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

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Long-term ecstasy use and the management of work and relationships.
Abstract

In this chapter, we focus on behavioural aspects of long-term, heavy ecstasy use, with particular emphasis on occupational careers and intimate relationships. We interviewed a targeted sample of 29 ecstasy users in Amsterdam (11 female, 18 male, aged 38-55) with a lifetime consumption of ≥ 250 pills. They varied widely in terms of work careers and current employment. Career interruptions due to illness or unemployment were rather common. Most of these heavy ecstasy users were not particularly career-minded, but gave priority to their social life instead. Nonetheless, two thirds of the respondents (19/29) were currently employed, and hence did not differ in this respect from their age-group peers in the Amsterdam general population. Respondents employed various strategies to keep their ecstasy use from adversely affecting their functioning, such as working flexible hours and tempering their ecstasy use in busy periods. More than half of respondents (16/29) had an intimate relationship (> 1 year) at the time of the interview, almost all with a partner who also took ecstasy.

Introduction

A typical ecstasy career is characterised by a euphoric start, consolidation at some level, and then a gradual withdrawal from the scene as work, adult life, relationships or children command more attention. The ‘wild years’ are assigned a place in the ex-user’s life history as a source of anecdotes about a carefree, adventurous phase (Van den Eijnden 1998). The first generation of Dutch ecstasy (MDMA) users started taking the drug in the late 1980s (Adelaars 1991; Korf et al. 1991; ter Bogt & Engels 2005). Most of these men and women are now well into their forties and fifties. The 2001 National Prevalence Survey (NPO), a large-scale Dutch nationwide household survey, reported that only 1.0% of people in their forties had ever taken ecstasy, and only 0.1% in the past month; the Amsterdam figures were 6.6% and 1.0% (Abraham et al. 2002). Although the vast majority of users stop taking ecstasy altogether after some time (ter Bogt & Engels 2005), surveys of Amsterdam clubbers and ravers show that some people go on taking the drug for many years (Korf et al. 2004c). There is evidence that frequent ecstasy use in high dosages is associated with brain damage, in particular reduced levels of serotonin transporters in abstinent ecstasy users (McCann et al. 2000; Reneman et al. 2001a), although the current state of neuroimaging in human ecstasy users does not permit conclusions regarding the long-term effects of ecstasy use (Cowan 2007). Functional abnormalities seen in ecstasy users include memory disturbance, depression and impulsivity (Parrott & Lasky 1998; Parrott et al. 2000). Another concern is that ‘cognitive deficits of ecstasy users might help to accelerate the normal brain aging process and so contribute later on to early age-related cognitive impairment’ (Gouzoulis-Mayfrank & Daumann 2006b, p. 354).

The issue we address here is what this all means for the day-to-day functioning of long-term ecstasy users, and more specifically whether prolonged, heavy ecstasy consumption is compatible with work and relationships. Studies have been conducted in several countries on the behavioural aspects of ecstasy use, including behaviour patterns, motives for use, and positive and negative short-, medium- and long-term effects of the drug (Hansen et al. 2001a; Pape & Rossow 2004; Soellner 2005; ter Bogt & Engels 2005; Wibberley & Price 2000; Wilkins et al. 2003; Yacoubian et al. 2003). To our knowledge, all the studies done so far have focused on adolescents and young adults. Although some researchers have included a few older respondents (e.g. Duff 2005; Hansen et al. 2001a; Sherlock & Conner 1999), we are unaware of any studies that have specifically targeted older users. Obviously that is partly because there are not very many older ecstasy users, a problem also encountered by Williams (2005). In a sample of almost 15,000 respondents from the 1998 and 2001 National Drug Strategy Household Surveys in Australia, he reported that only 90 of those aged 45 or older had ever
taken ecstasy. In a multivariate logistic regression analysis, socio-demographic factors were not predictive of ecstasy use. Amongst others, support for harm-reduction interventions (e.g. needle exchange programs, heroin prescription trial…) and histories of amphetamine, cannabis and cocaine use were risk factors for having used ecstasy. Just 12 respondents had used ecstasy in the past year, which prevented meaningful explorations.

