

From ecstasy to MDMA:

Recreational drug use, symbolic boudaries, and drug trends

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What will I talk about

- Oslo Nightlife study
- MDMA article: From ecstasy to MDMA

Later today: Reasons to use (powder) cocaine



The Nightlife study in Oslo, Norway





The Nightlife study in Oslo, objectives

- To investigate the prevalence and describe characteristics of substance use and culture in the Oslo nightlife setting.
- To investigate the causes of, and consequences of, drug use in the nightlife setting



The Nightlife study in Oslo, methods

We aimed for several types of data:

- Self-reported drug information from nightclub patrons
- Biological markers from nightclub patrons
- Qualitative, in-depth interviews with nightclub patrons
- (Self-reported information from nightclub staff members)



The Nightlife study in Oslo, setting and procedures - patrons

- 12 popular nightclubs in downtown Oslo
 - Peak hours 11 p.m. to 3 a.m.
 - Fridays and Saturdays (May, June and August)
- Research teams consisting of 4-6 research assistants and 1 site manager
- Patrons were semi-randomly recruited
 - Anonymous participation



The Nightlife study in Oslo, procedures (cont.)

Data collection - patrons

- Self-administered questionnaire (demographics, alcohol use, illicit drug use – ever, last year, last month, 48 hours)
- Biological measures
 - BAC levels (Lion Alcometer[™] 500)
 - Oral fluids (46 drugs were analyzed with the Orasure Intercept Oral Fluid Test)
- Illicit drug users recruited on site for in-depth interviews taking place some days later

The Nightlife study in Oslo, some results

- A total of 1116 patrons participated (RR = 76%)
- 65% males
- Mean age: 27 years (16-64)
- 67% full/part time employment, 29% students, 4% unemployed or homemakers
- 63% college/university degree



The Nightlife study in Oslo, some results (cont.)

Self-reported drug use <u>last year</u> (GPS, 16-30 y)

• 40 % cannabis (10 %)

• 14 % cocaine (2,2 %)

• 11 % ecstasy/MDMA (1,7 %)

• 6 % amphetamine (1,9 %)

• 7 % reported ever use of NPS (0,7 %)



The Nightlife study in Oslo, some results (cont.)

A = self-reported for last 48 hours

B = determined by oral fluid samples

	Cannabis	Cocaine	Amphet.	Ecstasy/	NPS	Opiates	Any
				MDMA			illicit
							drugs
Α	11%	4.4%	1.1%	1.3%	0.1%	0%	14%

Red = significant gender difference; male use>female use



The Nightlife study in Oslo, some results (cont.)

A = self-reported for last 48 hours B = determined by oral fluid samples

	Cannabis	Cocaine	Amphet.	Ecstasy/ MDMA	NPS	Opiates	Any illicit drugs
Α	11%	4.4%	1.1%	1.3%	0.1%	0%	14%
В	13%	14%	2%	2%	1%	1%	25%
	•		•			•	



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ORIGINAL ARTICLE

arena: An underused setting for risk-reducing interventions? Risky substance use among young adults in the nightlife

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Abstract

Aims: Alcohol and illicit substance use among young adults carries the risk of adverse consequences like vi risky sexual behaviour and, ultimately, the development of possible addiction. The nightlife arena is a high excessive substance use and the aims of this study were to examine prevalence rates and identify high-risk su context. Methods: Patrons (n = 1099, response rate 76%) entering or exiting 12 popular licensed premises in (n = 1099, response rate 76%)Norway, completed an anonymous self-administered questionnaire and their blood alcohol concentration (B significant (ns)) and high both for males (1.03‰) and females (0.97‰). A total of 67% reported ever using il measured using a Breathalyzer. Results: The average BAC levels were similar ($\underline{t} = 1.67$, degrees of freedom

Background MDMA

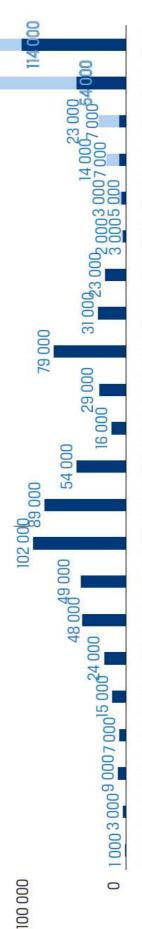
- After a period of lowered ecstasy/MDMA seizures, these drugs are now on the rise in several countries in Europe (EMCDDA 2015)
- Nightlife in Oslo (Norway): 11 % report last year use of MDMA/ecstasy, 19 % report ever used (N=1100) (Nordfjærn, Bretteville-Jensen, Edland-Gryt and Gripenberg 2016)



MDMA (ecstasy) belaglagt mengde (antall tabletter*)

400 000





91 000

Tabletter Pulver (omregnet til tabletter)

*Beslaglagt mengde pulver er omregnet til tabletter med 100 mg virkestoff. Det er tatt utgangspunkt i at beslaglagt pulver har en styrkegrad på 85 %. De siste årene har variasjonen ligget i området 85-95%.



