the various social groups and what the factors are that lead to alcohol misuse.

The study of the social representations of ecstasy also lies within this interest in understanding what significances and beliefs there are behind the social practices linked to consumption of this drug. We give some reasons below which we believe justify the study of this social phenomena in which ecstasy plays a leading role, from the point of view of the theory of social representations.

## **8.2. THE IMPORTANCE OF SOCIAL REPRESENTATIONS IN DESIGNER DRUGS**

The world of drugs has not produced a cultural and social phenomena similar to the one which is appearing with ecstasy and the designer drugs, in conjunction with such media involvement and an important social mobilisation and juvenile culture, since the sixties. Possibly, this phenomena is more apparent in north and central European countries.

A search on the Internet led us to find 27,850 references on one single searcher (Excite) related to the word “ecstasy”. However, it is obvious that many of them do not refer to a chemical substance but also include such diverse topics as sex, entertainment, etc. Logically, this superposition of references is not casual and, since the beginning, great interest has been shown in promoting this confusion. Names such as *love drug* or *ecstasy* show the interest in encouraging these connections. It was precisely this confusion that led to the DEA (Drug Enforcement Administration) introducing a change of name in the scientific media to avoid increasing subliminal publicity, proposing the denomination of *Controlled Substances Analogs* to refer to those substances similar to controlled products but designed to outwit said control.

We are not going to analyse the effects ecstasy produces on consumers, here, since that is not the purpose of this present work and, in addition, it is already sufficiently documented. We will, however, refer to the relationship which is established between the effects and the cultural and subjective aspect of consumption. It would appear that

there would be two more or less differentiated areas. One would be represented by countries such as Holland, England, Germany... where there is a juvenile culture that links many types of music, life styles and drugs. In Holland, where there are non-governmental organisations receiving subsidies so that consumers can ascertain the contents of the products they consume, a great selectivity has been established among users. As in a big supermarket, they can choose different combinations and percentages of drugs in their would-be search for specific effects. Users are affiliated then to determined types of music, styles of dress, drug type, places, etc.

At the other end of the spectrum, we would find other countries such as Spain, Italy and Portugal where this specialisation would not have occurred. We assume that the importance of the tourist culture, the abundance of discos and nightlife places and the nocturnal tradition of the Mediterranean countries, in combination with other cultural aspects linked to juvenile culture, would have made them less susceptible to this cultural specialisation.

Such cultural diversity creates different expectancies in users which has an influence on the effects and the circumstances of drug consumption which goes further than the psychopharmacological effects of the designer drugs themselves. It seems appropriate, here, to take a brief look at a survey (Forsyth, 1995) of 135 people, on the disco scene in Glasgow between 1993-94. Those interviewed are able to identify more than 300 different presentations of ecstasy (they are asked to draw them). The three presentations most frequently identified are the *dove*, the *snowball* and the *biscuit*. The users thought that the *dove* was the tablet that had the purest MDMA, whereas the *snowball* was the one that had the least. The *snowball* was seen as the tablet with the greatest variety in its contents, in other words, it could contain MDMA or other designer drugs. This was, therefore, a subjective opinion linked only to the external form of the so-called ecstasy. We will also see how the effects produced by the tablets differ from their exterior aspect.

“The tablets with the drawing of a *dove* were the ones which most frequently made those who replied to the questionnaire feel happy, whereas the *biscuits* were more likely to make them feel more energetic, and the *snowball* made them feel good. They attributed more varied effects to the snowball type, particularly effects more similar to other drugs such as the ‘trippy’ or the ‘hallucinate’. This seemed to reflect the greater variety of the cocktail of drugs which it was thought that the *snowball* contained”.

But there were 38 who were capable of assigning a specific content to the *snowball* although there were 26 different answers in describing the effects. *We find ourselves faced with a situation in which users are reporting different contents as effects, both for this and other products.* “This would lead us to understand, -according to the authors of the survey- that when ecstasy was being bought, it was being bought within a concept more than within a pharmacological reference. All this leads us to believe that the pharmacological product is only one of the ingredients at the time of determining the results, the external form of the product becoming even more important. “The origin of the names such as *dove* is obvious, -in reference to the users in Glasgow- and it is a term universally used between those who take ecstasy.” But as far as the other names are



concerned, the author comments that “the small traffickers in the Glasgow clubs state that they invented the names of the different types of ecstasy as they went along, when they were questioned by clients on the type of ecstasy they were buying... The subculture which is being created around ecstasy and its brand types is not to be found with other drugs”. In the present survey, some of those interviewed in Palma de Mallorca told us of similar practices. The tablets change their name every weekend. It is all part of the scene.

All this breaks certain habitual stereotypes among users of some countries where extreme importance is placed on the type of product, its purity, its effects... Possibly there is an over-evaluation of the specific effects that ecstasy and each of the other feniletamines possess and “from the consumer’s point of view, the importance of ecstasy lies more in its role as a component in a specific lifestyle and not merely as a drug with certain pharmacological effects. *When ecstasy is bought, it is a component of a life style that is being acquired, not a substance*” (Forsyth, 1995).

Enlarging on this idea that the effects depend somewhat on subjective and cultural matters and not on continuous changes in the composition of the tablets, on the basis of information from the police forensic laboratory in Aldermaston in January 1995, Nicholas Saunders (1995) says, “in overall terms, the quality of ecstasy in England has improved. Not only has the number of tablets with MDMA increased but so has average wealth”. According to Saunders, the same was true for Holland. The chances of obtaining pure MDMA in 1995 were 2 out of 3 and obtaining products similar to MDMA were 3 out of 4. Nevertheless, in spite of the fact that “the average quality of ecstasy has improved in England, the people in the street believe that present ecstasy is not as good as it used to be”(Downing, 1986). In a recent study (Sherlock, 1997) with 48 ecstasy users, they use to report a relatively uniform experience regardless of dose levels found in samples. In the same study, those who use amphetamines in conjunction with ecstasy were significantly more likely to report experiencing the positive effects of ecstasy

There is a strong association between ecstasy (and other designer drugs), dancing, music, a youthful lifestyle and even a concept of the world. Not all musical styles are associated with a determined drug. But, for what the Anglo-Saxon media has come to call “House”, the synthetic drugs are an apparently indispensable component. “The point in common between the psychedelic years and the ecstasy years is that, in both cases, we are faced with a drug which is being presented from the beginning with a system of defence and justification. There is the argument, adequately stated, that justifies ecstasy for its ordinary and banal nature. Another line of argument refers us to the ins and outs of ecstasy use in relation to the utopia of the good drug”(Kokoreff and Mignon, 1994).

There has not been a juvenile cultural movement of the same importance since the sixties. It has mobilised wide sectors of society at many levels and this is particularly obvious in a country like the United Kingdom with a great ability to create mythologies around the young. The justifications for the use of ecstasy are very varied, going beyond the empirical or epidemiological data, on occasions. We will give some appropriate examples below.

## RELATION BETWEEN ECSTASY AND SEX

The first associations or representations of ecstasy were made with love and sex. This image which associates this drug with sexual promiscuity does not square with the view of ecstasy as a drug with no problems. The new reasoning defends it on the grounds that it is actually a drug of sensuality not sexuality. For Lyttle (1992), such is the therapeutic effect and the influence on the nervous system of the dancing associated with this type of drugs that the "Acid House experience could make it possible to transcend the necessity of physical sex... nevertheless, allowing consummation and the expression of the act", with all the benefits derived from not having to physically carry out the act, in the prevention of AIDS.

In a survey (Henderson, 1993) carried out in Manchester with a sample of some 120 women between 18 and 25 years of age, it was "suggested that the disco and drug phenomenon in 1992 was less likely to lead to unprotected sex than the use of alcohol". In addition, "many young people placed ecstasy, music and dancing above all other forms of enjoying themselves in life such as sex or keeping fit". And even more; "The role of ecstasy in altering masculine behaviour has been widely referenced in many surveys... This has been attributed to the specific effects of ecstasy in reducing the masculine sexual appetite". In addition, according to the same article, this whole new culture manages, with the aid of dancing and designer drugs, to place the woman in a more active and powerful role, far removed from the old stereotypes.

Some years ago, Buffum and Moser (1986) were expressing themselves in the same way. "It is curious, they said, that a drug which facilitates emotional rapprochement, increases receptivity to feeling oneself more sexual and more likely to be chosen as a sexual partner, does not increase the desire to initiate sex".

"Acid House is a movement which promotes dancing to any form of music, which can be enjoyed for its own sake and not as an occasion for flirting as promoted by the disco scene of the seventies. If we recognise the dangers of irresponsible sexual promiscuity in the context of spreading AIDS, Acid House presents dancing as a measure against spreading AIDS, with the assistance of ecstasy as a drug which encourages dancing"(Russel, 1991). Including psychoanalytical explanations included but along the same line of thought: "E' makes those who use it return to a pre-oedipal state where pleasure is not centred on the genitals but where sexuality is polymorphic and sensuality is linked to the entire body. Considering that the *rave* scene developed at the time AIDS was spreading and making penetration rather more risky, we are seeing something which, socially speaking, is not at all bad"(Rietveld, 1991).

## RELATIONSHIP BETWEEN MEDICINE AND SPIRITUALITY

Throughout the literature on ecstasy, reference is made to its use in psychotherapy as a way of legitimising its use. In fact, in the USA there are various associations which have been fighting, since its prohibition in 1982, for its medical properties to be recognised. Saunders (1993), in his well-known book "E for Ecstasy", dedicated

various chapters to analysing the subject. In the eighties, some American psychiatrists used this ability of MDMA to facilitate communication and overcome resistance in psychotherapeutic contexts (Downing, 1986; Greer and Tolbert, 1986).

Saunders (1993) also quotes the case of the Swiss Society for Psycholitic Therapy which claimed to have had great success in using ecstasy to treat addictions, traumas and emotional problems. "I believe, Saunders said, that the real dangers are emotional, more than physical. The basic effect is to lower the defences; while this may be useful in psychotherapy and enable the person using it to let go and feel good, it can also be very destructive". After making some calculations on alleged deaths from ecstasy, he says, "Those who take it have 33 times more chance of dying on the roads and 10 times more playing football -if this were their hobby".

"It is a drug whose legitimacy for consumers is supported by its medical qualities. In peer therapy, in accelerating words... in the treatment of certain cancers, it is eliminating sequels such as fear from the past..."(Kokoreff and Mignon, 1994).

#### IT IS A "DEMOCRATIC" DRUG

The observations of Kokoreff and Mignon (1994) are rather interesting in their analysis of an abundant literature on the subject, especially of English origin. "The observers show that the fashion (of rave and ecstasy) is cheap and that it is an aspect of the right of the poor to enjoy themselves. The moral panic (reaction by the reactionary sectors of society) would be explained as fear of the powerful in the face of disorder or as a puritan reaction in the face of the carnivalesque aspect of the populace and an incomprehension of the essentially hedonistic, and, therefore, non-violent, nature of this movement". They go on to say, "Ecstasy achieves its place in the ideology of a safe drug, good for the individual and good for society, like a chemical invention of democratic ideology".

"The rave culture is a social construction. Through this movement one may read the utopia of the new psychedelics, its democratic side; Acid House wants to show that each one can create his/her own music and can dominate technology, eliminating dependency on the aesthetics imposed by another or the stereotyped musical categories... the utopia of a society where all classes, all races mix, where identities are constantly changing, where the everybody can be a celebrity, by being able to enter such a disco"(Kokoreff and Mignon, 1994).

#### IT IS A MODERN DRUG

It is frequent to find references in the grey literature, in the media specific for young people and even in some professional literature to its being a safe clean drug, with few problems. There are designer drugs for all occasions. The importance of the purity of the substance is insisted on among users and in certain preventive campaigns based on damage reduction policies which means achieving a standard of quality similar to that

of medicaments. In fact, they are products that were born with the pharmaceutical industry and anything that does not achieve the same quality levels as medicaments is considered to be behind the times.

#### OTHER CONSIDERATIONS

But there are many other aspects on which the abundant literature on ecstasy takes up positions. It has reduced the aggression linked to hooliganism and the use of alcohol among English youths, there are less traffic accidents, it has slowed the progress of hard drugs, lessened social control, etc. Peter Hooton, leader of the *Rock the Farm* pop group, and one of the main leaders of the informal movements in England, said in 1990 that there was a relationship between ecstasy use and the decrease in hooliganism (quoted by Kokoreff and Mignon, 1994).

Obviously, it is not our mission here to enter into discussing the pros and cons of these statements but to merely mention the ability this entire movement had in creating social representations in the popular imagination. We should remember one of the first definitions of designer drugs as a “combined concept of packaging a product well and selling it” (Forsyth, 1995 quoting Baum, ). “As the definition of designer drug is becoming obsolete, current thinking is that the term ‘concept drug’ could be applied to ecstasy as it deals more with a product than a simple pharmacology”(Forsyth, 1995).

In addition, we must also mention the fact that, the communications media, particularly in conjunction with some accident related to the use of drugs, rather frequently provides a very negative and dramatic focus, with no palliatives. This has happened in England, in particular. A possible explanation, of course, lies in the very types of the media concerned, more interested in creating polemics rather than in exercising some form of social pedagogical function. In the English case, one should add the reaction of society in 1988 to the appearance of the phenomenon of what came to be known as the “summer of love”. For a brief space of time, there was a combination of many different events – “happenings”, articles in the communications media... which produced great alarm in society.

In fact, our real difficulty at the point of drawing up the scale to use in evaluating social representation among consumers and non-consumers in the present research, has been in finding representations of a negative nature on ecstasy in the literature.

#### CONNECTION BETWEEN THE NIGHTLIFE AND THE ECONOMY OF THE DISTRICT WITH THE JUVENILE INDUSTRY

We can never forget the economic side that lies behind drugs. The important mobilisation which arises around this type of drug is, of course, in response to cultural and ideological aspects but there are also economic interests of the first order which keep the polemics alive. The economic aspects of these new drugs rest on the local economy more than other traditional drugs.

There is a direct connection between juvenile industry and nightlife, in the hands of people who, as with ecstasy users, are not of a marginal nature. We must understand that there is a strategy generated from within the social logic and dynamics, parallel to or in synergy with those already mentioned in respect of the ideology or culture, to promote those habits of life and behaviours which attract the individual towards those typical cultural products of the industry of the night, among which we must include the consumption of the new drugs. The success and popularisation of raves in the United Kingdom or Holland or other northern European countries, night-time “happenings”, taking place, so often on the edge of legality, can be explained by the interest of a sector of young people in having places to meet until the early hours of the morning, non-existent in these countries. But, together with this interest of the young, we must also take into account the important underlying economical –leisure industry- interests in these aspects.

#### DIFFERENCES BETWEEN COUNTRIES

Given the cultural complexity of designer drugs, it would be a big error to import explications of situations and significances merely from one country into another. This is valid for an unending range of questions as, for instance, marginality, the conditions and motivations for consuming a specific drug, juvenile ambiances, organisation between young people, etc. It is certain that there is little relationship between the juvenile ambience or the marginality of certain American cities such as Los Angeles and a district in a French, Spanish, Portuguese or Italian city. We would also find differences in the juvenile culture of certain central or north European cities and their equivalents in southern Europe. This has its importance since the force of the stereotypes leads to acceptance of explanatory models, without criticism -and projects on approaches and solutions- generated in a geographic area. The rave culture does not have the same connotations in one country as it does in another. In some Mediterranean countries, the rave culture is rather marginal but nevertheless the consumption of ecstasy is high.

Therefore, it means making an effort to contextualise the uses of drugs, connecting them with the places, the groups, the uses, the ideologies, the cultures, life styles, age, etc. as a form of escaping from the danger of drug-centrism of which Kokoreff (1994) spoke. This does not have to prevent conclusions from being reached, from generalising where possible, but always within a dialectic inseparable, in our opinion, from the context where the phenomena occur. This is even more necessary when we are confronting the so-called “new drugs”, much more susceptible to management and to cultural manipulation.

If drugs such as heroin keep alive the biologist myth (for the physical dependency which they imply, for the associated illnesses, for the way in which they are used, for being susceptible to a maintenance approach, for having agonists and antagonists...), the new drugs would be diametrically opposed to this mythology generating, in their turn, their own mythology of clean recreational drugs, that do not create dependency...

In any case, it is true indeed that their approach requires a knowledge of their context, of the world in which young people move. It is important to understand the always changing connection, at least superficially, which is being established between lifestyles and drug use, a process which feeds on itself.

### **8.3. STUDY OF THE SOCIAL REPRESENTATIONS OF ECSTASY**

#### PLANNING THE SURVEY

Drug use has always been a phenomenon very closely linked to the cultural context. As we have seen, like the other designer drugs, ecstasy is a type of drug whose use is particularly dependent on fashions and on the social representations which arise from them. They are substances which have created a grand complicity and interaction with the juvenile culture. Their approach requires an in-depth survey of the social representation which they have generated and which sustains them. This survey is important in order to be able to understand the phenomenon and to be able to provide preventive strategies adapted to these drugs and to the culture that each supports. Based on the analysis of social representations in different European cities, we would like to contribute to studying to what extent the culture of each country influences its drug use.

The base hypothesis of this survey would be that, in order to be effective, the information and the messages that are transmitted by the preventive campaigns need to connect with the thought schema of consumers and non-consumers. These campaigns may be rejected because they do not connect with the social representation held of them or because they are messages integrated in the representation without changing it and which, therefore, do not imply a significant change, capable of modifying behaviour. Or even worse, they may reinforce inadequate social representations, in the sense that they favour the behaviour of drug use. All this is, obviously, very complicated and we can only speak of a first approach to the subject.

Thus, knowing the social representations of ecstasy will give us the key to getting to know and understand the reason for its success and where it fits into the social practices which frame its consumption, an understanding which will, at the same time, enable effective preventive strategies to be drawn up.

#### METHODOLOGY OF THE RESEARCH GROUP IN AIX-EN-PROVENCE

The methodology which we are using to discover these social representations was developed by a group of social psychologists -Flament, Abric, Verges and Guimelli among others- researchers at the University in Aix-en-Provence, interested in an-depth knowledge of the purely cognitive activity through which the subject constructs his representation, its content and its structure. These researchers have contributed new components to Moscovici's Theory of Social Representation, components which, at the

same time, are not recognised by all the specialists on representations, and which will condition the methodology for the survey, as we will see.

As for the methodology, as Abric explains in his book “Pratiques et représentations sociales”(Abric, 1994), two unavoidable questions are raised; the collection of representations, on the one hand, and analysis of the data obtained, on the other. Therefore the methodology must take into account instruments capable of discovering the content of the representations, and instruments which enable their analysis with the objective of establishing the relationships between the components, ordering them hierarchically if possible, and instruments capable of discovering the central nucleus.

In order to determine the components of the representation -its contents, in other words- Abric (1994) proposes interrogative methods such as the interview, the questionnaire, the single-subject focus or the drawings method with graphical support, or associative methods such as free association or the associative card.

In order to meet the second objective -to get to know the relationships between the components of the representation- we are using two types of methods, those which serve only to discover the relationships between the components (constitution of pairs of words, of groups of words, etc.) and those with which the components are also ordered hierarchically, such as successive hierarchical selections and successive selections by blocks. It is preferable to utilise the second of these, those which, in addition to showing the relationships between the components, also provide information on the closeness of the relationships because, in this way, it is possible to go on to identify the components that form part of the central nucleus.

Finally, to confirm which of these identified components form the central nucleus of the representation, we can utilise the following centrality tests, the ISA (method “Induction par Scénario Ambigu”), the SCB (Base cognitive squema) or the “*mise en cause du noyau central*” method.

Returning to our survey, our intention was to make a first approach to social representations and their structure, as going any deeper would have required more time and more surveys. We have not, therefore, gone on to defining more specific aspects of representation such as its central nucleus and its peripheral system. For the moment, we have restricted ourselves to collecting social representations and to sketching out what could be the first outline of their structure.

The methods selected for the survey on social representations of ecstasy were the interview and the documentary analysis to ascertain the constitutive components of the representation and the successive selection by blocks method for arranging them in order. This method allowed for a *Similitude Analysis* on the basis of which we obtained a *distance index* going from +1 (maximum similitude) to -1 (maximum exclusion). Therefore, it gives us information on the relationships established between the variables and their importance. This is the information that appears in the diagrams and on the basis of which we have made some interpretations on ecstasy use.

Well aware that these interpretations could be improved upon and completed, we are leaving the door open for future surveys which will enable us to establish the structure of these representations with greater precision, in other words, to find out which of the components are the central nucleus and which the peripheral system.

## QUESTIONNAIRE

We used the Similitude Analysis developed by Flament, Professor at the University of Aix-en-Provence for the survey on Social Representations. Using this method, we endeavoured to find out how the different components which form the social representation of ecstasy in the studied sample were related to each other.

The basis of the Similitude Analysis is the construction of a questionnaire on social representations comprising twenty sentences which contain ideas, beliefs and attitudes pertaining to ecstasy. We would remind you (see 2.3.3.) when we described the questionnaires used in this study, that the questionnaire on representations should be constructed ex professo on each occasion. In the exploratory phase, what constituted components of social representation had to be investigated. This search was made by means of a qualitative research collecting the commentaries by the communications media and individuals. Thus, the components which form the questionnaire were extracted from the comments of consumers and non-consumers of ecstasy in a series of semi-structured interviews, and from the commentaries in the communications media, the scientific literature, etc. by means of a documentary analysis (both analyses will form part of the exploratory phase of the research).

We would remind you that 20 sentences are chosen and that they form part of the final questionnaire. These sentences would be the components constituting the social representation, leaving the most important aspect to be discovered -the way in which they inter-relate. For this, each individual first has to choose the 4 sentences closest to his/her way of thinking, and later chose another four which would be the most opposite. Subsequently, this operation is repeated with the remaining sentences so that in this way 4 sentences remain which have not been chosen in either one way or the other. It is precisely these coincidences between the various sentences or components of social representation that we are interested in studying.

To analyse the data, we used the Simic programme designed specifically for this type of analysis by those same professors in Aix-en-Provence. The similitude analysis, using the Kendal Tau-b Index tells us of the proximity of each item to the others, leading to observation of the different chains or associations which are established between the components of social representation. This analysis can be presented graphically, as we will see below

On the basis of studying these diagrams with the preferred positions chosen by each of these sentences or components in each sample (countries, consumer group and non-consumer group), we proceed to draw up our report on social representation. In other words, we will learn what associations of representation there are in each sample and



what evaluation it is given. It only remains for us to explain the results and to do so, we are being guided basically by the diagrams themselves, by the comparison of the samples for the consumer and non-consumer groups and between the different towns as well as by other data from the rest of the questionnaire which enables us to see the peculiarities of each sample.

A first overall analysis has been made, on all the individuals who have participated in the survey in the 5 cities, divided into two groups -consumers or non-consumers of ecstasy. Then, the same process was followed for each city participating in the survey.

### **8.3.1. Two associative chains in the social representation of ecstasy**

The analysis of the diagrams of the social representations of the overall sample as well as of those of each country -with small variations- draws a picture which, to our mind, seems very clear. Two blocks appear each containing a different type of inter-associated item. Consequently, we are seeing two chains or associations of clearly different components. In other words, each of the 20 components which form social representation is not located in an indiscriminate way in one or other block but the greater part of them generally form part of the same chain of representation whatever the sample studied.

What the diagram does not show us is the meaning or positioning of the consumer group (C) and the non-consumer group (NC) for each block. We remind you that in order to complete the questionnaire, each individual has to select each sentence in accordance to whether it is in close agreement, simply in agreement, in total disagreement or simple disagreement with his/her way of thinking, so that four sentences remain in what we can consider that each subject feels to be a neutral position. There is, therefore, the possibility of reading the results of this selection as though it were a scale, on which the respondents have placed the items. This scale runs from 1 to 5, 1 being the furthest from the respondents thought and 5 the closest. Using this system we were able to place the direction that the C and the NC groups attributed to each of the chains, since from the point of view of the diagrams, the associative chains are similar for both. The C, unlike the NC group, find the items which refer to ecstasy as a drug with effects on the way they feel, which facilitates relationships with others, etc. as closer to their way of thinking and do not show rejection of the search for these effects, whereas the proportion of the NC group that positions those items which refer to ecstasy as a dangerous drug as being closer to their way of thinking, is greater than the consumers.

On the basis of this methodology of interpretation, we have proceeded to interpret the meaning of each of these two chains of representation in the following way. One of the chains of representation implies a positioning of individuals on the *effects attributed to ecstasy*. In effect, this block unites those items which refer to what we could call expected *effects* or attributes of ecstasy (influences how one feels, affects relationship

with others, facilitates being able to keep going all night or understand the music better).

The second block shows us another chain of representation where the central theme is the positioning of individuals on the *dangers* of use. Here, we find associated components such as ecstasy provokes death or produces addiction or has a long term depressive effect. These components also may be considered in some sense “effects” of ecstasy but which we believe it is the accent on danger that leads them to be associated. In other words, aspects which would make ecstasy a supposedly dangerous drug for those who consume it.

It is true that a mini-block also appears in some countries comprising two or three items. On interpreting these associations of these few items, we see that they can always be attributed to one or the other block so that it does not change the idea of these big associative blocks.

What is rather interesting is that *this distribution of items in two blocks or chains of representation is repeated both at a group level in consumers (C) and in non-consumers (NC)*, which leads us to believe that we are seeing two powerful stereotypes or clichés with important repercussions on the behaviour of individuals and which must be taken into account in designing preventive campaigns. *It is important to understand that although the positions of C and NC are opposed in each of the chains of representation, each of the chains is always respected.*

*In short, the individuals in our survey think, understand or interact with ecstasy through or on the basis of two associative chains or social representations -the implied “effects” (so that people use ecstasy) and its implied danger, to position themselves for or against, depending on whether or not they are consumers of ecstasy.* It is worth asking if there are other chains of representation for ecstasy which are different from those found in this survey but they have not appeared anywhere during this research. The young would think about ecstasy through their response to two types of question, “what is it that you expect from ecstasy?” and “how would you evaluate the danger of ecstasy?” Depending on how individuals and groups stand on these questions will possibly determine their behaviour in respect of the use of ecstasy.

Analysis of the overall sample and of each country which is given below will take into account this interpretative methodology which we have just explained. We will indicate in each case if the diagram moves away from this general guide in both the consumers sample (C) and the non-consumers (NC). We suggest that the social representations of our overall sample in Modena, in Nice and in Palma de Mallorca clearly follow this same distribution in two blocks, with no interconnection, one referring to the “position respect to the implied effects” and the other to the “problematic view of ecstasy” without there being any interchange of items from one block to another.

In the case of Coimbra, the NC group follows the general rule whereas the diagram on the C group in Coimbra at a 5% significance level forms itself into a single block.

Nevertheless, except for the first impression, detailed analysis of the interactions shows us that the two large blocks are respected although some exchange of items between blocks is established in respect of the examples followed by the other countries without this implying a change of interpretation of the meaning of the blocks.

In the case of Utrecht, we find ourselves with some differences in respect of this sample. In the beginning, 4 blocks (or mini-blocks) appear for both the C and NC groups. In fact, the same habitual interpretation may be made of the mini-blocks as we made of the rest of the samples. Some interchange of items occurs in the blocks depending on whether we are referring to the C or NC sample. Some items which form part of the block referring to the problematic in the C sub-sample are found forming part of one of the “effects” mini-blocks among the NC and vice versa. Nowhere do the items that aid in defining the nucleus of representation (i.e. “provoke death” for the problematic view or “feeling good” for the effects) change place. Consequently, the general interpretation which we have summarised in this section may also be maintained in this sample.

The graphic format has forced us to use few words instead of the whole phrase. In order to read easily the graphs, a list with the words used to represent the phrases and the whole phrases is included below:

**Clarify** → Ecstasy puts order in your mind

**Death** → Ecstasy can cause death

**Depressive** → Ecstasy has a depressive effect in the long term

**Don't know pill composition** → The problem with ecstasy is that you never know what you are taking

**Easy drug** → Ecstasy is a clean drug, easy to use and comfortable

**Euphoric** → Makes you feel euphoric and helps to get on with people

**Feel OK** → Ecstasy makes you feel good

**Great for parties** → Ecstasy is great for parties, you can keep going all night

**House music comprehension** → Ecstasy allows people to understand house music

**Keeps awake** → Ecstasy keeps people awake

**Lose control** → Ecstasy makes people lose control of their own behaviour

**No alcohol combined** → People who take ecstasy don't drink alcohol at the same time

**No without prevention** → Ecstasy without preventive measures can be dangerous

**Problematic people** → People who take ecstasy are people with problems

**Produce addiction** → Ecstasy is a dangerous drug, because it leads to addiction

**Reasonable price** → Ecstasy has a reasonable price

**Reality evasion** → Ecstasy is good to evade reality, to forget problems

**Relax** → Ecstasy relaxes

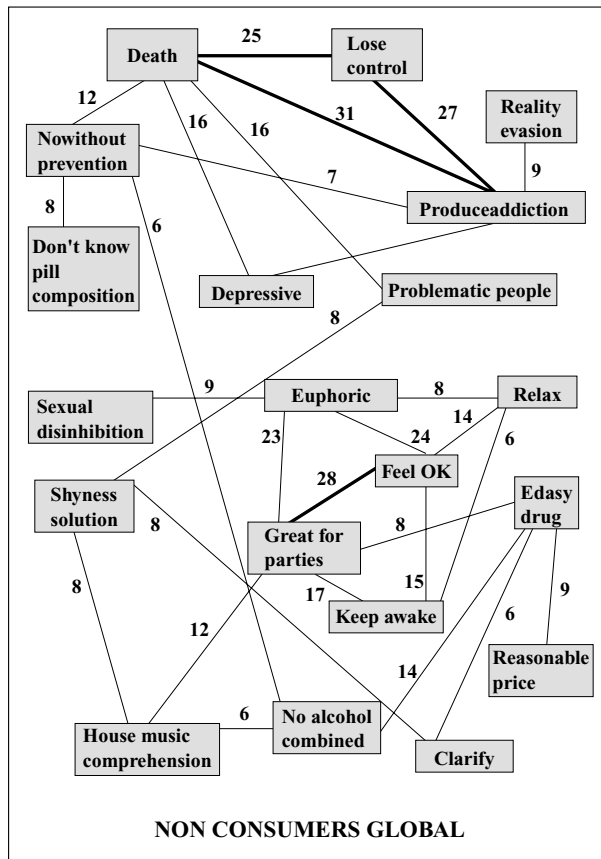
**Sexual disinhibition** → Ecstasy disinhibits sexually

**Shyness solution** → It is a solution for shy people

### 8.3.2. Social Representation in the global sample

We would remind you that the overall sample comprises all the individual consumers or non-consumers interviewed in the 5 cities which participated in this survey. Combined treatment of all the samples is theoretically possible as similar selection methods were followed in each city (**chapter 3**). There is no doubt that there were deviations from the original instructions on occasions, as we explained in the description of the samples but we believe that the overall sample may be used with the same limitations as those we used in the samples of each city. We are perfectly aware that we are not dealing with representative samples but we feel that both the scope of the sample in each city as well as the methodology used to reach the individuals allows us to speak with a certain authority on the data collected, always within the context of a qualitative methodology. And finally, that the behaviour of the overall sample has parallels with the samples of each city which encourages us to take this overall approach to facilitate explanation.

Graphic representation of non-consumers (NC) in the global sample



The 20 components comprise part of the diagram of our overall NC sample distributed in the two blocks (one centred on the *effects* and the other centred on the *dangers*) which we have just described. On the one hand, we can see the *unequivocal positioning of the NC supporting the danger of these drugs* with a central nucleus of three components, “ecstasy can cause death”, “it is a dangerous drug because it leads to addiction” and “with ecstasy you lose control”. Associated with these items are the other components that traditionally form this representation, “it has a depressive effect in the long term”, “taking it without taking preventive measure is dangerous”, “people who take it are people with problems”, etc. These two last variables are the only connections with the other block.

In effect, there are two variables in this block each with significant relationships, although not close ones, with the other two variables in the other block, “people who take it are people with problems” is associated with rejecting “ecstasy is a solution for shy people” whereas “taking ecstasy without taking preventive measures” is related to not being in agreement with “people who take ecstasy do not drink alcohol at the same time”. As we can see, there are no connections between the variables that define the most stable nucleus of each of the two blocks and we can consider that these two associations do not mean rethinking the meaning of each block.

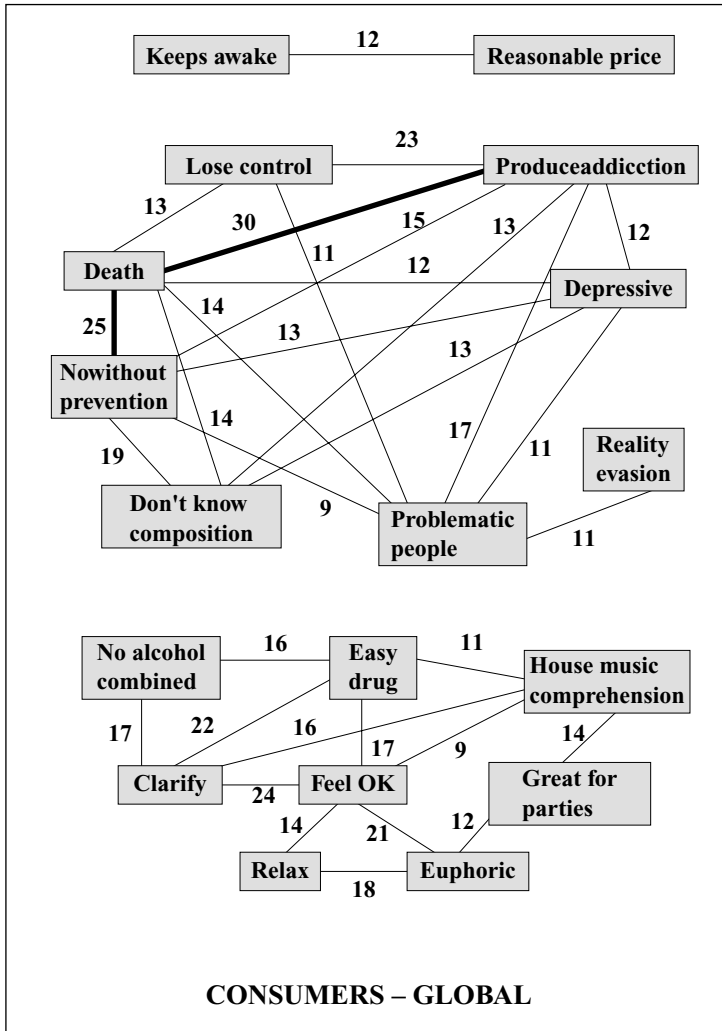
The strongest connection between the blocks on *effects* is between the variable “ecstasy makes you feel good” and “ecstasy is great for parties, you can keep going all night”. A strong association between these two variables is repeated frequently in the samples from other cities. Other important associations are with the variables “it makes you stay awake” “it causes euphoria and helps you to get on with people”, “it allows you to understand House music”, “it’s a clean drug, easy to use and convenient”, etc. We would remind you that the *NC group are positioned against the search for these effects*.

The diagram with a significance of 5% is positioned with a Kendal Tau-b value of  $S=6$ . The significance value is so low because of the high number of individuals that participated in the analysis ( $n=548$  individuals), so that the diagram with this level of significance is excessively complex to interpret. This is the reason why we decided to raise the significance level to a value of  $S=9$  where three different blocks are formed. Certain significant relationships between the variables are eliminated from the representation in this way but basically the interpretation which we are giving to the diagram does not change. We can see, in this way, the two typical large blocks, the one formed around the “problematic view of ecstasy” and the “position which is taken on the effects”. Two items form a mini-block.

