Initiation and continuation: social context and behavioural aspects of ecstasy use

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The role of peers in the initiation and continuation of ecstasy use.
Abstract

To better understand the processes of peer influence and peer selection, in a field study 106 ecstasy users (67M/39F, average age 25.4 years) were face-to-face interviewed in Amsterdam in 2005. In the initiation of ecstasy use, peer influence emerged as the dominating mechanism; peer selection was uncommon. In the continuation of ecstasy use, peer influence and peer selection occurred reciprocally in a dynamic process, although peer influence made a greater relative contribution. Our study confirms that peer influence is a multidimensional process: influence was quite often reciprocal (with respondents both exerting and undergoing influence) and it could have both restraining and encouraging effects on ecstasy use.

Introduction

The role of peers is a factor often emphasised in the literature on the aetiology of youthful drug use. This is also reflected in an abundance of peer resistance–focused drug prevention programmes (Hawkins et al. 1992; Kobus 2003; Liechti et al. 2000). Young people who take drugs are more likely to have drug-taking friends than their counterparts who take no drugs, a phenomenon also referred to as ‘peer similarity’ or ‘peer homophily’ (Kandel 1978). Indeed, many studies have found associations between people’s own drug use and that in their circle of friends (Hawkins et al. 1992; Kandel 1978; Kirke 2004; Kobus 2003; McMillan et al. 2003; Sherlock & Conner 1999; ter Bogt & Engels 2005). Traditionally this has been defined as ‘peer pressure’ – drug-using youth are thought to prevail on their friends to conform to group norms by taking drugs too. This approach regards young people as passive individuals susceptible to influence from a social environment that encourages drug use (Elliott et al. 1989). Or, as Urberg et al. (2003, p. 1245) have recently portrayed it, ‘an “innocent” adolescent is exposed to “bad” peers and, as a result, acquires bad habits’.

Alternatively, scholars use more neutral concepts to describe and understand the role of peers; this approach argues that group processes are more complex than merely an exertion of pressure on a passive group member (Petraitis et al. 1995; Weerman 2003). Two general mechanisms through which peers can affect behaviour are described in the literature: peer influence and peer selection. These are defined in terms of the presumed causal direction of the link between the drug use of individuals and that of their friends. According to the peer influence hypothesis, drug use by friends causes or encourages an individual’s behaviour. Adolescents implicitly or explicitly influence one another (Prinstein et al. 2001). Peer influence is seen as a multidimensional process: it can be overt and direct, or it can be more subtle in the form of normative influence; it can either encourage or discourage certain behaviours (Simons-Morton & Chen 2006; Urberg et al. 1990). Peer selection, by contrast, occurs when an individual’s own substance use, or interest in it, leads them to increasingly associate with peers who are similar to them in attitudes and behaviour (Simons-Morton & Chen 2006, p. 1212). In the words of Bauman et al. (2000, p. 187), ‘the selection model posits that drug behaviour causes friendships, whereas the influence model posits that friendships cause drug behaviour.’

Peer influence and peer selection occur reciprocally, but the findings to date have been inconsistent about their relative contributions (Simons-Morton & Chen 2006). Some data indicate that the balance tips to the side of peer influence (e.g. Li et al. 2002; Wills & Cleary 1999), whilst other data suggest that peer selection is the dominant mechanism (e.g. Farrell & Danish 1993; Iannotti et al. 1996; e.g. ter Bogt & Engels 2005). Still other studies have concluded that selection and influence make approximately equal contributions to the similarities in substance use among adolescents (e.g. Ennett & Bauman 1994; Kandel 1978; Kirke 2004; McCabe et al. 2005; Simons-Morton & Chen 2006). This
is an ongoing discussion that is also encountered in research on other human behaviour. Regarding the link between criminal behaviour and criminal age-group peers, Weerman (2003), who was inspired by theories of Thornberry (1987), has convincingly argued that an individual’s choice of same-age companions alternates with peer influence on that individual, and that these two factors reinforce each other in an interactional process.