Even amongst younger users, not much research has been done on how taking ecstasy may specifically affect work and relationships. In the ‘normalisation discourse’, it has been reported that recreational drug use appears to be ‘increasingly integrated into the leisure and consumption landscapes of youth cultures’ (Duff 2005, p. 167). A survey of 379 clubbers in Melbourne (average age 22.9), which included both abstainers and users of illicit drugs, revealed that the vast majority were employed and/or students (only 4% were unemployed). The researchers found patterns of drug use to be broadly consistent across the different categories of drug users and observed that ‘these young people are utterly “normal” in their employment, demographic and education profiles and their drug use has not led to economic and/or social isolation or exclusion’ (Duff 2005, p. 167-168). In the New Zealand National Drug Survey of 2001, only 1% of the last-year ecstasy users reported problems related to work or to work opportunities (Wilkins et al. 2003). Other studies, however, have found more negative effects of ecstasy use on work or studies. A survey of 317 British dance drug users reported that 41% felt that their drug use or recovery period adversely affected their work or studies, mostly as a consequence of fatigue, lower work performance, absence, decreased or labile mood or lack of concentration (a further 5% felt that drug use improved work performance) (Measham et al. 2001). Topp et al. (1999) found that 42% of 329 Australian ecstasy users had faced occupational or study problems in the past six months that they blamed on ecstasy, predominantly (in 64%) concentration problems, reduced performance or demotivation. A quarter (25%) of those reporting problems had taken sick leave or skipped classes, and 11% reported more serious problems like job termination or inability to find work.

Numerous studies have found associations between people’s drug use and that of their peer group (Elliott et al. 1989; McMillan et al. 2003; Petraitis et al. 1995; Sherlock & Conner 1999; ter Bogt & Engels 2005; Weerman 2003). Ecstasy users especially tend to cite the acute entactogenic properties (Vollenweider et al. 1998) of the drug – its disinhibiting effects on social contact – as important motives for taking it (e.g. Hinchliff 2001; Levy et al. 2005; ter Bogt & Engels 2005). Little is known as yet, however, about how the drug might influence relationship quality in the longer term. Are the positive experiences confined to the acute intoxication phase, or are they more or less permanent in nature? The results of one survey of 209 people that had taken ecstasy at least once suggested a possibly more enduring beneficial effect on friendships and relationships (Rodgers et al. 2006), whereas Topp and colleagues (1999) found that 40% of their 329 ecstasy users had experienced ecstasy-related relationship problems in a six-month period.

Periods of excessive drug use are often followed by self-regulation. Self-regulation is a ‘cycle of processes’ in which drug users learn from their own and others’ experiences. They thus develop ‘informal control mechanisms that help prevent a disruption of everyday life’ (Decorte et al. 2003, p. 317). Most recreational users informally make cost-benefit assessments of their substance use (Zuckerman et al. 1989).

The present study seeks to improve understanding of the behavioural aspects of heavy, prolonged ecstasy use, with a particular focus on the social functioning of older users in terms of career and relationships. Do they have jobs, and at what levels? Has their use of ecstasy affected their work functioning? Do they have enduring intimate relationships, and does ecstasy play a part in these? Does their social functioning vary with the amount of ecstasy they take? Do they apply informal control strategies to regulate their ecstasy use?
Method

In an exploratory, largely qualitative study, we interviewed 29 long-term heavy ecstasy users between February and June 2005. They were recruited in Amsterdam by targeted sampling (Heckathorn 1997; Watters & Biernacki 1989) within social networks of older ecstasy users, in combination with a small advertisement in a local newspaper. Recruitment by snowball sampling (Korf 1995b) was limited to only a few respondents to avoid including too many people from a single network. The most important inclusion criteria were a lifetime consumption of at least 250 ecstasy tablets and an age above 35.

Data were collected in semi-structured in-depth face-to-face interviews focusing on patterns of ecstasy use, social functioning (education, employment, relationships) and long-term positive or negative mental and physical effects of the ecstasy use by constructing a ‘context-based 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). Other drug use (including prevalence and age of first use) was recorded via a written questionnaire.

All participants were required to sign informed consent documents acknowledging that their participation was voluntary, that ecstasy was possibly harmful and that it was not the intention of the researchers to encourage the use of ecstasy. Respondents were reimbursed with €40 for their participation.

Respondents are identified in this chapter by respondent numbers (H001–H029). Some fictitious names are also assigned to enhance readability.