The block on the *problematic view of ecstasy* is formed on the basis of the relationship between those items concerned with this. The positioning of the C group rejects this view. The nucleus of items with more powerful connections between them are formed by “ecstasy may cause death”, “it’s a dangerous drug because it causes addiction”, “taking ecstasy without taking preventive measures is dangerous” and “with ecstasy you lose control”. The group of 8 items in this chain is completed with 4 other components “it has a depressive effect in the long term”, “people who take it are people

with problems”, “the problem with ecstasy is that you don’t know what you’re taking” and “it lets you escape reality and forget your problems”.

Graphic representation of consumers (C) in the global sample



The second block is the one centred basically on the effects attributed to ecstasy on which consumers demonstrate their agreement. The closest relationships are established between the items “it sharpens ideas”, “it makes you feel good”, “it causes euphoria and helps you to get on with people”. There are various items which maintain 4 or 5 associations with other items and they are “it makes you feel good”, it’s a clean drug, easy to use and convenient”, “it enables you to understand House music”, “it sharpens your ideas”.

The mini-block is made up of two items, “ecstasy helps to keep you awake” and “it is a reasonably priced drug”. We understand that the interpretation of this block is no other than ecstasy helps to keep you awake at a reasonable price. We understand that this mini-block forms part of the same constellation of the “effects” block. In fact, if we look at the diagram where all the significant associations at 5% can be seen, we find that “keeps you awake” is associated more with “ecstasy relaxes you” and “it’s great for parties because you can keep going all night”. However, in this 5% diagram, “reasonable price” maintains a relationship with “causes death”.

### ***8.3.3. Social representation in Coimbra (Portugal)***

The initial impression on looking at the diagram for a 5% signification degree for the consumer group (C) of the social representations in Coimbra is that it shows a situation which is different from the other cities. Two separate and unconnected blocks do not emerge in this diagram; at first glance there is only one. The items are not strictly separate as in the other diagrams where we can appreciate a chain of representations centred on the effects of ecstasy and another centred on the implied problematic of ecstasy. On the contrary, we see only one block because connections have been established between items which have not been associated until now.

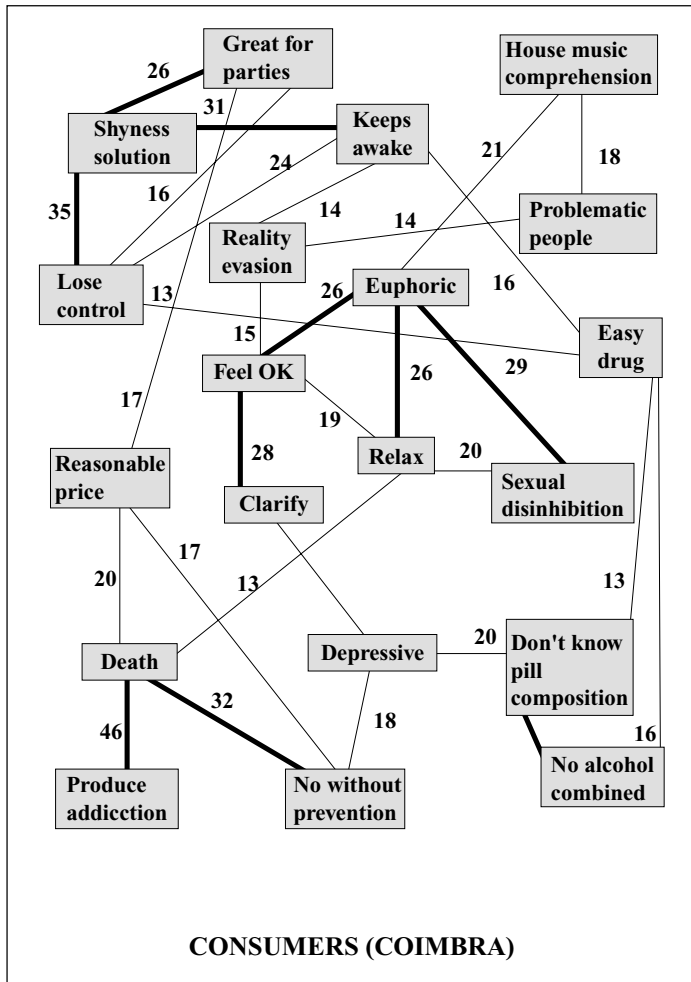
As for the diagram of the non-consumers group (NC), once again we see two distinctly different blocks, two chains of associations with no interconnection which respond to the two habitual views of ecstasy in accordance with their effects or their problematic, even if the distribution of items in each group is different from the distributions found in other cities. In other words, some items which were always situated in the “effects” block now become part of the “problematic” block and vice versa.

We will go on to indicate the differences in the Coimbra diagrams in comparison with other cities, in order to see if these changes break the tendency to see ecstasy from the perspectives of “effects” and “problematic”. At the same time, we will also see to what extent the differences found between the Portuguese C and NC groups differ from those found in other countries.

As we can see in the diagram, there is apparently one single block formed of all the variables when we establish a 5% degree of signification. But if we study the relationships established between the items in greater depth, we see that basically these tend to relate amongst themselves in the same way as when there are only two blocks, with the difference that there are some extra relationships and an item that change position. There is the typical nucleus on the dangers, formed by the three items “it causes death”, “it’s a dangerous drug because it leads to addiction” and “taking ecstasy without taking preventive measures is dangerous”. This nucleus shows up clearly if we increase the signification above a Kendal Tau-b of 20. The other nucleus around the effects attributed to ecstasy is also well conserved. Basically, it deals with “it makes you

feel good”, “it causes euphoria and helps you to get on with people”, “it sharpens ideas”...

Graphic representation of consumers (C) in Coimbra



We will now go on to analyse the question of how the exchange of items is effected and the establishment of new relationships between items in order to establish if this has any influences on the usual meaning and interpretation of the diagram in respect of what happens in other countries.

NEW CONNECTIONS

These new connections are established through the following items (the block where the item normally positions itself is shown in brackets):



- “clean, easy to use drug and convenient” (effect) with “those who take ecstasy don’t drink at the same time” and with “the problem with ecstasy is that you don’t know what you are taking” (problematic).
- “relaxing” (effect) with “dangerous drug because it creates addiction” and with “leads to death” (problematic).
- “sharpens ideas” (effect) with “depressive in the long term” (problematic).
- “Reasonable price” (effect before) with “leads to death” and “dangerous drug because it creates addiction” (problematic).

We see that none of the 4 items which have served to establish bridges between both chains of representation are those which we could consider essential in the definition of one or other block. For example, the fact that the item “ecstasy has a reasonable price” has associations with items which are normally in the area of the implied problematic, does not appear to change things much. Also “clean, easy to use drug and convenient” is a relatively neutral item and it should not surprise us that it is associated with items in the “problematic” block such as “those who take ecstasy don’t drink alcohol at the same time” or “the problem is that you don’t know what you’re taking”.

That “sharpens the ideas” which belongs to the “effects” block shows association with “depressive in the long term” may simply signify -bearing in mind that each item is chosen in the contrary sense of belonging to two different blocks- that it is in agreement, that it sharpens ideas and that it rejects the idea that it produces depressions. “relaxes” is one of the less typical effects. In fact, it is one of the effects least chosen - we remind you that it is one of the questions in that part of the questionnaire dealing with the characteristics of ecstasy consumption- with the exception of the Dutch sample where, once again, we see that it behaves differently. Therefore, its association with two themes in the problematic block does not distort.

#### ITEMS WHICH CHANGE THE BLOCK

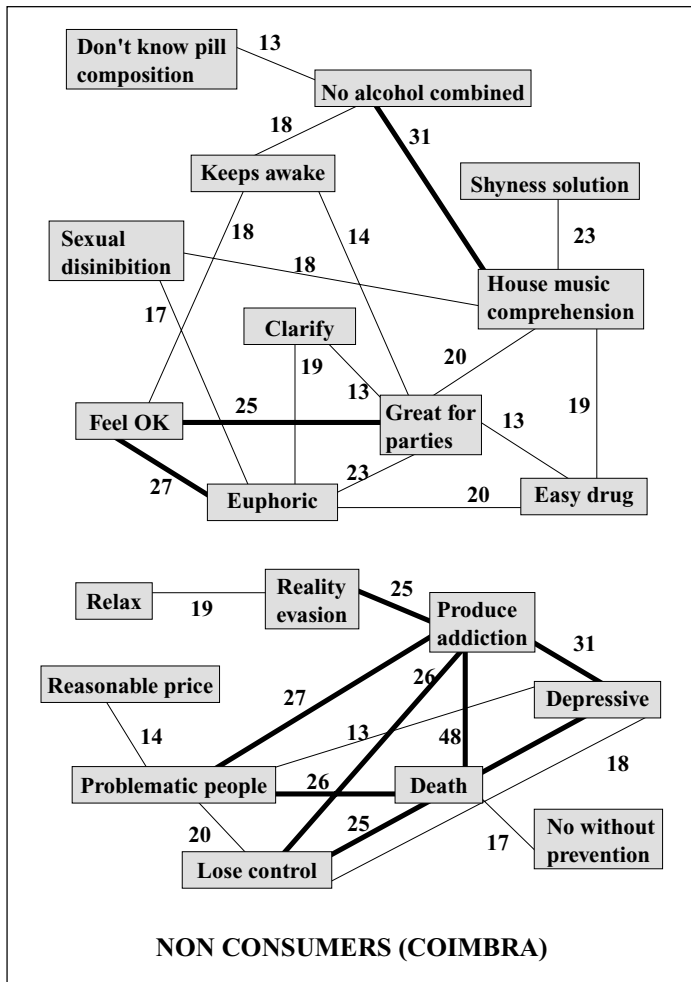
Among the components which change its usual position are “with ecstasy you lose control” and “people who take ecstasy are people with problems” which go from the problematic sector to the effects group. “loss of control” could be perfectly understood as an effect -desirable even, for sensation seekers- fitting in perfectly with the other items in the group. Simply, it is an item which stops being thought of in terms of problematic and goes on to become, more or less, an effect. We can find less explanation for the change in position of the second item “people who take ecstasy are people with problems”.

“Reasonable price” gives up its associations with the items that form the “effects” group attributable to ecstasy and becomes part of the problematic block (of the three association, there are two with items from the problematic point of view). We believe that it is not a very emblematic component and its partial association with the problematic does not compromise the group.

Therefore, and taking into account certain differences, we understand that the approach is still being maintained in the two ecstasy blocks; one linked to the effects attributable to the substance and the second to its problematic.

Perhaps a certain atypicality detected in the social representation in Coimbra in comparison with other cities is determined by the peculiarities of said consumers sample. We would remind you that they and the Dutch are the two samples where there is a larger proportion of low frequency consumers. In addition, evaluations have been more positive in both cities, obviously because their rate of consumption has not led to problems, either individually or as a social group. And they are the two samples that have a less stereotyped social representation, so that, there are more connections between the two forms of approach to the representation of ecstasy.

Graphic representation of non-consumers (NC) in Coimbra



Again, we find ourselves with two different groups, two chains with no interconnecting associations even if the composition of the items in each group is slightly different from the usual distributions in the other cities. We see, for example, that “reasonable price”, “avoid reality” and “relaxes”, items which in Nice, Modena and Palma de Mallorca appeared located next to the items which expressed a view of the effects of ecstasy, in the Portuguese NC diagrams they are situated in the group which refers to the problematic view. For the Portuguese NC group, the fact that the drug is cheap (accessible) and has the effects of relaxation and providing an escape from reality is not a simple matter of effects which can be sought. Rather, they are aspects which must be thought of from the problematic.

“Not drink alcohol with ecstasy” and “you don’t know what you’re taking” are items which become part of the effects group unlike the majority of cities, even if it has to be said that the second, “you don’t know what you’re taking” has only one association which, although significant, is not too strong (Kendall Tau-b=13). “don’t drink alcohol with ecstasy” nevertheless has more relationships and closer ones with, for example, “understand House music” (Tau-b=31). A possible interpretation of these relationships may be due to the fact that the Portuguese NC group has a frequent social representation in the communications media in respect of the ravers (they do not drink alcohol, very interested in music, concerned about the quality of the tablets they take).

One final point to note is that the 20 variables appear in both the C and the NC diagrams, in other words all have at least one significant relationship with another item. This fact also differentiates Coimbra from the other cities although it does not substantially vary the valid interpretation for the other countries in the diagram.

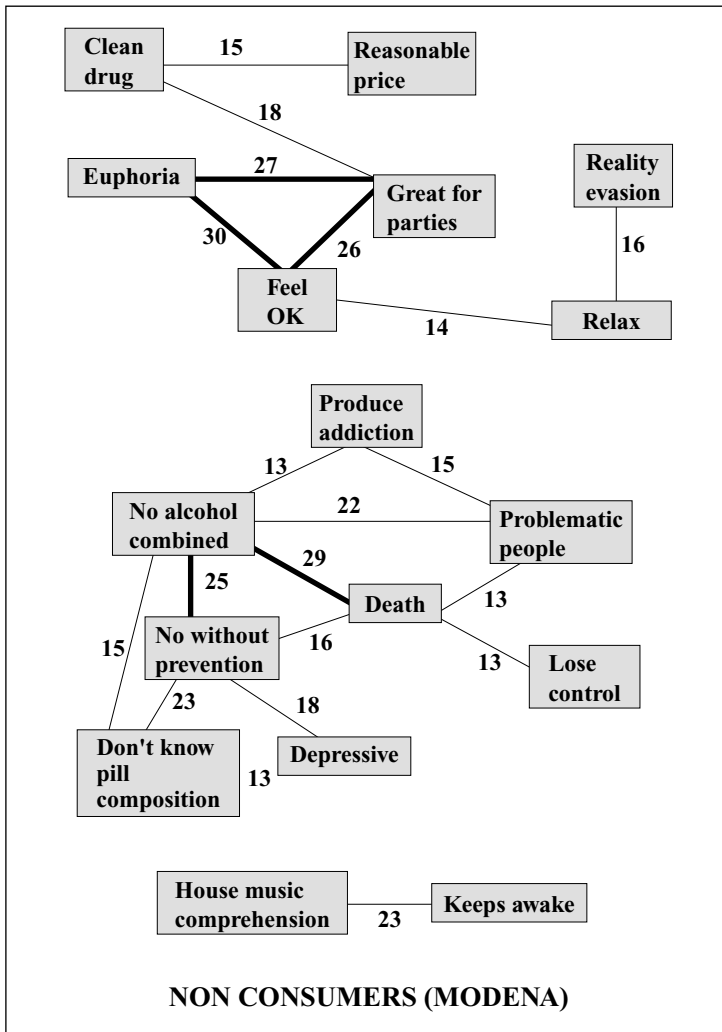
#### ***8.3.4. Social representations in Modena (Italy)***

The analysis of the social representations in Modena was made on an incomplete sample, as 44,06% of the questionnaires were rejected as not being valid for this analysis. We should bear in mind that the social representations scale occupied the final place on the questionnaire and that this was already enormously long in itself, which increased the likelihood that this part of the questionnaire would be badly answered. In spite of this important limitation, we will see that analysis of the Italian sample provides us with the habitual interpretations of the other cities and the overall sample.

The social representations of the Modena NC group is divided into three groups and not into two as has occurred up to now. Nevertheless, it does not change the meaning of the interpretation. Two of the groups combine items which are ordered around the “effects” of ecstasy. One of them comprises two items only (“understand House music” and “keeps you awake”), but the sense of said relationship continues to be the same when we consider the “effects” group in a single block. In the third group, however, the items appear that relate ecstasy to the problematic view of the drug. The items “sharpen ideas”, “solution for shy people” and “removes sexual inhibitions” do not

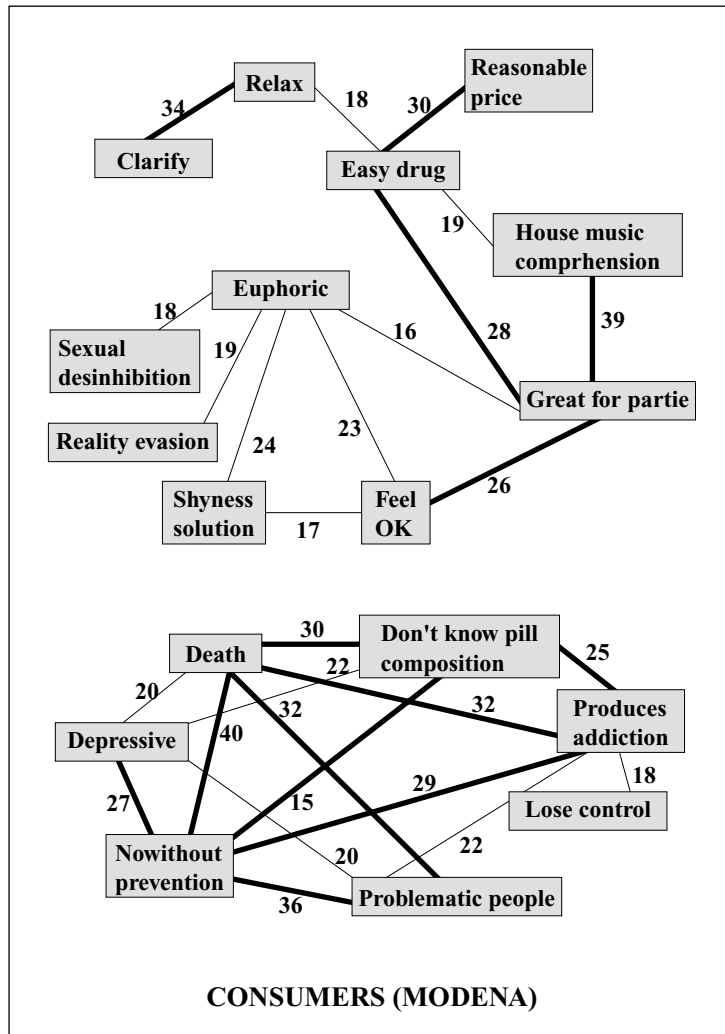
appear in the diagram, as they have no significant associations with any other component.

Graphic representation of non-consumers (NC) in Modena



It is worth mentioning that the item “when you take ecstasy you don’t take alcohol” figures again in the NC diagram in the block that expresses the problematic and also, in this case, with close relationships to two items “leads to death” ( $\tau_b=0,29$ ) and “dangerous without preventive measures” ( $\tau_b=0,25$ ), whereas it does not appear in the C diagram. We can deduce that, as occurred in the case of Palma, it either forms part of the negative social commentary or is positioned with these items because it is a problem for the NC on taking into account that ecstasy can not be mixed with alcohol.

Graphic representation of consumers (C) in Modena



The C diagram is divided into the two usual groups, following the same trends in respect of the position which the items occupy in each group. We see, therefore, that once again, the two blocks appear, one which could be the stereotype of the effects and the other the stereotype of the problematic. “Keeps you awake” is an item which does not appear in this diagram although “removes sexual inhibitions” is present. However, it appears among the desired effects even if its only relationship is with the search for euphoria. We should bear in mind that, in general, in spite of its stereotype as a “love drug”, this is very rarely selected variable. In that part of the questionnaire which explores the characteristics of ecstasy consumption, the sexual aspect is rarely selected

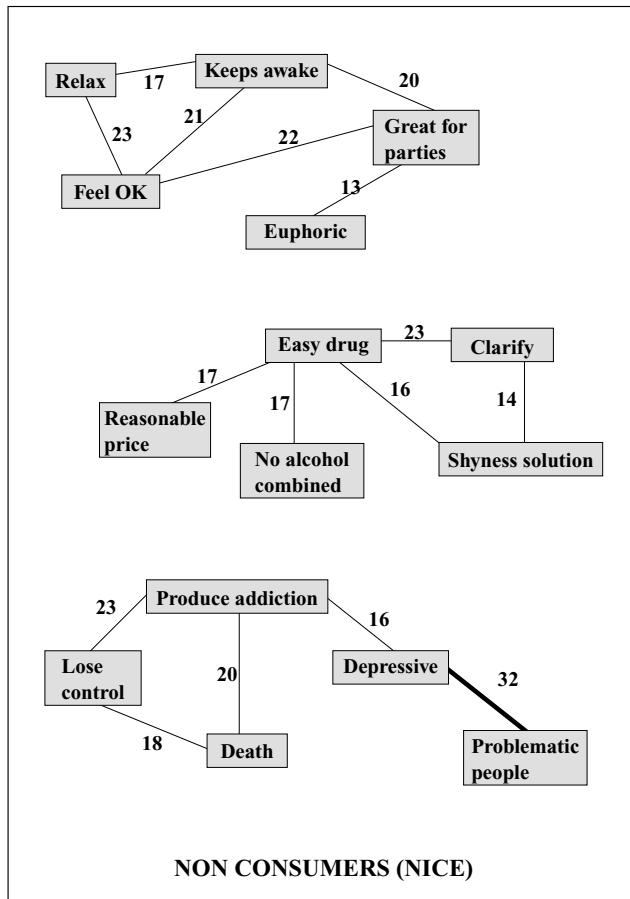
as one of the reasons for taking ecstasy. Only 4,3% of the responses to the Modena consumer samples considered this important.

The items maintained their “typical behaviour” among both the C and the NC groups, so that there was no crossing of components from one block to another. The items which are in each block are those which we usually find there. Therefore, having made the reservations about the number missing in the Italian sample, the Modena diagram permits the maintenance of the usual interpretation of the meaning of the social representation of ecstasy.

### 8.3.5. Social representation in Nice (France)

For the analysis of the Nice (France) social representations, 42,94 % of the sample had to be rejected because of problems in filling up the social representation scale, leaving the samples as follows: 85 Consumers and 107 Non-consumers.

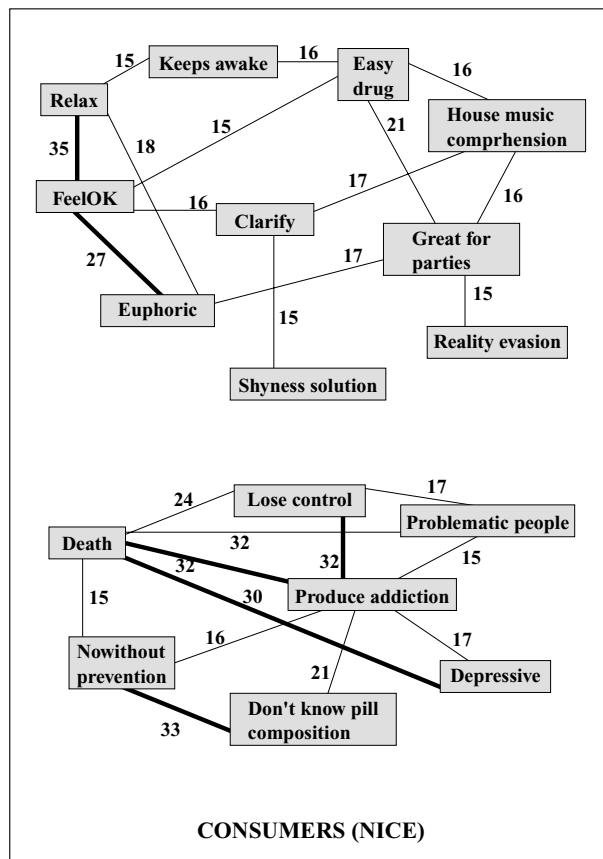
Graphic representation of non-consumers (NC) in Nice



As we can see in the diagrams, the NC chain of associations is divided into three blocks but, as occurred in Italy, (also with a sample reduced by the missing), the items which define the effects of ecstasy are united in two of these blocks, and a third contains the items which give a problematic view of ecstasy and, therefore, it does not break the trend in the distribution which we have followed up to now.

The nucleus appears in the “problematic” block formed by the usual items “leads to death”, “causes addiction” “loss of control”... We have already said that the effects block is divided into two. One of them is the classic comprising the most usual components “makes you feel good”, “great for parties and keeps you going all night”, “ keeps you awake”...) and which are, in addition, rather interconnected. In the other sub-block are the typical items but which are generally associated with the “effects”, “sharpens ideas”, “solution for shy people”...) together with some other less typical items such as “reasonable price” and “people who take ecstasy don’t drink alcohol at the same time”. The correct interpretation of these items in their association with the previous ones is that the NC group do not agree that ecstasy is reasonably priced and they do not believe that ecstasy users do not take alcohol.

Graphic representation of consumers (C) in Nice



In the C diagram we see distribution in two single blocks once again and where the same views of ecstasy are defined, one from the perspective of the effects and the other from that of the problematic. In the C diagram, the nucleus of two items appears, “the problem with ecstasy is that you don’t know what you’re taking”, “it’s dangerous without preventive measures”, very closely connected ( $Tau-b=0,33$ ) whereas they do not appear in the NC diagram.

These variables do not appear in the Palma de Mallorca NC either as their associations do not have sufficient significance. The interpretation of this aspect, of possible preventive repercussions, is not easy. We believe that it should be interpreted, on the one hand, with the same orientation of the items with which it is associated. In this sense, we think that it indicates that the C group take into account this aspect, but they do not endorse it. There are two types of data in support of this view. The NC group which is showing a closer agreement with these aspects than the C group and, secondly, when asked in the questionnaire of the importance of knowing the contents of the tablets, more than 70% of users did not appear to give much importance to this aspect. We believe that the non-appearance of these items among the NC group may indicate that it is not important to them, as knowing the composition of the tablets or taking preventive measures never authorises taking these drugs or provides any security that they can be taken without any risk.

As for the differences in respect of the block which refers to the effects, we see that in the C diagram there are items which do not appear in the NC diagram such as “escape reality” and “understand House music”. It could be that evading reality and understanding House music are considered in the C group social representations as desirable effects of ecstasy, whereas in the NC these items do not appear in any significance in any block.

The item “removes sexual inhibitions” again attracts attention by its absence in either of the two representations, a fact that also occurs in the samples of other cities, with the exception of Italian consumers.

Comparing the C and NC diagrams, we see that in Nice there are also no interchanges or crossings of items from one block to another in the typical way in the comparison established between cities. The differences are only in the presence or absence of certain items, depending on whether we are speaking of the C or the NC diagram.

### ***8.3.6. Social representation in Palma de Mallorca (Spain)***

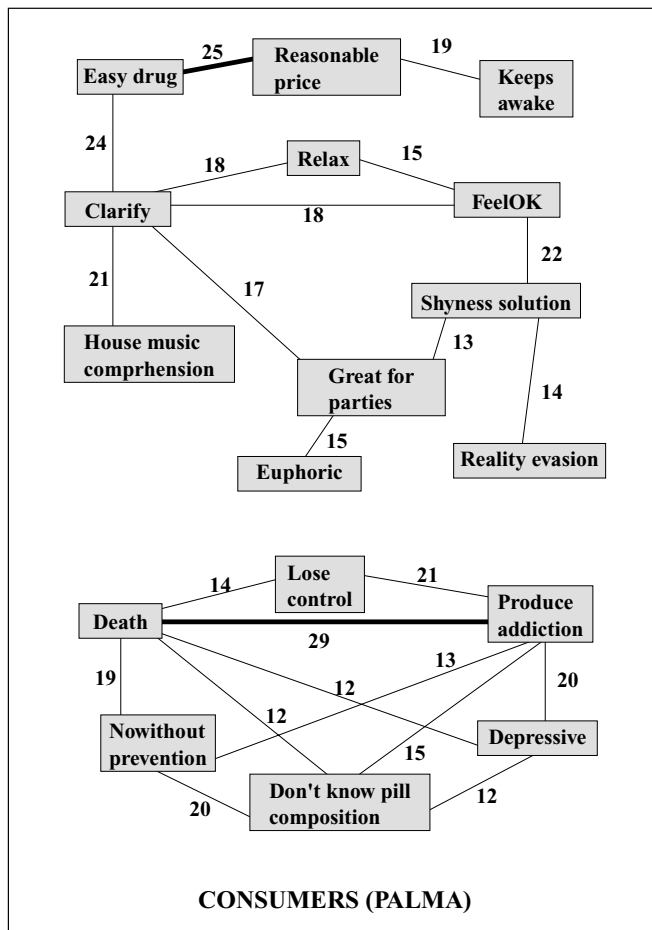
Analysis of the Palma de Mallorca diagrams for both consumers (C) and non-consumers (NC) shows the usual picture of two variables with no interconnection. One of the blocks comprises those items which would be in the problematic of the drug, where its danger is expressed in respect of the effects on physical and mental health. The other block is formed by the variables which recognise the “effects” of ecstasy on the how one feels, social relationships, parties and music, etc.



These two groups of items are not exactly the same in both samples. In the C diagrams items appear in each block which do not appear in the NC and vice versa but there is no “cross” of items between the two “effects” and “problematic” blocks. In other words, the trend in the overall diagram of distinguishing between the effects and the problematic is maintained and, in addition, no items goes from being considered “effect” to being “problematic” and vice versa.

It is important to note that like the other cities, the C group positively evaluate the “effects”, in other words they consider them as being somewhat close to their way of thinking and reject the problematic chain of representations for meaning the opposite of what they think. For the NC group, the situation is exactly the opposite.

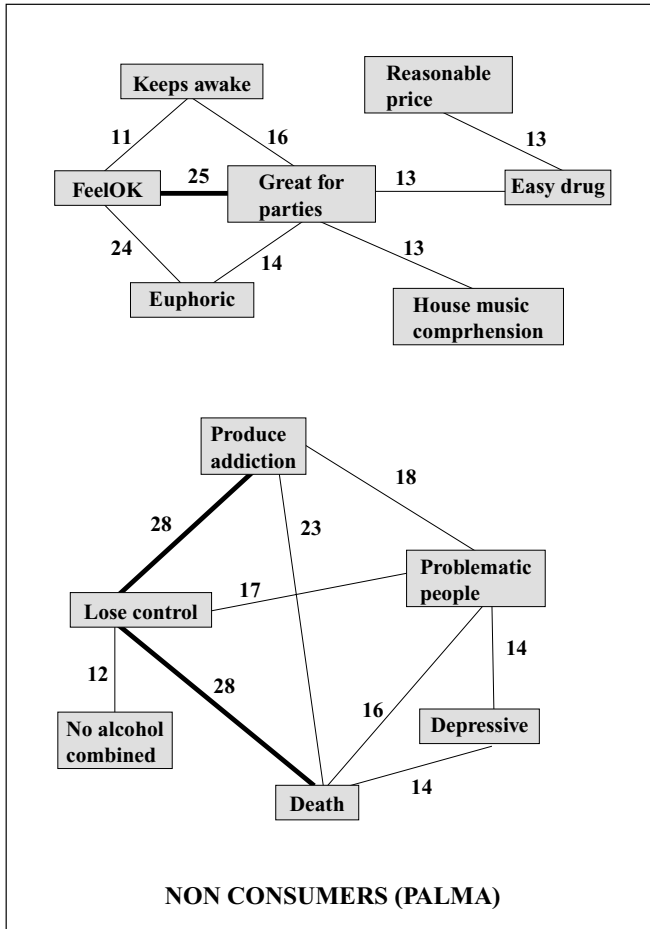
Graphic representation of consumers (C) in Palma de Mallorca



The items that appear in the C diagram in the effects block and which do not appear in any block in the NC diagram are “ecstasy relaxes”, “sharpens ideas” “solution for

shy people” and “escape from reality”. These items, therefore, have a place in the social representation of the C group as effects to be desired from this substance, whereas they have no relevance in the NC social representation.

Graphic representation of non-consumers (NC) in Palma de Mallorca



As for the block which is interesting from the point of view of the ecstasy problematic, two items appear in the C group, “the problem with ecstasy is that you don’t know what you’re taking” and “it’s dangerous without preventive measures” which do appear in the NC diagram. We can interpret this fact as that the C group have examined this aspect and decided that it does not involve much danger. In effect, the interpretation of the data has to be made in conjunction with the orientation of the rest of the variables with which they are associated, and we know that the C group tend to distance itself from a view of the dangers in taking ecstasy. But, in addition, if we were to compare the times that the C group was in disagreement (important to remember there are three possibilities, agreement, disagreement and indifference) with the

sentence “the problem is that you don’t know what you’re taking”, we see that it is 20,8% compared with 11,2% of the NC. which is a statistically significant difference. The difference is even greater for the item “it is dangerous without preventive measures” since 35,4% of the C group disagree whereas only 24% of the NC show their disagreement. This has obvious preventive importance since it would appear that the NC group tend to be more preventive in themselves.

On the other hand, in the NC diagrams in the problematic block, there are two items which do not appear in the C diagrams. These items are “people with problems” and “not drink alcohol”. The “people with problems” item is not difficult to interpret. The NC associate ecstasy and its problematic with this item, whereas for the C group, there is no reason for there to be any relationship between the use of ecstasy and problematic people. Nevertheless, the presence in the NC group of the item “do not drink alcohol” in the block of items relating to the problematic of ecstasy attracts our attention and leads us to suggest two possible interpretations -that it is an idea which is transmitted or has been transmitted by the communications media very much in association with the commentary that has been generated on this type of drug (In the early days, even between detractors of this type of drugs it was believed that ecstasy did not combine with alcohol) and that this is being maintained in the social representation of the NC group, whereas it has no relevance in the social representation of the sample of the consumers themselves since putting it into practice leads them to explode the myth of alcohol and ecstasy.

As in other cities, attention is also drawn to the fact that the item “removes sexual inhibitions” -does not appear in either of the two representations, in neither the C nor the NC group which indicates that it does not form part of or does not have much importance or weight as a component of a social representation of ecstasy in spite of its being marketed as a love drug. This result corroborates the data extracted from the questionnaire, when reasons for taking ecstasy were asked. The answers that believed that the sex had any weight did not amount to 4% of the replies.

### ***8.3.7. Social representation in Utrecht (The Netherlands)***

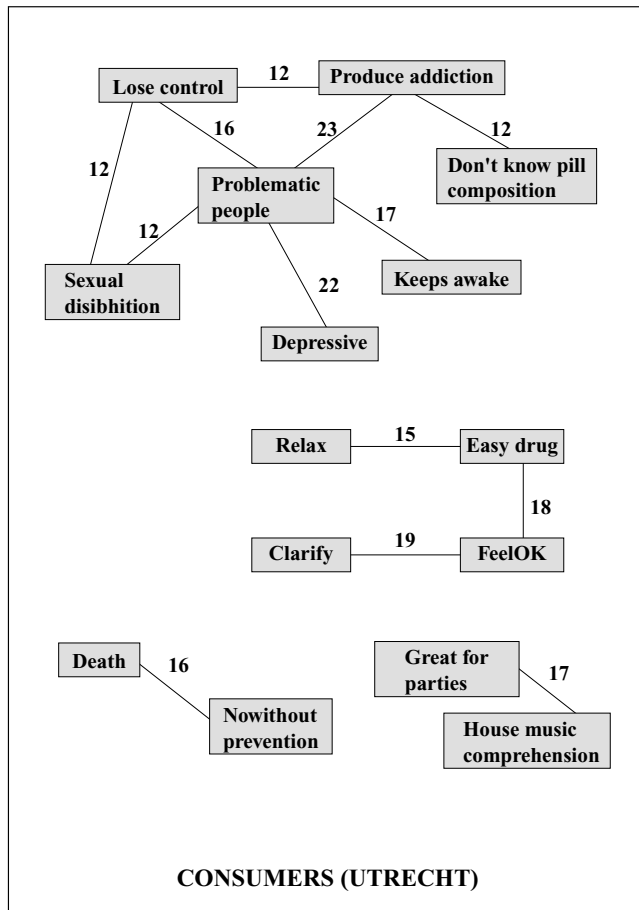
Analysis of the social representation diagram of the sample from the city of Utrecht shows us a more atypical description, as we have already seen in Portugal. Both in the consumer group(C) and in the non-consumer (NC) groups, the usual grouping in the two blocks is not maintained. At a significance of 5%, we find 4 different blocks in both in the C and in NC groups. In spite of this bigger division, it would appear that each of them is formed by the items belonging either to the block which we have traditionally called the implied effects of ecstasy or to the other block on the dangers. Even if, as we mentioned with the Portuguese sample, there is some interchange of items from one block to another in this sample when we compare the non-consumer (NC)diagram with that of the consumers (C), something which is not normal in the samples from the other three cities.