With regard to ecstasy use and the role of peers, Benschop et al. (2002) studied clubbers and ravers in three European cities and found that ecstasy use was far more common in the social networks of current ecstasy users than in those of non-users. Fewer than 2% of the current (last-month) users reported having no friends that did ecstasy, as compared to 32% of the clubbers and ravers who did not take ecstasy. McMillan et al. (2003) examined differences in the drug use characteristics of users and non-users of ecstasy in the UK. Two groups of non-users were identified: ‘at-risk’ or ‘vulnerable’ non-users, who did not take ecstasy but did intend to in the future; and ‘resistant’ non-users, who did not plan to take ecstasy. Having ecstasy-using friends was seen to heighten the odds of being a user or an at-risk non-user. Ter Bogt & Engels (2005) examined ecstasy use at different types of dance events in the Netherlands. Although all groups of partygoers tended to deny that conformism played a part in their drug use, a multivariate analysis showed that the amount of ecstasy that individuals took was indeed correlated with the proportion of ecstasy users they reported to have in their circle of friends. The authors conclude that young people, despite their denial that they emulate their friends’ behaviour, nevertheless seem to conform to ‘rules’ about drug use in their circle of friends (ter Bogt & Engels 2005).

All these studies show clear associations between people’s own ecstasy use and that of their peers, but is this a question of peer influence or of peer selection? And do those mechanisms work differently in contexts of initiation of ecstasy use as compared to contexts of continuation?

This study is a supplement to the Netherlands XTC Toxicity Study (NeXT), a longitudinal, multidisciplinary study on the neurotoxicity of ecstasy. To obtain more insights into the extent and nature of peer involvement in ecstasy use, we interviewed 106 recent ecstasy users, questioning them on the role that friends or peers played in their decisions to start taking ecstasy and to continue taking it. We address here four research questions step by step. First, do ecstasy users believe that peers play any part at all in their initiation or continuation of ecstasy use? Second, what is the nature of that role? Can one distinguish between peer influence and peer selection? And if so, does influence, selection or a combination of the two play the primary role, and does that vary with age, gender or the extent of ecstasy use? The literature we have studied leads us to believe that peer influence and peer selection will work reciprocally; we hope this study will help us better understand what the relative contributions of these two processes are. Our third question is an attempt to obtain better insights into the nature and dynamics of peer influence. Do peers simply reinforce one another’s drug use, or do they also moderate it? And fourth, we hope to learn whether the role of peers changes over time. Are differences evident between the stages of initiation and of continuation?

**Method and sample**

Our sample consisted of 106 recent ecstasy users. Conditions for inclusion were: minimum age 18 years, and a lifetime ecstasy use frequency of 10 occasions or more, including at least once within 12 months prior to the interview. All respondents were recruited either in a varied selection of Amsterdam nightlife venues, through notices posted on appropriate Internet forums or through snowball sampling. We sought variation in terms of age, in frequency and duration of ecstasy use, and in nightlife scenes. Data were collected in semi-structured, face-to-face interviews and a written
questionnaire. Participation was voluntary and respondents received €10 reimbursement. Our focus in this chapter is on peer involvement. In the interviews, respondents were asked about the role their peers played when they first started taking ecstasy as well as throughout their ecstasy careers. The qualitative answers were then categorised and standardised. To record peer-group ecstasy use, we questioned the interviewees on the percentages of ecstasy users in their circle of friends at three points in time: (1) at the time they took their first ecstasy, (2) during their peak period of their ecstasy use, and (3) recently.

Table 1. General characteristics of ecstasy users (n = 106)

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>male</td>
<td>63.2%</td>
</tr>
<tr>
<td>female</td>
<td>36.8%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>mean, in years (SD)</td>
<td>25.4 (4.9)</td>
</tr>
<tr>
<td>range</td>
<td>18-39</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>Western</td>
<td>91.2%</td>
</tr>
<tr>
<td>non-Western</td>
<td>8.8%</td>
</tr>
<tr>
<td><strong>Housing status</strong></td>
<td></td>
</tr>
<tr>
<td>parental home</td>
<td>14.2%</td>
</tr>
<tr>
<td>shared household</td>
<td>29.2%</td>
</tr>
<tr>
<td>single household</td>
<td>56.6%</td>
</tr>
<tr>
<td>homeless</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Employment status</strong></td>
<td></td>
</tr>
<tr>
<td>students/pupils</td>
<td>39.6%</td>
</tr>
<tr>
<td>employed</td>
<td>47.2%</td>
</tr>
<tr>
<td>unemployed/job-seeking</td>
<td>13.2%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>vocational/lower secondary</td>
<td>22.6%</td>
</tr>
<tr>
<td>middle secondary</td>
<td>27.4%</td>
</tr>
<tr>
<td>higher</td>
<td>50.0%</td>
</tr>
</tbody>
</table>