Respondents

The mean age of respondents at the time of the study was 45 (range 38–55). Approximately one third were women (11/29). Nearly all (27/29) were of Western ethnicity (both parents born in Western countries), which effectively meant they were white. Respondents belonged to the first generation of Dutch ecstasy users. Their average year of ecstasy initiation was 1990, and their age of initiation varied from 20 to 40 (mean age 31). At the time of the interview, 5 of the 29 respondents had not taken any ecstasy for one year or more, 3 of whom said they were quitting for good. The mean duration of use for all respondents at the time of the study was 13 years. According to the 2001 National Prevalence Survey, the mean age of first ecstasy use in the general Amsterdam population was 26, only one quarter of the lifetime users had taken the drug 25 times or more, and most users had not taken any ecstasy in the previous year (Abraham et al. 2002). Our respondents thus form an atypical segment of the population of Amsterdam ecstasy users, having started relatively late and continued very long.

Their relatively late start can be explained by the fact that ecstasy did not spread in Amsterdam until the late 1980s. During this first years ecstasy was predominantly used by experienced and somewhat older drug users (Korf et al. 1991).

The lifetime number of pills taken varied from 250 to 5000 (mean 914, median 600). Nearly all (27/29) respondents reported having experienced a peak period (median duration 2 years) in which they took 2 pills (median) per occasion, often several times a week. For about half of the respondents this meant going out and taking ecstasy several times a week, with ‘weekends’ sometimes lasting from Thursday evening to Monday afternoon.
After that we really plunged into the nightlife scene big-time. We toured around all over the country. It was a very wild time. Basically our whole life from 1992 to 1995 was totally defined by clubbing and partying. We went out from Wednesday night to Monday night. On weeknights we took one tab and at weekends two or three tabs a night. For two years there we were taking as many as 10 pills a week. (H028, female, age 41, sports instructor)

The median current ecstasy consumption for the recent users (24/29) was 1 pill per occasion. Half of all respondents were doing ecstasy no more than 6 times a year, but a few were still taking it at least once a week. Our respondents can be characterised as genuine polydrug users, who frequently took different drugs in combination or in sequence. They had experience with a wide variety of other substances – primarily alcohol, cannabis, tobacco, cocaine and speed – in addition to ecstasy (see table 1). Their use of psychedelic drugs was often limited to experimentation, as is generally the case in the Amsterdam club and party scene (Korf et al. 2004c). Although one quarter of the sample had tried heroin and nearly one third had tried crack or freebase cocaine, that, too, was limited to experimental use (with one exception), and none had taken these drugs in the past year. Most respondents had years of experience with other drugs before ecstasy came onto the scene. They not only frequently took other drugs besides ecstasy, but they sometimes even took them together (simultaneous co-use).

At first I took ecstasy with water, because it seemed daft to drink alcohol with ecstasy. But not too long afterwards we started drinking alcohol with ecstasy too. Later we also sometimes had a snort [cocaine] with it, even though that basically spoiled the effects of the ecstasy. But it got to be par for the course and everybody did it. (H004, male, age 47, operational manager)

We partied from Thursday night till Sunday, and on Friday, Saturday and Sunday we took ecstasy: I must say we took huge amounts of speed along with it. (H026, female, age 41, clerical worker)

Table 1. Use of substances other than ecstasy (N=29)

<table>
<thead>
<tr>
<th>Substances</th>
<th>Lifetime %</th>
<th>Last year %</th>
<th>Last month %</th>
<th>Mean age at first use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>100</td>
<td>93</td>
<td>90</td>
<td>14</td>
</tr>
<tr>
<td>Cannabis</td>
<td>100</td>
<td>83</td>
<td>72</td>
<td>16</td>
</tr>
<tr>
<td>Tobacco</td>
<td>97</td>
<td>69</td>
<td>66</td>
<td>14</td>
</tr>
<tr>
<td>Cocaine</td>
<td>90</td>
<td>79</td>
<td>41</td>
<td>24</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>90</td>
<td>55</td>
<td>17</td>
<td>23</td>
</tr>
<tr>
<td>LSD</td>
<td>86</td>
<td>14</td>
<td>0</td>
<td>23</td>
</tr>
<tr>
<td>Magic mushrooms (psylocibin)</td>
<td>83</td>
<td>14</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>Sedatives</td>
<td>76</td>
<td>48</td>
<td>38</td>
<td>33</td>
</tr>
<tr>
<td>GHB</td>
<td>72</td>
<td>28</td>
<td>7</td>
<td>41</td>
</tr>
<tr>
<td>Ketamin</td>
<td>45</td>
<td>12</td>
<td>3</td>
<td>40</td>
</tr>
<tr>
<td>Crack</td>
<td>35</td>
<td>3</td>
<td>0</td>
<td>37</td>
</tr>
<tr>
<td>Heroin</td>
<td>31</td>
<td>0</td>
<td>0</td>
<td>32</td>
</tr>
</tbody>
</table>

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Contrasting life courses

In the interviews we asked the respondents to describe their life course, with an emphasis on the period preceding and during their use of ecstasy. Their narratives revealed wide variations in their work careers, in their relationships and in how they perceived the influence of ecstasy on those two dimensions. To illustrate we give reconstructions of the two highly contrasting life courses of Ann (H024) and Rick (H015).