Aims

- To extend our knowledge about the use of MDMA/ecstasy in a nightlife setting
- To closer examine the culture surrounding MDMA as a club drug
- To understand more about why MDMA crystals are rated as much more attractive than ecstasy pills, and what these perceived differences mean
- To use data from the Norwegian context to show how symbolic boundaries can explain changes in recreational drug use







Theoretical perspectives

• Symbolic boundaries (Barth 1969, Copes, Hochstetler et al. 2008, Lamont 1992, Lamont and Virag 2002, Loeseke 2007, Copes 2016)

- Social identities and the social construction of meaning (Jenkins 2008, Copes, Hochstetler et al.2008, Järvinen and Demant 2011, Goffman 1963)
- Lay epidemiology and drug risk perceptions
 (Davidson, Smith & Frankel 1991, Miller 2005 and Caiata-Zufferey 2012, Peretti-Watel 2003)



Data and methods - MDMA

- 35 open-ended interviews with young adults
- Age 20-34 years (on average 26 years old)
- 40 % women
- Interviews lasted around two hours, averaged 132 minutes
- Recruited in a nightlife setting, interviewed at daytime
- Nightlife study in Oslo, multi-method study
 (Nordfjærn, Edland-Gryt et.al 2016, Nordfjærn, Bretteville-Jensen et al. 2016)
- All interviews transcribed and coded in HyperRESEARCH
- 1600 pages of text thematically analyzed
- The study has been approved by the Regional Committee for Medical and Health Research Ethics (application No. 2014/192)



Results

Perceived differences between MDMA and ecstasy

- 1. Drug effects
- 2. Safety and Health
- 3. Characteristics of users

"New" drugs, new meanings



1. Drug effects

MDMA in a clean form. I have tried regular ecstasy pills. Hell do I know if it was some shitty things or something old or.. but it didn't give me any kick. But MDMA was really prf [sound] – a different league. So my impression is that ecstasy is just weaker. That the MDMA is cleaner. (Eddie)



2. Safety and health

I always take magnesium first, because it makes your muscles relax. In that way you don't do the chewing because your jaw is less tense. In general, I live quite healthy, but that's not because of the drug use. But it does help you get a better effect though. The day after might also get milder. Because you might feel a bit empty and drained of energy. It does release quite a lot of serotonin and stuff. Many people use supplements called "preloading" or "postloading". Then you take vitamins, supplements, amino acid or stuff like that before you take the drug, then finish off with something else afterwards. All just to make your body regain balance. (Jamie)



3. Characteristics of users

The people I have talked to who have taken ecstasy or offered me ecstasy have always fit well into the raveaesthetics. If you can call it that. While MDMA includes everyone from engineers and architects to... yeah, everybody. (Robert)



«New drugs», new meanings

We quit using ecstasy now that we got MDMA crystals. (Carol)



«New» drugs, new meanings

Ecstasy has existed for so long that people have created an understanding that it's not that good for you. Physically, that is. And MDMA is new. It is the main element in ecstasy, and it doesn't hurt you, kind of. Now there is a way to take ecstasy without having the bad effects. (Peter)



«New» drugs, new meanings

It is socially accepted. (...) Even though MDMA is the same substance as they used in ecstasy when it flourished in the 90ies, it still isn't ecstasy. That might be the reason why it doesn't have the same bad reputation among young people. (Jamie)



Discussion

- Using symbolic boundaries theory to understand recreational drug trends
- Constructing identities: MDMA identity vs ecstasy identity
- Boundary work to the one closest to yourself (Copes, Hochstetler et al.2008)
- Cultural meaning (Barth 1969)
- Drug, set and setting (Zinberg 1984)



Conclusion

- Important perceived differences between the use of the chemically similar drugs MDMA and ecstasy
- MDMA crystals framed as something completely different than ecstasy pills
- Contribute to a better understanding of increased MDMA use in nightlife settings

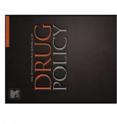




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Research paper

From ecstasy to MDMA: Recreational drug use, symbolic boundaries, 🌘 CrossMark and drug trends



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Recreational substance use Symbolic boundaries MDMA crystals Club drug use **Ecstasy pills** Keywords:

the cultural and social meaning associated with MDMA use in Oslo, Norway, with an emphasis on how Background: Ecstasy pills with MDMA as the main ingredient were introduced in many European countries in the 1980s, and were often linked to the rave and club scenes. However, use gradually levelled off, in part as a response to increased concerns about possible mental health consequences and fatalities. Extensive use of MDMA now seems to be re-emerging in many countries. In this study, we investigated users distinguish MDMA crystals and powder from "old ecstasy pills".

Methods: Qualitative in-depth interviews (n = 31, 61,3% males) were conducted with young adult partygoers and recreational MDMA/ecstasy users (20-34 years old, mean age 26.2 years).

Results: Research participants emphasised three important perceived differences between the MDMA crystals and ecstasy pills: (i) The effects of MDMA were described as better than ecstasy; (ii) MDMA was egarded as a safer drug; (iii) Users of MDMA crystals were described as more distinct from and less