Table 1 summarises some general characteristics of respondents. The mean age was 25.4 years. Males outnumbered females, but they did not differ in age. Ethnicity was determined according to the standard Dutch procedure based on the parents’ country of birth; the vast majority of respondents were of Western ethnicities, meaning that both parents were born in Western countries. In effect this meant that virtually all were white. Half of the respondents had completed pre-university secondary, higher professional or university education. Most were in paid employment or were students. Almost half lived alone in single households; other respondents lived either with their parents or with a
partner, friends, fellow students or other housemates. Not a single respondent was homeless. Lifetime prevalence of ecstasy use was estimated during the face-to-face interviews using an ‘ecstasy timeline’. With the assistance of the interviewer, contextual information likely to facilitate the recall of ecstasy use was mapped out (e.g. age of first ecstasy use, periods of work and study, relationships, partying behaviour). On the basis of these cues, subjects then provided periodic quantity-frequency estimations of their past and present use of ecstasy (Bedi & Redman 2006, p.433). Lifetime ecstasy use varied from 14 to 560 occasions (mean 93.2, SD = 104.5) and lifetime number of pills taken varied from 7 to 3000 (mean 226.8, SD = 394.1). Mean duration of use at the time of the interview was 6.0 years (SD = 3.5). Age of first use varied from 13 to 31 years (mean 19.4, SD = 4.1). At the time of the interview, more than half of all respondents (57.5%) were taking ecstasy less than once a month and only a few (5.7%) one or more times per week. Average current ecstasy consumption was 1.9 pills (SD = 1.0) per occasion. No gender differences were seen on any of these variables, except that men took more pills (2.0) per occasion than women (1.6 pills) (T = 2.246, df = 104, p = .027).

Prevalence rates for the use of other legal or illicit psychotropic substances are summarised in table 2. Consistent with the high rates of polydrug use found in a number of studies (e.g. Duff 2005; Gresch et al. 2005; Korf et al. 2004c; Scholey et al. 2004; Sherlock & Conner 1999; Theall et al. 2006; e.g. Zarate et al. 2006), the majority reported having used a range of substances. Virtually all currently drank alcohol and the majority smoked cannabis and tobacco. Many had experimented with illicit hard drugs, and nearly half had taken cocaine in the past month. Crack and heroin scored very low, and no current use was reported at all.

Table 2. Use of other substances by ecstasy users (%) (n=106)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Lifetime</th>
<th>Last year</th>
<th>Last month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>100.0</td>
<td>97.2</td>
<td>96.0</td>
</tr>
<tr>
<td>Cannabis</td>
<td>97.1</td>
<td>88.5</td>
<td>75.5</td>
</tr>
<tr>
<td>Tobacco</td>
<td>95.3</td>
<td>84.9</td>
<td>72.1</td>
</tr>
<tr>
<td>Cocaine</td>
<td>84.9</td>
<td>76.0</td>
<td>43.3</td>
</tr>
<tr>
<td>Magic mushrooms</td>
<td>80.2</td>
<td>37.5</td>
<td>6.7</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>67.0</td>
<td>43.3</td>
<td>19.2</td>
</tr>
<tr>
<td>GHB</td>
<td>55.7</td>
<td>30.5</td>
<td>10.5</td>
</tr>
<tr>
<td>Sedatives</td>
<td>36.8</td>
<td>15.4</td>
<td>6.7</td>
</tr>
<tr>
<td>LSD</td>
<td>24.5</td>
<td>11.4</td>
<td>2.9</td>
</tr>
<tr>
<td>Crack</td>
<td>15.1</td>
<td>0.9</td>
<td>0.0</td>
</tr>
<tr>
<td>Heroin</td>
<td>4.7</td>
<td>0.9</td>
<td>0.0</td>
</tr>
</tbody>
</table>
Results

Ecstasy use among peers

In the interviews we asked respondents to make an estimate of the percentages of ecstasy users among their friends at three points in time. At the time of their initiation to ecstasy, they estimated an average of 31.4% ecstasy-using friends (SD = 33.0). During their peak period of ecstasy use (when they were taking the drug the most heavily) the average was 65.9% (SD = 28.8), significantly more than during the initial phase ($T = -9.193$, df = 88, $p = .000$). At the time of the interview, almost half (47.4%, SD = 26.9) of their friends on average were estimated to take ecstasy, significantly less than during the peak period ($T = 5.425$, df = 88, $p = .000$) but more than at the beginning ($T = -4.717$, df = 105, $p = .000$) (see figure 1). For the early and peak periods, no gender differences were seen in terms of the percentages of ecstasy-using friends, but at the time of the interview women estimated relatively higher percentages than men (54% vs 43%; $T = 2.070$, df = 104, $p = .041$).