After getting my social work degree, I got a job as a social worker in a community centre. I quite enjoyed my work there for 10 years, but after a few years I felt more and more like doing something creative. I started taking all sorts of fashion courses, just to see what appealed to me. Around that time I also started doing ecstasy, and that really stimulated my creativity. Then I did a full-time degree course at the fashion academy and found a job as a fashion stylist, which I’ve also been doing for 10 years and I really like it! I’ve been with my boyfriend now for 35 years! We took our first ecstasy back in the late 1980s and immersed ourselves in the club and party scenes. We went out just about every weekend for 10 years. There was so much to do! We also took ecstasy practically every weekend, mostly on Friday nights. That way we had the rest of the weekend to rest up. So taking ecstasy never really affected my work. We met a whole lot of nice people and discovered lots of new music. I like to call it the ‘second hippie era’. The effects of ecstasy never really got weaker, it was like ‘Wow!’ every time. I never feel depressed after taking ecstasy. I think that’s because I take it at good parties and with nice friends. I do notice I stay tired for longer nowadays after a night out. Ecstasy has made our relationship even better, and that applies to sex too! We have a very strong bond, but ecstasy can deepen those emotions even more. Ecstasy kept me young and dynamic and right at the centre of life, even though I was bumping 40 by that time! I would have never had so many positive experiences without ecstasy. (Ann, female, age 50, fashion stylist)

I got a few single-subject certificates from secondary modern school and had a bunch of odd jobs. When I didn’t have a job, I lived on the dole. Then I found a job in a club and that really turned into a disaster. There was money being ripped off and they kept pressuring me into signing false cash receipts. Almost everybody that worked there was hooked on pot and coke. I felt extremely unhappy and unsafe. It was around that time that I started doing ecstasy. I really started taking it as an escape because things were going so awful. Other parts of my life weren’t that great either. My partner and I weren’t getting on any more after 12 years, my father died and to top it all off my mother got cancer. With all those things happening to me, I got into a state of depression and general malaise, and I started taking more ecstasy. For eight months there I was taking it almost every day, about two tabs a day. I was totally addicted to ecstasy! Partly because of that, I ran up a lot of debts. It was ruining all my friendships too. I was pushing everyone away with my behaviour. Taking too much ecstasy was turning me into a different person, and I was getting into rows and confrontations with people all the time. In the worst period of my addiction, my partner suddenly decided to break it off for good. I found all my stuff in boxes by the door. Then I completely cracked up. I sank even deeper into depression and even tried to commit suicide. Then I drastically cut back on ecstasy. It took me a year to get off it. I did it all by myself, without any psychological counselling or addiction help. I’m pretty proud of myself for
managing to do that. In my life, ecstasy did a lot more damage than good. To me the balance is definitely negative. Of course I know that ecstasy wasn’t to blame for everything. I mean, when it comes down to it, I just took far too much ecstasy. (Rick, male, age 43, unemployed on incapacity benefit)

These two sharply contrasting narratives reveal different ways in which long-term, frequent ecstasy users have lived their lives. They show that people’s social and economic circumstances can influence their use of ecstasy and, conversely, that their ecstasy use can affect their social and economic functioning. The stories of Ann and Rick stand at opposite ends of the spectrum. The ecstasy careers of the other respondents lie somewhere between these two extremes.

Work and career commitment

Almost all respondents had left the education system before they took their first ecstasy. Some had dropped out of school without a certificate, others had gained an academic degree. A few were still students, and a few would go back later for new training. In terms of the highest qualification attained, 12 of the 29 respondents had completed university or professional training, and the other 17 had lower levels of education.