We believe the adequate way of interpreting the data is that the C tend to evaluate the “effects” positively, to consider them somewhat close to their way of thinking and to reject the problematic chain of representations for signifying the opposite to what they believe. For the NC group, the situation is exactly the opposite.

INTERCHANGE OF ITEMS BETWEEN C AND NC

The two items which move across are “keep you awake” and “removes sexual inhibition” which, in the NC diagram, are positioned in the “effects” chain of associations whereas in the C group, they appear in the “problematic” chain of association. In other words, that ecstasy removes sexual inhibitions and keeps you awake is not a desirable aspect. Nevertheless, the C group do not see it in the same way, as these two effects would form part of the problematic aspect of the drug that they reject. In other words, it seems alright to the consumers that ecstasy keeps them awake and removes sexual inhibitions.

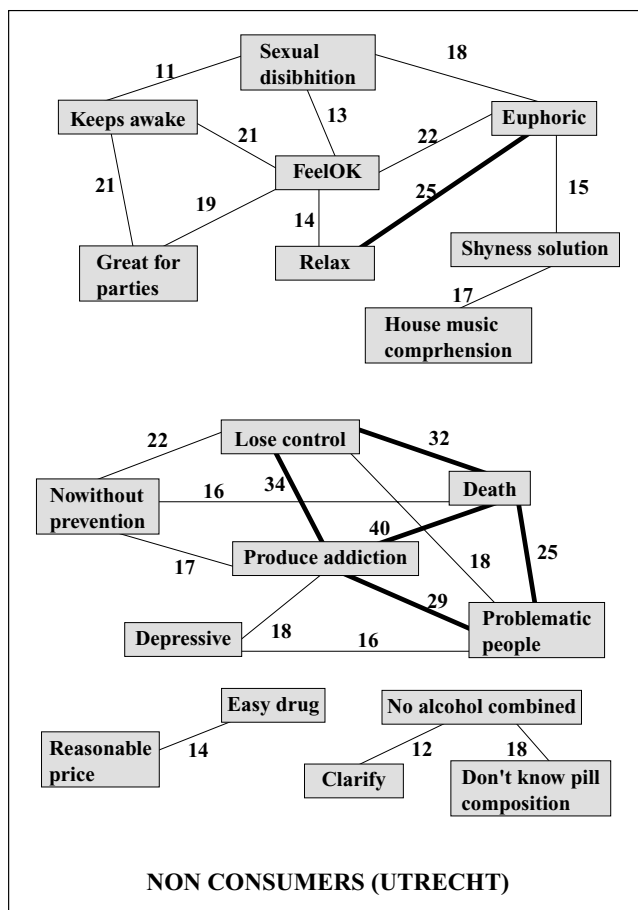
Graphic representation of consumers (C) in Utrecht



This comprised 4 associative chains or blocks. Two are mini-blocks of only two items. One formed by “leads to death” and “ecstasy is dangerous without taking preventive measures” which are two items which we would normally find associated with the block on dangers and which are, therefore, aspects which are rejected. The second mini-block comprises “it’s great for parties and keeps you going all night” and “ecstasy enable you to understand House music” which normally form part of the effects block and which are aspects on which the consumers are in agreement.

Then, we have two larger blocks. One is formed by the traditional “effects” items but only has four components. We remind you that there is another mini-block on the “effects” with two items. Within these 4 components, the effect of relaxation is surely important -in spite of the fact that it does not occupy a central position- since 84,6 % of the C group are in agreement on it. As for “ecstasy is a clean drug, easy to use and convenient”, there is a 26,8% agreement among the C group but this percentage drops dramatically to 3,5% in the NC group and we find a similar relationship for “ecstasy sharpens”. “ecstasy makes you feel good” follows a more neutral behaviour.

Graphic representation of non-consumers (NC) in Utrecht



In the C group there are five components which have not associated significantly with the representations chains These are “reasonable price”, “solution for shy people”, “not drinking ecstasy when drinking alcohol”, “ecstasy for escaping from reality” and “euphoria and getting on with people”.

The item “someone taking ecstasy doesn’t drink at the same time” only appears in the NC diagram, forming a mini-block with “sharpens ideas” and “the trouble with ecstasy is you don’t know what you’re taking”. “sharpens ideas” is an item which 91,4% of the NC group reject, whereas “the trouble with ecstasy is that you don’t know what you’re taking” is agreed by 89,3% of the NC whereas “not drinking alcohol at the same time as taking ecstasy” is a more neutral item in this sample with very similar percentages between the C and the NC groups. Therefore, we have a mini-block difficult to place in a definition but which shows great solidity in the union between showing the rejection to finding help in ecstasy and thinking that the adulteration of ecstasy is a problem (Stereotype achieved through the communications media? Horror for everything which is a chemical product?). Perhaps the central idea of this mini-block is that you have to be clear about ecstasy but that this is not going to make things clear for you.

The second mini-block comprise only two items “it is a reasonably priced drug” and “it is a clean drug, easy to use and convenient”. 87,8% of the NC group disagree with this final item and those who disagree with the first item among the NC group is double that of the C group. Therefore, this block is an association centred on the so-called practical advantages (low price and easy use) of this substance, something rejected by the NC group.

Then there are the two big traditional blocks. One is articulated around the idea of thinking of drugs in terms of danger comprising the 6 components which are the usual ones that we have found in other samples.

The fourth big block is like the usual one which forms around the effects of ecstasy, comprising 8 items. It lacks the “escape from reality” which forms part of this block, so many times, but it has not, on this occasion, associated itself with either this chain or any other. Nevertheless, it maintains its usual meaning in that the NC group believe with more frequency than the C group that this drug serves to escape from reality. Nor will it appear among the C group. This block will maintain the traditional meaning but with nuances. The item “ecstasy makes you feel good” occupies a central position with five associations with 8 of these items, for its more ambiguous role. In fact, more of the NC group (46,4%) are in agreement than the C group(36,6%) that ecstasy is good.

The division in more blocks and the same composition of the blocks gives us a more diverse picture of social representation than the Utrecht sample. Nevertheless, the fact that the big blocks are maintained and that some of the mini-blocks continue the same orientation as the large ones enables us to continue to think that the general discourse may be maintained, introducing the necessary corrections in each city.

As we said when speaking of the city of Coimbra, there were certain parallels between both samples. Here are two populations where the consumers are those with the lowest frequency of use where the effects of ecstasy are evaluated more positively - possibly because by consuming less they and their friends have less problems. The Dutch sample is the one that uses less of other drugs such as cannabis, LSD, cocaine and heroin although more amphetamines are consumed, either combined with ecstasy or in isolation.

## **8.4. LITERATURE REVIEW OF EVERY PARTICIPANT COUNTRY**

### ***8.4.1. Results of the documentary research in France***

In France, this phenomenon appears in 1990. The first clandestine raves and problems with the authorities began in 1991. In spite of the augmentation of repressive methods, raves increase, are commercialised at discos and continue being organised in parallel. The movement grows and involves thousands of young people.

In 1996, the Minister of the Interior Department starts a tough repressive policy. However, the movement continues and reaches the youngest, young people socially integrated, students, employees or individuals looking for a job, who only take ecstasy once a week, when falling into trance on Saturday nights.

When compared with other European countries, the French situation in the addictions area is almost monopolised by the State and the specialists in drug addiction, since there is a general consensus that drug use causes damages.

It is not easy to know how many individuals take ecstasy nowadays in France. Very few go to treatment centres. The number of pills collected by the police increases every year: 13.911 in 1992, 254.804 in 1994, 273.279 in 1995, more than 300.000 doses in 1996 (The Interior Department Ministry, Central Office for the Illicit Traffic Repression.-O.C.T.R.I.S- drug use and traffic, statistics of the years 1998, 1991, 1992, 1994, General situation of the National Police, Paris). Researchers calculate that one dose collected corresponds to ten doses already "absorbed".

L'OCTRIS states the strong expansion of this consumption, 1.122 requests made on the occasion of raves, show an augmentation of 68,7% (Le Monde, 22nd of May, 1996).

The association "Techno Plus" estimates that, approximately, a million of people have tried ecstasy. More than half of the individuals who go to raves take ecstasy or/and LSD. That means there are 500.000 young individuals who usually or occasionally use ecstasy, after data from "Observatoire Français des Drogues et Toxicomanies" (OFDT-March, 1997).

It is a young population, most of ecstasy users (70%) are between 18 and 25 years old. On the contrary, the use of cannabis is negligible among adolescents (4%), surely

because ecstasy use is connected with night life. Most of the consumers are men (84%). It is very difficult to define the social status of ecstasy users. Nevertheless, they show a higher professional integration (41% in 1995) than cannabis users (39%) or heroine users (21%).

Ecstasy use is extended all through the country. In 1991, 21 departments; in 1993, 34; in 1994, 60; in 1995, 69, .... The North goes ahead, followed by Paris and Les Alpes-Maritimes. Ecstasy is a phenomenon in expansion that goes beyond the borders..

## **A MORE AND MORE STUDIED SOCIAL PHENOMENON.**

### **A non-exhaustive approach to ecstasy studies.**

There is not much literature on the subject in France. We find a first article in "Actuel", in February, 1989, and another in VSD (OGER A.: *Ecstasy, pill of love, pill of death*- VSD, 1989, 628, 85-90). Afterwards, there is an article in "Le Nouvel Observateur", in August of the same year (ETCHEGOIN M.F.: *Ecstasy, philtre of love?*, N.O. August 1989). Then, D.LESTRADE publishes in the magazine "Rolling Stone", in April 1990 an article based on the ecstasy use in United States: *Ecstasy? Be careful, too sweet a drug*. In 1994, PERROT C. writes *Mystic Raves*, in "Actuel", 1994,40; G. BOULLEY, *Why do young people rave?* (*Among young people, there is a new fashion that finds its weekly consecration in a celebration that lasts the whole night long, accompanied by techno music: the rave (in French, the delirium, to make it sure nothing better than an "X" boy or ecstasy (XTC), a synthetic drug that invades the market)*, in "Le Impatient", September 1994 and, finally, another article appears in "Nova Magazine" in November 1995, written by BOREL V.: *Ecstasy*.

During the last two years a specialised press of the techno movement has been developed: CODA n.1 and n. special 1995-1996, "Sans Nom", "La Revue des Moeurs", spring, 1995, where we find a collective dossier: *"TRANCES; riots, possessions, hypnosis, paranoia, intoxication"*, that can be summed up in the following lines:

*"Trust in what is unknown, obtain knowledge through audacity, wild story of tightrope walkers of the Electronic Age, cyberhardcores, techno-hippies, post-ravers, zippies reconciled with their passions for the new cultural virus, the anti-Aids, a "chamanique" virus in "chamanarquiste" expansion that makes its followers meet in huge celebrations of a new way of life, the rave culture. From the beginning of the centuries, human beings sniff, taste, chew, swallow, smoke the world (...). Everything becomes a drug (...). If only we were drunk! Men want to escape everywhere, at any price (...). The experience of hallucinogen intoxication separates us from animal repetition. Drugs cover the conscience (...) Every prohibition is unbearable, worse than evil. Man is a sponge"* ("Sans Nom", spring 1995).

The sociologist Patrick MIGNON publishes a first article in 1989, in the magazine "Esprit": *The new psychodelic drugs and chemical happiness* (Esprit, 1989, 7/8). Later on, this researcher leads a wider socio-anthropological study that constitutes the



first scientific investigation of this social reality (KOKOREFF, M.; MIGNON, P.: *The production of a social problem: drugs and misuse behaviours. France and Great Britain coping with ecstasy and cannabis users*, Report from “L’Institut de Recherche et d’Information socio-économique”, URA CNRS 1236- University Paris-Dauphine, 1994, 173 p.).

Here we have some of the observations made by this study:

*“Through this comparison between England and France, on the one hand, and drug and ecstasy use, on the other hand, we observe a rearrangement of drug imaginary that makes sense in the social and cultural transformations induced by modernity. Drug seems to be a utopia and a myth, at the same time.*

*Utopia of an “ideal” drug, without physical and psychical dangers, without disturbing social ties, that, on the contrary, would solve the contradictions between individual and community, put a frame to free time through the planning of evasion, comfort, expense in raves and other collective manifestations: that would be ecstasy. It is from a similar point of view that cannabis consumers have produced a “good drug” that gives pleasure without dangers (“it is not like alcohol or heroin, you remain clean”), can be controlled (“we can leave it whenever we want”, “it gives us the possibility of not losing the sense of reality”) and cheap.*

*Myth of low classes, and above all of the under-class in need of myths, absorbed by excesses of modern life and economical crisis and that, however, come to life again through images of evil, an absolute virus, a black hole, its demonization in the potential social disorders and illusory enrichment: that is what drug would be.*

*Beyond this conjunction of utopia and myth, it has to be remarked the importance of the professionals of the culture in the expansion of ecstasy in England, the specialised magazines for adolescents/young adults. They send a double message: they appreciate the product and describe its social virtues, which means to show it belongs to consumers; but, at the same time, in a reflective way, they delimit its use and think it would not be able to escape from the framework of collective morality. This kind of treatment is impossible to find in France.*

*We also observe a differentiation in the diffusion patterns. The comparison between this two societies leads us to oppose an epidemic and urban pattern of circulation (transversal diffusion to social classes, races, communities) to a hierarchic and communitarian pattern of popularisation (there is a big difference between social uses of doping and deviant uses of drug. In the last case, the communitarian dimension of the diffusion of uses and products is strong).*

*The spirit of the struggle against drug policy differs. In England, the uses of drug allow the formation of a commitment that, as happens in other European countries, leads to a policy that associates repression, prevention and reinsertion help. In France, on the contrary, we are afraid of the wicked effects of drug treated as a myth and of the “drug-centrism” conception of the social problems that it poses”.*

## Nowadays, three studies are being carried out in France:

Two studies financed by “l’ Observatoire Français des Drogues et des Toxicomanies” (OFDT) started in March, 1997, in the area of Paris-Lille and Bordeaux, directed by the C.E.I.D. (Centre d’Etude et d’Information sur la Drogue-Centre du Parlement Saint Pierre, 24 rue du Parlement Saint Pierre - 33000 Bordeaux - Tel.0556448486 - Responsable: Jean Michel DELISLE) and the I.R.E.P. (Institut de Recherches en Epidémiologie de la Pharmacodépendance - 34 rue Jean Cottin - 75018 Paris - Tel. 0146071029 - Responsable: Rodolph INDOLD).

In Bordeaux, the study is carried out with data collected from an “exchange syringe bus”, from a hundred drug users who usually go to the “ Centre du Parlement Saint Pierre”, or directly found by professionals of the centre or by “informers” of any of the places studied in the research (seven night-parties in the centre of Bordeaux -three of them official- organised by music shops, a private night-party in the centre of Bordeaux, two “wild” parties in the outskirts of Bordeaux). *The first results show a young population (80% < 25 years old), more than 30% often go to raves, 80% associate to this the use of drugs, 81% appreciate their effects and consume in order to try (73%), just 20% consider ecstasy sometimes has negative effects..*

In Paris and Lille, data are collected from 163 individuals recruited with the snowball technique, in many different places and establishments, but, above all, in a disco at the frontier, near Lille. The aim of the study is to describe consumption, ways of life of drug users and groups (raves, discos, gay circles, nomads, sound system...*A first observation is that ecstasy, in the raves and discos that have been visited, is nothing but a product among others, used by a young population (mean age is 26 years old), with a certain representation of women (37%), socially integrated (45% receiving a salary, 33% students, 20% liberal professions, having finished university studies...).* Both reports have to be sent to the O.F.D.T. at the end of the year.

Another project, prepared by Médecins du Monde (MDM- Espace Parmentier, 62 bis, Av. Parmentier- 75011 PARIS- Tel. 0143148161- Responsable: Christian SUEUR and Bertrand LEBEAU), within their programme of drug addiction risks reduction, is entitled **Research-Strategy-Prevention: new drugs, new uses- Ecstasy, LSD and dance-pills**. It carries out three different strategies in parallel: prevention, research and sanitary assistance, in three raves a month in high season (summer 1997 and 1998) and two raves a month in low season, in the Ile of France, Midi-Pyrénées, Lyon, Strasbourg, Nice, Montpellier... at the same time.

There are two books that quite explain this phenomenon: *E as Ecstasy* by N. SAUNDERS” (Paris- Ed. Lézard, 1996), translated from English and published in France in 1996, and more recently *Raver* by Astrid FONTAINE and Caroline FONTANA (Paris, Anthropos, Coll. Poche Ethno-Sociologie, October 1996) who write the following:

*“For all those who regularly “go out”, rave has a sense, a particular spirit. If we listen to them, it is not a question of violence or destruction, but of celebrations,*

*delirious music and dance, a question of feeling well and magical pills, smiles, meetings (...) everything seems to turn on "getting into the party" or not, with or without any drug...".*

*Nevertheless, to take psychotropics "like in certain traditional religious initiations", is often indispensable and "seeks to break the social personality", to break ordinary reality, to "travel", explain the authors in their book. For both of them, the first, researcher in the laboratory of social dances, the second, ethnologist, "in the return to trance-celebrations" we see the opposition to a culture that supports all the ideologies one does not believe anymore(...). Ravers try to escape from the world of rules and values and to get out of themselves, away from everything that conditions them. Trance is a way, the end of censures gives way to a clear conscience. This integrated experience, could become a rite of passage".*

*"Integrated" prevention strategies for ecstasy use should take into account this book "Raver", full of interesting observations and thoughts, especially its analysis of techno music, which allows a constructive understanding of this "wild celebration, 'out of culture', that mixes symbols, times, religions, exalts utopian factors (...). The Techno, beyond its celebrations, would end into a global "techno" culture, going together with the myths of our age. And so, "ravers" risk to be recaptured by the society they are trying to run away from. A society of appearances, lies, consume, that as soon as taking the control of raves, would bring stereotyped attitudes and transform them into regulated celebrations without "spirit". And nothing would remain of raves but their name".*

Must prevention strategies of the Public Administration contribute to this process of standardisation?

This kind of drug starts to appear in medical literature at the beginning of the nineties, when the first medical and psychological problems arise. (SUEUR C. *Psychotropic drugs* in *Soins psychiatriques*, 1991, 545). In 1994, a number of the "Revue documentaire du réseau de documentation spécialisé Toxibase" was dedicated to ecstasy and pointed out the international literature on the subject (ANGEL P. *Ecstasy*, *Toxibase*, *Revue Documentaire*, 1994, 2, 1-10).

Later, R. CAMMAS, psychiatrist of the Marmottan hospital, studied ecstasy in his doctorate thesis, in October 1995 (R. CAMMAS: *Ecstasy: a new drug. From pharmacology to Dream*. Thesis of doctorate in Medicine. Paris, 1995). The same year, a collective article by A. TRAGUI, GHYSEL J.H., KINTZ P., MANGIN P., entitled *Ecstasy, Eve, speed...the new stimulants of vigilance and love*, was published in le *Journal de Médecine Légale, Droit Médical*, 1995. The following year, a group of practitioners, D. TOUZEAU and others, wrote: *Ecstasy: myth and reality*, in *La Revue du Praticien*, Médecine Libérale (April, 1996).

In this same year, it was published a special number of the *Revue Interdépendance: Ecstasy* (September-October 1996). Finally, L'Express published a dossier: *The dangerous passions* (From heroine to hashish: refusing to hierarchize the pleasures that

can become addictive conducts and hell, the colloquium “The dangerous passions” wants to have an influence on the French health policy (Express- November 1996).

More recently, magazines connected with the risks reduction policy published a complete information of this subject. After the publication of some prevention advises by the association ASUD (Auto Support aux Usagers de Drogues- Paris) in the eighth number of the year 1994, the magazine *Dans-Cités* (Paris) published a special number in October 1995 with several articles about ecstasy and amphetamines, and then SWAPS in the first bulletin of the CRISPS (Regional Centres for the Information and Prevention of AIDS) divulged ***Rave-parties and risk reduction*** for the professionals of the Public Health System... Finally, *Dis-leur* (Nice), a prevention magazine made with the participation of consumers, prepares a dossier on the subject.

Articles published in specialised medical publications, describing the pathogenic effects of these drugs on some individuals, have arisen an exaggerate climate of alarm, an irrational dramatisation, a situation of hysteria and “moral panic”, concept used by S. COHEN.

For KOKOREFF and MIGNON, ecstasy use and rave culture will be considered, without scientific foundations, in a certain period, by a certain society, as menaces against social order. The press announces an ecstasy epidemic... It is enough if the phenomenon kills, just one victim and the death standard will be agitated.

In Nice, several confiscations and arrests have taken place during the last months. Frequent inspections and the establishment of penal measures have provisionally closed some discos. Young people even say “*ecstasy is becoming the public enemy Number 1...*”. That is what “ravers” feel and also what disco owners say.

The first observations remark we do not know much about eventual harmful effects connected with ecstasy use, at a long term. Most of individuals do not seem to suffer pejorative consequences after its use. Thousands of people have used this drug and there have been a few deaths (connected with different causes of amphetamines over-dose), less than with other activities, for instance the majority of sports. Some authors add that sometimes, the results of consumption can be positive, in terms of life quality, for the consumer. However, it has to be admitted, from a clinical point of view, that this substance has just a part of harmful effects, as happens with other forbidden products... The Bordeaux team could not prove any incidence of ecstasy on health, nor the necessity of intervention in order to reduce risks, sexual problems not being their special concern.

## **The Media.**

These are the titles of some of the articles published in the first semester of 1997, in the regional press (Le Provençal, Le Méridional, Nice Matin...), extracted from the press magazine Toxibase:

“Ecstasy, cocaine, rave-party and hashish” (February- Le Provençal)  
 “Ecstasy traffic in high schools” (February- Le Provençal)  
 “Rave was a drug-party” (February- Le Méridional)  
 “The fall of ecstasy system” (February- Nice Matin)  
 “Bad driving under ecstasy” (March- Var Matin)  
 “The increase of ecstasy and amphetamines” (March- Le Provençal)  
 “Ecstasy is being implanted in France” (March- La Marselleise)  
 “Thousands of ecstasy pills hidden under pants” (March- La Marselleise)  
 “Ecstasy without irremediable neurological consequences” (March- Le Provençal).  
 “From rave to nightmare” (March- Var Matin)  
 “90 policemen bring to an end a rave party” (April- Le Méridional)  
 “Europe under ecstasy menace” (April- Le Méridional)  
 “An international ecstasy traffic dismantled” (May- Sud Ouest)  
 “Rue de la Palud: important raid of LSD and ecstasy” (June- Le Provençal)  
 “Five years for the small godfather of drug (ecstasy, cannabis, cocaine, heroine provider)- (June- Nice Matin)

In a general way, while weekly magazines (Nouvel Observateur, L'Express, Le Point...) show a global approach to the phenomenon, daily press publishes a great amount of articles explaining above all the police activities concerned with the keeping of social order (interrogations, arrests, traffic, judgements and sentences). Newspapers accuse guilty people, ask for the intervention of the government, etc...but, at the same time, they increase fascination and transgression performances, with discourses, writings and pictures that bring confusion, trying to seduce through the pleasure of the fear of danger and the pleasure of the risk to rouse it, for the adventure of what is forbidden, the game of “policeman and thief”... And this is the worst of all, because ecstasy is above all, a recreational drug.

Several examples:

- Under the title: “Rave was a drug-party”, the expression “*risks often mortal*”...is in the text just before the evocation of “*exploit of dancers until the end of the night*” (Le Méridional, February 1997).
- In an article entitled: “The fall of ecstasy nets” that “prefer selling drugs, instead of stealing or begging”...They participate in “*a young people initiation to the techno culture (...) a subculture followed by a youth without hope* who is not aware of the dangers of this plague”, compared by the journalist with “*psychedelic rock amateurs who took LSD for flying*” (Nice- Matin, February, 1997).
- Another article points out : “ Ecstasy fabrication and use have increased, international organisations confirm the ‘regular development’, the ‘strong return of amphetamines .....’ and its title and subtitles are: *The amphetamines planet. A world-wide cult, a complete cultural movement* (Var-Matin, March 1997).
- Under the title “ The dangers of ecstasy”, an article explains how ecstasy use is “*without irremediable neurological consequences*”,(...) *Ecstasy has also some*

*therapeutic virtues* that have been hidden ... To be exact, it reduces pain or depressive states after a psychological shock” (Le Midi Libre, March 1997).

- In another newspaper, the simple reading of some titles and subtitles in the same article is quite significant: “Ecstasy: Substance for risks” (recreational drug that takes away social inhibition (...) socially dangerous because of psychiatric complications and road accidents...). “It has not an antidote”, “A mortal pill...three deceases”, “ Love pill”, “Vigour from hell” .... (Les Nouvelles d’Alsace, March 1997).
- “Night marathon men”: In Ibiza, the fashionable Europe meets and dances with “house music” in long celebrations that last the whole day and night: tattoos, piercing, Eve costume, “remontants”... (Var-Matin, 26/07/97).

French people have watched several television programmes showing the phenomenon of techno music and raves, above all at the Rate channel: in January, 1997, “*Megamix special trance*”; In July, 1994, “*Techno trance*”; and in July, 1997, “La Salsa”. Another programme called “*Travel around the techno planet*” was divulged by Canal Plus in June, 1996.

Finally, the novel “*Rave*”, by E. LENTIN, was published in 1995 (France- Editions Climats, 195 p.).

## **PREVENTION IS ORGANISED...**

The main obstacle for risks prevention concerning ecstasy use is the illegal characteristic of this substance and, therefore, of its intoxication behaviour. This prohibition renders the phenomenon underground and opaque. Hypocrisy prevails, to the detriment of public health. Those who really care about the problem can be accused and condemned of idealising this phenomenon, if they describe reality, which is, no harm for most of consumers, instead of just repeating the list of dangers connected with its misuse, or for psychologically weak individuals, or with adulterated products, in a context of contraband where quality of products is suggested.

In France, the Public Health Ministry has announced in 1996, through the M.I.L.D.T, a campaign of risk prevention connected with ecstasy use, especially near raves organisers and disco managers. It has actually been defined, after July 1997, a plan of action in the national budget with the aim of giving a “sanitary answer” to malaise and other accidents arisen in “raves”, and divulge prevention material.

In spite of the contradictions between public order/ public health, several associations are trying to settle different prevention strategies.

Two institutions from Bordeaux, the CEID (Centre de l’Etude et d’Information sur la Drogue) and the CRICA (Centre de Recherche et d’Intervention sur les Conduites Addictives) have published informative brochures and deliver them in the raves of the region: “**Ecstasy, that scares !**”.

Supported by governmental orientations, the Mutualité Française des Alpes Maritimes, very active in the new context of public health / risks reduction, prepares a summer program of intervention in the raves of the area Provence-Alpes-Côte d'Azur. Having repaired an old bus for its activities of health promotion, it presents to the administration, with the help of local partners, the project of a Mobile Unity, composed by a team of professionals and volunteers (a practitioner or a nurse in the team) with the following “*general objectives: The primary prevention of drug addictions, the reduction of transmission risks of MST and VIH (through sex and blood), the reduction of sanitary risks connected with the use of different products (alcohol, ecstasy, LSD, etc..)*”.

### **Auto-support groups prevention strategies.**

The Techno Plus Association has delivered prevention brochures in the raves for two years. “*More you take, less positive are the effects*” says the document (LAMBERT G.: Ecstasy secrets, Univers Santé, 1996, 8). It has participated in fifty raves: “we offer water and encourage people to take a rest every two hours, we take care of anyone who has a “bad trip” and recommend not to buy unknown products...” explains the president of the association.

The TIPI association, also supported by old ravers, develops in the region of Nice a risk reduction strategy: it distributes information in raves and discos, installs stands (handicrafts, water, sugar and dry fruits...) in several raves...in order to inform about the specific dangers and the sexual transmission risks of AIDS. They propose therapeutic solutions. “*We must not brutally say no to drug, it will close the door to dialogue(...)*. It would be necessary for the organisers of raves to offer quiet rooms so that young people could recover their spirit. It is better to get it over and liberate ourselves than always continue being out of step with Society (...). In the raves, there are people who use drugs and people who do not. It is a fact. However, if they decide to consume, let's them do it properly”.

In the context Research-Action already mentioned, the project of “Médecins du Monde” (MDM) is to participate, in common with auto-support associations (such as Techno Plus, TIPI, Keep Smiling,...), in the preparation of information and risk prevention brochures. They train members of these associations in order to give first aid, *favour the education and help by their equals*, study different strategies for the prevention of psychological risks, put into immediate practice situations of psychological disinhibition, reinforcing risks..., support testing practices and investigate the massive use of psychotropics, sign of a society in search of happiness through chemical products.

In order to carry out this project, “Médecins du Monde” recommends to put into practice a synergy that associates the sanitary and social participants of the association, the members of the auto-support associations, the research centres, such as l'IREP, the

CESDIP/CNRS, Centre d'Etudes et de statistique des Institutions Pénales, the GRECO, Groupe de Recherches et d'Etudes sur les Conduites Ordaliques, a team of specialised participants, where we find some of the professionals and authors already mentioned in this report and in the following bibliography, who seem to accept their intervention in the context of an experimentation of Public Health.

If this project of "Médecins du Monde" and partners is developed, it will be extremely interesting to follow the evolution of this global strategy that tries to articulate the three dimensions "research", "education" and "prevention". IREFREA knows well this problem, but, on one hand, a primary prevention is not applied in this project and, on the other hand, it represents an initiative of the "community" in the addictions area, in the new context of Public Health, and that seems to escape again (symptom of our time?) from the "monopoly of specialists in drug addictions" and to federate a great number of organisms and professionals.

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### 8.4.2. Results of the documentary research in Italy

#### EPIDEMIOLOGICAL DATA

The evaluation of designer drug use at a national level is difficult both for the lack of epidemiological studies and for the fragmentation of data on the phenomenon of drug dependency, often obtained with considerable delay from the Monitoring Agencies and Observatories.

The Interior Ministry considers that the spread of synthetic drugs in Italy is constantly increasing and that it represents the most alarming phenomenon in the drug-dependency sphere. From the data obtained on the volume of narcotic and psychotropic substances intercepted, from the number of deaths related to substance use, from the trend in each of the substances and from the number of users of public and private services, it can be deduced that there is a progressive increase in the demand by young people for stimulant and hallucinogenic products. There is a correlation with such trend and the increase in the traffic accidents which occur at weekends in the early hours of the morning (Interior Ministry, 1995).

The data relative to detentions and arrests do not always match the real spread of the phenomenon and not only because they can be seen to be affected by legislative changes with the consequently less repressive attitude of the police (taking as an example the D.P.R. 5 June 1993, No. 171) but also for the continually increasing obstacles to preventive and repressive action of the forces of order, in respect of the changing characteristics of the market from the diffusion of points of sale and the ease of production.

Nevertheless, the data provided by the Ministry of the Interior on the anti-drug activities of the police forces in 1995 indicate that as far as MDMA doses are concerned, there was an increase of 110,88% in comparison with the previous year (154.689 compared with 73.354). 917 people (2,81% of those registered for using other drugs) received P.G. summonses for offences relating to the production, traffic and sale of MDMA and MDEA. However, there are no official registrations on deaths from ecstasy use. One single case was given for 1995, where a correlation between the cause of death, according to the medical-legal data, and the concomitant use of heroin and MDMA is still to be found. It should be pointed out, however, that in Italy, the police report does not include information on deaths from other causes, be they induced by, indirectly from or related to the abuse of psychoactives. Figures from the Interior Ministry show that, up to now, heroin is the substance of abuse that leads to the greater number of detentions, arrests and deaths.

In view of these observations, it seems obvious that information on the progressive spread are from the press. According to the communications media, ecstasy users in Italy would be 60-85.000 at the present time (Bagozzi, 1996).

#### SCIENTIFIC LITERATURE

Several articles focus their attention on the pharmacological and clinical aspects of substance abuse, with particular reference to the mechanisms of action at a pharmacokinetic and pharmacodynamic level and to the acute or long term toxic effect on the white cells. In general, they are bibliographical accounts extracted from the wealth of international literature on the subject (Diana, 1995; Machia and others, 1995; Schifano and others, 1995).

Some articles in international publications refer to examples of informative reports on the appearance of psychopathological symptoms from ecstasy use (Benazzi, Mazzoli, 1991; Schifano, 1991; Pallanti, Mazzi, 1992; Schifano, Magni, 1994).

The surveys are normally aimed at analysing particular aspects of the experience such as the typology of use, the presence of short and long term psychopathological effects in users, the sociological motivations underlying the “getting high” culture. These are often preliminary studies which, given the characteristics of the sample, do not set out to provide definite answers but only a slight amount of information of a sphere, still unknown to the majority, but of growing interest for its health and social repercussions.

These questionnaires are often found to have methodological difficulties arising from the problems establishing the sample (ecstasy users do not go to the Treatment and Rehabilitation Centres), the necessity of cultural intermediaries, and the dubious reliability of data normally collected through the use of self-completed questionnaires. This leads to a lowering of the strictly scientific level and the methodologies themselves are open to criticism so that even the authors are aware of it and, in general, they present their research as preliminary surveys whose results are, therefore, received with caution. The greatest criticisms refer to the typology of the sample which, quite often, is not representative of the general population, the choice of pre-selected samples (Treatment and Rehabilitation Centres, detentions, etc.), and the use of self-completed questionnaires which are known to be liable to manipulation. In general, there are few surveys whose objective is to begin research on a phenomenon unknown until a few years ago. However, the sociological surveys which have been made with methodological exactness and with an in-depth statistical analysis, although on limited samples, do seem better set out and more scientifically based. There being few surveys, we give a brief summary of them:

#### EPIDEMIOLOGICAL SURVEYS

In 1995, the USL Drug-Dependency Service No. 4, Alto Vicentino, carried out an in-depth investigation into the *ecstasy phenomenon*. An anonymous questionnaire comprising twelve closed answer questions with data relating to age, sex, knowledge of the characteristics and effects of the substance and the eventual modalities of use. The questionnaire was distributed in four schools (middle-to-higher education), a disco, and two juvenile meeting centres. Whereas they were distributed during school hours in the schools, in the other cases, co-operation in the survey was left to the discretion of each one. 2.107 questionnaires were distributed of which 1.700 were analysed. Of the questionnaires examined, 92% were distributed in schools and only 8% in discos and juvenile centres. The sample comprised individuals aged from 14 to 39 years with around 86% in the group between 14 and 20, 54% of the sample was male.

Replying to the question, “Have you ever used ecstasy?” 9,3% of the sample (and breaking it down, 7,3% of the students and 43% of the disco goers) gave a positive answer. Comparing the representation of ecstasy among users and non-users, 31% of users did not consider it a drug (compared with 4,1% of non-users), and only 62,9% (compared with 79,5%) considered that ecstasy destroys the nerve cells.

In spite of the methodological limitations of this survey, the results show a use level which can not be ignored and which involves almost 10% of those sampled, and a worrying tendency to under-evaluate the undesirable effects, even though aware of them, and to mythicise the positive. (Ariano, 1995).