![Figure 1. Percentages of ecstasy-using friends](image)

Initiation

How much of a role did respondents believe peers played in their initiation into ecstasy use? We asked the following question in the interview: ‘What role did your friends play in the first time you took ecstasy?’ Some 103 of the 106 respondents reported that peers indeed played a part in their initiation to the drug. The 3 respondents who gave negative answers continued to emphasise throughout the interview that their first use of ecstasy had been a conscious decision of their own and that nobody had influenced it.

We then explored more deeply what the role of friends exactly was. Analysis of the answers of the 103 respondents who affirmed peer involvement revealed four different processes. The vast majority (n=87) reported experiencing peer influence; they said that some of their friends already took ecstasy and that this had partly or solely aroused their interest. Three variants could be distinguished within this subgroup of 87 respondents. First, for some (n=31) the influence amounted to a small nudge; they had already been curious about the drug and had considered taking it before. Second, there were respondents (n=45) who had less of a pronounced interest in ecstasy and whose curiosity was only really aroused by friends. Third, some respondents (n=11) reported an initially negative attitude to the drug, which took a positive turn in their interactions with ecstasy-using friends. The total group of 87 respondents who reported peer influence did not differ from the remainder of the sample (n=19) in
terms of gender, age, education or ecstasy use variables (age of first use, duration of use, lifetime frequency of use, lifetime number of pills, number of pills per occasion). They did have more ecstasy users in their circle of friends when they first started taking ecstasy (36% vs 10%; T = -5.240, df = 67.85, p = .000).

The second process we identified involved peer selection at the time of ecstasy initiation. This was reported by only 6 of the remaining 19 respondents. Their answers gave no evidence of influence from their existing group of friends. They had already developed an interest in ecstasy on their own, and they set out to find other friends to take ecstasy with.

Altogether there were 93 respondents that could be classified as reporting peer influence (n=87) or peer selection (n=6). As noted, 3 further respondents said friends were not involved at all in their initiation to ecstasy. So what about the remaining 10 respondents? 8 of them reported that they and some friends had all taken ecstasy together for the first time. The third process thus involves a collective initiation. In the fourth process – identified in only 2 interviews – respondents reported that they themselves had been the first in their circle of friends to take ecstasy. They then sparked the enthusiasm of their existing friends with their stories about the drug, and the friends then also tried ecstasy. This fourth type may be called pioneering. Figure 2 gives an overview of the processes involved in ecstasy initiation.

![Figure 2](image.png)

**Figure 2.** Distributions of peer influence, peer selection and other categories in the initiation of ecstasy use (n=106)

**Continuation**

To investigate the influence of peers on the continuation of ecstasy use after initiation, we put the following question in the face-to-face interview: ‘What role did your friends play when you continued to take ecstasy after your first time?’ All 106 respondents acknowledged that friends were involved in the further course of their ecstasy careers. What especially became clear was that most respondents could not be straightforwardly assigned to a single category (exclusive peer influence or peer selection). In addition, peer influence was seen to operate in two directions: respondents could undergo passive influence from peers or could themselves exert active influence on their peers. Over half the respondents (n=57) indicated they had experienced passive influence on their use of ecstasy. Passive influence could also work two ways. Almost equal numbers reported that friends had restrained their use of the drug (n=42) or had encouraged it (n=39). The two directions of passive influence were also not mutually exclusive, as 24 of the 57 respondents indicated a combination whereby friends restrained them at times and encouraged them at other times.
Respondents also exerted active influence on their friends’ ecstasy use. More than half of all respondents (n=62) reported having done so. Most of these (n=53) reported having restrained their friends. About half the respondents (n=34) who had actively influenced friends reported that they had encouraged them to take ecstasy. Here again, some respondents, 25 of the 62 in question, reported having exercised both the restraining and the encouraging types of active influence.

So far we separately discussed the respondents that reported passive influence (n=57) and those reporting active influence (n=62). However, there was considerable overlap. Most of the respondents in question (n=41) reported reciprocal influencing, whereby they experienced passive influence but also actively influenced their friends. This seems to reflect a dynamic process of mutual peer influence in the continued use of ecstasy. We thus observed either passive or active peer influence, or both, in the continuing ecstasy use of 78 of the 106 respondents (table 3). No differences were seen between them and the subgroup not reporting peer influence (n=28) in terms of gender, age, education, age of initiation, duration of ecstasy use or percentages of ecstasy-taking friends (either in the peak period or recently). Respondents acknowledging peer influence did report greater lifetime frequencies and quantities of ecstasy use than those without influence during the continuation period (104.0 occasions vs 63.1 occasions, T = -2.259, df = 80.488, p = .027; 264.9 pills vs 120.5 pills, T = 2.573, df = 101.012, p = .012).