The sample showed considerable variation in work careers and current employment status. A relatively large proportion reported career interruptions due to illness or unemployment. (We did not count pregnancy and travelling as career interruptions, but we did count staying at home for more than five years to bring up children.) Broadly speaking we can distinguish three subcategories. First there were 10 respondents who had been working ever since they finished their educations, without any real interruptions for illness or unemployment. All of them had jobs at the time of the interview. This subgroup includes both respondents with higher educations (e.g. H003, male, age 55, employed as a company doctor in the same firm for over 20 years) and respondents with less education (e.g. H014, male, age 47, currently working as an account manager at a newspaper). Second, there were 9 respondents who did report one and more interruptions for illness or unemployment, but who were working in that same or a different job at the time of the study, many of them for some time already. An illustration is respondent H025 (female, age 41), who had now been employed as a clerical assistant for two years, after 10 years on national assistance. The third subgroup consisted of 10 respondents who were unemployed, many of them for a considerable length of time (median 4 years). All but one had also interrupted their work careers temporarily on one or more previous occasions. An example is respondent H020 (female, age 46), who first worked as a receptionist in various firms for over 20 years, then stayed home for 10 years to bring up her daughter, and then worked again for 4 years in clerical jobs until the company she was working for went bankrupt. Since then she had been unemployed for three years.

To test for an association between employment status and lifetime ecstasy intake, we dichotomised our sample on the basis of total lifetime ecstasy consumption (<1000 vs ≥1000 pills). The respondents with the highest consumption proved more likely to be currently unemployed (6/9) than those who had taken less than 1000 pills (4/20) (Fisher’s exact test, p = .032). We discuss the relationship between employment and ecstasy use in more detail below.

Self-perceived effects of ecstasy on work functioning and vice versa

All respondents except one had held at least one job during their ecstasy careers. More than half of them (16/28) reported that their use of ecstasy had had little or no adverse effect on their work, or at least not on their daily work functioning. Some even reported beneficial effects; partly because of
their ecstasy use, they had begun to view their careers differently and had opted for another job or occupation. Ann, quoted above, was one example, and another is respondent H028:

I took ecstasy for the first time in 1991. At the time I was still working as a nurse. Later I started training as a sports instructor. I could have done further medical training, but I decided against it because I felt that being a nurse was far too demanding. Besides that, I also kind of decided in favour of my social life. The main reason I changed professions was because of the poor working conditions, but I think ecstasy and nightlife also played a part. (H028, female, age 41, sports instructor).

Others pointed out that they either tempered their use of ecstasy at busy times or planned their work around their ecstasy use, for example if they had a job where they could set their own work schedule to some degree.

When I set up my own business, I didn’t take any ecstasy for a few months, because I really had to keep my mind on things. But after that, when it was up and running, I started taking ecstasy again once in a while. But I only do it if I can afford the time. It’s not something I’m constantly occupied with. (H013, female, age 40, creative manager)

I’m very conscientious about my work. I really take that into account if I plan to do ecstasy. Then I just take Monday off. Since that allows me plenty of time to rest up, ecstasy doesn’t affect my work. (H025, female, age 41, clerical worker)

The other respondents (12/28), in contrast, reported that their use of ecstasy did have negative effects on their work to varying degrees, as when they felt tired or irritable or called in sick.

About four times every year, I take a sickie to get rid of my hangover after a night out. Actually I’m never ill, but I only phone in sick if I’ve been drinking and partying too much and taking too many pills. I’m good at my job and I take it seriously, so I can’t stand not functioning properly and I’d rather just stay at home. (H011, male, age 39, process control engineer in a factory)

If I hadn’t been an ecstasy user, I would have been a lot more fanatic about work. Because of all that ecstasy and coke, I just went through the daily routine. People around me said I was doing more than enough anyway. All my sick leave after 1984 had to do with drugs and drink. (H003, male, age 55, company doctor)

Self-regulation
Several factors have already implicitly emerged that can enable people to combine ecstasy with a job. We can identify three mechanisms in the ecstasy users’ narratives that appear to play a role in the self-regulation of ecstasy use. First, some respondents had found work that was more compatible with a partying lifestyle and with taking ecstasy, in terms of either work content or time schedule. Through freelancing or self-employment, for example, they could determine their own working hours within reason. Quite a few respondents also worked in sectors like fashion, art, media or catering where drug-taking is not necessarily taboo.

Second, many respondents were not particularly career-minded. Only 4 of the 12 with higher educations had jobs on the corresponding level. Some people had decided to take it easy by working
fewer hours a week or by swapping a managerial job for a less demanding one. By and large, most respondents seemed to adapt their work situation to their social life, in which ecstasy and partying played a major part, at least during a certain phase of their lives. In other words, they put social life above career.