A subsequent study was made in a Treatment and Rehabilitation Centre in the same area USL in order to ascertain if heroin users were ecstasy users or not. The research was carried out on a sample of 35 patients, 28 males and 7 women, who completed an anonymous questionnaire comprising three parts; the first with sociological-statistical variables; the second investigating ecstasy use; the third, alcohol consumption. From the results obtained, 3/4 of the sample were non-users. No significant relationship was revealed between alcohol consumption and ecstasy use. The conclusions reached are as follows: 1) heroin-dependants are not habitual ecstasy users, 2) users are younger, probably because the younger drug-addicts frequent places in which the new drugs are widespread, 3) not finding any significant relationship with alcohol consumption is probably linked to the distinctive use of ecstasy, not so much as a recreational drug but as a heroin substitute, 4) ecstasy use does not concern the drug-dependent patients who frequent the Treatment and Rehabilitation Centres. It is normally an occasional use which does not lead to any specific request for treatment (Zini, 1995).

An analogous survey was carried out in the Treatment and Rehabilitation Centre in Padua (Schifano, 1996) The sample comprised 136 patients who came to that Centre between June 1991 and May 1996, and who had used ecstasy on at least one occasion. The survey was carried out by semi-structured interview, aimed at finding out the age of first use, the place of acquisition and use, minimum, maximum and average doses in one night, the average cost per tablet, the total amount presumably used during the existence of the "high", and the duration of the effects, as well as socio-demographical data . In addition, patients were asked for the manifestations linked to ecstasy use in both the acute and chronic phases, the duration of the effects, the existence of lasting psychopathological effects, including after use stopped, and on the use of other psychoactive drugs, particularly during the same night. The results of the survey revealed the following: the sample comprised 139 patients with a male-female ratio of 5,04 and an average age of 23 years. 66% of the sample had mid-level studies (32% high, 2% low); 55% a middle social level and 41% high. Patients had had problems with the law in 38% of the cases.

The average age of first use was 21,2 years (SD 4,6). In 78% of cases, the place of acquisition was the disco and the remaining 20% in other places or through friends. In 93% of cases, the substance was used in the disco. The average cost of a tablet was between 49.000 and 9.100 Italian Lire. The average period between one use and the next fluctuated between 5 and 7 weeks. The average dose per night was between a minimum of 1,04 to a maximum of 2,36 tablets. The patients in the survey had used an average number of 88 tablets during their life; 32% had used less than 4, 41% between 4 and 41 tablets and 27% more than 41. The average duration of the effects was 6 hours and 34 minutes. As for the acute effects following the use of the substance, 72% said they had

felt euphoric, 53% a sense of well-being, 43% a feeling of desire to get going and dance, 37% empathogenic entactogenic effects, 26% perceptive distortions. To a lesser extent, they declared, asthenia, lipothymia, insomnia and interpretative elements. 6% of patients said they had had a traffic accident on leaving the disco.

69 patients out of the 139 showed persistent symptoms. Of these, 80% were men and the 20% women (compared with 87% and 13% of the asymptomatic patients). The age of first use was lower in the symptomatic (19,2 compared with 22,3). The period between use was lower in the symptomatic (23-25 days) in comparison with the asymptomatic (49-77 days). The amount of ecstasy used per body weight was greater in the first group of patients. Among the chronic effects, in other words, the enduring psychopathological effects, 61% of the patients reported depression, 59% interpretative elements, 57% cognitive deficit, 22% less productive work, 22% anxiety attacks, 17% sleep-sleeplessness rhythm, 28% appearance of hetero-aggressiveness and 20% self-aggressiveness.

50% of the patients used other substances with ecstasy. The most notable among them was certainly alcohol (46%). Other substances were cannabis, LSD, cocaine and heroin. The use of poppers and benzodiazepines was less frequent. Among symptomatic patients, mixing it with alcohol during the same night was more frequent.

In conclusion, the author underlines that the survey reveals some worrying data; the appearance, after ecstasy-use, of self and hetero-aggressiveness and the presence of chronic effects, lasting longer than the period of substance use. In some cases, they also showed psychotic symptoms which required treatment, in other cases cognitive deficit with difficulties at school and at work. Comparison of symptomatic patients and asymptomatic patients showed that the toxicity of the substance created dependency.

The limitations of the Schifano survey, not without worth, in spite of them, can be given as follows; the sample was pre-selected and comprised Treatment and Rehabilitation Centre habitués who, as is known, often use several substances and show frequent personality changes; the concomitant use of more substances may alter the results of the survey; the use of self-completed questionnaires on the acute and chronic effects arising from the use of the substance reduces the authenticity of the results. In order to demonstrate the long term effective toxicity of the substance, it would be necessary to carry out a survey on healthy volunteers who do not use other drugs, administering ecstasy in predetermined circumstances and modalities and evaluating the short and long term effects by means of standardised measurements and through pre and post use neuro-psychological tests.

In order to investigate the epidemiological aspects of the phenomenon and obtain the widest information on the modality of use and the underlying motivations for the use of new drugs, U. Nizzoli and others (1996) drew up a survey contacting numerous young people in a juvenile left-wing group in the context of a well-supported political demonstration. 787 young people agreed to complete an anonymous questionnaire, depositing it in a sealed container. The questionnaire contained sociological variables (age, sex, educational level, activity or profession, way of life modality), two items

directed at investigating the quality of the parental relationship with young people of a similar age, and a direct question, "Have you ever tried ecstasy?". Two blocks of questions followed, the first aimed at those who said they had used it, and the second at those who knew someone who had. The young people in the former group were asked their reasons for use, and provided with answers with a numerical score of 1 to 5 (less important - more important). The answers were; to be more sociable, braver, less inhibited, fitting better into the group, feeling more comfortable with the opposite sex, better about oneself, more relaxed, more lively.

The average age of the sample was 21 years and 10 months with an equal distribution of men and women. 19% of the young people with an average age of 22 years, slightly above the average for the entire sample, said they had used ecstasy. Comparing the sample of users with that of non-users, showed that those who used ecstasy had a more limited schooling, lived with greater frequency outside the family nucleus (35% compared with 17%), and had a very satisfactory relationship with their parents (31% compared with 22%). The relationships of users with their peer group were more problematic than those of the non-users.

As for the modality of use, the majority of the young people used ecstasy some times but not every week. It is frequently found that girls try it once and do not use it again. It is often taken in a group (69% of men and 59% of women) and not always in a disco.

Users tend to under-evaluate the effects of use; around 50% denied any change whatsoever. Women were aware of stronger changes than the men. 30% of the girls said that they noticed big changes that made them feel better. For men, ecstasy was very important "to be better" (22%) and "to be more lively". Non-users attributed greater effects to drugs than those who used them. The most lasting change perceived by both men and women (49% and 42%) was related to feeling less inhibited, followed by a greater ability to fit into the group (36% of the girls and 28% of the boys).

The methodological limitations of this survey are that the sample is not very representative of the general juvenile population. Nor are the cultural connotations of the young people who frequent left-wing juvenile events. In spite of this, the numbers involved in the sample make it possible to extract some interesting aspects from the results of the survey.

Subsequently, there was a survey to evaluate the use of ecstasy in a group of imprisoned drug-addicts (Libianchi and others, 1995). The investigation was carried out in a large metropolitan prison on the new entry for drug-dependency related offences. In order to obtain the data, the protocol and research method of a group of experts in the Pompidou Group (Council of Europe) for the study of the "First Treatment Demand" was used. Questions were added to such schema on the use of substances in the amphetamine group. 95 evaluated interviews were made, with a sample of 101 arrested drug-addicts, imprisoned in 1995. The leading substance used by 75,8% of those interviewed was heroin, 21,05 cocaine, and 3,15% alcohol. Among the 95 individuals interviewed, 23 (24,2%) said they had used ecstasy and/or other amphetamines at least once in their life but, in approximately half of the cases, such use

had not continued. The subgroup of amphetamine users was represented, above all, by cocaine users and to only a slightly less extent, by heroin users. The results of the study show that a high percentage of the individuals interviewed, opiate-addicts stated an occasional use of ecstasy as an experiment or out of curiosity. However, among the cocaine users, the highest number were those who, having once tried ecstasy, continued taking it, a minimum of once a week.

#### SOCIOLOGICAL SURVEYS

An interesting survey was made by Ravenna and Palmonari (1996) with the objective of investigating the characteristics of certain behaviours of juveniles at risk related to sensation seeking. The objective was to demonstrate if the search for “getting high” preceded and facilitated the excessive and destructive use of the greater number of the psychoactive substances. The authors were concerned with investigating the significances that young people attribute to getting high, the eventual relationship between the tendency to seek strong sensations and the use of psychoactive substances, the differences in the representation of oneself, users and non-users.

To this effect, a questionnaire was used which required an average of 30 minutes to complete. The representations of oneself and of the “high” were studied by means of the following questions: “Who am I?”, “Who am I when I have taken drugs or alcohol?”, and 10 answers were provided to each one, and “Think about the word high”, and write the first five words or phrases that come to mind”. The answers to such questions were analysed and classified by means of three decoder grids. The orientation of the subjects in respect of strong sensation seeking was measured by a smaller version of the **Sensation Seeking Scale** (SSS form IV) by Zuckerman (1979). The 32 items which comprise the scale are divisible into four subscales:

- 1) Search for adventure and emotion (TAS).
- 2) Search for experiences (ES).
- 3) Disinhibition (DIS).
- 4) Susceptibility to boredom (BS).

Other questions were also included, aimed at investigating the degree of importance attributed to the “high” (measured on a scale from 1 to 4), the frequency of “high” experiences in the preceding month, the frequency of visits to discos in the preceding year. The answers to such questions as well as to those on sociological variables and on familiarity with various substances were used successively as independent variables in the various statistical analyses.

The questionnaire was applied to 117 male students and 103 female students, on different courses at Bologna University, aged between 18 and 30 years and characterised by different degrees of familiarity with psychoactive substances; 15% had never tried them; 23,2% only tobacco and alcohol; 40,5% tobacco and/ or alcohol and soft drugs; 21,3% also hard drugs. With regard to the type of drug used, the individuals in the 3rd. and 4th. groups said that in the thirty days preceding the questionnaire, their use was as

follows; 60 % hash/marihuana, 11% ecstasy, 13% cocaine, 7% LSD, 8% amphetamines, 4% heroin taken nasally, and 1% dissolvents/glues.

The results of the survey showed the following; the importance that the respondents attributed to feeling “high” was, on the whole, rather limited. It was, however, significantly higher for users of more drugs and for soft drug users in comparison with alcohol/tobacco users and non-users. The “high” experience seems significantly more frequent as involvement in substance use increased. The frequency with which the young people in the survey visit discos was rather low (once a month). The scores obtained on the **Sensation Seeking Scales** increased in a significant way in respect of the degree of familiarity with drugs in accordance with the level of importance attributed to the “high” and the frequency of “being high”. The subscales which obtained the highest scores were those relating to the “search for adventure and excitement”, and the “search for experiences”. The level of importance attributed to the “high” and the frequency of the “high” of the respondents related positively to three of the four subscales (DIS, BS, TAS). The degree of involvement in use was positively related to the TAS Subscale and to the total items on the overall scale (SSES).

On the bases of two independent opinions, the 914 choices given as answers in respect of the word “high” were classified in 23 categories referring to four spheres; abstract (philosophical concepts, proverbs and metaphors); situational (risks, action, ambient, substance use, life style); relational (interaction with friends; with partner); emotional (enjoying oneself, feeling excited, changed, disinhibited, experiencing intense feelings, of well-being, of malaise, a broadening of mental faculties). The results showed that the “being high” representations centred most of all on the emotional (41,4%) and on the situational (35,9%). As for those relative to the contents, those in the emotional sphere focussed mainly on the choices relating to entertainment (f=104) and to the sensations of change/rapture (f=51) and to those on wellbeing/relaxation (f=41). As for the situational sphere, the responses gave all the aspects relative to the ambient/ context/ of the “high” (f=80), on the use of substances (f=68) and to movement/action (f=42). References to “being high” centred on the relational dimension concerned with interaction with friends and being in company (f=49) and affectionate/sexual relationships (f=44). Among the abstract representations, metaphorically negative (f=27) and positive (f=21) choices prevailed.

The variation analyses show that the situational choices were selected mostly by respondents who said they had never experienced “being high”, whereas those whose choices referred to emotional states were older.

Analysis of the correlation between the four representational spheres of the “high” show that the more the choices of emotional states, the less the choices of situational aspects and interaction. As age increases so do the emotional choices. The correlation between the 4 representational spheres of the “high” and the frequency of going to a disco, showed that the more frequent the visits to discos, the less the “high” was conceptualised in abstract terms and the greater the importance given to it; the greater the tendency to disinhibition and the search for strong emotion, the younger they were.



The correlation between representational dimensions of the high and SSES subscales show that the disinhibition scale is positively related to the situational choices of the “high” and negatively in respect of the choices of emotional states.

The choices expressed in the two free association tests (f=1429) were classified in the first test in 53 response categories, in the second in 45, referring, in both cases, to 4 spheres; private (sociological, relative to the body, likings/hobbies, existential/emotional, personal qualities), public (roles/status and relationships), present and past. The results showed that choices in the private sphere clearly prevailed over those in the public sphere (87,2% in the first test; 93,5% in the second). Whereas in the first test, the choice on the status of the student and worker prevailed, in the second, the choice relating to the status of the user was particularly important. As for the contents, the descriptions in terms of personal qualities prevailed in both cases. It is very noticeable that negative existential choices are more frequent among non-users.

The result of this interesting survey show that “being high” is not sought, as the majority maintain, to facilitate relationships with others but to experience different emotional states. The subjects -representation of self-having used substances” centres on more dysfunctional aspects.

A subsequent survey was made by the same authors (Ravenna, Palmonari, 1996) with the objective of showing the eventual relationship between frequenting a particularly stimulating social ambient, like a disco, and drug use. The survey was carried out by self-observation studies of different moments in a single night in a disco by a specifically trained group of observers (young workers, apprentices, university students, etc.). In a first phase, it concerned reconstructing the image, affective orientation and the knowledge and the degree of familiarity of the observers with discos. In a second phase, 20 observers (9 men and 11 women, aged between 22 and 28) collected a series of self-observations in different discos using an expressly designed formula. This envisaged making three reports at three different times during the night (15 minutes after arrival, after two hours, and after leaving). The following aspects were investigated; sensations experienced, what was liked and disliked, quality of communication. The results showed that whereas 15 minutes after entering the disco positive feelings prevailed over negative ones, after two hours of being there and after leaving, it was the opposite, the negative ones prevailed. What attracted the observers the most were the aspects relating to the context which lasted during the time. These were followed by the relational and emotional aspects.

A third survey analyses the representation of the disco with a sample of students (Ravenna, Palmonari, 1996). The questionnaire focused on the following aspects: elements of attraction and repulsion with regard to the disco (using two open questions), orientation in respect of the search for strong sensations (using the reduced version of the SSES), degree of importance and frequency of experiencing a “high”, frequency of going to discos. The questionnaire was given to 220 university students (53,2% men and 46,8% women of an average age of 22 years) with varying degrees of familiarity with drugs, 15% had never tried them, 23,2% were tobacco and alcohol users, 40,5% used soft drugs and 21,3 also used hard drugs.

The results highlighted that respondents frequented discos moderately (approximately once a month). There was no relationship between the frequency with which the individual went to a disco, the degree of familiarity with drugs, frequency of substance use and the importance attributed to the “high”. There was a positive relationship between the frequency of going to a disco, the importance attributed to the high, tendency to search for strong emotions and disinhibition, in particular. The 501 choices given in reply to the question “What do you like most about discos?”, were classified in 4 spheres: characteristic of context (47,3%), aspects relating to interaction (35,7%), positive emotional aspects (11%), negative emotional states (6%).

The results show that the greater the involvement in use, the greater the attraction of the disco for the emotional aspects it helped to achieve. The less soft drugs used, the greater the feeling of attraction to the relational sphere.

There is a later survey by Zoti (1996) on the neuropsychological and behavioural effects of exposure to ambient stimuli in discos and on the characteristics of those who frequent them. The sample, comprising 160 young people between 18 and 24 years of age, consisted of 51% men and 48% women. Interviews were made on entering and leaving certain discos in May 1995. The survey shows that those who frequent discos generally leave the house after 10 p.m. to go to a bar or hamburger bar and arrive at the disco after midnight. 70% of the men return home between 2 a.m. and 4 a.m., 36% in the early hours of the morning. 32% go to a disco more than once a week. 54% drive a car. As for the underlying motivations for frequenting discos, the majority of the young people state that the disco responds to bodily requirements, visual and gregarious but not verbal. 83% go to dance, 68% to get to know people, 60% to listen to the music, 16% to meet someone of the opposite sex and only 9% go for sexual adventures. 56% of the young people would like greater anti-drug control in the discos. In addition they state a particular desire to participate in evenings with famous guests (40%), and to listen to new music (39%). As for drug use, 39% consider themselves to be non-users. 17% consume alcoholic drinks before arriving at the disco. Their reasons for drinking are; to be a little more lively (30%), to feel better in company (22%), to be a little dazed (13%). 36% maintain they can drive well even though they have had something to drink. 4% say they have used narcotics before going into the disco. 34% of the boys say they have tried drugs which they define as “non-dangerous” just “out of curiosity” which, according to the interviewers, covers all the narcotics except heroin. 42% of the boys had had one or two accidents which they defined as not serious, 11% 1 or 2 serious accidents and 2% 2 or 3 serious accidents.

Among those who had tried drugs, 62% were less than 22 years old, had middle to upper schooling and generally had a job. 73% did not talk to their parents about themselves or their problems. Only 10% declared it was an effort to go on living and that they had sometimes thought of suicide. But the majority of the young people said they wanted to live (70%), that there was solidarity in their family (40%), felt satisfied with their studies and work (59%), and enjoyed being in company (71%). In the conclusion to his work, the author stated “the defiant behaviour, the search for

excitement, the attribution of responsibilities outside oneself seem to unite transversally the profile of the individuals at risk of self-injurious behaviours. With these characteristics, young people belonging to risk groups go in and out of discos; in the masses congregating in them, where communication is achieved by close proximity, of being seen physically, they may seem many but they are always the same, those who show their malaise in the most diverse ambients of social life”.

#### GREY LITERATURE

Some publications produced by Communities, Volunteer Groups, Study Associations, etc. (“Aspe”, “Narcomafie”, “Il Giornale di S. Patignano”, etc.) frequently confront the problem of the new drugs, citing reports from other countries, interviews with young users, reports on the appearance and spread of new drugs, interviews with workers, scientific news on the toxic effects of the substances, and information on legislation.

Such articles, although of limited diffusion, play an important role in supplying information to workers in the drug-dependency sector.

A specific issue of “Aspe” entitled “On drinking all night. How not to do yourself any damage and how to do yourself a great deal more. Drugs + alcohol: a modest proposal” (Aspe No. 16, 1996) looks at the problem of the frequent mixture of drugs and alcohol and invites users not to “do any damage to themselves”, providing information on the effects that may follow the use of ecstasy (increase in body temperature, loss of liquids, collapse, etc.), and on the preventive measures to be taken in order to avoid or reduce damage. In addition, the danger signals are clearly indicated -when the user must stop dancing, drink water and go out into the fresh air- and it also provides the relevant vademecum in case of collapse. These pages have been issued with the co-operation of the well-known researchers (R. Bricolo, L di Furia, F. Schifano), using publications of the Lifeline Association in Manchester which has been connected with drug dependency for almost 20 years with the consequent scientific validity of the information. It is presented in educational comic form, in a clear and simple language which helps to capture the attention of the person reading it. The magazine also has a short list of the surveys made by Schifano in the Treatment and Rehabilitation Centres, and in discos, and a list of helpline and orientation centre telephone numbers where it is possible to obtain information and help.

The “Fuoriluogo” newspaper (March 1996) gave the results of a survey on the attitude of those young people frequenting social centres on cannabis. One part of the survey referred to ecstasy. The survey was carried out through the distribution of a questionnaire to 1.500 young people who frequented two social centres in Milan. The data from the survey revealed a contradictory picture: only 13% of the young people replied that ecstasy “gave more energy and heightened emotional states”, whereas the critical attitude was more conspicuous; 46% defined this techno-drug as something for disco marathons and 14,8% defined it as an “organic drug to the system”. 1,2% of the

young people interviewed considered that use is incited, 20,2% that it is tolerated and 5,9% that it is essential to organise ways of controlled sale. Although the percentage of those who thought it was necessary to discourage its use was high, only 17,9% declared decidedly that it was necessary to impede its use.

The same article cited the results of an earlier survey made in twenty discos in the Northeast of the country using unstructured questionnaires. The majority of those interviewed (some 250 in all), declared they devoted 50,55 hours a week to work and spent an average of 200-250.000 Italian Lire on weekend enjoyment. 25% were self-employed, 45% worked for employers and 1.5% were students. Almost all those interviewed said they had used ecstasy, but almost exclusively at weekends.

The "Giornale de S. Patignano" written by the Therapeutic Community of the same name published a special dossier on ecstasy in its first three issues in 1997, in which it gave data and statistics, taken from official documents of the National Directorate of Antidrug Services, on detentions, arrests, scientific and pharmacological relationships on the effects of ecstasy and interview with young users.

#### MASS MEDIA

In order to extrapolate the social representation on new drugs transmitted by the communications media, all the articles appearing in newspapers and magazines between 1996 and 1997 were reviewed. In general, the dailies limited themselves to giving news on arrests and detentions in a fairly neutral way, although underlining, with a certain insistence, that those detained in possession of this type of narcotic were people with no previous record, who studied and worked, and that they often belonged to high socio-economic groups. Only rarely do the articles assume an alarming tone, talking of "the propagation of the ecstasy phenomenon" and creating a close link with the world of the night and accidents at weekends.

The magazines turn a decidedly greater attention to the ecstasy phenomenon, in numerous articles which describe the modalities of use, the context, the underlying motivations. Most of all, they investigate the disco world which is undeniably associated with the use of this type of drug; the discos are described as temples where real and genuine tribal rites take place, officiated by singers and disc-jockeys as the temple priests. The same architectural and structural characteristics seem to be focussed on giving disc goers the impression of escaping from the confines of the space and reaching a place where space-time co-ordinates and relationships take on their own dimensions. A fundamental component of the rite is, of course, the music, which in the fashionable discos is strongly progressive and continues to change as the night progresses, with more and more obsessive rhythms (*dream*, *virtual* and then *trance*). The young people dance, body to body, but without real contact. Union is created by closeness and not by communication. They move in time to the music which pounds out, more and more, under a kaleidoscope of strobic lights which makes them feel and seem automatons, moving in time to the beck and call of the singers

The articles describe this artificial world which seems to have been converted into the only means of enjoyment, of escape from a tedious and difficult daily reality. In addition, they sketch out the more juvenile behaviours and fashions of the end of the millennium; all dress the same (Dolce & Gabbana is *de rigueur*), frequent the same places, listen to the same music, take stimulants to keep up with the weekend rhythm which has become a real marathon of fun. In order to attract the reader's attention, many articles, in an alarming tone, the vertiginous spread of the phenomenon which no longer affects the marginal fringes of youth expressing their malaise in this way, but young people normally integrated in society and in the family context, but attracted by the cult to the group "high", acid music, to transgression at any price and also to alcohol. What is particularly notable about the articles in reading the press of the last few months, is a new stereotype; that of a young "youth high" made up of normal youths who work and study when they must and who do not appear to create problems for their family but who are transformed at weekends, like lycanthropes at full moon, taking on the appearance of aliens who, under the effect of a deafening music, psychedelic lights and stimulating substances and hallucinogens, lose the boundaries of reality and experience the call to transgression. ("They are middle class children, dissatisfied with themselves. On Saturday nights, they take refuge in the high of the tablets convinced that, unlike heroin, it does them no harm". "Espresso", 7 November 1996). According to the communications media this would explain the exponential growth in traffic accidents, fights and rapes.

The dailies also refer to the polemics between the anti-rock mothers determined to make war on the discos, the managers, the politicians and the workers in the dancing locales. They also cite the interventions of the experts who more and more often relate the search for strong sensations as much to the use of substances as to the accidents on Saturday night and heteroaggressive and self aggressive acts.

Other articles describe the so-called "ecstasy tribes" (84,2%), men of an average of 23 years of age, with middle to higher education, belonging to the middle class), the places where they acquire the tablets, what they cost, their organoleptical characteristics and their effects.

In general, there is a notable trend to consider it a dangerous phenomenon but somewhat under-evaluated by the different Monitoring Agencies and by people for whom the word "drug" immediately evokes the idea of heroin.

Reviewing the press, shows evidence of a progressive mutation of the social representation transmitted by the communications media. In the beginning, in the first articles to appear on the subject, the information was rather scanty and imprecise, and ecstasy was generally described as an exotic phenomenon which involved other countries and which would be reaching ours. Such messages underlined how unprepared the press were, accustomed to always dealing with the classic drugs (heroin and cocaine), to which they had attributed well-established stereotypes; the first as the drug of the marginal people, the second, that of the higher socio-economical classes.

In the last few years, however, in line with the increase in the spread of ecstasy, articles have appeared progressively aimed at investigating the new phenomenon and, above all, its underlying significances; the fashions, the adhesions to new life styles, the discos, the music, etc. The attention of the journalists was focussed mainly on the juvenile world and the new trends. In this preliminary phase, the representation of ecstasy, far from being a negative one, was transmitting above all curiosity for the new or even for a phenomenon which seemed closely linked to the kaleidoscope world of the night. The image presented by the communications media was being shown as very tolerant to a drug which did not exclude the user from the productive processes and general society but which seemed rather more in step with the rhythm of life of society itself, characterised more and more by a general acceleration both in the time spent in working and in that set aside for leisure activities.

The social representation of ecstasy seems to have transformed itself in only the last few months. The danger aspects are being underlined more and more, as is the risk of acute poisoning and even death, and the risk of irreversible brain damage. The disinhibitor factor is being singled out as is the risk of mixing it with other substances such as alcohol. In addition, it is being described with less curiosity and there is more disapproval of the "ecstasy tribes", underlining the problematics of the young who do not know how to enjoy themselves without escaping from reality, who do not know how to communicate, who love the risk in itself. Such new representation is possible as a result of the growing awareness of the risk involved in these substances from both the health and social security points of view. This change of image is accompanied by more and more detailed, correct and exhaustive information on the effects of substances and on the risks involved.

#### PREVENTION STRATEGIES

Firstly, it is necessary to point out that the available data on young people going to Rehabilitation Centres show that designer-drug users rarely go to the centres involved in the prevention and cure of drug-dependency. It is a group which is almost unknown to the Social Service Centres which are considered as places that look after the marginals of society and only involved with drugs (heroin). This is obviously obstructed by a self-perception which is clearly the opposite of the reality for the confirmed drug-addicts. The prevention strategies find themselves faced with the difficulty of identifying and attracting users. In Italy, politicians are paying more and more attention, with the consequent allotment of funds, destined on the one hand for the study of the phenomenon in its qualitative and quantitative aspects and, on the other hand, for the identification of preventive instruments and danger reduction.

In the last few years, we have assisted in the creation of a series of scientific and cultural initiatives aimed at making workers more aware, and at increasing knowledge on the pharmacological, toxicological, clinical and sociological aspects of the phenomenon.

With the support of the political and health authorities and the drug-dependency services, several meetings and seminars have been organised. Among them, for example, *The Ecstasy Seminar* organised by the AIRIS Association (ambient-research-society) held in Venice in 1993; *Recreational Drugs. Ecstasy What is it?. What are its Consequences?*, organised by the Venice region, held in Thiene in 1995; *Ecstasy and Psychedelic Drugs, Research, Papers and Prospectives*, organised by the Emilia Romagna region and held in Bologna in 1996.

In Emilia Romagna, with its innumerable discos with high use, this problem is the objective of particular attention as can be seen from the prevention and treatment project aimed at new drug users which was recently agreed with DGR, 26 February 1997.

The programme of interventions has been prepared with the participation of Italian workers in dancing establishments and envisages a strong integration among the various social services.

In the project, ample space is given to the importance of the role of information, often negated, or relegated to a secondary plane, as if talking about determined phenomena would encourage their spread and contagion. Nevertheless, it seems essential to return to a correct level of scientific information among the workers, people at risk and users.

The project turns its attention to health protection from a preferably preventive point of view (1st, 2nd, 3rd prevention in the face of people at risk and those who already have experienced these behaviours). In other words, breaking away from the usual schema and, in particular, those usual debates between prohibition and liberalisation, giving a front line place to discussion on the appropriate action, to asking ourselves if it is not more appropriate, to face up to these substances which are, in fact, being used. This implies a greater responsibility by the workers of the country who are finding themselves face-to-face with non-codifiable a priori choices but varying according to the case and subject to a continual verification.

The project envisages a series of activities in the prevention field and widespread informative campaigns on the different aspects. Such campaigns will be aimed at attacking the myth of the provincial or superprovincial for analysing substances, with the objective of evaluating in real time which substances are circulating in the country in a determined period. Inspired by the experiences in Holland, it envisages the creation of a direct channel between the world of the user and the world of the services. Favours an easy and comfortable communication with users.

Another aim of the project concerns the creation of a regulation linked to the managers of the dancing locales based on the following interventions:

- 1) Reduction of the lighting and acoustical impact (an hour before closing, for example).
- 2) Decompression areas.
- 3) Prevention of an excessive increase in body temperature.

- 4) Ensuring that water is available.
- 5) Envisaging the presence of first aid personnel.
- 6) Evaluation of the possibility of placing health personnel in the macrodiscos.
- 7) Provision of areas to attend to people in an altered state.
- 8) Prevention of alcohol abuse by a correct pricing policy and stopping sales, 1 or 2 hours before closing.
- 9) Fixing closing hours for all establishments in order to prevent the emigration phenomenon.
- 10) Encouraging entry to discos between 22.00 and 24.00 hrs.
- 11) Encouraging the use of public utilities and the possibilities of staying overnight close by the discos.
- 12) Envisaging a small percentage of the admission price being used to finance prevention campaigns.
- 13) Envisaging annual training courses for disco personnel on substance effects and the interventions which can be carried out.

A subsequent objective of the project concerns the re-introduction of the operative modalities of the services with the creation of specifically orientated groups, always with the aim of monitoring the psychiatric changes in young people. It is essential to avoid Treatment and Rehabilitation Centres being identified as ideal services where to send young people with these problems in order to avoid these young people being stigmatized as drug-addicts.

Treatment and Rehabilitation Centre personnel would be able to go out to meet these patients in different places such as juvenile centres, disco, pubs, for example. The objective is not to create new services but to provide assistance, in other words workers trained specifically to confront the problematic of these young users.

A great part of these initiatives is already being carried out in our country, at least in the industrialised regions in the north of Italy where there is the highest concentration of discos. They are, in many cases, experimental initiatives, carried out autonomously by each service, volunteer groups and social centre but with the aim of promoting co-ordination of interventions to provide a more widespread diffusion in the country.

The preventive campaigns include videos (with interviews with users describing the detrimental effects), posters, informative leaflets, brochures, etc. In addition, they are the results of local initiatives and often have a wide diffusion among the juvenile population. The quality of the material is being progressively adapted to the demands for this type of campaign whose target group is the population fringe of the very young which is difficult to reach through the normal media (magazines, newspapers, television news, etc.). Recently, with the assistance of the cultural intermediaries, informative leaflets or brochures have been prepared using a language more in keeping with that of its potential readers and with graphics conceived to attract attention. The social representation transmitted by these messages is somewhat neutral or does not involve passing judgements on the substance or on the person using it although it is



substantially aimed at underlining the possible danger and to informing young people on the measures to reduce the detrimental effects.

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#### **8.4.3. Results of the documentary research in The Netherlands**

##### SCIENTIFIC PAPERS

One of the first scientific articles on ecstasy in the Netherlands is an article by E. Fromberg called 'XTC, a new soft drug' (1990). In this article he gives a short overview of the history of Ecstasy. In the U.S.A. scientific use of MDMA is described in unpublished manuscripts by Greer, Downing and Kueny. These manuscripts circulated in the U.S.A., but are not available in the Netherlands. In Adamson's book 'Through the gateway to the heart', therapists state that emotional bounding and at the same time intellectual clearness are the most important effects of MDMA (in a psychiatric setting). It makes patients able to activate and internalise psychological material, where they normally need five months of weekly therapeutic sessions, in five hours.

In this article Fromberg also explains the effects and side effects. He claims that it's useless to take another dose shortly after the first one, because the optimal effect can only appear again after two or three weeks. Fromberg suggests that MDMA shouldn't be considered as a classic hallucinogen, but should be identified as a entactogen, which is a new therapeutic class (D.E. Nichols,1986). Furthermore he states that the combination of alcohol and MDMA can be dangerous.

In the last part of the article he describes the consumer pattern of MDMA. Ecstasy is used in circles of friends, in which one knows each other well (not the other way around: relations are not built on drug use). Three remarkable aspects in the distribution: 1. Fast dispersion; 2. Trend groups didn't stop using ; 3. Users differ from new-age to disco goers, from teenage drop-outs to yuppies.

In his conclusions he points out that the placement of MDMA in schedule I of the Dutch Narcotic Law was a wrong decision and that ecstasy should be considered as a soft drug on the basis of the available data. At a drug conference in 1990 Fromberg and others stated that a very subtle persecution policy should be indicated.

Another important report, named 'townhouse (=city hall) and house (= music)' is written by the ministry of Health (1995). It contains suggestions and regulations (in terms of harm reduction) for local policy on raves and party drugs. In 1996 this report has been evaluated. It was concluded that the suggestions and regulations are very useful. The organisers also seemed to be satisfied with the situation created by the suggestions and regulations described in the report.

In May 1997 a famous Dutch psychiatrist, dr. F. Van Ree is interviewed in PAN (Psycho Active Network) on his ideas about ecstasy (Vollaard, 1997). Van Ree (1927) is renowned for his experiences with drugs, which he also uses himself in a therapeutic setting. In this article he compares his ecstasy-experiences with LSD. In the past he gave some of his patients a small amount of LSD, but he discontinued this kind of therapy because he found no results. Only recently he tried ecstasy himself in a therapeutic setting. From those experiences he means that ecstasy could be a therapeutic remedy in psychiatric settings. He found that ecstasy broadens introspection: to regard oneself.

Only recently the proceedings of the Seventh Annual Conference on Drug Use and Drug Policy were published (Korf & Riper, 1997). Nabben en Korf reported some findings of a panel study on the use of legal and illegal drugs among youths in Amsterdam.

Panel members who have information on different circuits and locations cite the same phenomenon at the same time in different settings. In the recent years several drugs (like B-sting, GHB, etc.) became very well-known in a short time and then disappeared from the market just as rapidly. Others, like cocaine, mushrooms and 'laughing gas' are more consumed in night-life and in different networks.

Ecstasy is still a popular drug, but it past its peak in some outgoing circles. Finally there is an increasing use of several drugs at the same time: "XTC is more and more used as a basic drug, or starter; the desired feeling can then be extended and strengthened with hallucinogens or stimulants" (Korf & Nabben, 1997, p.162).