### Table 3. Passive and active peer influences in the continuation of ecstasy use

<table>
<thead>
<tr>
<th></th>
<th>n=56</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Passive restraining</td>
<td>42</td>
<td>Passive</td>
<td></td>
</tr>
<tr>
<td>Passive encouraging</td>
<td>39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passive restraining</td>
<td>24</td>
<td>and</td>
<td></td>
</tr>
<tr>
<td>and encouraging</td>
<td></td>
<td>encouraging</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>n=62</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Active restraining</td>
<td>53</td>
<td>Passive</td>
<td></td>
</tr>
<tr>
<td>Active encouraging</td>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active encouraging</td>
<td>25</td>
<td>and</td>
<td></td>
</tr>
<tr>
<td>and restraining</td>
<td></td>
<td>passive</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>n=78</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Passive only</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active only</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active and passive</td>
<td>41</td>
<td></td>
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</table>

To gain more insight into the processes of peer influence and peer selection, we also asked all respondents whether the composition of their circle of friends had changed in the course of their use of ecstasy. (‘Since you’ve been taking ecstasy, has your circle of friends expanded to include new friends that also take ecstasy?’) Some 42 respondents (39.6%) acknowledged that this was indeed the case. They may or may not have consciously sought new friends to take ecstasy with. We consider these respondents (n=42) to have exercised peer selection. They did not differ from the remainder of the sample (n=64) in terms of gender, age, education, ecstasy use variables (age of first use, duration of use, lifetime frequency of use, lifetime number of pills, number of pills per occasion), nor percentages of ecstasy-using friends (either in the peak period or recently). The selecting of new friends was not a self-contained process. In most cases (n=29), not only selection occurred, but also active and/or passive influence.
In the total sample, active and/or passive peer influence occurred in 78 of the 106 cases in the continuation phase; 13 respondents reported peer selection only. What happened in the remaining 15 cases, then? They reported that although peers did play some part in their continuing ecstasy use, no influence or selection was involved. They had begun using ecstasy with friends, and they continued to do so with those friends – they did not make new friends, nor did their current friends exert restraining or encouraging influence. We label these respondents as autonomous users. They did not differ from the non-autonomous users (n=91) in gender, age, education, ecstasy use (age of first use, duration of use, lifetime frequency of use, lifetime number of pills, number of pills per occasion), or percentages of friends who took ecstasy (either in the peak period or recently).

Figure 3 is a graphic depiction of the dynamic process of peer influence and peer selection in the continuation of ecstasy use. The three overlapping spheres represent passive influence, active influence and peer selection.

**Passive influence** = respondent is influenced by peers  
**Active influence** = respondent exerts influence on peers  
**Selection** = respondent seeks new friends to take ecstasy with  
**Autonomous users** = peer involvement but no influence or selection

**Figure 3.** Dynamics and overlap of passive peer influence, active peer influence and peer selection in the continuation of ecstasy use (n=106)


Discussion

The aim of this study was to better understand the extent and nature of peer involvement in the use of ecstasy. We interviewed a convenience sample of 106 ecstasy users in Amsterdam who had taken the drug on 10 or more occasions in their lives and at least once in the previous 12 months. We retrospectively investigated the role of peers both in the initiation and continuation of ecstasy use. We are well aware of the study’s limitations. We targeted at current users, whereas most lifetime users in the Amsterdam general population are known to have not taken ecstasy for more than a year (Abraham et al. 2002). Because the sample was not randomly selected, we can not claim it to be statistically representative of the population of ecstasy users. Yet the sample is sufficiently varied, as we contacted both male and female candidates of varied ages, ethnic backgrounds (though predominantly Western), educational levels and employment statuses (employed, unemployed, students). From comparing a probability and a non-probability sample in terms of demographic variables, patterns of ecstasy use and other drug use characteristics, Topp et al. (2004) concluded that purposive sampling of relatively large numbers of ecstasy users may be considered sufficiently representative. Our study found few if any overall differences in demographic or ecstasy use characteristics when it came to the role of peers in ecstasy use. Nevertheless, findings might be different for other populations, e.g. in rural areas, other countries or higher levels of deviance.