Third, respondents took certain measures to keep their ecstasy use from being detrimental to their work. Some took extra days off to give themselves time to rest up, also because they did not like slacking off at work. Others temporarily stopped taking ecstasy during busy periods at work. Or they allowed for the adverse effects of ecstasy and tried to compensate for them.

*Lately I’ve been having more trouble with my memory. I think it’s because of ecstasy. I find myself working on several different tasks at once, and sometimes I have trouble keeping things straight. I compensate for that by making little lists so my work won’t suffer.* (H014, male, age 47, account manager)

Some respondents had also learnt from their experiences. After going through a ‘wild phase’ in their ecstasy careers, they had now slowed down, and had substantially cut back on ecstasy or had even stopped altogether.

**Ecstasy and unemployment**

If we now compare the respondents’ current employment status with the information they related about how ecstasy had affected their work, we obtain a rather varied picture. At one end of the continuum we find 10 respondents who felt their use of ecstasy had not been detrimental to their work and who were now holding a job. At the other end, there are 3 respondents that were the virtual opposite – ecstasy had negatively affected their work and they were now unemployed. Yet there are many other histories between these two extremes. Seven of the remaining 16 respondents believed their ecstasy use had had no adverse effects on previous jobs, but they were now unemployed nonetheless. The other 9 respondents had experienced detrimental effects on their work during a particular period, but they did currently hold a job; evidently the effects were not so bad that they lost their job or could not find a new one.

Notwithstanding their long-term use of ecstasy, some respondents thus showed themselves capable of pursuing a stable working career. The question therefore seems justified whether the unemployment or chronic incapacity we observed in other respondents could have been related to their ecstasy use. In most of their cases, the explanation appears to lay elsewhere. Respondent H029 (female, age 39), for example, was unemployed on incapacity benefit after developing severe asthma from chronically inhaling flour in her job in a bakery. H018, the owner of a lucrative pub with a staff of 40, drastically reduced his working hours, but he insisted that had nothing to do with his use of ecstasy.

*I used to work 80 to 100 hours a week. Two-and-a-half years ago I was suffering from nervous exhaustion from all the stress at work, especially financial problems. And my partner and I weren’t getting on famously either. That wasn’t because of the ecstasy. During that period I delegated a lot of work, and I also sold my other business. Nowadays, I only work 10 hours a week for the pub. I’ve got more free time and I enjoy that. I’m also doing a bit of voluntary work.* (H018, male, age 50, pub owner)

The case of H016 (male, age 47) was not so easy to judge. He had been living on national assistance for many years, but that did not seem to bother him. In still other cases, however, ecstasy definitely appears to have played at least some part in the onset of unemployment. Remember the case of Rick
(H015), whom we introduced early on in the chapter. Or take respondent H001, who worked for 12 years as a lorry driver and is now unemployed on incapacity benefit:

*While I was a lorry driver, I was calling in sick a lot. At the height of my ecstasy use, I just wasn’t in the mood to work. Especially when the hangovers started coming – then you just want to stay in bed after a heavy weekend. I never took on extra shifts, because I didn’t want to miss a single party. Three years ago I had to stop working. I was totally stressed out from all the traffic in the big cities where I was driving, and from all the irregular working hours and my ADHD. The occupational physician declared me medically unfit to ever drive a lorry again, and now I’m on incapacity benefit. Taking ecstasy definitely affected my work; I think it brought on the stress a lot quicker. (H001, male, age 42, unemployed on incapacity benefit)*

But even in H001’s case we see that other factors were also involved: he suffered from ADHD. Such factors make it difficult to identify a direct relationship between heavy prolonged ecstasy use and loss of employment. That is certainly true in our sample, where we have seen from the various narratives that ecstasy users often drink heavily and take other hard drugs in addition to ecstasy.

**Ecstasy and intimate relationships**

No difference in terms of current intimate relationships was apparent between respondents who had taken more than 1000 ecstasy pills in their lifetime (6/9) and those who had taken less than 1000 pills (10/20) (Fisher’s exact test, p = .454). Three general types of respondents were identifiable in this respect. One group of 16 respondents had been with a steady partner for at least 1 year (median 7 years) at the time of the interview and had also had other long-term relationships (5 years or longer) in the past. Some of the current relationships had been on for more than 20 years. Serial monogamy was more common, as in the case of H002 (male, age 45, entrepreneur), who was first married for 7 years and had now been with a new female partner for 6 years. A second group of 10 respondents had had long-term relationships in the past but were ‘single’ at the time of the study. The remaining 3 respondents had never had relationships lasting more than five years.