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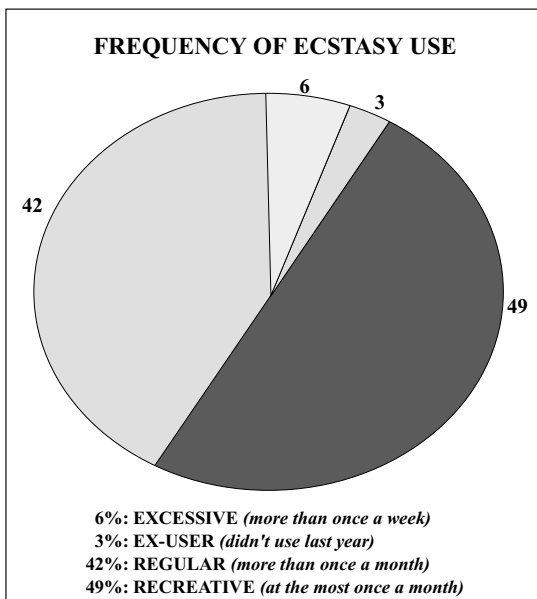
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#### EPIDEMIOLOGICAL STUDIES

Epidemiological studies are scarce. The most recent social-epidemiological study on ecstasy use is done by the Utrecht University Addiction Research Institute/cVo (Wijngaart et al., 1997). An English version of the report will be available by the end of 1997. Information about the activities and references of the cVo can be found at: [www.fsw.ruu.nl/cvo](http://www.fsw.ruu.nl/cvo).

In the cVo-study 1121 ravers have been interviewed extensively (30 - 150 minutes main interview and 5 - 20 minutes follow-up interview) on ten different large scale raves. In addition several other research methods (like observations, indepth-interviews and urine samples) were used to verify and interpret the self-reported data. In this study one focused on the rave scene, which means that the numbers can't be generalised to the Dutch youth.

From this study we know that the greater part of party-goers uses ecstasy, but most of them do this in recreative way (6% uses in an excessive way).



*Frequency ecstasy use (van de Wijngaart et al., 1997).*

In the main interview the respondents were asked if they used several substances ever, last year and in the last three months. In the follow-up interview at the end of the night they were asked what substances they used that particular night. It became obvious that quite a large group of the respondents had used one or more substances during the night: 34% drank alcohol, 75% smoked tobacco, 64% used ecstasy, 41% smoked cannabis and 34% used amphetamines.

Remarkable was that although 91% of the population had ever used

alcohol, only a third drunk alcohol on the particular night. Ten percent of the respondents didn't take any drug at the party and another ten percent only smoked tobacco. The incidence prevalence in this study -which are quite high- should be judged in the nature of the use. Therefore a great part of the report contains qualitative data about the nature of the use of amphetamines and ecstasy.

Both ecstasy and amphetamines are used with intervals. Also the dynamics resemble for both drugs: in the first year(s) the use increases until a turn is reached and the frequency of the use decreases again. In time the use of amphetamines often comes to a stand still and the use of ecstasy is stabilised to a recreational level. Furthermore it is apparent that the majority of the respondents don't have any problems or symptoms at the end of the night. Few people bring a visit to the First Aid post. The circumstances at raves hardly lead to physical or other symptoms. Relative few partygoers run risks and report symptoms in the short term from ecstasy use at raves.

Another study is done in the Southern Netherlands (Hoebe & Jansen, 1997). They interviewed 4000 disco-visitors on ecstasy use when they left the disco in November and December 1996. The interviews lasted about five minutes. They had a response-rate of 94% (which is very high). From this study we learn that an amount of the 'outgoing public' uses ecstasy: 23% ever used ecstasy; 20% used it last year and 14% used it last month. Ecstasy use increases after the sixteenth birthday. According to the researchers the combination of ecstasy and other drugs leads to health risks. They found that 65% of the frequent ecstasy users consumes ecstasy and alcohol at the same time. But the use of alcohol is almost equal for 'ecstasy-users' and 'ecstasy-tryers'. Alcohol still is the mostly used substance among disco-visitors (>60% of the population).

Since 1993 a monitoring study in Amsterdam is being conducted in which new trends and developments in consumer patterns of illicit drugs by Amsterdam youngsters are signalised and interpret. Antenne Amsterdam 1995 consists of a combination of four kinds of data on drug use and gambling. Besides a set group of youngsters and schoolkids, they chose visitors of discotheques and raves in Amsterdam as a 'group-at-risk' (this target group changes every year). They found in 1995 that 52% of the disco-goers ever used ecstasy and 34% of the disco-goers ever used amphetamines.

	<b>life time</b>	<b>last year</b>	<b>last month</b>
Cocaine	39	25	15
Ecstasy	52	41	33
Amphetamines	34	20	12
LSD	23	9	3
Heroin	6	1	1
Mushrooms	29	19	6
Crack	2	0	0
base cocaine	10	3	1

*Prevalence of disco-goers in 1995 (Korf & Nabben, 1995)*

From the secondary school population (14-16 years old; median 15 years) 8% ever used ecstasy; 6% used ecstasy last year and 3% used ecstasy last month.

From the older youngsters (14-24 year old; median 17 years) 7% ever used ecstasy and 6% used ecstasy last year.

The last report of a household survey on the prevalence of drug use among the population in Amsterdam of 12 years and over dates back to 1994 (Sandwijk et al., 1995). This is the third time in a row that the University of Amsterdam conducted a drug use survey among the population in Amsterdam. At the end of 1997 the next data are expected.

In comparison with 1987 and 1990 the use of cannabis and ecstasy seemed to increase:

“However, this increase was caused primarily by the so-called ‘generation effect’. This is reflected by stable levels of prevalence for most age groups except the oldest ones. For ecstasy, prevalence rates rose in all age groups where use was present, but this drug has not (yet) been introduced in the youngest and in the highest age groups. The increase in the other age groups is due to the large-scale introduction of this drug on the market. Prevalence rates rise fastest among the 20-34 year old” (Sandwijk et al., 1995, p.128).

<b>Drug</b>	<b>life time (%)</b>	<b>last year (%)</b>	<b>last month (%)</b>	<b>N</b>
Tobacco	66.6	45.2	40.8	4353
Alcohol	86.1	77.1	69.3	4353
Hypnotics	19.4	10.0	6.7	4350
Sedatives	20.2	9.2	5.5	4333
Cannabis	29.2	10.6	6.8	4350
Cocaine	6.9	1.8	0.7	4324
Amphetamines	4.7	0.5	0.3	4350
Ecstasy	3.2	1.5	0.6	4309
Hallucinogens	4.4	0.5	0.1	4326
Inhalants	1.1	0.2	0.1	4344
opiates (all)	7.7	2.1	0.7	4364
heroin only	1.3	0.3	0.1	4364
no drug at all	8.3	14.3	19.9	4364
pharmaceutical drug	33.3	16.9	10.7	4364
illicit drug (incl. Cannabis)	30.0	11.3	7.0	4364
difficult drug (excl. Cannabis)	10.6	2.9	1.2	4364

*Prevalence of drug use in 1994 (Sandwijk et al., 1995).*

Another monitor-study (de Zwart et al., 1997) involves drug-use of youngsters from 10 - 18 (+) years old. They interviewed nearly 10.000 schoolkids. In 1996 5,6% of the

interviewed youngsters had tried ecstasy once in their life and 2,2% of them had used ecstasy last month.

The percentage of the boys using ecstasy is higher, than the percentage of the girls.

	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Life-time prevalence	6,9%	4,3%	<b>5,6%</b>
Last month	2,9%	1,5%	<b>2,2%</b>

*Ecstasy -use of interviewed youngsters in 1996 (de Zwart., 1997).*

These are all studies in the Netherlands on ecstasy-use we know. The study in the Southern Netherlands is probably the most interesting to compare with the IREFREA-project, because they interviewed disco goers and because it's a recent study.

The cVo study involves *ravers*, which might cause differences in drug use, since visitors of a rave have all night to party and pay a lot to join the party. Visiting a disco is not that expensive and special, and usually doesn't last the whole night. Moreover, you might visit a disco also through the week, which means that you might have to work the next day. Raves normally take place at Saturdays, so you have the Sunday to sleep and recover.

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#### MASS MEDIA MATERIAL

In glossy magazines and other journals (for youth) we often find articles on the **different kinds of ecstasy**, which are available. Other times they involve comments on other articles on the different kinds of ecstasy. The writers of these articles try to give information about the products their readers use.

One example: In 'Basic Groove' which is a popular youth journal we read an article about *Butterfly-sting* (Brouwer, z.j.). The author explains that this 'new' drug -which by some people has been promoted as a new (legal) drug in succession to ecstasy- isn't new at all. He writes that some institutes have started a warning campaign already, to inform potential users about B-sting. In fact B-sting is a low dosed LSD (which is an illegal drug). It has nothing to do with ecstasy and is sold at stiff prices (forty guilders).

Another example: *Tripping out is allowed* (Bogert, 1996). Several party drugs are described and some experts explain the current situation.

A related theme is the '**pollution of the ecstasy market**'. In several articles we read that it is becoming harder and harder to find pure ecstasy in the Netherlands. Some insiders blame the government for putting ecstasy on the list of illegal drugs in 1988. According to these authors the pollution of the ecstasy-market started at that moment. In some recent articles the growing repression of the police is blamed for the pollution of the ecstasy market.

Examples: *The loss of a lover pill* (Barkman & Hage, 1996) and *More and more is junk sold as ecstasy* (Rottenberg, 1997).



Furthermore we find articles in newspapers and magazines about the **way things go in illegal 'drugland'**. The authors try to open the discussion if and what policymakers should do about the situation.

In some articles nameless users and/or dealers are quoted. In other articles other insiders or experts are quoted by name. By describing these illegal situations with inside information, authors try to explain the difficulties for authorities to take action and ask themselves if it is advisable to take action at. Examples are *Dealing in discotheques is no big deal* (Bruijn & Visser, 1997) and *Nobody notices if you take a tablet in your car at night* (Horsten, 1997). Both are articles in Dutch newspapers and have been written as a result of the closure of a popular dance club in Amsterdam, where the police found cocaine and ecstasy when they busted the club.

We find articles in the same style when the police rounds up a gang of ecstasy producers. For example *Ecstasy isn't a trouble-free pleasure pill* (van Eik, 1992), where a prevention worker explains that those round ups don't influence the market that much, but that the use of ecstasy shouldn't being made a criminal act in such way that social workers can't contact (problematic) drug users anymore.

Other articles are descriptions of **the atmosphere at raves**. In most articles we read about an atmosphere of 'love and peace' which is characteristic for raves, despite differences between the party goers (urban, provincial, *gabbers* (in U.K. *gabbah*), mellowers, hippies, football-supporters). Mostly the peaceful situation is attributed to ecstasy (and the low alcohol consumption) by statements from both party goers and police officers.

In those articles we also read about controls at the door, which can not really prevent people from taking ecstasy.

In other articles where the atmosphere at raves is described (especially when it comes to hardcore raves), authors try to describe the gabber culture as 'empty' or 'meaningless'. In one of those articles the gabber philosophy is summarised by a visitor as "Intoxicated, using lots of drugs and not sleeping" (Giesen, 1997). Interesting is the quote of an American philosopher, Mark Dery, who explains the rituals of the gabbers as a result of the great pressures and stress in a rational world. The author states that most gabbers are actually calculating users: at Saturday they go out of their mind, at Sunday they rest and recover, and Monday they go to school again.

Same style in *Dance Valley* (van der Bijl & van Genderen, 1996): the atmosphere is described by quoting snatches of conversations, most of them depicting people under the influence.

As a reaction to the large and hollow hardcore raves, there has been a cultural hardcore rave last summer, called *Gabberland*, to "help gabbers to explore their interests". The atmosphere at this festival is described as relaxed. But the author wonders what will happen to gabber house as a counterculture, if all gabber raves become smooth and relaxed (Abeling, 1997). [N.B. 25% of youth consider themselves 'gabber'].

A related theme is to describe **today's youth** and their habits as a no-nonsense generation: visiting house party's is a good example of their lack of ideals. Authors who try to stress this image, describe ravers as youngsters who only live for the moment. An example is *Children of the night* (de Graaf, 1994). The author shortly interviews young girls during a rave about their future ideas. Most of them are not really in the mood to think about this seriously at that moment.

The gabber culture is recognised as a real youth culture. As a result we find descriptions of their behaviour and explanations from all kind of experts of their motives. Mostly the gabber scene is described as a very 'close-knit' scene. But according to most experts it's not a very inspiring scene. In *Ideals of the future? Hakkuh on Saturdays* (Inklaar, 1997), a historian who followed the gabber scene for two years, stresses this image. According to him it's quite impossible for them to escape, because they will loose all their friends if they quit raving.

In scandal papers we often find articles about the **(lethal) danger of ecstasy**. Experts, like doctors, stress the dangers of ecstasy by describing the symptoms they found by one or two of their patients or an ex-user tells about his bad experiences.

An example is *XTC is a killer* (Post, 1994). Doctors describe some patients with hyperthermia and liver disorders, which might be caused by the use of ecstasy. To their great dissatisfaction "the ministry of Health doesn't take the problem too seriously". According to the interviewed doctors only one pill could lead to an allergic reaction, which might cause death.

Another example is a recent article, *The enormous emptiness if one day you don't use anything* (Thijssen, 1997), in which an ex-user explains how his positive experiences finally turned into very negative experiences with ecstasy.

More of the same is an article in a magazine, which is published by an 'evangelical' drug rehabilitation centre (de Lange, 1992). Two ex-users and a social worker are quoted. The message is that drug use has become to normal and that youngsters bear good information. Furthermore it's the responsibility of the parents to prevent their kids from using drugs.

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## PREVENTION CAMPAIGNS

In the Netherlands most national drug campaigns are provided by the Trimbos-Instituut. The Trimbos-Instituut is an independent, national centre of expertise. Its aim is to improve public mental health. It is the result of the merging in 1996 of the Netherlands Centre of Mental Health (NcGv) and the Netherlands Institute of Alcohol and Drugs (NIAD). They have their own internet-site: [www.trimbos.nl](http://www.trimbos.nl).

Most information is also in English. In the so-called fact-sheets, you find information about the policy, effects, patterns of use, market, prevention and education programs of different drugs.

Besides the factsheets the Trimbos-Institute publishes leaflets about the different drugs for users and educators. Furthermore there is a drugs infoline, where people can ask questions about drug use, experienced problems, health risks, effects, etc. Recently they also opened a special line for parents, social workers, teachers and other educators.

The Trimbos Institute also provides information for governmental spots on television, so-called **postbus 51 spots**, in which they zoom in on a special drug. Mostly they have different spots for educators and users. In the spots people are informed about the availability of leaflets, infolines and assistance.

Furthermore there are several campaigns *on site*, which means that drug-information is given at the raves themselves.

The **Safe House Campaign** is the most obvious one. The Safe House Campaign is one of the projects of the **Drugs Advies buro** of August de Loor. This is a subsidised foundation, which has been engaged in pushing back the dangers and risks of drugs use for more than twenty years.

The Safe House Campaign tests pills and advises visitors about drug use, safe sex and driving under the influence. They have several up-date leaflets about the effects and risks of the different types of pills, which people can take home. Sometimes, if a dangerous pill appears on the market, they immediately start a warning campaign by distributing flyers.

A more recent project is a peergroup-project, called **Unity-project** (started by the Jellinek, Amsterdam). Youngsters in the same age as the partygoers are present at raves to talk with their *peers* about the risks of drug use. Usually they have a stand and wear T-shirts to be recognisable as Unity-members. They also distribute leaflets with information about the effects and risks of drug use. This project runs in several cities in Europe (Hamburg, Amsterdam and Manchester) and will soon be evaluated.

The message in all the campaigns is that you actually shouldn't take ecstasy, but if you do it anyway, you should take some precautions to do it as safe as possible.

A little flyer of the Jellinek institute, which is titled *XTC Stay awake*, starts to say that not all pills which are sold as ecstasy contain MDMA. Since the quality is not reliable, the use involves extra risks. Because it's quite a new drug, we don't know very much about it. So the best way not running risks is not using it at all. As for all drugs: the more and the more often you use, the more risks you run. A few cases have been described in which ecstasy use ended up in death. Probably a combination of factors, such as dehydration, overheating, a large dose and a mixture of drugs, played a part. Then they explain that chilling, resting and drinking of water or (isotonic) drinks are very important at high temperatures. The flyer ends with saying that one can get information and help at CAD's (Consultation Centers for Alcohol and Drugs).

The Unity Project distributes other, more extensive brochures. They have different ones for girls and boys. They give information about the effects, risks, the law, testing, help and so on.

Another flyer made by Adviesburo Drugs says: Real XTC is MDMA, but beside this two other substances are sold as XTC, both with other effects. MDA: it works longer than MDMA, between six and eight hours and contains more hallucinogens (LSD like) depending from the dose, with all risks involved; MDEA: this substance comes under the Opium Law since 1993. It works quicker as MDMA, but shorter. After two or three hours it suddenly ends. This inclines one to take another pill, but the effect will change then: you will sit by yourself, not talking and dancing anymore. If you want more information, ask the brochure. The brochure which is made by *Adviesbureau* Drugs contains five issues: How XTC works; XTC: what exactly are you buying?; Taking XTC; XTC and other drugs; XTC: contraindications. There's an English version, so you can have a look for yourself.

Sometimes the *Adviesbureau* finds it necessary to start a warning-campaign to certain pills. An example (march 1992): Warning to all ecstasy users. As you know many bad pills are sold as ecstasy. From analyses we know that it's been worse last days. We get pills with very high doses of speed (amphetamines), pills containing MDA (a hallucinogen 'relative' of MDMA) and pills containing nothing. Be alert to:

- a big, light-blue pill which in fact is speed;
- looks alike of the so-called Salmiak. This pill has become unreliable;
- white flat pills (9 to 4 mm), grooved on one side; this one contains Ketamine, a narcotic.

A really different message is given by a foundation, named *Naar house* (this means back home). It's an evangelical foundation which tries to prevent the ravers from going to hell. They are often present at the entrance of rave events distributing fruits and leaflets. One can have a good chat with one of the members in their bus. Some of their leaflets are also available in English.

Because this review is meant to give an overall picture of the written ideas in the Netherlands about this item, we couldn't go more deeply into all literature in the list. And of course the list is not at all complete, but it contains the most important articles and reports we know.

Finally we recommend some interesting websites: [www.drugtext.nl](http://www.drugtext.nl), [www.lycaeum.org](http://www.lycaeum.org) and [www.gabbersite.com](http://www.gabbersite.com). All these sites contain update information about drugs (including ecstasy).

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#### **8.4.4. Results of the documentary research in Portugal**

##### EPIDEMIOLOGICAL STUDIES

There is little information concerning the situation of use of ecstasy in Portugal. However we call special attention to two studies on this subject done in the last 2 years (1995 to 1997):

1) A group of students of the "Universidade Nova de Lisboa", who were studying Public Health in "Faculdade de Ciencias Sociais e Humanas", made a research with a sample of 455 youngsters between 15 and 25 years old (1995).

This work aimed to evaluate how much Portuguese Students between 18 and 25 knew about ecstasy, their opinion about it and if they had used it. So, the objectives were to know about:

- How much people knew about that drug, its effects, tolerance, how to use it and the risks associated with its consumption. The opinions people have about the consumption of Ecstasy.
- To evaluate its consumption we want to study the prevalence of consumers in the studied group, their characterisation, places, they buy it or use it and the price of Ecstasy, its frequency of consumption and probable association with other drugs.

Results and conclusions:

- Although most of the inquired had already heard about this drug, its effects and how to use it, only a small percentage knew about its evil effects.
- Potential consumers also have no knowledge of the risks associated with consumption. So we fear a rise of consumption with an evolution to international levels.
- It is urgent to intervene with informative and pedagogical action among youngsters in order to alert them for the risks of Ecstasy.
- In our population universe we obtained a prevalence of 5,3% of consumption. The places where it is mostly used (discos, bars) have to do with the effects people want to have with its consumption.
- The profile of our consumer is a male youngster between 22 and 25 years of age who buys Ecstasy in discos or through friends, who knows nothing about the risks involved and pays between 5.000\$00 and 7.500\$00 for a doses using it usually in association with other drugs.

2) The second research was carried out during 1994 and published in 1996 in the Journal "Toxicodependencias" edited by the SPTT (Health Ministry), year 2, number 2, and says:

A total amount of 425 students, professors and medical doctors, have been inquired about the impact of drugs upon health and society, the conditions regarding their sale and consumption, the attitude towards drug addicts and the consequences of an eventual legal acceptance of drugs.

Most of the inquired individuals considered that those drugs graded as most harmful had a great negative impact both upon health and upon society. In their opinion, the sale consumption of these drugs (cocaine, ecstasy, heroin and LSD) as well as hashish/marijuana should be prohibited.

In conclusion, the majority apparently tended to be against the legal acceptance of addictive drugs.

## MASS MEDIA

The relevance of Mass Media in our society is an unquestionable fact and everything should be done to understand all their aspects. This century has seen a new type of culture grow side by side with the traditional culture historically transmitted. It is the so called "mass culture". This concept of massification, of organisation and transmission of information through an only vehicle, is the main characteristic of mass media.. No matter what the chosen means of communication is, the important thing is the industrialisation of the message so that it can reach in large scale the maximum number of receptors.

To take action in subjects like drugs requires special care, study, discussion, research and evaluation. Broadcasting information concerning this area is a risk, but, if it is suitable, it can also bring social and individual benefits which would be difficult to achieve by other means.

As a matter of fact there are significant differences between the discourse used in 1986 and in 1997. The last 2 years were enough to see that the previous focus on consume and consumer on the drugs themselves and on repression, was changed clearly to a focus on Prevention, centred on necessities and answers, not only on the level of Primary Prevention but also of Treatment.

Images of the drug addicted and his degradation, appeals to fear or other negative aspects seem to appear alone and be considered an old fashioned message. On the other hand the involvement and responsibility of the local, national or international community, the mobilisation of political will and even the achievement of budget answers are now a reality.

It is curious to see that, even in Primary Prevention the most important answers are no longer only Information / Sensitisation but also training. We have to mention the positive role that School and Family have been playing and the efforts made for

treatment not only at public level, as it was traditional in Portugal, but also at private level, what really shows the important changes operated. With these changes in information we have to state the reciprocal role of informers and information.

#### INFORMATION MATERIAL

The information material at disposal of consumers and non-consumers is little or even none. It can only be mentioned the launching of two regional and local leaflets, one in Algarve and another one in Oporto, being the first of the responsibility of NGO's and the second of "Nucleo Distrital do Projecto Vida" in Oporto. This material was delivered in some discos in the already mentioned cities.

#### SCIENTIFIC MATERIAL

An article published in the magazine "Toxicodependencias" by SPTT - Health Ministry of 1995. Besides this we can only mention some references to this substance in articles in different newspapers but with no special reference to ecstasy, because it receives the same attention as the other drugs.

#### CONCLUSION

In spite of being a new drug and a new situation, the subject caused a lot of interest and motivation in Portugal not only for the subject itself but also because there are no data available in our country to help us decide about a specific preventive strategy.

From what has been written in the present report, we can make the conclusion that in spite of the difficulties and obstacles we have got a certain amount of information of great value and an awakening for a more careful and attentive reading of the data of research.

#### ***8.4.5. Results of the documentary research in Spain***

#### SCIENTIFIC LITERATURE

As a first comment, it would be possible to say that the articles that appear in scientific magazines, books, bulletins, etc, whether they be about medicine, psychiatry, social sciences, etc., all make reference to other disciplines, therefore in articles having as a main subject the pharmacology of designer drugs, a revision of its history is made, as well as the actual patterns of consumption, etc, and the same occurs in those articles written by social scientists, in which the physical, neurological, etc. effects of this type of drugs.

Even so it is possible to make a division of the articles by scientific disciplines:

–Social sciences (sociology, anthropology, history)

–Bio-Medical Sciences (pharmacology, psychiatry, medicine, epidemiology)

In general the articles revolve around the following topics:

- ◆ Discussed is the stereotype of designer drugs as being innocuous, safe drugs, related to the modernism and fashion design, and hence its name. Even mentioned in an article is the need to deny the idea maintained by some psychologists and psychiatrists that it has beneficial psychic effects.
- ◆ In the majority of the articles there is a common line of the deconstruction of the stereotype of the designer drugs as innocuous, clean, that do not create dependency and without negative effects, as of consumers of these as week-end monoconsumers, controlled and aware of what they are consuming. It is a drug linked to the return of the psychedelic fashion of the 60's "Sun Flowers", but by individuals integrated in the materialistic society and without vindicative connotations. "They create and search for a new made-to-order psychodelia, which does not compromise with any revolution, but which lifts the youth from his monotony and resolves his search for himself. It helps them fictitiously to feel free, autonomous, finally, adults without ceasing to be adolescents, an adolescence that on occasion borders on thirty years of age (Orellana,1996)"
- ◆ A drug linked to new ways of spending free time, recreational consumption, for the week end.
- ◆ A drug adapted to the frantic life style, of absolute exploitation of time, as it allows one to put up with a whole week-end of continuous partying, resulting therefore in passing from the consumption of sedatives to stimulants.
- ◆ A Drug linked to sociability, to one's group of friends.
- ◆ Ecstasy participates in the consideration of the youth as a consumer, whether it be jeans, soft drinks or cars,.... And hence the colours, designs, etc.
- ◆ Rejection of "hard" drugs, especially heroin, linked to marginality and infectious diseases (AIDS).
- ◆ Discussion about the denomination of these drugs, rejection of the term "designer drugs" as it has positive connotations, and preference for the term "synthetic drugs", which refers to its production.
- ◆ In the articles about pharmacology and medicine, the principal matter is that of its toxicity. The common opinion is that on a short term basis and in the case of moderate consumption, it is not a dangerous drug, but on a long term basis, and depending on the amount, it may lead to neurophysiological problems.
- ◆ The legal issues are the least frequent, but there are two positions defined with respect to the legal situation of ecstasy: one being that to include designer drugs on list I of the DEA is exaggerated, and that this fact has impelled drug traffic and consumption, increasing risks as it has given cause for adulteration of the pills. And there is a second position that is totally in favour of this measure as it considers the designer drugs as a real danger in the near future.

- ◆ A last question is the attitude of the investigators, politicians and mass media before these drugs and the new consumption guide lines. Some investigators inform against social alarm that is growing and that is based on the idea that ecstasy will give rise to a situation similar to the one produced with heroin, while they believe that it is neither the same drug, nor the same people who consume it, and the context or circumstances are not the same either.

As a final comment, one might indicate that in the articles of the years 90-93, it is commented that “there is no social analysis” (Martínez Ruíz,1993) and that “the MDMA continues to be a mystery for the investigators” (Montero,1991), while this uncertainty seems to wane as time passes, probably due to the increase of studies about this issue. An indicator of this increase of the amount of investigations is the number of articles published: we go from 9 documents in the period 1990-93 to 46 in the period 1994-97.

With respect to the sources from which this article has been written, they are distributed almost equally between those based on the author’s own studies and the ones based on the revision of other studies and authors.

#### GREY LITERATURE

The grey literature that we have available concerning the issue of ecstasy are the communications presented in the “Workshop” Days regarding designer drugs, Prevention, Treatment and social Analysis” (Gamella,1996).

In the communications of the platform of “assistance”, some entities, be they private or public, relate their experiences with individuals that have demanded assistance due to problems with designer drugs. These entities have had to keep adapting to these demands as said individuals and their specific problems present their own characteristics with respect to consumers of other substances. In this way, specific programs have been introduced to offer room for the needs of these consumers.

The characteristics of the individuals that have requested assistance from the centres can be summarised in the following: they are youths between the ages of 16 and 28; the majority are males; they study or work; they usually have a medium-high educational level; they use the drug for recreational purposes; being therefore week-end users; they visit the centre when they are consuming compulsively (8-10 pills on one week-end night).

With respect to the communications about the prevention of designer drugs, we again discover the need for adapting the preventive strategies to this new phenomenon. The different entities, public or private, have chosen a specific prevention for designer drugs. The strategy is basically informative and the objectives are both the reduction of demand (addressed to non-consumers) and the reduction of the risks (addressed to consumers)

At the round table of social Analysis, four communications were presented in which the objective was to try to achieve an explanation and description of the characteristics of our society that could be behind the consumption of stimulating drugs such as designer drugs.

As for the social representations that these texts convey, we actually feel that they refute the stereotypes about designer drugs that define them as innocuous, non-dangerous, and making communication and sex, etc easier. The growing demand for assistance and the need for programs of risk prevention indicate the contrary: that designer drugs may constitute a serious problem for those who consume them.

#### LITERATURE OF OPINION: REPORTS ON MAGAZINES AND THE PRESS

##### 1. Magazines

There are two lines, those that are critical and transmit anxiety with respect to the consumption of ecstasy, and those that consider the phenomenon of drugs in terms of normality, accepting the reality of its consumption and in some ways inviting people to try it. This is the case of the magazine *Integral* (Fericgla,1994) with the article "From designer drugs to the rites of always" and of the magazine *Primera Línea* (Agulló,1997) with "¿Do you really know what you are taking?"

Referring to the effects mentioned in *Integral* it says : "the effect of ecstasy is very controllable, in the sense that the outset of the psychoactive effect of the MDMA is perceived sensibly, it produces a pleasant tickling sensation throughout the body and it is very easy to learn to manage it therefore becoming an experienced MDMA consumer at the third ingestion" or "the effects of ecstasy are very neat, very well achieved, do not produce visionary effects in the immense majority of cases and in normal doses, as the ones that circulate on the black market". This report maintained the idea that at least the consumption of ecstasy does not mix with alcohol, and that if it continues along this line this drug will substitute alcohol "Strangely enough, alcohol is consumed in discotheques where ecstasy is found, although seeing that it provokes dryness of the mouth, as all types of amphetamines, it favours the consumption of abundant liquid".

In the report of *Primera Línea*, reference is made to the changes in drug consumption, the appearance of new drugs that are substituting the classic ones in popularity "Until now the classic drugs, but this eclectic and furious decade has seen how a lot of new substances have been recycled, have emerged or have been invented, and this clearly indicates what is going to be the "high" of the next century: far out....It is the newest way of getting high" It gives a list of these new substances, indicating how to take them and their effects, but does not include side effects. It ends with an interview with Antonio Escotado.

Therefore in these magazines they maintain the stereotype of a clean, controllable, modern and reasonably-priced drug, and of controlled consumers and monoconsumers.

With respect to the magazines of the critical line, the issues considered are:

- ◆ Legal: controversy about the inclusion of ecstasy on the I list of the DEA, discussion about whether it is exaggerated, perhaps it could be in the same category as cannabis.,
- ◆ Sociological: Environments of ecstasy consumption are described, although there is a generalised impression that the expansion has been very wide and it is everywhere: “Now you see your neighbour, the baker, the token smart-ass who, after having listened to Los Chichos, start dancing Chucupa, chucupá. Even the waiter across the street purchased two pills the other day” (Cervera,1996).
- ◆ The effects of ecstasy are discussed, as well as the reasons why it is so popular. A fraternity drug, it helps to stay awake and make good use of free time, it is a clean drug as in the pill environments the junkie is rejected and it has nothing to do with marginality; it activates the affective non sexual dimension, it is not addictive, etc. All of these aspects are questioned, the articles transmit a negative idea of ecstasy, in some cases even alarming, before the uncertainty surrounding this phenomenon.
- ◆ Some articles or reports contain interviews with “experts” or interviews with consumers and night people.
- ◆ One of the reports indicates the danger that the consumption of stimulants may derive in the consumption of opiates to compensate the crash: “1.996: Social acceleration, wild rivalry, unemployment, AIDS and a mixture of instantaneous communications. No one looks for anything else besides having a good time nowadays because this is our only aim. But how can we have a good time when we have lost the capacity for experience? Fortunately the week-end drugs have appeared in order to help us, so that we don’t waste time, can gain intensity and don’t fall sleep. And in the end, after thirty hours of madness and fun, and several swallowed pills, the only thing that calms you down, the only thing that makes you sleepy is heroin” (Roberts, 1996).
- ◆ Discussion about whether they are addictive or not; in general the question is raised concerning the danger of intoxication and psychological dependence, as the youths may not know how to have fun without consuming ecstasy “they create for themselves a terrible incapacity to enjoy life. These people end up not enjoying themselves unless they are drugged. In the end they don’t like themselves without the effects of amphetamines, and there is only one step from that state to depression” (Olazabal, 1996).

The impression from this line is that the articles and reports in opinion magazines are a reflection of the topics of debate among investigators, opinions regarding the reasons for the consumption of ecstasy (frantic life, etc.), its expansion, uncertainty about the future of the actual consumers, possible consequences, legal and medical debate, etc.

The image of ecstasy is negative.

## 2. Press articles regarding ecstasy

Of the press articles collected, the majority are about police operations and two about health, although one of the latter appears in the society section

The oldest article is of the year 1.994, and in it is discussed a judgement that raised a controversy as ecstasy was considered as a soft drug not harmful to health. As representative of the favourable position to ecstasy, the name of Alexander Shulgin is mentioned. On the opponents' side, basically we find the authorities and British media.

On the bottom of the same page, there appears an interview with Alexander Shulgin, in which he defends ecstasy as an "effective and benign drug" and recommends it for therapeutic use.

In the articles about police operations, the increase of ecstasy confiscation is emphasised, which concludes that the consumption of these drugs is on the rise.

The articles about health raise the subject of the negative effects: "malignant hyperthermic syndrome", "hepatitis by ecstasy" and toxicity, and the contents of the pills (with each new confiscation, the pills are more blended).

Once again the issues of new forms of consumption and new substances, appear although in none does there appear the consumer of ecstasy alone. With reference to these new patterns, it is worthwhile to point out the following quote:

"With the information that we have available at the present time, the term dependence is not acceptable for the amphetaminic drugs" assured yesterday Luis Sanz, investigator of the health complex Benito Menni..."they present other types of problems related to their toxicity such as accidents and the organic effects" (El País, 1997)

In conclusion, it appears that drugs occupy an important place in the crime sections of newspapers and in the courthouses more than in health, The amount of articles is minimum compared with the magnitude of the phenomenon, and in general, especially in the last articles, the image of ecstasy is negative, although in the interviews with "experts" they recommend caution, since the results of these new forms of consumption and the effects of these new substances are as of yet unknown.

### CAMPAIGNS FOR PREVENTION: MATERIALS

"Attention: Pills", material for a secondary prevention campaign, addressed to ecstasy consumers, it is recommended not to consume them, but in the event that there is consumption, information and advice are given about its use. It is therefore in the line of reduction of risks.

"Ecstasy, the drug with an angel's body and a devil's soul", an informative booklet about the dangers of ecstasy; it contains two questionnaires, one addressed to parents, to detect the consumption by their children, and another one addressed to the youths themselves to make them reflect on their own consumption. It does not contain advice about its use, it only warns about the dangers and advises non-consumption.



With respect to these materials, in the magazine Interdependencias n° 17 (Interdependencias, 1996), materials are presented from different Spanish regions in the line of that of the 'Junta de Andalucía'.

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## 9. SUMMARY

The brief space of a year between starting and finishing the survey has certainly demanded a constant stream of work but in spite of this we believe that we have met all the objectives initially outlined. Basically, they comprised setting up a European research network on the subject; designing a quantitative-qualitative methodology adapted to the survey of the characteristics of the use of designer drugs and, more specifically on the subject of the social representations of ecstasy and, finally, carrying out the field study and interpreting the data.

### DESCRIPTION OF SAMPLE AND SOCIODEMOGRAPHIC CHARACTERISTICS

The size of the samples chosen in each town and the methodology used in their recruitment allow the minimum quantitative framework which enables positioning of the qualitative analysis. The outcome was unknown and it was a challenge to discover to what point there was a comparability of data between different cities. It was necessary therefore to give sufficient importance to this aspect in order to be able to position posterior analyses on social representations. The samples are not representative but their relative size and the selection method we used, leads us to believe that it is possible to obtain an overall view of the situation at this time. Nevertheless, future surveys must be more specific on the inclusion criteria -whom we would consider as users- and control more certain sociodemographic variables (sex, etc.).