Critical voices suggest that the importance of peer influence can be easily overestimated (Arnett 2006; Liechti et al. 2000). Two mechanisms could be to blame. First, because cross-sectional studies only rate the similarity of friends at a single point in time, they are incapable of distinguishing between peer influence and peer selection. Attributing friend similarity entirely to peer influence, without controlling for peer selection, will overestimate peer influence (Liechti et al. 2000, p. 188). We have tried to overcome this problem by exploring the role of peers at different stages of ecstasy careers – at initiation, in the peak period and recently. That enabled us to chart the longitudinal development of those careers, notwithstanding the drawback of the retrospective design. Secondly, in many studies on the role of peers, the behaviour of friends is often recorded indirectly, by asking young people to describe their friends’ behaviour (perceived behaviour), rather than by questioning the friends directly (actual behaviour). A number of studies that assessed both perceived and actual behaviour have shown that people often project their own behaviour onto their friends, and that perceived reports of friends’ substance use correlated more strongly than actual reports with the respondents’ own substance use (Iannotti et al. 1996; Liechti et al. 2000). Our study uses perceived reports of whether friends take ecstasy, and it may therefore have overestimated the extent of ecstasy use among friends. Even if that be the case, however, we see no reason why the degree of that overestimation would substantially vary between the successive stages of the ecstasy use careers. Our respondents reported that after initiation, the percentage of ecstasy-using friends grew until the peak period, after which the circle of friends became more mixed and the proportion of ecstasy users declined.

Does having ecstasy-using friends thus imply that they were involved in the initiation and further course of a person’s ecstasy career? By the respondents’ own accounts peers almost always played some part in ecstasy initiation. In most cases, some friends were already taking ecstasy, and that aroused or fuelled the respondents’ interest. Our findings indicate that most people did not experience classical peer pressure when they first took ecstasy, but that ecstasy-using friends did play a major or minor role in their decision to take the drug. Normative influence thus appears to be more significant here than direct or overt influence, which is in accordance with qualitative literature about smoking initiation (Nichter et al. 1997; Stewart-Knox et al. 2005). Peer selection seems very uncommon at the
stage of initiation. Most respondents became acquainted with ecstasy within their existing circle of
friends. Peer influence was also frequently observed in the continuation of ecstasy use, but peer
selection was considerably more prominent here than at initiation. More than half of the sample
reported passive influence, in which the respondent underwent influence from peers. A slightly
greater number reported having actively influenced peers themselves. Quite often the reported peer
influence was reciprocal, whereby respondents both exerted and underwent influence. We
additionally found that peer influence could have restraining effects on ecstasy use as well as
encouraging it. Respondents were restrained by their peers, for example, if their use of ecstasy
became excessive or hazardous; but they could also encourage one another, as when it was ‘time to
start partying’. Respondents reporting peer influence during the continuation stage had taken more
ecstasy in their lives than the ones who did not report it. Different types of peer influence could occur
simultaneously or could alternate over time. Our study thus confirms the multidimensionality of peer
influence (Urberg et al. 1990).

Peer selection was reported by approx. 40% of respondents during the continuation phase. Reciprocal
influencing of friends and the selection of new friends alternated with one another in a dynamic
process. Peers are thus seen to figure heavily both in the initiation stage of ecstasy use and in the
continuation stage. However, our study indicates that peer involvement at initiation is different from
peer involvement in the continued use of ecstasy. At initiation it mainly takes the form of peer
influence, whereas peer influence and peer selection occur reciprocally during continuation. Here too,
though, influence is more prevalent than selection.

Our study might provide some valuable insights for drug prevention. It is unmistakable that peer
group members frequently influence the initial use of ecstasy. Primary prevention needs to act on that
knowledge, but not by depicting ecstasy users as unsavoury outsiders. After all, when young people
begin taking ecstasy, the influence often comes from their existing circle of friends. It does not
normally result from ‘getting into the wrong crowd’ and being pressured into drug-taking. The peer
group not only encourages ecstasy use, but also restrains it. Restraining influences like these are part
of informal social control and can play a role in moderating drug use. Secondary prevention (or harm
reduction) efforts should therefore attempt to reinforce this type of restraining peer-to-peer behaviour,
whereby friends inhibit one another from hazardous acts and encourage risk-reducing behaviour (e.g.
‘friends don’t let friends take more than one ecstasy pill at once’). We suggest that these issues need
further study. Peer education provided by young people with experience in taking ecstasy themselves
can make a vital contribution to secondary prevention.