The vast majority (26/29) of respondents had been able to maintain long-term intimate relationships in the present or the past.

**The role of ecstasy in relationships**

With two exceptions, the partners of respondents with steady relationships also took ecstasy. H009 (female, age 38, entrepreneur) stated that she ‘wouldn’t be able to get involved with somebody that wouldn’t take ecstasy’. All but two respondents (27/29) had had at least one steady partner for 1 year or more during their ecstasy career.

Opinions were divided about the effects ecstasy had on relationships. All 9 respondents that were convinced it had a positive influence were in a steady relationship at the time of the study. On the whole, the entactogenic properties (Vollenweider et al. 1998) of ecstasy seemed the decisive factor, although sex was also frequently mentioned.

*Ecstasy has a very enriching, almost spiritual influence; it gives more depth to things. My partner is a quiet, private guy, and ecstasy helps him talk to people more easily. That effect continues for a long time afterwards. (H023, female, age 40, youth worker)*
Ecstasy has had a really good influence on our sex life. We’ve had more sex than ever before! That’s been a very positive experience. I also noticed we started experimenting more, exploring new horizons together. (H024, female, age 50, fashion stylist)

Ten other respondents reported both positive and negative effects from ecstasy on their relationships. Seven of them no longer had steady relationships at the time of the study. Some felt that ecstasy had positively affected some relationships and negatively affected others. Others felt that taking ecstasy could have both positive and negative effects within the same relationship. For example, the ecstasy experience itself might be valued positively, but the depressive mood (known as ‘Tuesday dip’) that followed could give rise to tensions and quarrels.

We both did coke and ecstasy. Sometimes we argued about that. She said I was doing too much. Ecstasy had both positive and negative effects on our relationship. The positive part was that it drew us together, also in a sexual sense. The negative part was the hangovers and rows that followed. (H022, male, age 43, promotion manager)

Only 3 respondents emphatically branded the influence of ecstasy on their relationships as negative. In some cases, the use of ecstasy had served to drive the partners apart. In other cases, the drug use of one of the partners was a problem. Two of these 3 respondents had a relationship at present.

Because the depressions afterwards were worse every time, we kept getting into arguments during the week. That’s how ecstasy had a bad influence on our relationship. After doing ecstasy intensely for three years, I was fed up with it. I wanted to stop, but he wanted to keep on doing it. That caused a split. (H029, female, age 39, unemployed on incapacity benefit)

Five other respondents believed that ecstasy had had no effect on their relationships.

I was with my partner for 12 years. He tried ecstasy a couple of times, but it wasn’t his thing. So ecstasy was something I took when I went out clubbing with other friends. My partner mainly went to pubs and bars and drank huge amounts of booze. It wasn’t anything we ever disagreed about. When we broke up, ecstasy had nothing to do with it. (H019, male, age 43, unemployed)

Discussion

The purpose of this study was to gain more insights into behavioural aspects of long-term, heavy ecstasy use. We were particularly interested in the social functioning of older ecstasy users in terms of work career and intimate relationships. We interviewed 29 persons between the ages of 38 and 55 in Amsterdam, all of whom had taken at least 250 ecstasy pills in their lifetime. What emerged were wide variations in ecstasy use, in careers and relationships, and in the self-perceived effects of ecstasy use on work and intimate contacts. Although that makes it difficult to draw generalisable conclusions, we can identify certain patterns.

Two thirds of the respondents were in paid employment at the time of the interview. That shows that the long-term, intensive use of ecstasy does not necessarily keep people from holding down jobs or finding new ones. In contrast to them, however, one third of the respondents were unemployed or on incapacity benefit at the time of the interview, many of them for longer periods.
The majority of respondents believed that ecstasy did not impair their functioning at work. A number of self-regulation strategies were undertaken to keep that from happening, such as choosing jobs with shorter or flexible working times, taking a day off after ecstasy use, or cutting down or stopping the use of the drug in busy periods. Most of the working respondents did not seem very career-minded. Most appeared to adapt their work situation to their social life, thus giving priority to social life above career. The question is whether that is specific to heavy ecstasy users. Does this group of respondents actually differ from their age-group peers in the Amsterdam general population? Just over two thirds of Amsterdam residents between 35 and 54 years of age have paid employment, and almost one third do not (job-seekers, sick or disabled people, homemakers) (van Zee 2005). In this respect, our sample members do not appear to differ from other people of their age group. The same applies to the number of working hours per week for those in employment (van Zee 2005).