The survey was made on a total sample of 1,627 young people, over eighteen years of age, in five European cities (Coimbra, Modena, Nice, Palma de Mallorca and Utrecht). Half the sample are consumers of ecstasy and the other half act as control group. Half of the sample was recruited among people who frequent discos and the other half from university students.

Instructions were drawn up for collecting the samples to facilitate comparison between the cities. A series of sociodemographic data was collected to be able to carry out a follow-up of the characteristics of the samples of each city. There are, on occasions, significant differences between the different samples attributable in part to sampling slants but also to different cultural and socio-economic conditions in each city.

To summarise, it comprises young people with a mean age of around 22 years, unmarried for the most part who described themselves for the most part as belonging

to the middle and upper classes. The greatest difference between the samples is in the degree of family emancipation. The differences are enormous. In Palma de Mallorca, 71% live with their parents, a percentage which drops to 19% in the Utrecht sample. These differences are equally perceptible in other variables such as source of funds, being employed, etc. We believe these differences in family dependency respond to different sociological situations between the cities and must be taken into account at the time of designing prevention strategies.

It is interesting that the differences in weekly spending on entertainment are not very different (around 25 ECU) in spite of the differences in monthly disposable income among young people in one city from another, which may be more than double. The Nice sample spends significantly more, but it is also the one that earns more.

In all the cities, the relationships between the respondents and their parents are very good or good with the exception of Coimbra which shows a higher percentage of individuals who consider relationships with their parents as “neither good nor bad” (49.4%) even if, later, it is the only sample which does not have a single individual who considers his relationship with his parents to be “very bad”). We consider these results to be very valuable, since at the level of all the cities, family relationships function reasonably well. This suggests that preventive strategies based on family relationships must be a priority in those countries where young people stays at parents house after eighteen years old, such as Spain, Portugal and Italy, since there exists a good basis for communication. This opportunity of mobilising the family as a preventive component is obviously increased in these countries with a greater economic dependency on their families. We must not forget that people using ecstasy had also good relationship with their families, but, in a significative way, consumers have worse relationship with their parents.

#### CHARACTERISTICS OF ECSTASY CONSUMPTION

The data which this part of the survey gives us; a) they have meaning in themselves for giving us descriptive information on consumption characteristics in different European cities, on the use of a substance which has still not been very studied, and b) these quantitative data serve to locate and allow the analysis of social representation of consumers and non-consumers of ecstasy.

By definition, half the study are non-consumers (NC). There are differences in the frequencies of use between the different samples of consumers (C). In general, in the Coimbra and Utrecht samples, there are less users in the higher frequencies of use. The starting age fluctuates between 18 years of age (Modena) and 21,45 (Utrecht) so that it has not yet become a first step to taking drugs unlike cannabis whose consumption starts earlier. The greater part of the C group consumes between 1 and 2 tablets of ecstasy on each occasion. It is by preference a weekend use although in three samples (Modena, Nice and Utrecht), there is a midweek use by more than 20%.

Ecstasy consumers are veritable poly-consumers. Considering use during the preceding month, a minimum of 72% (Utrecht) had used cannabis but this percentage

could rise to 96% (Modena), so that one is led to think that this coincidence between use of ecstasy and use of cannabis could be interpreted in terms of association between these two substances. Other drugs of frequent use during the preceding month are -in this order- cocaine, amphetamines and LSD. It is worrying that 21,2% of the C sample in Modena and 12,5% of the Nice sample report to having taken heroin in the preceding month, but we must take into account that these percentages are affected by a large number of missings in both towns –the percentage correspond only to the people who answered this question. The question of the use of heroin among ecstasy users is extremely important because there is a general idea that people consuming one drug or the other are very different. In a certain way that is true if we refer to the typical heroin addict, but may be we are faced with new ways of heroin consume. In a quite recent study (Sherlock, 1997) among people related to the dance scene in England, approximately 14% of the 4.000 respondents have tried crack cocaine and heroine.

In every case, the use of other drugs during the preceding month is higher in the C group than in the NC group. Alcohol shows the smallest differences, whereas with the rest of the drugs, it must be said that the differences are extremely notable, in spite of the fact that on occasions, there is a remarkable use of some drug among the individuals in the control group.

The simultaneous consumption of ecstasy with alcohol and cannabis is extremely high although it is frequently combined with amphetamines, cocaine, LSD, etc. Therefore, the myth that ecstasy user is not taking any other drug should be exploded. In fact, the opposite is more likely.

A particular worry, is the misuse of alcohol among young Europeans. Between 40% and 50% of the NC group had been drunk within the preceding month and this percentage went to 70 to 90% when we refer to the ecstasy users in the different samples. This is an aspect of drug misuse of which there is insufficient awareness.

### THREE MODELS OF ECSTASY USE

On the basis of the examples and other characteristics of the use described in this survey, we can certainly speak of three models of ecstasy use:

The *emergent model* corresponding to those countries where the initiation phase of this substance has ended, represented in our case by the Portuguese, and where the characteristics of use are close to the stereotypes in use of this substance, since it has certainly not yet had occasion to spread to wider population groups. The most typical characteristics of this model are; there are not many people in the higher abuse frequencies, they take few tablets at a time; in spite of being great users of alcohol, they tend not to take it and ecstasy together and, their evaluation of ecstasy use is a positive one, very closely identified with the rave cult.

The *poly-consumer model*, represented in our case mainly by Spain and Italy where ecstasy use has practically the same recreational patterns as any other legal or illegal drug used in that context..

The *culturally sensitive poly-consumer model*, represented in our survey by the Utrecht (Netherlands) sample, where there is also a multi-use but where belonging to one subgroup or another influences the preferred combination of drugs. The type of preferred music, the way of dressing, the age, etc and the combination of preferred drugs depends to the group we are studying, even that it is always a polyconsume pattern. In this study the Dutch sample is represented mainly by the ‘mellow house’ group.

There is no doubt that there is yet a fourth model, for those countries (Scandinavian countries, Greece...) where, at the present time, the use made of these substances is a very occasional one.

#### ASSOCIATION WITH DANCING

The relationship of dancing with this drug is, as we know, frequently noted. Certainly, dancing is the response most chosen by the C group (adding together “enjoying dancing” and “dancing longer”) among the reasons for use. The percentage fluctuates between 32,5% (Nice) and 21,7% (Utrecht). In view of these data, we feel that from the preventive point of view, the ecstasy-dancing association is important but not an exclusive one. Young people also associate ecstasy with other aspects so that one can not work on a preventive policy centred exclusively on this association.

Of course, House music is the one in all the sample, where we find a larger number of the C group than the NC group, exactly the opposite to what happens with rock, pop, salsa and ballads. Other types of music have a more irregular behaviour. The rave scene only has importance in some countries. The young in the Nice sample (29,6%) and those in Utrecht(20%) are the ones showing a certain frequency in going to this sort of event.

#### IMPLIED REASONS ON WHY ECSTASY PRODUCES PROBLEMS

The effects of ecstasy are evaluated, in general, very positively by users, notably in Coimbra and Utrecht. In these cities, the fact that the samples showed the lowest frequencies of use and there are few ex-users may have had some influence

About the results of the question about problems that they think can be caused by ecstasy, in all the samples, the NC responded in a similar way, opposite to the way evaluated by the C groups. The NC score much lower all the possibilities in the questionnaire with the exception of “unforeseeable effects” and “produces addiction”. This last item makes the biggest differences between the two groups. To give an example, in Coimbra only 1,4% of the C group believes that ecstasy produces addiction against 26,3% of the NC group. Even in Utrecht which has given the lowest overall percentage, the difference between the C group (2,9%) and NC group (15,9%) is striking. This point gives us interesting keys to the social representation of ecstasy -this point will be enlarged below, when we refer to social representation- among the young, and the differences of this representation among consumers and non-consumers, with



important preventive implications. What we observe is that the NC group is more preoccupied, with the serious problems that could be involved in the use of this drug. This opens up the extremely *interesting hypothesis that fear of the consequences from drug use has in some way a certain influence on the decision of using or not using them*. In the same sense non ecstasy users believe that people wants to take this drug 'to escape from reality'.

#### SENSATION SEEKER AND SOCIAL DEVIATION SCALES

As we expected, consumers and non consumers have different scores for these scales. That is to say, consumers have higher scores than non consumers. On the SSS global scale, and on the rest of subscales, except on the Thrill and Adventure Scale (TAS), where the non consumers only get a lower score than the occasional consumers, all consumers groups score higher than the non consumer group. Another result, that reflects the same trend is that *the individuals belonging to the consumer sample, either disco or university sample, are higher sensation seekers than the individuals belonging to non consumer sample*.

The scores of the different groups of consumers are very interesting because we could expect, from the obtained data, that each group should show differences from the others with regard to the SSS. The ex-consumers are the ones who get the lowest scores among the consumers. On the contrary, the occasional or experimental consumers, though not very clearly, occupy a special place as sensation seekers. As we have seen, it is the only group that maintains significantly different scores on all the subscales. The fact that the scores of this group stand out in comparison with other groups which have higher frequencies of consumption may be because the search for sensation is more related to those individuals who use drugs occasionally, or in an experimental way, and not with those who do so habitually or compulsively, as, after all, the latter are searching for effects that they already know; they are not new sensations for them and, by definition, the sensation seeker "always seek something new" (Zuckerman et al., 1972).

The factors that correlate drug use, as far as sensation seeking is concerned, differ from city to city. In one (Utrecht), the variables related to experience seekers have more weight and this implies a not very conventional way of life. And a certain transgression of the norms. In others, the factors relating to boredom have more weight (Nice and Coimbra) or to hedonism (Modena). Palma is characterised by the necessity of a not very conventional way of life and the tendency to hedonism, scoring very low in boredom susceptibility.

With regard to the Social Deviation Scale (SDS), we said that the ecstasy consumers, either from disco or university, have more deviated behaviour than the no consumers. And that within the consumer group, those from disco sample are more deviated than those from the university. Another result, also expected by us, is that men score higher than women on this scale.

Social representations are the instruments through which we interpret reality and which, therefore, condition behaviour. For this reason, knowledge of them is important in understanding the behaviour of young people who take ecstasy, as well as in designing preventive campaigns.

In our opinion, both the analysis of the diagrams of the social representations of the entire sample from the five cities as well as the specific ones from each city -with small variations- sketch a very clear picture. Two blocks emerge, each comprising a different type of inter-associated items. Consequently, we are seeing two chains or associations of clearly different components. In other words, each of the 20 components which form the social representation do not position themselves indiscriminately in one or other block but the greater number of them generally form part of the same chain of representation whatever the sample studied.

One of the chains of representation implies a positioning of the individuals on the effects attributed to ecstasy. This block combines those items which refer to what we could call the effects expected or attributed to ecstasy (influences how one feels, affects relationships with others, ability to keep going all night, or better understanding of the music).

The second block shows us another chain of representations where the central theme is the positioning of the individuals on the danger of its consumption. Here, we find an association of components such as, ecstasy leads to death or produces addiction or has a long term depressive affect. These components may also be considered “effects” of ecstasy to a certain extent but we believe that what leads them to be associated is the accent on the dangers. In other words, aspects which would imply ecstasy was a supposedly dangerous drug for those who use it.

What is rather interesting is that this distribution of items in two blocks or chains of representations is repeated both at the level of the consumers group (C) and the non-consumers (NC), which leads us to think that we are seeing two powerful stereotypes or clichés with important repercussions on the behaviour of individuals and which must be taken into account in designing preventive campaigns. It is important to understand that although the C and NC positions are opposed for each of the chains of representation, this structure is always respected.

To summarise, the individuals in our survey think, understand or interact with ecstasy through or on the basis of two chains of association or social representations; the implied “effects” (so that people use ecstasy) and its implied “dangers” to position themselves for or against it depending on whether they are consumers or non-consumers. It should be asked if there are other chains of representation on ecstasy different from those found in this survey, but none have appeared during the course of this research. The young would think of ecstasy through replying to two types of questions; What are you expecting from ecstasy? And how would you evaluate the dangers of ecstasy? According to how the individuals and groups positioned themselves in respect of these questions would possibly determine their conduct towards the use of ecstasy.

## 10. EXPERIENCES WITH ECSTASY PREVENTION CAMPAIGNS IN EUROPE

Since approximately 1985, and even more so in the ten years following the English *Love Summer* of 1988, the use of synthetic drugs and ecstasy, in particular, has continued to spread through many countries in the European Union. In the Mediterranean countries these drugs have reached the discos and nightlife environment along with *house* and other forms of music and, in other countries, where, by tradition, there is no nightlife culture, it has been imported (Calafat, 1997) and has taken the form of the big get-togethers known as *rave* parties.

The extent of this use has raised a certain alarm -most of all for the speed with which such expansion has occurred and because, although it concerns drugs whose effects and toxicity need to be further investigated, there is sufficient evidence on its problematics. Even Saunders (1997), a staunch defender of this substance, included a chapter on the effects of ecstasy use on health in the recent publication of his latest book "Ecstasy reconsidered".

The fact that users of ecstasy are mainly young, not marginal and are "well-adjusted" and that the norm for use has, until now, been for leisure purposes at weekends by choice, has led public authorities and professionals in the field of drug-dependency to question what is happening in society at the present time that permits the appearance of such phenomena. In these circumstances, different questions are being raised on what failed in earlier traditional preventive strategies so that young people allowed themselves to be seduced by these substances. And on what should be the appropriate intervention strategies. But raising the subject in this way may give rise to certain errors -that traditional strategies have failed, for example. In actual fact, we do not know if they failed since their introduction into Europe is, in general, rather sparse, lacking adequate measures and lacking a scientific orientation. For the moment, let us put the question in a more neutral way and ask what is the cause of this rapid spread?.

The diffusion of a discourse justifying ecstasy use was an important and one which according to Kokoreff (1994) was transmitted by the communications media in particular. According to this discourse, ecstasy was a drug which facilitated communication and sociability without producing aggression, as is the case with other types of drugs. In fact, it was called the *entactogenic* drug to emphasise this aspect of its effects. A stereotype was created, built on half-truths; as a drug where the user does not lose control as it lies half-way between a hallucinogen and a stimulant so that its users can "reach the stars but keep their feet on the ground" (Llopis, 1996). Within this

stereotype, there was also the message that ecstasy does not lead to addiction and that there is, therefore, no risk of being hooked on it and that there are no secondary or noxious effects on health. The price is also a key point. Unlike other drugs, its use may be cheaper than drinking alcohol in quite a few places in Europe.

The role of the media in spreading this image, as well as that of the *house* movement was decisive. Through articles describing the *house* or *techno* or *ruta del bacalao* or *maquina* (in Spain), there was widespread marketing of this type of drugs in so far as if there were any comments on the problematics which it could generate, these remained well-camouflaged among the advantages and good time it would bring. According to Garcí (1996) “if we were to rule out the contents of the capsules and were to evaluate only certain aspects of its diffusion, we would be able to find numerous similarities among the supply of synthetic drugs and that of certain goods and services aimed at the young population. From the point of view of the young as a market to invade, the tablets cost the same price as compact discs, jeans, or soft drinks...”.

In the face of this scenario, we could perhaps think that it is not so much that the preventive strategies have failed but that such a discourse has been successful in presenting an image for synthetic drugs which is almost close to a positive educational one for health and even to the values of a society which has a high esteem for youth, fun, success and efficiency.

In fact, the idea that these drugs are not dangerous to health -at least that they are less dangerous than others- seems to have penetrated certain sectors of the youth population. Similarly, that they do not lead to addiction and that their use, therefore, will not lead to consequences like those associated with the use of heroin, that is addiction, unemployment, delinquency and, in short, marginalisation.

### THREE STRATEGIES: REPRESSION, DEMAND REDUCTION AND HARM MINIMISATION

As to what form intervention strategies should take in the face of these uses, we find basically three main strategy types; repression, reduction in the demand and harm minimisation. In principle, these are not necessarily strategically opposites and, in a review of the preventive evidence compiled in DORN (Dorn and Murji, 1992), the English bibliography, it recommends “multimodal programmes which use a mixture of a slight anti-drug repression, community mobilisation and an informative element”. Synergy between different focuses increases the effectiveness of the preventive campaigns.

In practice, however, these alternatives are presented as being mutually opposed. To start with, in the majority of the European countries, few professionals in prevention make the slightest mention of the position repression could fill within a policy. Indeed, in a certain sector it is considered futile in most cases, or even totally counterproductive. Nevertheless, the real situation is that the authorities in all the countries maintain this type of repressive measure, to a lesser or greater extent. This lack of interconnection,

planning and integration certainly does not lead to a reduction in repressive measures - quite possibly, it may even have the opposite effect- but it does lead to a decrease in the effectiveness of these types of measures in practice. We should also be bearing in mind that designer drugs raise new problems in this field since, from the repressive point of view, the classic scenario no longer applies -producer countries in the Third World, huge drug trafficking rings, young users in Western country- since, on many occasions, these drugs are being made in clandestine laboratories, located locally or even within the boundaries of the European Union, thus simplifying the production and distribution chains so that there is no necessity to resort to the big Mafia organisations. Another important point is that the classic image, of the more or less a marginal heroin addict associated with delinquency, is disappearing.

At the same time, there is a debate among those who defend the continuity of traditional strategies for reduction in demand or primary prevention and also among those who consider that these are not effective and that one should opt for harm minimisation strategies only.

From the point of view of the defenders of harm minimisation, abstention would be based on the repressive state model and on medical and religious paternalism (Newcombe et al., 1992b). Strategies based on this model are moralist and express values that correspond to a “right thinking society” and have no connection with the reality of other sectors of society. These characteristics are the reason for the failure of these types of policies.

According to its defenders, the harm minimisation model would, on the contrary, be founded on the scientific public health model “with deep roots in humanitarianism and liberalism” paternalism (Newcombe et al., 1992b). In other words, it would respect individual freedom of decision and responsibility for one’s own conduct, above all.

With this model of intervention, the first step is to accept that drug use is a reality, that you cannot close your eyes to it and that individuals are free to choose whether or not they use drugs. In the face of this, there is nothing to be done except to provide objective information on drugs, without moralising, and on how to take them so that any harm is minimal for both the individual and for society as a whole. The undeniable success of these strategies in treating heroin addicts has prompted some to extend the same strategy to the field of prevention, and to other types of drugs.

The detractors of this harm minimisation intervention strategy also have their arguments. Firstly, that there has never been a true preventive effort in Europe to reduce the demand and, even less of one, in the case of preventive campaigns based on experimentation and evaluation. In addition, if one is speaking about a failure of the traditional prevention strategies, there are also no guarantees, at this particular time, that the strategies based on preventing harm are effective and that they do not have a counterproductive effect by creating new problems. Nor is there any evaluation of these campaigns. The success of these strategies with heroin addicts -marginal people, with a severe addiction, difficult to fight by other methods, with all the problems of AIDS...- would not automatically authorise the use of these same strategies with young people in

their habitual environment, without differentiating between occasional users, those who abuse and non-users.

In short, this would be one of the obvious criticisms of certain harm minimisation campaigns which do not differentiate between the strategy and information for users of said drugs and non-users. This type of campaign, which is accompanied by information on drugs and how to use them so that the user is not at risk, would be an invitation for those who are not yet users to put aside their fears, by showing them that a rational use of these drugs does not involve risk. In addition, it would imply a certain endorsement of the behaviour of users to continue with the same behaviour since the message that was getting through to them from these campaigns would be that it was easier to enjoy yourself with these drugs as long as you made sure that the drug was pure and that you took adequate precautions. The other danger of harm minimisation campaigns, according to their detractors, is that they transmit the feeling that society can do nothing against drugs, that it has to accept them as just one more social fact, with no alternative but to adapt to them, and that the sooner that such normalisation occurs the better.

From the postures of prevention of demand, it is thought that work should continue on school, family, community prevention campaigns... exploiting the enormous potential of each one of these groups, with a meticulous methodology, research and evaluation. But it is true that this sector of prevention is still little advanced and little organised and with few results to show for it.

Quite definitely, the stereotyped view that the one side holds of the other does not help in advancing debate and extracting the positive aspects of each strategy. In some countries, such as Holland, it appears that its official policy is in favour of a harm minimisation strategy whereas, in others, such as the United Kingdom, opinions are more divided. Other countries have not yet raised the debate or even if the preventive policy should be a continual one. And in some Scandinavian countries, the repressive policy occupies a central position within the general strategy. In the EMCDDA Annual Report (1997b) on drug problematics, the harm minimisation strategies are considered to be part of the demand reduction strategies. Possibly it would be premature to undertake this assimilation since both strategies pursue different objectives although this does not make them mutually exclusive.

In actual fact, these strategies coexist with greater or lesser integration in the European countries, and repression occupies a place even in those where harm minimisation is the predominant strategy (EMCDDA, 1997a as, for example, in the Netherlands).

To continue, we will make a brief summary of the situation of this debate in the European Union based, above all, on the opinions of professionals in the drug dependency fields or on material which we have been able to access. It is not, therefore, an exhaustive analysis nor does it define the official policies of each country. It is an incomplete account based, in the main, on the countries which participated in the present Project, and its primary aim is to stimulate discussion.

## UNITED KINGDOM

An article by Pearson (1991) described the notable uncertainty aroused by this phenomenon in British society, at that time, and the feeling that new policies should be adopted. It endeavoured to determine up to what point there had been a connection between raves and ecstasy use. In 1991, it was calculated that 20-30.000 people went to raves every weekend. But how many of them used drugs?. The answer was unknown. Some thought that rave parties were overwhelmed with drugs, others that there was no reason for so much alarm.

The response of the authorities had been to make ecstasy illegal but such a measure had not stopped its being used. So, what was to be done?. According to Pearson, in certain parts of the country the general feeling began to be favourable to the idea of the organisers of the raves assuming the responsibility of providing information and advice on drug-related problems.

At the present time, the postures in respect of the adequate preventive measures which should be adopted are very divided. Deaths attributable to synthetic drug use raised the voice of alarm and this provoked a radicalisation of a prohibitionist posture, although the other postures also had their supporters. A newspaper article published in *The Guardian* in 1996 made the following point, "When Leah Betts died after taking ecstasy, there was widespread panic. Throughout Great Britain worried parents still believe that they can ensure that their children do not come within the reach of drugs. They will fail, says Tom Hodgkinson, and the adolescents will tell them why" (Pool,1996). The same article discussed the effectiveness of the anti-drug campaigns, going on to question whether or not the State has the right to prohibit use. According to the writer, demand reduction campaigns of the "Just Say No" type are campaigns based on moral principles which, for this reason, do not reach young people, who create their own moral codes.

The same opinion is held by McDermott (1997) in "Ecstasy in the UK: recreational drug use and cultural change". In this article, the writer relates how and why a campaign for information on harm minimisation was undertaken on the basis of the values of the rave subculture for people who were using ecstasy (the "Chill Out" Campaign), and the problems it encountered from the tabloid press and the dominant ideology who, from their point of view, found it charged with a moral falsehood: "One of the principles which seems to sustain the political and newspaper ideology is the notion that it is essentially bad to explore one's own consciousness using artificial means. This assumption would appear to have its roots in Protestantism and in the modern requisites of the discipline of time and work which are so necessary for industrial capitalism".

At the same time, the writer considers that including ecstasy and other dance environment drugs in the same list of drugs as heroin and cocaine may produce an opposite effect to the one desired: "Our research into this group has shown us that as a result of the positive aspects of the initial experience with drugs, the MDMA may act as an initiation drug into the use of illegal drugs, and the lack of precise and open information on this drug may lead people to reject messages on all illegal drugs and to

experiment with drugs such as heroin and cocaine. Some sort of liberalisation of the cannabis and MDMA markets may offer better control and an easy intervention in these markets” (McDermott and Matthews, 1997).

In the UK, at the moment therefore, there are two publicly opposed postures on the most effective type of preventive strategy against the ecstasy phenomenon. One is in favour of harm minimisation strategies, in other words, the acceptance that there is a growing use of synthetic drugs and which, without adequate information and preventive measures, may result in serious problems for public health. In opposition to this, the restrictive measures on rave parties and all those events linked to drug use.

## GERMANY

The documentation on Germany available to this survey was really rather slight, therefore, we cannot join in the debate in this country on preventive harm minimisation strategies v. reduction in demand, or even on the place for a repressive policy. In any case, the only campaigns to which we have had access show an obvious support for harm minimisation, refuting the opposing posture of moralists: “restrictive measures contribute most of all to creating an atmosphere of mistrust within a climate of hypocrisy and concealment. Preventive measures based on responsibility for one’s self and on dialogue cannot do other than conflict with this” (Rabes, 1997). In the EMCDDA Annual Report (1997a), there is also a reference to a relaxation in German drugs policy; the possibility of legalising cannabis use; methadone substitution programmes are being designed and low threshold services are being opened up for heroin addicts, in combination with other measures.

## NETHERLANDS

Since 1972, the central preventive objective of the Dutch “drug policy” has been to control collective and individual harm caused by drug use. This policy is based on the idea that the dangers of use are determined by the circumstances in which it takes place and the degree of use.

In the NIAD (now the Trimbos Institut) Report (1996), there is the following comment on drug use: “The Dutch policy on drugs and education is based on the premise that users and potential users must be informed, in a professional and credible way, on the risks of drug use and on the ways it can be avoided”.

Nevertheless, we see that confronted with ecstasy use, the Dutch policy also responds officially to rather broad objectives. These objectives are (Van Laar, 1996):

- Prevention of use through education and preventive campaigns.
- Prevention of problems derived from its use. This focus is based on the fact that the use of drugs including ecstasy does in fact occur, in spite of preventive efforts. Limiting the risks involved in use is, therefore, important.



- A third objective of the Dutch drug policy is a reduction in the availability of drugs by combatting illegal trafficking.

Within this context of a harm minimisation policy, the composition of the tablets has become an element of great importance as MDMA and other designer substances may be found to be adulterated or replaced by toxic substances which are even more dangerous, above all in combination with others. With the objective of reducing the dangers of adulteration, an analysis is being made on the composition of the tablets, entitled “Drugs Information and Monitoring System” (DIMS) which has been in progress since 1992. When the tablets are very adulterated, information campaigns are launched to avoid the risks inherent in use, “its professionals distribute pamphlets at parties, provide information on the “grapevine”, analyse tablets and give first aid when there are problems” (Van Laar, 1996).

The Dutch policy has always been criticised a great deal by other European countries, even more so now that the spread of ecstasy is growing in the same way as in other countries. *Coffee Shops* crisis is being experienced from the problems of public order which are being generated and it is feared that Holland is the producer country of the synthetic drugs being used in the remainder of Europe (Kamer, 1997).

In spite of these criticisms, the spread of ecstasy use and other designer drugs through other countries and the necessity of doing something has led to some preventive action being inspired by the so-called Dutch model of harm minimisation. Recently, the Italian Emilia Romagna Region was also influenced by the Dutch model in formulating its policy on these drugs.

## FRANCE

There is a general social consensus that drugs are always dangerous, irrespective of the circumstances in which they are used. Hence, the preventive strategies in France are aimed at demand reduction, designed to act on the factors which may encourage drug use. The opinion of the French authorities on a harm minimisation policy in the area of drug dependency is summarised in the following sentence by the Head of the Narcotics Branch: “They are coming round to saying, shoot up but don’t give us any trouble. Or in other words, shoot up cleanly. This is a society which is going under!” (Berreta, et al, 1996).

In this respect, the French response to the ecstasy phenomenon has been repressive from the very beginning. The first rave parties date from 1991 and there were problems with the authorities from the start because they were immediately linked to synthetic drug use.

In 1996, the subject of the raves was raised in the National Assembly and a very strict repressive policy was put into force. In the words of the Minister of Home Affairs. “Precise instructions have been given in respect of ecstasy and rave parties, so that the repressive system is put into operation, without compassion, in search of those who organise these parties, because a large number of our children are in danger”.

This policy is being received very critically by certain sectors of society who say that it is not producing results. According to the critics of official policy, the laws are so repressive that even the introduction of any action to prevent the dangers in the use of this type of drugs at parties could lead to legal problems. In the words of Sueur (1996) "Those who are concerned by the subject may easily be accused and condemned for presenting it from a favourable angle, most of all by the juridical-repressive arsenal ranged against it".

In this same sense, the "Nouvel Observateur" Magazine (Béliet-Garcia, 1996) in an article on rave parties and synthetic drugs, censured the French policy as obsolete and inconsistent because, "sooner or later repression leads to a battle", a reference to the success of some drugs which have already won the battle by being sold as "clean, fun and a tonic" and against which any repressive policy will be ineffective. "Nothing seems able to stop such a lucrative market and one which is so widespread, much less the inconsistencies of the repressive French policy".

Contradicting the government policy and faced by the growth in the use of synthetic drugs, self-help associations, formed by users and some non-governmental organisations, such as Techno Plus and Médecins du Monde respectively, have taken the initiative in the field of harm minimisation. As Sueur sees it, the public authorities allowed these non-governmental organisations to act because, in this way, the question of attending to users was solved, without their carrying out any measure which could compromise them. At the present time, the official strategy is to cooperate with these associations but, really, only in isolated cases and not as a general policy.

## SPAIN

In Spain, the use of ecstasy follows the same upward trend as in the countries covered up to now although the rave party is not necessarily the scenario. In fact, parties of this type are not being held in Spain with the same frequency or on the same scale as in other Central European countries. Certainly, the abundance of discos and other nightlife establishments and the permissiveness inherent in the Spanish night-time opening hours do not make such parties so necessary or so profitable. Pop groups or the latest singers are also a hit with young people.

As for prevention, there are numerous works published by professionals in the field which indicate the necessity of adapting the programmes and campaigns to the characteristics of synthetic drug use. From what we can see in the documents, such adaptation means the introduction of risks prevention strategies, on the one hand, and making use of communication channels which allow access to the locales where this type of drug is used, on the other.

Facing the new use of drugs, one of those responsible for the Regional Plan on Drugs in Madrid raised the necessity of developing secondary prevention in addition to the primary prevention being undertaken up to now. Referring to the new use patterns and user typology, he said "All this makes us ask if we should begin to produce

prevention programmes which would be instigated at the level of secondary and tertiary prevention, aimed at promoting the use of responsible or moderate drug use and reducing the risks and harm associated with such use” (Franco,1996).

The same line is being followed by the representatives of the Unión Española de Asociaciones de Asistencia al Drogodependiente (UNAD) who propose objective information and information for users as preventive strategies, encouraging the setting up of harm minimisation campaigns, in the following words, “Fear of a harm and risks minimisation policy must go. Hasn’t this policy been reached a little too late in the case of heroin use?” (Ureña and Serra, 1996).

The specific preventive strategy of harm minimisation in the case of ecstasy and other drugs linked to recreational activities was defended at different meetings with professionals (Garcia, 1996) and in articles by professionals (García Rodríguez, 1995; Garcia, 1996), although they also underlined the necessity of continuing with preventive strategies on demand reduction and doing so in a continuous way, in other words, without waiting until problems do occur before undertaking specific programmes.

In conclusion, it seems that in Spain there is a certain consensus in respect of the necessity of undertaking campaigns and programmes on harm minimisation of synthetic drugs but without losing sight of other strategies forming part of demand reduction. As for the official policy, this varies according to the Spanish Region or Town Council who are the ones responsible for producing preventive campaigns. But, in general, either they have done nothing or they have been mainly informative campaigns.

## PORTUGAL

In Portugal, the fashion for designer drugs is a more recent phenomenon and even if it is developing into a subject which arouses interest, it still does not generate excessive social alarm and, therefore, has still not provoked debate on how to approach the problem.

Nor is there anything published on preventive strategies. The only things we could find were a few leaflets, part of informative campaigns ,with the objective of harm minimisation in the use of synthetic drugs.

## ITALY

There is no defined general policy on the subject. The Emilia Romagna Region in Italy has opted for the Dutch model of harm minimisation. The “Progetto nuove droghe” which forms the basis of all interventions has been designed around two concepts; opportunity, recognising that this is giving rise to drug use by young people at weekends; and responsibility.

## SPECIFIC EUROPEAN PREVENTIVE CAMPAIGNS FOR DESIGNER DRUGS

In this survey, we will analyse and describe, although not exhaustively, both demand reduction and harm minimisation preventive programmes and campaigns focused particularly on ecstasy and other designer drugs. This is an unfinished task which could act as an orientation but where, undoubtedly, a great deal is missing. Obtaining any information at all on a specific country depended mainly on the availability of the appropriate contacts more than on the existence of a larger or smaller number of preventive campaigns. Within these limitations, the objectives of this work are:

- To obtain a general view of the initiatives which are being carried out in Europe on ecstasy use.
- To describe and analyse prevention campaigns and programmes.
- To analyse the similarities and differences in the specific initiatives according to the countries in which these are being carried out.

## METHODOLOGY

The following methods were used to undertake the first objective to obtain information and material on the prevention campaigns and programmes.

- Searches on the Internet. Data bases of the Fundación de Ayuda contra la Drogadicción (FAD), of Idea-Prevención, of the Trimbos Institut and other Internet sites concerned with drug dependency or health. Key words (*éxtasis*, *ecstasy*, *drogas de diseño*, *designer drugs*, *programas de prevención*, etc.) were used to find the documentation.
- Searches in journals on drug dependency (*Interdependencias*, *Proyecto Hombre*, *Dépendances*, *Addiciones*, *Interventions...*).
- Requesting information from professionals in prevention or experts in drug dependency in different European countries on services, institutions, associations, etc. which could be carrying out initiatives in this field.
- Once aware of the existence of programmes and campaigns, requesting information on them and on the material used in their implementation.

## SPAIN

Eight preventive initiatives on synthetic drugs were located in Spain. One of them was the material recommended for working with adolescents and young people in educational environments. We give a short presentation of these campaigns or programmes below:

1) The *Tu eliges? Drogas de Síntesis* prevention campaign (Ajuntament de Barcelona, 1996) was carried out by the Barcelona City Council with the cooperation of the PNsD, the Òrgan Tècnic en Drogodependències and the Asociación de

Empresarios de Hostelería y Ambientación Musical (Barna Ocio). The information which we have on this campaign is limited to the material which was utilised, and a short telephone conversation with one of those responsible for it. This campaign was aimed at young people in drug use risk situations and to users who went to the nightlife establishments in the city of Barcelona.

The material comprised a not very attractive leaflet, which was distributed in the night establishments in Barcelona with the cooperation of Barna Ocio. The cover featured the name of the campaign '*Tu eliges? Drogas de síntesis?*'. Inside, in this order, was information on the effects of designer drugs on the central nervous system (stimulation, hallucinations and euphoria) and a warning of the risks associated with use, such as flushing, sweating, palpitations, panic, paranoias, etc. It also contained information on other types of risk such as the adulteration of the tablets, of not knowing what was being taken, possible problems with the law if they were "Anicked" selling and buying, etc. It went on to tell the readers that even if, once aware of these dangers, they still decided to use these substances, then they should take the precaution of following certain preventive measures, among them not mixing substances with alcohol or other drugs, resting, drinking water, etc. No evaluation was made of the results.

2) In the same year, 1996, and also in Catalonia, the Òrgan Tècnic de Drogodependències of the Department of Health and Social Security of the Generalitat de Catalunya (1996) carried out a prevention campaign on ecstasy and other synthetic drugs use. This campaign (*Intervenció per a la prevenció del consum d'èxtasis i dels seus riscos associats*) was aimed at young users or potential users of synthetic drugs in recreational environments linked to the *màquina* style.

Cards were used, with a design reminiscent of the psychedelic, with attractive colours and distorted figures. These cards were small in size with the design on one side and the dangers of use, particularly flushing, on the other. Its objective was to persuade the young not to use drugs. Like the material used in the Barcelona City Council campaign, it included preventive measures to reduce the harm involved in use, in the event that, although aware of the dangers, they decided to use drugs.