The vast majority of respondents had had one or more enduring intimate relationships during their ecstasy careers, and many had been with the same partner for many years. More than half were involved in a relationship lasting one year or more at the time of the study. Although that is a lower percentage than the more than 80% of Dutch people aged 40-49 that have steady relationships (Dykstra & Komter 2004; van Laar et al. 2007c), those nationwide figures are most likely to exceed those in an urban area like Amsterdam. Whether our respondents had relationships thanks to, or in spite of, their long-term ecstasy use is still a moot question. Virtually all of the current relationships were with partners who also took ecstasy, and most respondents with partners reported that ecstasy had a positive influence on their relationship. Respondents without current steady relationships tended more to emphasise negative effects that ecstasy had had on previous relationships.

There was no clear association in our sample between paid employment and current steady relationships. Respondents who had taken 1000 or more ecstasy pills in their lifetime were significantly more likely to be unemployed than the respondents who had consumed between 250 and 1000 pills. Although almost all respondents reported ecstasy as their main drug of choice, we cannot draw any firm conclusions, if only because all our respondents were polydrug users who consumed numerous other psychotropic substances in addition to ecstasy.

At first sight, it seems surprising that the amount of lifetime ecstasy intake showed no association with whether or not respondents had a current steady relationship. The most plausible explanation for this is that most of the steady partners took ecstasy themselves. By implication, that could also partly explain why almost half of the respondents did not have a current steady partner. Common interests and shared experiences (like ecstasy use, in the present case) are important for finding and maintaining steady relationships.

We are well aware that this study has some major limitations. The results are difficult to generalise because of the nature of the study – an exploratory, qualitative one with a limited sample size. It was not our intention, however, to provide a representative picture of all ecstasy users, but rather to train the spotlight on an exceptional, atypical population of older, long-term heavy users. Because we were interested in the behavioural aspects of heavy, prolonged ecstasy use, it seemed appropriate to choose a sample with a sufficiently high exposure to ecstasy to enable us to detect any effects that ecstasy may have had on work or relationships. Our respondents had persisted in taking the drug far longer than most other ecstasy users. This puts some of them at odds with the traditional belief that the use of illicit drugs ‘only yields positive experiences or advantages in the beginning of a user’s career and that eventually the balance always tips to the side of the negative effects or disadvantages’ (Decorte et al. 2003, p. 255). What were the reasons why our respondents continued using ecstasy for so long? The large majority of our sample characterised the role of ecstasy in their life as positive, especially on the social level, although they did also experience some negative effects (mainly the post-ecstasy
depressive mood and fatigue and the subjectively perceived memory problems). That is consistent with the findings in a qualitative study by Rodgers et al. (2006), which suggested that many users felt the benefits of ecstasy outweighed the possible negative side-effects.

A second limitation involves validity. We have based ourselves in this chapter on the narratives of the ecstasy users, and these basically constitute their own reconstructions of their ecstasy careers. In a sense it was reassuring to see that respondents did not shy away from also reporting the less pleasurable aspects of their ecstasy use. We believe that the use of a ‘context-based ecstasy timeline’ (Bedi & Redman 2006) in the face-to-face interviews, which was likely to facilitate the recall of their ecstasy use, contributed in a positive way to the validity of this study. Also, some questions of the questionnaire served as a validation of the answers in the face-to-face interview.

A third limitation is the extensive polydrug use of our sample. This is consistent with the high rates of polydrug use found in a number of studies of younger ecstasy users (Duff 2005; Gresch et al. 2005; Korf et al. 2004; Scholey et al. 2004; Sherlock & Conner 1999; Theall et al. 2006; Zarate et al. 2006) and is one of the most important confounds in research with recreational ecstasy users (Gouzoulis-Mayfrank & Daumann 2006a). Therefore, it might be difficult to attribute (positive or negative) effects on social functioning specifically to ecstasy. We have asked the respondents to describe the influence of ecstasy in particular. Few told us that other drugs, such as cocaine or alcohol have had a bigger impact (mostly negative) on their work or relationships.

A fourth limitation is that the cross-sectional design of the study did not permit any causal connections to be made. Our study appears to indicate that taking 1000 or more ecstasy tablets implies a higher probability of being unemployed, although no such association was found with steady intimate relationships. The question remains whether the ecstasy use itself was to blame for the unemployment or whether other factors like the use of other drugs or alcohol, psychological state, or personality traits might weigh more heavily.