The material was distributed in more than 70 locales in 32 municipalities throughout Catalonia (with the exception of Barcelona). Subsequently, there was an evaluation with questionnaires in 11 of the municipalities. According to the instigators, the results were favourable to the campaign in that almost half of those questioned remembered the cards, and it was demonstrated that those who knew of them were better informed on the dangers of ecstasy use than those who did not.

3) The Asociación Proyecto Hogar de Barcelona (Ureña and Serra, 1996) carried out an informative campaign on synthetic drugs, targeting young people. Its objectives were to provide information on synthetic drugs, their effects and dangers, prevent use of this type of substance and, finally, reduce the dangers of their use by means of adequate information.

The material used was a triptych, circular in shape, with a “young design and attractive colours”. Distribution was through social intermediaries and professionals in primary attention. There was also a direct distribution to points generally associated with use. No evaluation has been made of this campaign.

4) *Ecstasy. Una droga con cuerpo de ángel y alma de demonio* was the title of the leaflet published by the Asociación Abstemia (1997), an association which battles alcoholism in the Balearic Islands. It was issued in the form of a booklet, in a simple and discreet design and targeting adolescents and their parents. It was divided into three parts; in the first, it provided information on synthetic drugs, the environment which they are linked to and on who took them, emphasising its false innocuous nature; in the second, there was an interview with a professional who described the dangers of use; and lastly, there was a test, aimed at parents, on “identifying drugs in adolescents”. A total of 20,000 copies were distributed in schools and centres of higher education. No evaluation was made of the effects of the campaign.

5) Again in the Balearic Islands, the Directorate General de Juventud of the Balearic Government carried out an informative campaign (*No deixis escapar la vida a tota pastilla*) (Direcció General de Joventut i Família, 1997). Large posters were placed on hoardings in the city of Palma and in the towns, and there were leaflets in the form of a triptych whose cover carried the slogan on a pastel coloured background.

The objective of this campaign was to inform the young in general on the harm involved in ecstasy use and to refute the “messages that they would like make us believe”, with the proposal for intervention in the demand for this type of substance. It did not contain information on preventive measures in the event that there was already a use.

6) Another preventive campaign against synthetic drug use targeting young people was carried out by the Junta de Andalucía (1997) with the slogan *Atención, pastillass*. The material in this case included posters and leaflets. The latter was designed as a comic, with lots of illustrations, in attractive colours, to illustrate the messages in the text.

It served a dual purpose: to intervene in the demand for these substances, to provide information on the dangers of their use and on the false messages which were being received on their “positive effects”, and on reducing the risks involved in their use with preventive measures for those who decided to use them. This leaflet also included advice on driving under the effects of the tablets and reminded readers of the importance of using condoms in sexual relations.

In Andalusia, this campaign provoked polemics between the defenders and the detractors of harm minimisation strategies who brought up the dangers inherent in giving information on preventive measures with the argument that it could encourage those not yet using drugs of this type to experiment.

7) The Ayuntamiento de Madrid (1994) had a campaign entitled *Drogas de síntesis*. Its specific targets were to make young people aware that synthetic substances are also

drugs; to be able to identify these synthetic drugs and their various forms of commercial presentation; to provide information on their effects, consequences and the dangers involved in their use and abuse, transmitting the message that they are as potentially a harmful substance as other more well-known drugs and listing the resources available under the Regional Plan Network. In short, the objectives were based equally on demand reduction and harm minimisation in use.

The population targeted was young people between 14 and 28 years of age. The methods of diffusion were television, press, radio and leaflets which were distributed in bars, discos and other recreational establishments frequented by the target group. In order to facilitate distribution, agreement was reached with the Asociación de Salas de Fiestas, Discotecas y Variedades and with the Federación Empresarial de Cafés, Bares and Tabernas in the Community of Madrid. It was envisaged that there would be an evaluation of the campaign.

8) There is some preventive material designed for working with adolescents and young people in the educational field, although not necessarily the school sphere, undertaken by Edex Kolektiboa (1996), in cooperation with FAD (Fundación de Ayuda contra la Drogadicción) and the Irún City Council.

Its title is *Extasis y otras drogas de síntesis*, its style is psychedelic and it is recommended for “use with adolescents and young people”, basically in educational contexts, of a formal and informal nature. It covers intervention in the demand for use, advice on the dangers involved in use and minimisation of harm if, in spite of everything, drugs are used. In addition, there is information on the drugs and their danger to health. It also includes chapters on working on decision making and peer pressure (it explains the fears involved in saying “No!” and the possibility of working on them).

## UNITED KINGDOM

The information which we have been able to collect on intervention initiatives on synthetic drug use correspond to several campaigns aimed at harm minimisation which have been carried out in different localities in the country.

One of the campaigns -and it appears, one of the very first ones- was a risks prevention campaign (McDermott and Matthews, 1997) with the slogan of “Chill Out”. It had a dual basis; first, the necessity of accepting that there are people who have decided to take drugs and, therefore, that there is nothing to be done to prevent this. Consequently, it only remains to intervene so that use is in such a way that harm is minimal. The second was based on the fact that drug use is taking place within a specific social context, in subcultures, so that to be effective, intervention focused on harm minimisation must do so on the basis of the values of that subculture and work to change them from within.

In the beginning, pamphlets were designed with information on ecstasy, the risks involved in their use and how to avoid them and they were distributed in rave

establishments. This first initiative was not a success, according to those responsible most of the pamphlets ended up on the floor. A second attempt led them to contact a magazine that was very popular with ravers and whose editorial board agreed to publish information on ecstasy. This second attempt was successful and other magazines were drawn into the campaign.

According to McDermott (1997), the campaign found itself up against the opposition of the tabloid press and the “dominant ideology” which considered that its results could be to incite use.

A second informative campaign, in London, was *London Dance Safety 1997* by the London Drug Action Teams (1997). The campaign consisted of the distribution of a pocket size booklet of 19 pages with a very discreet design. It was aimed at young people and its objective was harm minimisation in the use of designer drugs, such as ecstasy, speed, amphetamines, LSD, etc. in recreational places, “when going clubbing”. The booklet began by advising those who were going to use drugs that night not to go out alone, to tell their friends the type of drug they were going to take and that if at that moment they felt depressed or unhappy, it would be better not to take anything. Subsequently, it gave information on the risks involved in the use of each of these drugs, one by one, of the conditions which should be required of a club (ventilation, running water, etc.), and the first aid which could be administered in the event of a drug use related accident. It also included telephone numbers and addresses of associations providing treatment and prevention. These booklets were distributed in the nightlife establishments used by young people, in the popular shops, music shops and other establishments linked to the young and their nightlife. It appears that this campaign did not have quite the success that was expected as a result of its not very attractive design.

The “D-Mag” Magazine, published by ISDD (1996) was another of the documents which we were able to analyse. The aim of this magazine was to inform those over 13 years of age about drugs so that, in the event that they did use them, they would do so in a less harmful way. It was, therefore, a harm minimisation initiative. As the authors say in the magazine, “Here, there is nothing that encourages or promotes drug use but if you think about doing so, you should know all this so that you can make a decision based on objective information...but remember, the only way of avoiding problems with drugs is not to use them.” It contained information on the various risks involved in drug use involving such substances as cannabis, tranquillisers, psychedelic mushrooms, steroids, poppers, heroin, barbiturates, GHB, dissolvents, ecstasy, etc. The magazine had a youthful design, in attractive colours and motifs of flowers, spirals, tablets, etc.

An initiative which was important because of its success with young people was the one undertaken by a private organisation called Lifeline in Manchester. This association has published a series of leaflets (Lifeline, 1995, 1996b, 1996c) with a comic format and with one “Peanut Pete” as its main character, and it uses him to inform drug users of the various risks involved in the use of ecstasy and other stimulants (flushing, insomnia and legal problems) and invites them to be prudent and have some respect for



their own health. They also have a poster in the form of a comic which warns of the various risks and dangers which could occur went going out at the weekend.

Another leaflet, also by Lifeline, entitled “Ecstasy, Frequently Asked Questions” (Lifeline, 1996a), differs from the preceding ones in that it is not in comic style but is also aimed at users, specifically ecstasy users, and endeavours to give information to avoid harm from using these substances.

## FRANCE

We were able to analyse six prevention campaigns, three by non-governmental organisations, a fourth by anonymous and voluntary citizens, a fifth produced by the Paris City Council, and the sixth and final one by the Mission Inteministerielle de Lutte contre la Drogue et la Toxicomanie” (MILDT). The objective of some of these campaigns was harm minimisation in the use of ecstasy whereas others confined themselves to providing information on drugs without adding any advice on how to reduce their dangers.

The project by the self-support association *Techno Plus* (1996) comprised leaflets which were distributed at rave festivals and their purpose was to “inform users and make them responsible for the prevention of abuse, limiting the risks involved and of not encouraging the use of ecstasy, LSD and other dance drugs”. The leaflet contained 10 points on advice for a safe use which included not taking them in cases of mental illness or depression, not taking them on an empty stomach and other advice on the associated risks such as driving under the influence of tablets or having sexual relations without using condoms. It also recommended reading “E as in Ecstasy” by Nicholas Saunders and “Pikhal” by Alexander Shulgin as both books tackle the history of ecstasy, the different uses which have been made of this substance, recommendations for use and the effects produced. This same Association has carried out tests on the composition of the tablets “somewhere in the l’Ile de France” (Techno Plus, 1996), in the style of the tests which were made in Holland. We do not know of the existence of any evaluation of the campaign.

TechnoPlus (1997) has also cooperated with AIDES in designing a harm minimisation campaign on the dangers of mixing sex and ecstasy, LSD, amphetamines and other drugs. It involves a pamphlet with 13 point on advice for users so that “users and the people around them finish the evening as they began it.” The contents of the pamphlet emphasise what should be done in the event of a bad trip.

The “Syndicat National Enterprises Gaies” (1997) published a leaflet entitled “Ecstasy” which contained information on the risks in ecstasy use and some recommendations on avoiding them (drink water, don’t mix with other drugs, etc.). This campaign was carried out with the cooperation of the Prefecture de Police in Paris, the FG Radio, and with financing by Queen Disco. The leaflets were handed to owners and employees in night establishments and the message was spread by the radio station concerned.

The latest campaign which formed part of a non-governmental initiative was one thought up by a group of young professionals in communication. They got together to spread awareness of the risks involved in ecstasy use. To do so, they distributed posters with the slogan *Ecstasy: crève party*, throughout the cities of Lyon and Besançon. The objective of the campaign was to “open up a way to a new form of communication based on the enthusiasm and desire to express oneself on the problems of our times, sending out signals to those responsible” (1997). This is therefore, an initiative which differs from those mentioned above as it came not from an association or support group but from citizens aware of present problems.

The aim of the campaigns carried out by official organisations such as the Police Prefecture in Paris, the MILDT and the Mairie de Paris was to provide information on the risks of ecstasy use but, unlike the initiatives of non-governmental bodies, they did not include recommendations for reducing the dangers involved in use.

One of those *Information, ecstasy* campaigns, carried out by the MILDT (1997) “reminded readers about the essentials” of ecstasy risks. The leaflet comprised “4 sheet, folded in two. The contents, presented in an educational way, were reminders that basically you never know what you are taking; that there is a risk of irreversible damage to cerebral function, and that ecstasy use is against the law. The MILDT (1996) has also published a leaflet *Ecstasy. Amphetamines – MDMA* aimed at adults (teachers mostly) with the objective of giving them the measures and arguments to prevent ecstasy use among their students.

The material published by the Prefecture de Police (1997) was entitled “*Au sujet de l’ecstasy* and contained information on the noxious effects on health and telephone numbers for information on drugs. At the end of the leaflet was the sentence “If you say yes to ecstasy, its a bad party”.

Finally, we should mention the *Ecstasy, danger* campaign designed by the Paris City Council (1996). This campaign targeted schoolchildren and aimed at dissuading potential users. 50.000 copies of a leaflet in vivid colours (orange) were distributed with information on ecstasy, its effects, the risks involved in its use and its illegal status.

## PORTUGAL

In Portugal, two campaigns were found (already mentioned in **section 8.4.4**) focusing specifically on ecstasy, both on harm minimisation, one in Oporto and another in The Algarve. The first was carried out by the Núcleo Distrital do Porto do Projecto Vida (1997), and the second by a NGO Grupo de Ayuda a Toxicodependientes (G.A.To., 1996) in cooperation with Projecto Vida.

The Oporto campaign consisted of the distribution of informative leaflets in discos in the city. It was a triptych entitled *Ecstasy, informação*, with a not very attractive design, in which there was information on the types of substances ecstasy contains, comments on its history and on the format in which it is marketed and, also on the effects on health, advising the reader that there “is no guarantee that there will be no

risks” because there is still very little known about its long-term effects. After this warning, it gives some suggestions for use with a minimum of harm.

The campaign in The Algarve, like the one in Oporto, consisted of the distribution of leaflets among the young people who went to discos, with the slogan *Atenção, pastilhas. La vida não acaba no fim da noite* (Warning, tablets. Life does not end with the night) The leaflet was small and contained the minimum information on the risks of synthetic drugs, ecstasy among them, warning against their use. On the second page, it told readers that if, in spite of everything, they did decide to use drugs, then they should take the preventive measures given in the leaflet. No evaluation of this campaign was envisaged.

#### ITALY

On 25th. February 1997, in the Emilia Romagna Region, the Giunta Regionale della Regione Emilia-Romagna approved a project of a regional nature entitled *Progetto Nuove Drogue* (1997). As mentioned in **section 8.4.2**, this project took the Dutch harm minimisation model as an example, basing it on two aspects which had not been used until then by the Italian authorities in the field of prevention: the twin aspects of reality and responsibility. The first one refers to the necessity of accepting that psychoactive drugs are being used and, on the basis of this, to draw up measures on harm minimisation in use. The second one refers to the strategy of making the user responsible for his/her own use through objective information on the effects of this type of drugs and the preventive measures which should accompany their use.

The project envisaged action within the field of prevention and an informative campaign of widespread diffusion on different subjects. This campaign was designed to attack the myth of the use of this drug and to appeal for a greater awareness of its use (“The campaign must be focus on responsibility, above all. It is important not to make anyone feel marginal or outside the user group but to stimulate knowledge of the effects and harm.”). Said campaign was backed by different types of material: posters, pamphlets, etc.

Interventions were envisaged in the school, family and recreational sphere. Informative leaflets whose lay-out and design will appeal to the juvenile population is being prepared for discos and parties. The ultimate aim of this initiative is to replace the American *Just Say No* slogan with *Just Say Know*. In addition, it envisages carrying out tests on the composition of the tablets, within the framework of the discos, in order to tell users what they are taking. It also proposes having a laboratory, at a provincial level, to continue to monitor the composition of the tablets available on the market.

Another aspect of the project is the regulation of night time establishments in such a way that the owners are obliged to provide such amenities as a rest area, ensure water is available, reduce the lighting and acoustic impact, etc.

## NETHERLANDS

In Holland, there have been several harm minimisation campaigns at parties and discos, the majority of which appear in **section 8.4.3**, so that we will only include a brief summary here.

The most important campaign was the one entitled *Safe House Campaign* carried out by the Drugs Advies Buro (Drugs Orientation Office in August de Loor) and designed to minimise the harmful effects of synthetic drug use.

The Jellinek Institut also distributed leaflets warning of the dangers and giving advice on preventive measures. In some of them, there was emphasis on the composition of the tablets, indicating that they do not always contain MDMA but may well consist of other designer drugs such as MDA, hallucinogens such as LSD or other types of drug like Ketamine.

Other campaigns were carried out, at parties themselves, this time by a religious group who try to prevent young people from joining the rave parties and advise them to go back home. This is the case of the *Naar House* -go back home- campaign pursued by an evangelist group whose members place themselves outside the entrance to the party, with a coach, and invite the youngsters to talk to them and in the ensuing conversation they attempt to persuade them to leave.

There are also many and varied information channels through which those interested can obtain answers to any of their questions on every type of drug -addresses on the Internet, either by government organisations or by music or raver associations, advertisements on television, television programmes dealing with drugs, etc.

## HOLLAND, GERMANY AND THE UNITED KINGDOM

(Project for a European Model for the Prevention of Ecstasy Use).

The Jellinek Institut (Amsterdam, Holland), the Büro für Suchprävention (Hamburg, Germany) and Lifeline (Manchester, U.K.) have combined forces to design and test a model for the prevention of ecstasy use which would be valid for several European countries in spite of the legal and political differences in place in each one (Rabes, 1997).

The Project was designed on the basis of four principles:

- 1) Harm minimisation: the participants in the project considered that the minimisation strategy was hardly being used in spite of the widespread diffusion of ecstasy even although it had been shown that by putting it into practice in Great Britain, there was a reduction in drug use related accidents. From their point of view, the alternative of restrictive measures on use contributed even more to creating an atmosphere of distrust and double standards.
- 2) Differences based on gender. In this survey, it was decided to ascertain the differences in gender as distinctions in respect of age, motivation and use patterns had been noticed.

- 3) Peer to peer method. Based on the idea that drugs form part of juvenile subcultures and that it is within these that they acquire a value and a significance, the chosen strategy was to get the message through using the peer to peer method whereby individuals in the same rave environment are trained and qualified to carry out the work of spreading information through dialogue.
- 4) Orientation of social conscience. As a complement to the information, it was considered necessary to work on such aspects as social conscience and responsibility for one's own behaviour. Only if the individual feels responsible for him/herself and has a certain civic sensitivity will the information on harm minimisation in ecstasy use be effective.

The Project consisted of using young people trained in the task of spreading information on harm prevention in ecstasy use, with the support of material expressly designed for this purpose. It included cards with a youthful and attractive design on the one side, and information on the other. There were different designs on the cards for men and women.

The cards for women emphasised the necessity of eating even without any appetite, the risks affecting menstruation and gave a warning on women's greater sensitivity to the effects of ecstasy. The cards for men underlined the risks involved in the ingestion of several tablets and on the combination of ecstasy with other drugs.

The acceptance of the strategy and material by young people was evaluated by means of a questionnaire with questions on the format of the leaflet, its design, the information it contained and the way of imparting the information (by the peer to peer method). In the three cities, the results showed a high degree of acceptance of both the material and the method used.

## GERMANY

The information available on Germany for this survey is slight. It comprises the European programme which we have just mentioned, in which the Büro für Suchtprävention in Hamburg took part. And in Berlin, we have some knowledge of certain initiatives such as the "Eve and Rave" (Ahrens et al., 1997) which was also orientated towards harm minimisation based on taking action in the same rave or techno environments with the assistance of the ravers themselves (self-organised prevention strategies within the techno culture). In addition, there was an interest in the emergencies which arise within the parties context. In Hanover, there was the DROBS Project (Märtens, 1997) which combined various methods such as a specialist magazine on techno music with a page on the problems relating to the use of these drugs, a coach with information and a room for "cooling off". The five golden rules from this organisation on avoiding drug related problems from the use of ecstasy were:

- No drug makes you happy if you are unhappy.
- Less is more.
- Mixing is crap.

Don't force yourself to be always taking drugs.  
Don't take anything if you're not sure about it.

In short, it appears from this that campaigns directed at harm minimisation are also rather popular in this country.

#### SWITZERLAND

*L'ecstasy n'est pas innocent* is an interesting campaign carried out in French and German Switzerland by the LVT (Ligue Valaisanne contre Toxicomanies) and the ISPA (Institut Suisse de Prévention de l'Alcoolisme et autres Toxicomanies) (Graf,1997).

The interventions were designed on the basis of the results of two research projects; a qualitative one with a sample of young people involved in the techno world and a quantitative one on a representative sample of Swiss youth. The results were as follows: ecstasy use is linked to the techno environment (37% of the techno sample used ecstasy compared with 17% of the representative sample); 21% of the ravers had used ecstasy at some time; a very small percentage of users took measures to avoid risks; commentary in the communications media was either alarmist or inciting but there was no objective information; among the young people who go to rave parties there was the feeling that more people are using ecstasy than is actually the case.

In view of the fact that only 21% of the ravers used ecstasy it was decided to carry out a campaign aimed at non-users with the objective of reinforcing their behaviour. Therefore it was considered necessary, on the one hand, to disprove the messages transmitted by the communications media that there were no dangers in ecstasy use and, at the same time, armed with the statistics, to show that using ecstasy at parties was not the "norm".

Leaflets and posters were designed with the slogan "Ecstasy is not innocent", and they were distributed in the popular shops and in music shops, to those responsible for the rave parties, to institutions, and associations dedicated to prevention, etc. The leaflet in question gave information on the dangers of ecstasy use and invited the reader to experience parties without drugs in that "to experience them intensely you have to be 100% present". (Anonymous1995).

Another campaign, targeting users, was designed with the objective of informing them of the risks associated with the use of ecstasy and other substances (in the opinion of those responsible, there was not much point in running a harm minimisation campaign on ecstasy only when it is not the only drug present at these parties), including alcohol and how to avoid it. Guides were designed for the environments where these rave parties are held in addition to a preventive video clip which could be shown at the same parties.

#### COMPARISON OF CAMPAIGNS

##### ***The type of drugs involved.***

Almost all the campaigns we analysed involved synthetic drugs or dance pills in

general and only some of them were directed solely at the prevention of ecstasy use or solely at the dangers of its use, even if ecstasy does appear, by name, in all of them as an example or product to be emphasised among this type of substance. There is, therefore, no specific intervention for ecstasy. In every case, they are interventions aimed specifically at synthetic drugs use.

### ***Reduction in demand or harm minimisation.***

The single objective of half of the campaigns which we looked at was reduction in the demand for synthetic drugs. To give some examples; the two campaigns which were carried out in the Balearic Islands (*Don't lose out on life at high speed* and *Ecstasy, a drug with the body of an angel and the soul of a devil*), three of the French campaigns (the MILDT campaign, *Ecstasy. Danger* by the Paris City Council and *Ecstasy; breaks up the party* by the group of media professionals), the Swiss campaign *Ecstasy is not innocent* and the *House* campaign in Holland. The objective of the two Balearic campaigns and the Swiss one was to dissuade young people from using synthetic drug, giving them information on the dangers involved and refuting the messages which make it appear that such substances pose no danger to health. In common with these, the French campaigns shared the objective of giving information on the dangers of ecstasy and added the warning that using this drug is against the law.

The Dutch *Naar House* campaign was radically different as it did not focus on the prevention of use from a health point of view but on the moral aspects and on life style with an underlying religious message. Its objective was that young people should distance themselves from rave parties not merely from drug use and look for a life style and entertainment more in step with religious values.

We found that other campaigns, among them the French campaign by the TechnoPlus Association, the AIDES Association, *Project Europe* in Manchester, Amsterdam and Hamburg or the British *Chill Out* and *London Dance Safety* campaigns took harm minimisation as their only objective. The materials used were aimed at synthetic drug users in recreational environments and informed them of the dangers and the means of avoiding them. There was no message in the leaflets transmitting the recommendations not to use these substances.

We found other campaigns where the objective combines reduction in demand and harm minimisation such as the ones in Catalonia and in Andalusia in Spain, and those of Oporto and The Algarve in Portugal. This type of campaign is aimed at non-users at risk and users. The material used in these campaigns is primarily informative on the nature of synthetic drugs and their dangers, leaving no doubt as to whether they are dangerous or not to health. In addition, it makes users take on responsibility for their use, telling them that if they are aware of the dangers and they still feel like facing them then, as a minimum, they should take the preventive measures which they are being given.

As for Portugal, we do not have too much information in this respect. However what we have on the attitude and stances of the Spanish professionals faced with the

preventive strategies related to ecstasy and other designer drugs, gives the impression that the support for harm minimisation is a circumstantial measure and that it arises from the spread in the use of this type of drug and from the fear that it leads to similar situations to those which were once produced by heroin use. This, we believe, is the reason for the combination of both objectives in a single intervention. To reinforce non-user behaviour, on the one hand, and to reduce the harm for those who, in spite of everything, decide to use drugs.

As for the Netherlands, the harm minimisation campaigns, there, carried information and preventive measures and the message that the use of these substances is not to be recommended. However, Project Europe, the campaign on which we have material, did not include this recommendation in the material it distributed nor did it make any reference to it in the document presenting the campaign and its evaluation: on the contrary, harm minimisation as an isolated strategy is being presented as the best action in the face of real use.

### *Strategies used.*

The strategy which predominates is basically the informative one be it either with the aim of reducing demand or minimising harm. It is obvious that the fact that it concerns campaigns must condition the strategies which are being used, as it would be difficult to apply other strategies with more precise objectives such as the development of social responsibilities, decision taking, etc.

Nevertheless, the leading role of the informative strategy is also due to the adoption of harm minimisation as an intervention model. If information was being left to one side in some preventive orientations either because it was considered potentially counterproductive or that, in itself, it was not sufficient to alter the behaviour of the individual, where there was a lack of other types of strategies orientated to the development of individual capabilities in the face of peer pressure, indecision, etc., information again took precedence with the implementation of campaigns directed at harm minimisation. It is necessary for the user to receive objective information without moralistic messages far removed from their own values and ways of understanding the use of drugs. Only in this way, by using these orientations will young people, in a situation of risk, and those who are already users adopt the preventive message.

Some campaigns also use the peer group as a method of approaching young people and getting the information across to them. In general, it implies training the ravers themselves so that they pass on information to their companions. This fits in with the necessity of adapting as much as possible to the juvenile environment and culture. Messages which take into account these cultural factors will be more easily understood and accepted by young people.

### *Strategies and information diffusion channels*

The ecstasy use prevention and/or harm minimisation campaigns aimed at the raver or disco population who form the juvenile groups we normally associate with the use



of these substances, are facing certain difficulties in distributing the material and in complying with both informative and other objectives.

At the same time, it is necessary to obtain permission before putting them into practice in the locales and this necessitates the co-operation of organisers and owners. And, in addition, the young people are there to enjoy themselves, preferably by dancing, and are not, therefore, very predisposed to pay attention to suggestions of any kind, much less those linked to professionals or health authorities. The majority of campaigns on which we have information overcame the first difficulty by coming to an agreement with those in charge of these establishments, hotel and employer associations, etc.

Co-operation was sought from the organisers in those countries where large rave parties were held. In general they participated; some because they were aware of the problem, others because it was in their interests, to a certain extent, to have harm minimisation teams to reduce the problematic and not to have trouble with the authorities (Sueur, 1996).

As for ensuring that young people paid attention to the material and other informative measures, some teams took great care in producing an attractive design which would appeal to young people, and in finding the way to get it to them without a rebuff. The majority of the campaigns used leaflets or pamphlets, triptychs and cards as the principal diffusion channel for the information. The design of the material formed an important part of some of these campaigns, including the evaluation, as it meant capturing the attention of the young so that they would be attracted to it and read it.

Some of the material we accumulated had a design in keeping with the house fashion or styles and, therefore, vivid colours, distorted figures, spirals, etc. In other cases, its attraction lay in its comic format also in gay and attractive colours. But there was also material where no care had been taken to make it appealing, perhaps because it was not considered important, and this had a rather conventional and discreet design.

Another type of material utilised was the big posters distributed throughout the cities. This was the case of the *No deixis escapar la vida a tota pastilla* in Palma de Mallorca and *Ecstasy, crève party* in Lyon. On some occasions, specialist magazines for the young were used to notable effect. Some of them cooperated very effectively in these informative campaigns achieving the important goal of acceptance of the preventive messages by the young themselves. The most common "approach" strategies were the distribution of leaflets and other material leaving them on the bars or on the tables in the cases of Spain and Portugal, and the setting up of information tables where young people could get material or ask a direct question of those in charge, in the Italian campaign and those in Holland.

The Project Europe carried out in Hamburg, Amsterdam and London went further and used the peer to peer strategy. People from the rave scene itself were trained to spread information on the dangers of ecstasy and other designer drugs, through dialogue. These people wore an identifying tee-shirt and went to chat with young people or even waited until approached by them. According to the evaluations, this strategy was accepted very positively by those going to the parties.

Within the harm minimisation strategy, the what has become known as the “safer dancing” strategy has had a great deal of success whereby the conditions of the discos, clubs or locales where the rave parties are held are adapted to suit the needs of young people who could be there using drugs. A number of formal and informal standards have been established, supervised by the local authorities or non-governmental associations who review the organisation of the event with the organisers. This type of operation was fairly normal in the United Kingdom and Holland (Safe house Campaign). The rules are adapted to local circumstances but in general take into account (Newcombe, 1992a) the formulating of precise instructions for all the groups, such as police, health services, organisers, etc. that participate, and discussing with them the legal aspects to be applied in respect of the degree of co-operation supplied, training the people implicated so that they can identify and solve emergencies related to drug use, existence of locales with cold temperatures so that young people can cool down, continuous supply of water, etc.

## CONCLUSIONS

On the basis of the information we compiled, it is difficult to establish the policy or the orientation of prevention in each country. In some cases, the campaigns and programmes which we have mentioned are specific ones at a specific time or are not representative of all the actions being taken by a country. It is normal that in a situation like the present one, with such a rapid emergence of a problem in a few short years, actions are undertaken from the simple necessity of having to do something, without their being the result of considered thought. Whatever the scenario proffered by the description of the programmes, in the majority of cases, it does not correspond to organised situations with strong social and institutional backing. But they are a clear indication of sensitivity to the problem and, there is no doubt, they signpost the route of future action. The harm minimisation strategy in the use of this type of drugs is extremely notable, with different nuances which are rather important at times. It is undeniable that future programmes will have to take this orientation into account either to take up an opposing position, adopt it and no more, or extract its more interesting aspects for use in combined orientations.

With all these limitations in mind and conscious of the fragmentation of the information we collected, we will venture to put forward certain generalisations. The campaigns designed on the basis of the harm minimisation intervention model were found predominantly in those countries where it is the basis of the official drug policy, as in the case of Holland, and in those countries where government policy is very repressive towards both traffickers and users -as in France and Great Britain. In these latter two countries, the preventive initiatives come from non-governmental organisations with the objective of harm minimisation.

In those countries where the intervention model complies with the objectives of reducing demand and where the policy on use is not too repressive, the campaigns follow a mixed intervention model. This mixed model combines both the appropriate

objectives of use reduction and harm minimisation. Campaigns of this type are to be found mainly in Portugal and Spain.

The direction we will take in the future is an interesting question and it is not an easy one to answer, in spite of some experience on the subject. The effectiveness of these campaigns has not been evaluated and, in addition, the description of the synthetic drugs phenomenon is still incomplete. The enemy to be fought is a new one, and the field of prevention has not always advanced along secure paths, with empirical foundations, to be in a position to propose solutions. Moreover, this is a field where ideologies carry great weight and, at times, the solutions proposed are a response to certain undemonstrated aphorisms or they form part of a broader strategy which includes the supposed preventive action. On occasions, the professionals themselves abandon determined positions which, in the long run, makes dialogue difficult between the professional world, society and politicians, as the respective roles are not clear-cut.

From our point of view, we feel that we should opt for a policy which combines the different strategies which have been discussed here. Obviously, it would have to be adapted to the peculiarities, experience and history of each place. The advantages of a combined model are to be found on different levels:

It takes into account non-users of this type of substance when they share or do not share the same context as the users (the impression that “everybody” takes them, apart from not being true, may induce non-users to experiment under the fictitious impression that it is quite normal behaviour).

It avoids the fear of inviting use which is the accusation levelled against campaigns whose sole objective is harm minimisation.

It can have an affect on non-users, reinforcing their behaviour, and even to the extent that they exert pressure on users by showing them the dangers they run.

It can include all the typical harm minimisation strategies for those who decide to continue taking drugs, within a wider preventive framework.

It does not preclude the provision of measures encouraging users to give up their use, in accordance with a desire expressed buy a large number of users in this survey.

All sectors of society (family, school, journalists...) can be mobilised and the tasks and responsibilities of each sector analysed.

Investigating the role to be played by repressive measures which would go on to form part of an integrated discussion. In this way, repressive measures become just one more facet of prevention so that it is not outsiders who react to the problem by applying repressive measures in isolation. Such measures can be analysed by those running the prevention campaigns amid discussion on what part they can play within preventive strategies.

It takes into account all legal and illegal drugs which, nowadays, form part of the same context and the same problem, as this present survey shows.



# 11. PREVENTION PROPOSALS

## PREVENTION OF ECSTASY USE

### INTRODUCTION

The prevention of the use and misuse of ecstasy –and the rest of the designer drugs – has to be unavoidably something quite complex. We are facing a wide used drug, consumed by many sectors of youth. It is not consequently a marginal drug used by very specific people. On the contrary it is a drug that has shown an enormous expansion capacity and very easily has been connected with youth culture. Therefore, we cannot expect easy, quick and universal solutions to this problem.

Ecstasy prevention cannot be conceived aside from the situation of prevention in Europe. The fact is that the prevention of drugs and other problems of young people is in a precarious situation. The problems are at many levels. We should consider a general lack of economical and human resources, especially if we compare with the situation of treatment or other policies related to drugs. There is a shortage of experiences and evaluated prevention programs. The great guidelines to move forward have not been worked out. There is no a minimum agreement on the main issues: which is the place of health promotion; how to intervene on the juvenile policies (culture, leisure,...); to increase or to reduce the pressure on the drug consumer; the advantages and problems of harm minimisation strategies; the development of school and community specific programs (decision taking, learning skills,...),... The general situation comes labelled by a double speech at a local, national or European level. On the one hand there is a continuous reference to the importance of prevention, in contrast with a scarce support in real terms to the development of preventive programs.

It is not easy to find in many European countries even a reduced group of prevention professionals with sufficient background and experience to promote and sustain preventive strategies and programs based in the present state of the art. It will be totally unfair nowadays in Europe to blame prevention for its lack of results, when in fact there has no been, in general terms, any important investment in a long-term serious prevention policy with a professional background. It has been easier normally to implement media campaigns or isolated activities not connected to a comprehensive strategy. It is difficult to find a tradition of professionals that has been working for years in this field, as is the case of treatment. Most of them abandon the field due to the lack

of a professional career. It is easy to get the feeling that things start at the same point year after year.

If we take a quick look to the situation of prevention in USA the first impression, can be as problematic as in Europe, but some considerations will help to clarify the differences. First of all we have to take into account the important investment of economic and human resources comparing to Europe. The negative side will be, from our point of view, that most of the programs are just oriented to the total abstinence, that the general atmosphere of war on drugs is quite unrealistic and not allows to make other preventive approaches to the problem, and that the mostly used programs are not that ones that have been evaluated by professionals, but programs chosen on the bases of ideology. There is also a positive part of the American programs as it is the important investment in the research of the risk and protective factors as predictors of the use of drugs and other deviant behaviour of young people (longitudinal studies, etc). This big research effort permits to prepare programs connected to this predictors, that have shown its efficacy after being evaluated. A similar research policy should be applied across Europe with the aim to establish the situation of our risk and protective factors in the different European countries.

The poor technical and professional development of prevention in Europe defines a typical situation where decisions can be made without an adequate balance. The social alarm can carry to seek or to accept supposed solutions without scientific evidences or discussions to support them. The situation of prevention in Europe still needs of a long and intensive period of work to clarify positions and orientations and a big effort in the area of basic and applied research should be made. Our bet is that the European society could respond better to the prevention programs because the social atmosphere allows the implementation of programs more adapted to the needs of our young people, without the exaggerated negative and deviant connotations that the use of drugs has in the USA.

Given this state of affairs may be it is risky to define an exclusive preventive strategy of the ecstasy and other synthetic drugs without taking into account this more general context of prevention. The ideal situation will be to have a more defined preventive frame and then to try to fit into this general and comprehensive approach the special case of the designer drugs. Of course, this is not the situation and we need to give some answers to the widespread use of designer drugs. This present study provides some results leading to some reflections, giving us the opportunity to propose some hypothesis and even to think about some practical directions of the preventive policies related to ecstasy.

#### A UNIQUE APPROACH FOR EVERYBODY?

One of the most important discoveries of this study is that there is no similarity between the social representation of ecstasy users and non users. There is a consistent tendency in our survey to find out what people think, understand or interact with ecstasy through or on the basis of two associative chains or social representation (the attributed effects and is

implied danger), but depending on whether they are consumers or not, people are positioned for or against.

We have observed that the non XTC users have a more cautious attitude. They are in a significant way more preoccupied by the dangers associated with the use of this drug (for example its addictive or unforeseeable effects) and less interested in using this drug to have fun or to keep awake or to evade reality. We know also that the ecstasy users are more sensation seeker and social deviant than non users.

Further research must be done to understand better the nature and function of social representation. Our hypothesis is that the messages transmitted by preventive campaigns only will be effective if they connect with the social representation schema of young people. On the contrary, they will be ineffective or, even worse, counterpreventive if they do not connect or reinforce inadequate social representations.

It looks like there should be a different approach on prevention of those who are already users and prevention of those who have not yet used the substance since, as we have seen, the social representations of both groups do not coincide and, therefore, a new strategy should be applied.

To keep this differences in mind are important when planning prevention strategies. In the case that the target group of a campaign is very wide, we think that there should be an especial interest not to weaken this "cautious" attitude of non consumers. As we have seen in the past chapter some preventive orientations just take care of the consumers and do not bother at all about the non consumers. We believe that a more integral approach should be more appropriate.

#### IS IT A SEPARATED PREVENTIVE APPROACH FOR DESIGNER DRUGS JUSTIFIED?

In a recent review of the use of stimulants (Kaplan et al., 1994) it is considered that its use has epidemic patterns and that too many preventive efforts can be counterpreventive. Even that it is always difficult to make generalisations in the field of drugs or in the area of prevention, this statement can be useful as a warning that not everything is worth.

As it has been said, the ideal situation to conceive the prevention of designer drugs will be into a wider and comprehensive preventive strategy. Ecstasy is just a product that can change through the time in its way to be used, in the amount of pills taken every time, in the simultaneous use with other drugs, in the affinities with youth culture,.. Some data of this investigation, coincident with other epidemiological studies, indicates that ecstasy is forming part of a wider drugs constellation, against a widely widespread stereotype. According to this stereotype the ecstasy consumers were some exclusive and differentiate to the rest of persons that use or misuse of drugs. Within this cliché was the idea that they were youths taking exclusively ecstasy and quite capable to exercise a control over the substance. The only dangers of this consumption would come from the adulteration of the product and the ignorance of some procedures on its use to avoid problems (e.g. to drink water and to rest to avoid the heat stroke).

The contrary to the stereotype is exactly what is true. In fact ecstasy consumers are using other types of drugs very frequently -included alcohol and tobacco – sometimes combined with use of the ecstasy pills sometimes not. Furthermore this use of other drugs is significantly higher than the use made by the control group of the research. They are persons that tend to get drunk quite frequently and certainly with a higher frequency than the control group.

In fact, the ecstasy consumption is part of a widest constellation than prevents to see the ecstasy as an isolated drug. The ecstasy consumer does not differ from other party drugs consumers, since it is considered a poly-consumer, but they do differ from strict drug users. From this point of view we make some proposals to be discussed:

–It looks like the best orientation to follow in primary prevention -when still it does not exist a use of drugs or alcohol or they are of experimental type- will be to consider the prevention of this drug not a separated issue of the prevention of the rest of drugs. Even more the ideal situation will be to place this actions included into a comprehensive strategy dealing with health promotion issues, other problematic behaviours of young people, etc. All this is especially important when we are targeting general population because it is difficult to predict the effects of the programs addressed to consumers when delivered in non consuming populations. Of course, all these questions are more relevant as younger is the population.

–It would be more coherent to give an special attention to the key drugs, those drugs that are at the beginning in the causative chain (alcohol, tobacco,...). Until now the use of ecstasy is not one of these key drugs, and even the use of cannabis precede the use of ecstasy.

–What is very clear according to the data of this research is the problematic around the alcohol misuse. This should be one of the problems that should be addressed without delay. Specific programs and policies for alcohol or tobacco have demonstrated its efficacy and it is not a problem to deal with this drugs specifically because they are drugs accepted culturally.

–What seems extremely interesting is to act –on the cultural conditions that facilitates and justify the use of this type of drugs. The house music, in all the countries covered by the study, is very related to the use of these sort of drugs. Drug use has always been a phenomenon very closely linked to the cultural context, but designer drugs are particularly dependent on fashions and on the social representation that arise from them. They are substances which have created a grand complicity and interaction with the juvenile culture. According to all that, it will make a lot of sense to address actions to influence the social representation and the connections between house music and this drug. To have special programs addressed to key persons in all this techno culture (disk-jockeys, disco owners,...) can be quite useful as a preventive tool. We must remind that there is a certain use of this drugs not connected to this culture, but techno –Specific actions with a harm minimisation orientation can be very useful when addressed to consumers, but even in these cases this should be done taking into account the complexity to transmit these sort of messages (Sherlock, 1997).



Despite the different policies on drug use among the participant countries, we have found that the ecstasy users do not differ that much between countries. Young people think about it and take it in the same way. So it would be possible to design preventive campaigns or actions which can be used into different countries, but before doing that we need to better identify and to establish the influence of the cultural context.

#### THE ROLE OF HARM MINIMISATION APPROACHES

Most of the campaigns on ecstasy implemented until now place especial emphasis on the harm minimisation orientation (see **chapter 10**). The most typical actions to prevent the adverse effects of taking ecstasy have been to inform on the need of drinking water and resting from time to time to prevent the heat stroke or to promote the testing of the tablets to avoid adulterations on the supposed bases that this knowledge will prevent people to take what they do not want to take. To answer which should be the role of harm reduction approaches is not an easy question and this survey has not explored this matter very deeply (see also **chapter 10**). But some results of the present research allows to launch some considerations.

We believe that the harm reduction programs have an important role in the prevention of the problems related to the use of ecstasy among users of this drugs. But it is important to remind some of the conclusions of this study in order to improve the implementation of this programs with users and to know how can affect to the non users. In this survey the great majority of users reply that it is *not important* to them to know the contents of the tablets they are taking or that they would like to know, but even if they do not know they take them just the same. It is precisely a great majority of the non-consumers who believe that the problem with ecstasy is that you do not know what you are taking. It is also frequent in the different samples that it is the NC group (on occasions with percentages that are double those of the C group) who are of the opinion that taking ecstasy without taking preventive measure is dangerous. In other words, those who take ecstasy and should be the most concerned about the risks are, in fact, the ones who are take less interest in the preventive measures. How to connect the needs of prevention with the social representation of consumers is the issue to be resolved in order to improve their efficacy. As we have said some times the preventive campaigns are not effective because the message do not coincide with what people wants to hear and they simply disregard it.

How the harm reduction campaigns affects non consumers is a question that also need further research. The data in this survey -particularly the comparison between the social representations of the C and NC groups- support the idea that the non ecstasy consumer have a tendency to be worried about the risks involved in taking ecstasy. This defensive attitude, whatever it means, certainly protects them from taking risks they believe they cannot control, the risk here being the use of ecstasy. This perception of the risk in non consumers is non connected with the real effects of the drug; is basically a social representation. Therefore, the effect on the NC of those campaigns whose only objective is risk reduction should be studied as it may have an influence on their beliefs,

attitudes and behaviour, and the information we have until now is not enough to predict the direction of the change. We still do not know how harm minimisation –an approach very effective in the field of treatment- is going to affect the risk perception of non users and, consequently, their behaviour. That is why we suggest until we will have further research results that the harm reductions campaigns should be cautious and take into account non consumers needs.

Finally there is another result of the research that indicates the need for other sort of approaches. Practically in all cities more than half the users have thought about giving up ecstasy, up to 76.9% in the case of the C group in Nice. It is the users in Utrecht (42%) who seem to have less interest in giving it up although a far from negligible percentage would like to do so. What these users seem to be needing are campaigns which help them to give up, an aspect which is never recognised in the more usual approaches which are centred, most of all, on reduction of the risks.

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# ANNEX 1

## PREPARING THE SOCIAL REPRESENTATION QUESTIONNAIRE ON DESIGN DRUGS (*mainly ecstasy*)

The questionnaire on social representations we are going to use in this research contains around 20 phrases or questions -the social representations-. This questions must be provided by the users, professionals, media and society at large. In order to choose which phrases or ideas we will use, we have two main sources:

- 1) media news, underground literature, official pamphlets, scientific papers,..., of every country participating in the research.
- 2) 4 interviews (two with young people who have some experience with ecstasy -at least 10 times- and two with young people not using design drugs or other illegal drugs) in every country.

We expect that every one of the 5 participating nations in the research will help in preparing the questionnaire providing the necessary information. Every country will get all this information and will send it as soon as possible to Palma de Mallorca. We will like to present a first questionnaire in Lyon (30 November).

### **GUIDELINES FOR GATHERING THE MATERIAL ON MEDIA NEWS, UNDERGROUND LITERATURE, PAMPHLETS, ETC.**

Every country will engage in gathering as much material of this sort as they can. It must not be very old, but we do not give any indications how to gather this information. Media articles, scientific papers, studies, prevention campaigns messages, etc. can be included. A selection of the material and/or the most frequent messages or ideas used will be sent to Palma de Mallorca as soon as possible.

This material and further information that will be gathered during the time that research is on, will serve to complement the study.

### **GUIDELINES FOR THE INTERVIEW**

Four interviews are needed (two with ecstasy users and two with non users). The person interviewed will know the purpose of the interview, that is, to know his information, ideas, opinions and experiences on the subject of ecstasy. He must be assured that this information will be totally confidential.

The interview will be semi-structured in the sense that the interviewer will conduct the conversation, but in a quite imprecise way, letting the interviewed to expose his information on the subject. It is important that the interviewer 'will not suggest the answer'.

More or less the questions explored will be:

- How they would describe this sort of drugs. What they associate with this drugs.
- Why people consume this drugs.
- Does he know people consuming ecstasy.
- Which sort of people he knows or he thinks is using this type of drugs (age, gender, culture, status,..)? Which culture he relates with their use.
- Which are his/her reason for consuming/not consuming this drugs.
- Which are the effects expected of this drugs.
- In the case they have used it, which are the registered effects. Did fulfil his expectancies?.
- He/she thinks is going to consume in the future or is going to stop consuming.
- What they think about the dangerousness of this drugs. Which problems and advantages they relate with their use.
- What they think should be the social approach towards the use of ecstasy.
- Which is the relation they see between this sort of drugs and the use of alcohol or other drugs.
- Any other questions that the interviewer thinks should be explored

At the end it will be explored the personal consume history (ecstasy and other drugs) and some information on deviance behaviour, personal and family problems, and social-educational status..

All this interviews must be typed and send as soon as possible to Palma de Mallorca, to look for representations and to establish if they are *a priori* differences between the countries participating in the research.

## ANNEX 2

# GUIDELINES FOR GATHERING THE MATERIAL ON MEDIA NEWS, UNDERGROUND LITERATURE, PAMPHLETS, ETC.

*Every country will engage in gathering as much material of this sort as they can. It must not be very old, but we do not give any precise indications how to gather this information. Media articles, scientific papers, studies, prevention campaigns messages, etc. can be included. A selection of the material and/or the most frequent messages or ideas used will be sent to Palma de Mallorca as soon as possible.*

*This material and further information that will be gathered during the time that research is on, will serve to complement the study.*

Some of you have already sent some of this material to me and some not. But even in the cases that you have sent materials to me, this was some months ago.

Anyway what is important is to have similar ways of working all this questions. Here are some proposals to be discussed with you. So I wait for your quick answers and suggestions.

1. The goal of this review is to gather enough information about this sort of material in **your country**, to get a relatively realistic idea of what is going on in this field. This means that the material analysed is going to be more or less a representative material.
2. The scope of our analysis must be, as you know, social representations of ecstasy and other design drugs. This means that we must be able to get the implicit or explicit image of ecstasy through the analysed material. We must be attentive to the effect that the article can provoke to the potential readers.
3. We propose to you to divide the analysed material in three categories :
  - 3.1. Scientific papers, such as articles in medical, sociological, etc. journals, monographs, etc. May be we can expect that we are not confronted to a big quantity of literature. If this is the case then it could be possible that you attach a brief abstract or comment to the bibliographic reference.

We propose to analyse the following questions :

- ◆ your global opinion about the quality and quantity of this studies.

- ◆ which subjects are the most frequently focused (therapeutic, prevention, effects, description of users, etc.).
  - ◆ what sort of articles are the most frequent ?, medical ?, sociological ?, psychological ?....
  - ◆ are they review articles (papers based on typical international bibliography) or original research (results of epidemiological studies, and so on).
  - ◆ indicate which of them are the most relevant or interesting for our study. For these articles we should write a longer comment and we would appreciate that you send the article to Palma de Mallorca.
- 3.2. Epidemiological studies: We think that the comparison of our study with other existing epidemiological studies, both national and local studies, will give a higher strength to our research. That's why we ask you to get as many studies of this sort as you can. We will appreciate your comments on this studies (do you think they are methodologically serious ?, do you think they represent the phenomena of ecstasy in your country ?, do you think what they describe is very different of your experience in our study ?, etc.).
- 3.3. Mass media material: We ask you to do a selection of material published in your country, in order to obtain the social representation transmitted by them. We remind you that we are not asking for an exhaustive analyse but for a general vision of the situation of your country. Here are some suggestions of questions that can be used as a guide :
- \* Ideological position of the author of the article.
  - \* Connection between ecstasy and dance music, sex, night and leisure industry.
  - \* Way of dealing with problems associated with ecstasy (in a dramatic way, in a rigorous way,...).
  - \* Controversial issues around the legal situation of these drugs.
  - \* Descriptions of the scenarios where ecstasy is used.
  - \* We wait for other suggestions from you. We think that as much precise we can be in the previous questions, as much rigorous will be the comparison between countries.
- 3.4. Leaflets, pamphlets, posters, videos, etc. used in prevention campaigns. We ask you to make a brief report of the situation of this subject in your country. Existing material, quality of this material, quantity, extension of the campaign...Which do you think is the social representation implicit in this campaigns. In which questions focus mainly this campaigns, which is your opinion about these materials,...

We pretend to have a report of every country on all this subjects written by you. We will prepare a report comparing the countries to be discussed with you. **Please note that**



**we will not publish your report about your country without your consent. So feel free to do your report.**

As I say to you at the beginning, it is important is to have similar ways of working all this questions. These are some proposals to be discussed with you. **So I wait for your quick answers and suggestions.**



# **ANNEX 3**

## **QUESTIONNAIRE OF SOCIAL REPRESENTATIONS OF ECSTASY**

### **INTRODUCTION**

IREFREA is an European Investigation Institute that works on primary prevention and that currently carries out an investigation for assignment of the European Commission in several member countries of the Community.

The objective of this study is to know the consumption habits of the designer drugs (ecstasy,...), in order to better organise preventive campaigns.

For this we need ecstasy users and not ecstasy users collaboration, therefore we will thank you that spend some minutes of your time to answer some questions.

This questionnaire is anonymous. We request you that you answer it with honesty and sincerity. Nobody will be able to identify the authors of the answers. It is not purpose of this study identifying those which think or act in a determined way, but knowing the behaviours and prevailing interest.

This questionnaire has three parts:

1. Questions about use of ecstasy
2. New sensations seeker scale
3. Questions about social representations of ecstasy

It is an European study, people from others countries are going to be polled with the same questionnaire, this is why some questions can be a little be strange to you. Anyway we ask you to answer all the questions.

Read accurately the instructions of each question and all the possible answers before choosing the most adequate. Please, try to answer the questions by order, without advancing leaves neither returning back.

In case you have any doubt, ask the pollster.

**THANK YOU VERY MUCH FOR YOUR COLLABORATION**

Survey N° : .....

1. How often do you go to the following places?

	<u>never</u>	<u>seldom</u>	<u>often</u>	<u>often</u>		<u>very</u>
-bars		[1]		[2]	[3]	[4]
-discos		[1]		[2]	[3]	[4]
-pubs		[1]		[2]	[3]	[4]
-coffee shops		[1]		[2]	[3]	[4]
-afters		[1]		[2]	[3]	[4]
-parties (“raves”)		[1]		[2]	[3]	[4]
-others		[1]		[2]	[3]	[4]

2. Which kind of music do you prefer?

-house	[1]
-hardcore	[2]
-Hardcore-house	[3]
-mellow-house	[4]
-rock	[5]
-pop	[6]
-punk	[7]
-salsa/merengue/samba	[8]
-heavy	[9]
-melodic	[10]
-hip-hop	[11]
-reggae	[12]
-rap	[13]
-funky	[14]
-other	[15]

3. How old are you?:...

4. Sex:

-man	[1]
-woman	[2]

5. Which is your civil state?

-single	[1]
-married	[2]
-divorced //separate	[3]
-you live with your couple	[4]
-widower	[5]

6. Birthplace (city and country):
- the city where the survey is filled [1]
  - other city of the same country [2]
  - other country [3]
7. Studies level or what you are studying by now
- primary studies [1]
  - secondary studies [2]
  - superior studies [3]
8. Which is your current occupation?
- study [1]
  - study and work [2]
  - eventual job [3]
  - fixed job [4]
  - inactive [5]
  - military service [6]
  - other [7]
9. How would you define your or your family economical status?
- high [1]
  - middle/high [2]
  - middle [3]
  - middle/low [4]
  - low [5]
10. With whom do you live currently?
- With relatives (father and/or mother; grandparents, etc. [1]
  - with my wife/husband/couple [2]
  - with a group of friends [3]
  - in a school/student residence [4]
  - soldier residence [5]
  - I live alone [6]
  - other possibilities [7]
11. How are your relationships with your parents?
- very bad [1]
  - quite bad [2]
  - not bad [3]
  - quite good [4]
  - very good [5]
12. Concerning religion, do you consider yourself a believer?
- yes [1]
  - no [2]

13. Concerning religion, are you a practitioner?

- yes [1]
- no [2]

14. Have you ever taken ecstasy?

- I have never taken it [1]
- I take it less than 12 times a year [2]
- I take it once a month [3]
- I take it several times a month but less than once a week [4]
- I take it once a week [5]
- I take it several times a week [6]
- I take it everyday [7]
- I took it, but I don't take it anymore [8]

15. Have you ever taken some other type of pills to intoxicate (get drunk) that you think they are not ecstasy?

-yes, Which ones?

....., ....., ....., .....

-no

**IF YOU HAVE NEVER TAKEN ECSTASY GO TO QUESTION N° 29**

**Only for those who have taken ecstasy at least once:**

16. What's the type of ecstasy pills that you have consumed or that you consume currently?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. When you want to take ecstasy you think that:

- It is not important to me knowing which is the exact composition of the pill that I take [1]
- I would prefer to know what I am taking, but I take it in any case [2]
- If I am not sure of the composition of the pill I prefer not to take it [3]

18. How old were you the first time you took ecstasy?

-I was..... years old

19. In the **last three months**, how many times have you taken ecstasy?
- I have not taken it in this three months [1]
  - I took it less than once a month [2]
  - I took it once a month [3]
  - I took it several times a month, but less than once a week [4]
  - I took it once a week [5]
  - I took it several times a week [6]
  - I took it almost everyday [7]
20. In **the last month**, how many times have you taken ecstasy?
- I have not taken it [1]
  - I took it once [2]
  - I took it several times a month but less than once a week [3]
  - I took it once a week [4]
  - I took it several times a week [5]
  - I took it almost everyday [6]
21. If I take ecstasy I normally take it:
- only at weekends [1]
  - during the week [2]
  - at any day of the week [3]
22. Approximately, how many pills have you taken each time? (*choose only one answer*)
- a quarter of a pill [1]
  - half of a pill [2]
  - one pill [3]
  - between one and two pills [4]
  - between three and four pills [5]
  - more than four pills [6]
23. In what occasions you do you take ecstasy preferably: (*choose only one answer*)
- when I am alone [1]
  - with friends/others [2]
  - sometimes alone, sometimes with friends/others [3]
24. Indicate all those places where you consume ecstasy preferably:  
(*indicate a maximum of three places*)
- at home [1]
  - at my friends' home [2]
  - in the disco [3]
  - in the bar [4]
  - in the street [5]
  - in the parties ("raves") [6]
  - in the "after party's"\* [7]
  - others [8]

25. When you take ecstasy, do you take any other substance of the list?

	<u>YES</u>	<u>NO</u>
–with cocaine	[1]	[2]
–with alcohol	[1]	[2]
–with heroine	[1]	[2]
–with tobacco	[1]	[2]
–with cannabis	[1]	[2]
–with LSD	[1]	[2]
–with amphetamines (speed, etc.)	[1]	[2]
–with mushrooms	[1]	[2]
–others	[1]	[2]

26. Have you ever thought about giving up ecstasy?

–yes	[1]
–no	[2]

27. Where do you get the pills? (*indicate all the places where you acquire them*)

–at the discos or bars	[1]
–in the street	[2]
–through friends and acquaintance	[3]
–at concerts	[4]
–at parties (“raves”)	[5]
–at football stadiums	[6]
–other possibilities	[7]

28. How would you define the effects that you get with ecstasy?

–very positive	[1]
–most of them positive	[2]
–regular	[3]
–most of them negative	[4]
–very negative	[5]

**To answer by all the polled:**

29. How many of your friends take ecstasy?

–all of them	[1]
–most of them	[2]
–half of them	[3]
–few of them	[4]
–none of them	[5]



30. Have you taken any other substance in the last month?

	<u>YES</u>	<u>NO</u>
-alcohol	[1]	[2]
-marijuana/hashish	[1]	[2]
-LSD	[1]	[2]
-amphetamines	[1]	[2]
-cocaine	[1]	[2]
-heroin	[1]	[2]
-tobacco	[1]	[2]
-mushrooms	[1]	[2]
-other	[1]	[2]

31. In the last month, have you get drunk?

-everyday	[1]
-few times a week	[2]
-once a week	[3]
-few times a month	[4]
-once a month	[5]
-none	[6]

32. Do you think ecstasy could bring people who uses it to any problem?:

*(choose only one answer).*

-no	[1]
-yes, because it is illegal	[2]
-yes, because next day they feel bad	[3]
-yes, because it produces addiction	[4]
-yes, when the friends do not take it	[5]
-yes, because its effects are difficult to Predict	[6]
-yes, because the content of the pills is being adulterated	[7]
-yes, because creates problems with the family	[8]
-other	[9]

33. Here we indicate a few reasons to use ecstasy, Which of them do you believe that are the most important?

*(choose three answers)*

-to relax	[1]
-to enjoy dancing	[2]
-to dance more time	[3]
-to feel better with other persons	[4]
-to escape of the reality, to forget the problems	[5]
-because it makes feel OK	[6]
-for better sex	[7]
-to stimulate the creativity	[8]
-to stimulate the senses	[9]

34. How much money do you get in a month?

.....

35. The money you have proceed from:

- familiar assignment [1]
- your fixed job [2]
- your eventual job [3]
- scholarship [4]
- some kind of public pension or help [5]
- other [6]

36. How much money do you spend at “going out” in a week?

Next sentences are about your preferences and feelings. Read them accurately and write a cross (X) on the alternative that you think fits better with your personality.

	AGREE	DISAGREE
1. I like “wild” uninhibited parties	[1]	[2]
2. There are some movies I enjoy seeing a second or even a third time	[1]	[2]
3. I often wish I could be a mountain climber	[1]	[2]
4. I dislike all body odours	[1]	[2]
5. I get bored seeing the same old faces	[1]	[2]
6. Have you ever broken into a house or building or entered a building through an unlocked door or window to steal something or vandalise the building?	[1]	[2]
7. I like to explore a strange city or section of town by myself, even if it means getting lost	[1]	[2]
8. I don't like people who do or say things just to shock or upset others	[1]	[2]
9. I usually don't enjoy a movie or play where I can predict what will happen in advance	[1]	[2]
10. Have you ever taken other people's property from them with force or a weapon such as purse snatching, mugging, or car-jacking	[1]	[2]
11. I have tried marijuana or would like to	[1]	[2]
12. I would like to try any drug which might produce strange and dangerous effects on me	[1]	[2]
13. Have you ever attacked another person with a weapon or your hands with the intent to injure, or rape?	[1]	[2]
14. A Sensible person avoids activities that are dangerous	[1]	[2]
15. I dislike “partyers”	[1]	[2]
16. I find that stimulants make me uncomfortable	[1]	[2]
17. I like to try new foods that I have never tasted before	[1]	[2]
18. Have you ever driven a car or motor vehicle while under the influence of alcohol or drugs?	[1]	[2]
19. I enjoy looking at home movies, videos, or travel slides	[1]	[2]
20. I would like to take up the sport of water skiing	[1]	[2]
21. I would like to try surfboard riding	[1]	[2]
22. I would like to take off on a trip with no pre-planned or definite routes, or timetable	[1]	[2]
23. I prefer the “down to earth” kinds of people as friends	[1]	[2]
24. I would like to learn to fly an aeroplane	[1]	[2]
25. Have you ever manufactured, sold or distributed illegal drugs?	[1]	[2]
26. I prefer the surface of the water to the depths	[1]	[2]

27. I would like to meet some persons who are homosexual (men or women)	[1]	[2]
28. I would like to try parachute jumping	[1]	[2]
29. Have you ever traded sex for shelter, food, drugs, or money	[1]	[2]
30. I prefer friends who are excitingly unpredictable	[1]	[2]
31. I am not interested in experience for its own sake	[1]	[2]
32. I like art which is clear, symmetrical of form, and has harmony of colours	[1]	[2]
33. It's a good thing to associate to humanitarian organisations	[1]	[2]
34. I enjoy spending time in the familiar surroundings of home	[1]	[2]
35. I like to dive off the high board	[1]	[2]
36. Have you ever passed bad checks, forged or altered a prescription, or taken money from an employer?	[1]	[2]
37. I like to date persons who are physically exciting	[1]	[2]
38. Heavy drinking usually ruins a party because some people get loud and boisterous	[1]	[2]
39. The worst social sin is to be rude	[1]	[2]
40. A person should have considerable sexual experience before marriage	[1]	[2]
41. Have you ever received, possessed, or sold stolen property including fencing?	[1]	[2]
42. Even if I had the money, I would not care to associate with people in the "fast lane"	[1]	[2]
43. I like people who are sharp and witty even if they sometimes insult others	[1]	[2]
44. Have you ever stolen a car for joyriding, transportation, or sale?	[1]	[2]
45. There is altogether too much portrayal of sex in movies	[1]	[2]
46. I feel best after taking a coupe of drinks	[1]	[2]
47. People should dress according to some standard of taste, neatness, and style	[1]	[2]
48. Sailing long distances in small sailing crafts is foolhardy	[1]	[2]
49. Have you ever taken other people's property without force, such as shoplifting or pickpocketing?	[1]	[2]
50. I have no patience with dull or boring persons	[1]	[2]
51. Skiing down a high mountain slope in a good way to end up on crutches	[1]	[2]

## SOCIAL REPRESENTATIONS

### INSTRUCTIONS

Before starting please read all the sentences at least once. Then follow next instructions.

We recommended you to mark the sentences you choose, otherwise you could confuse and select the same sentence twice.

A. Out of the next 20 sentences choose four sentences you think are the most similar to your way of thinking about ecstasy, write the sentence number in the gaps:

1.  2.  3.  4.

B. Out of the 16 left sentences, choose four that you think are the less similar to what you think about ecstasy, write the sentence number in the gaps:

1.  2.  3.  4.

C. Out of the 12 left sentences, choose four that you think are more similar to what you think of ecstasy, write the sentence number in the gaps:

1.  2.  3.  4.

D. Out of the 8 left sentence, choose those ones you think are less similar to what you think about ecstasy, write the sentence number in the gaps:

1.  2.  3.  4.

1. Ecstasy keeps people awake.
2. Ecstasy is a clean drug, easy to use and comfortable.
3. Ecstasy has a reasonable price.
4. Ecstasy is dangerous drug, because it leads to addiction.
5. Ecstasy is good to evade reality, to forget problems.
6. People who takes ecstasy don't drink alcohol at the same time.
7. Ecstasy relaxes.
8. Ecstasy makes people lose control of their own behaviour.
9. Ecstasy puts order in your mind.
10. Ecstasy disinhibits sexually.
11. Ecstasy makes you feel good.
12. Ecstasy can cause death.
13. Ecstasy without preventive measures can be dangerous.
14. The problem with ecstasy is that you never know what you are taking.
15. Makes you feel euphoric and helps to get on with people.

16. Ecstasy has a depressive effect in the long term.
17. Ecstasy is great for parties, you can keep going all night.
18. Is a solution for shy people.
19. People who take ecstasy are people with problems.
20. Ecstasy allows people to understand house music.

# ANNEX 4

## PROTOCOL TO RECRUIT THE DISCO AND UNIVERSITY SAMPLE

### 1. Sample of ecstasy consumers and group control in discotheques.

–**Size of the sample:** between 80 and 100 people for each group (consumers and control).

–**Discos selection:** In the meeting we celebrated in Lyon last November, it was decided to make a disco classification according to kind of music or atmosphere they represented. However this classification cannot be made for discos in Spain and Italy, they are not specialised (kind of people, music and ecstasy consumption depends on the hour you attend to the disco, and not on the disco itself). Therefore, it has been necessary to think about another criterion to get comparable samples: level of ecstasy consumption. According to this criterion every country will have look for the following situations:

- situations of high consumption
- situations of middle consumption
- situations of low consumption

To accomplish this classification the responsible for each country will have to be informed through key-informants (disk jockeys, customary ecstasy consumers, ex - consumers, and even people who do not take ecstasy but that are familiarised with the disco environment), as well as the information that they could provide the interviewed.

–**Distribution of the sample for each situation is:**

1. High consumption situation: **50%** of the sample (distributed between a minimum of 3 discos)
2. Middle consumption situation: **40%** (idem)
3. Low consumption situation: **10%** (idem)

These proportions have been established in order to avoid over-representation of low consumption group.

–**Methodology: how to contact with possible polled.** People to be interviewed can be contacted in different ways:

- \* At the entrance of the disco, it doesn't matter if they are going into the disco or if they are going out. It is convenient to explain to the person who is the responsible of the disco the objectives of the survey, that the information will never be used against the disco, and that the disco name will not appear in the final report.
- \* Through key-informants: people we know, friends, disk jockeys, public relations of the discos, etc. These people will introduce us to ecstasy user or not ecstasy user people disposed to answer (snowball).
- \* The same people that have consented to be polled can, at the same time, introduce us to their friends that would collaborate in the study (snowball).

In any case the interviewer will have a presentation letter of IREFREA. In this letter there will be written some explanations about the features of the European study, about IREFREA (definition), about the objectives of the study (prevention) and, finally it will be explained that anonymity is absolutely guaranteed.

#### **–Index card of the discos:**

A short index card of each disco will be accomplished with some features such as size, kind of music, kind of people that tends to attend, etc.

#### **–Methodology: how to fill the questionnaires:**

- If contacted people consent to answer at the same moment, the pollster will give the questionnaire to the polled who will fill it himself/herself. This would be the ideal methodology because in this way the polled can outline doubts to the pollster and wrong interpretations of the questions can be corrected.
- In case people consent to answer the questionnaire but not at the moment, there are alternative ways (the first of them is the most recommendable).
  - ⇒ make an appointment for another day, and fill the survey then, with the pollster.
  - ⇒ give them the questionnaire, ask them to fill it on their own and to return it by post.
  - ⇒ give them the questionnaire, ask them to fill it on their own and to return it through the person that has introduce them to us.
  - ⇒ give them a visit card with the telephone of the pollster or of a co-ordinator centre so that they can contact us if they change their mind and decide they want to collaborate.

#### **–Material that the pollsters will need:**

- ⇒ appointment book to register the future appointments.
- ⇒ visit cards, or some other document with the phone number, address and name of the person to who the possible polled should contact to resolve doubts when filling the survey, or to make an appointment.



⇒ envelopes with stamp and address to make easier the returning of the survey by post.

**–Pollster training:**

It is convenient to select young people as pollsters, with an appearance that fits with the disco atmosphere. We can establish two interviewer categories:

⇒ pollsters that may have previous experience as pollster.

⇒ pollsters who don't have previous experience but who know the disco atmosphere and have lots of possible contacts.

In both cases the responsible of the project in each country have to have some meetings with them to talk about the questionnaire, how to approach to the polled, doubts that they could have and so on. The customary pollsters control systems have to be used.

It can be very useful that, at the beginning of the study, the responsible of the project go in some occasion with the pollster, to have a direct experience of the difficulties so that he/she will be able to introduce variations in the way of obtaining the data.

**–Anonymity:** the responsible of the project in each country has to guarantee the anonymity rights according to the laws of each country.

**–What a control group is:**

The control group serves to compare the social representations of the users and the not user of Ecstasy. To be compared, these two groups (consumers and not consumers) have to be as similar as possible, except in the use of ecstasy.

The characteristics that will be useful for us to determine who must be part of the group control are:

⇒ the sociodemographic scale that it is included in the survey (sex, age, etc)

⇒ the situation in which the polled is contacted (that is to say, situations of high, middle and low consumption).

**–Group control.** There are two options to choose the group control

- First option is to poll the ecstasy consumers as a first phase, make an analysis of the results and, as a second phase, and according to the criteria indicated previously, contact with 80-100 individual that attend to the same discos and who do not take ecstasy.
- Second option is to make the group control (poll the not ecstasy consumers) at the same time as the experimental group, without having a first analysis of the ecstasy consumers surveys. The second phase would consist in comparing non ecstasy

consumers surveys to ecstasy consumers surveys and, then choose the ones that are comparable. This option seems to be the most recommendable option because we think we can save time this way. In case the responsible chooses this option, one must take into account that is convenient to make more surveys than the strictly necessary because not all of them will be useful for the control group.

## 2. Sample of university:

### –Size of the sample:

Between 80 and 100 people for each group (consumers and control). As the whole class will be polled, it is recommended to accomplish a minimum of 500 surveys to get between 80 and 100 consumers. Control group will be made from the same sample.

### –Criterion for the faculties selection:

Faculties or university departments that are in the five cities selected for the analysis and, between them, those of better access, procuring that sciences and letters are both represented. According to the information we have the faculties or studies that have been chosen are:

- humanities faculty
  - ⇒ History (20% of the sample: minimal of 100 people)
  - ⇒ Philosophy (20% of the sample: minimal of 100 people)
- faculty of psychology or social work (20% of the sample: minimal of 100 people)
- sciences faculty
  - ⇒ Biology (20% of the sample: minimal of 100 people)
  - ⇒ Computer science or mathematics (20% of the sample: minimal of 100 people)

Furthermore it is recommended to poll at least two classes of different courses, for example two classes of a first history course and two classes of a third or fourth course of the same speciality and the same with each study.

### –Protocol:

Proceed according to the requirements of each country to obtain permission to poll university students. In Spain, for example, we will ask some university professors to permit us to use his/her lesson time to poll the students. We will give the questionnaires to the students to fill them, and we will be there to resolve doubts and to collect the already filled questionnaires.

**I R E F R E A**



IREFREA is a european network interested in the promotion and research of primary prevention of different sorts of juvenile malaise and the study of associated protective and risk factors.