

# Have a Safe Trip: Ecstasy Exposure, Perceived Risk, and Harm-Reduction Practices Among College Students

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## Bay Area Connection:



In the San Francisco Bay Area, ecstasy had become a popular club and rave drug among the Asian-American community. It soon became popular among various ethnic groups with the rise of the new hip-hop subgenre "hyphy."

This hyphy movement was popularized by local Bay Area rappers E-40 and the late Mac Dre, with descriptions of ecstasy effects being reflected in several of their songs.

The term hyphy was used to describe an extreme energetic state similar to being hyper, usually due to ecstasy consumption. Thizz, on the other hand, was used as a local slang term for an ecstasy pill (Lee et al., 2011).

## Ecstasy & Molly: Same Drug?



Molly is typically believed to be MDMA as a powder substance encased in a capsule. The terms ecstasy and Molly are often used interchangeably, with the difference being its encasement, with ecstasy being a pressed pill and Molly, a capsule.

The dangers of both forms is that one can never really know the contents of their pill or capsule without pill-testing/checking.

## BACKGROUND

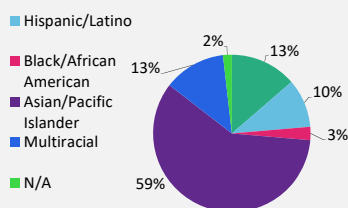
- Ecstasy – a.k.a. 3, 4-Methylene dioxymetham-phetamine, or MDMA - has become a notorious "club drug."
- It is a **Schedule 1 drug** - along with heroin, LSD, etc. (DEA).
  - It has become popular as a social activity due to its subjective effects, such as feelings of connectedness, empathy, and heightened sensuality and sexuality (Leslie et al., 2015; Lee et al., 2010).
- Ecstasy use is prevalent among musical events such as nightclubs, festivals, and raves (Leslie et al., 2015).
- Harm Reduction Drugs Education (HDRE)** argues that because the illicit usage of drugs cannot necessarily be stopped, the next step in safety would be to reduce or minimize any harm that can occur from using substances through harm-reduction practices (Akram & Galt, 1999).
- Three harm-reduction practices were used in this study: (1) drinking water/electrolyte – rich fluids, (2) preloading/post loading, and (3) pill checking (Davis, 2016).**



## METHODS

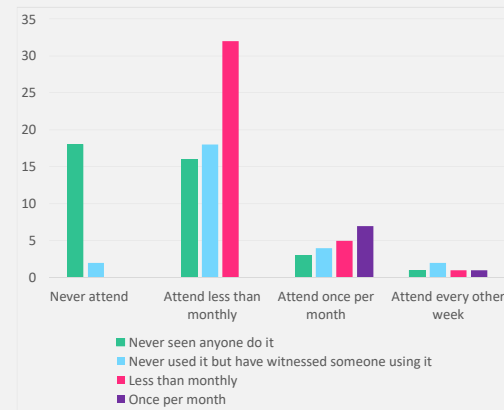
- 110 participants** from the **San Francisco Bay Area** were recruited through social media, snowball sampling, and classroom invitation.
- The **Ecstasy Use History Questionnaire** measured participants' history in using ecstasy; these questions were adapted to measure musical event attendance and non-use exposure (Davis, 2016).
- The **Index of Habit Strength** was used to measure participants' agreement in how strongly they would perform a harm-reduction practice (Davis, 2016).
- A **31 statement questionnaire directly related to perceived health problems associated with ecstasy use** was adapted to only include the first three statements on physical harm, mental harm, and overall health harm (Martins et al., 2011).

### Ethnic Demographics

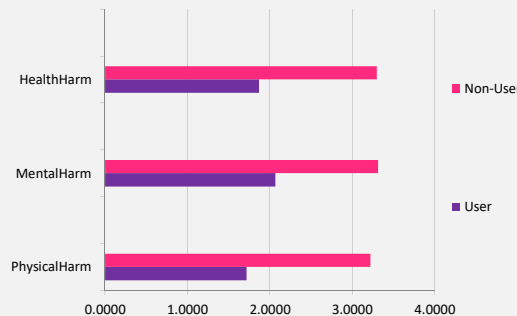


## RESULTS

**Hypothesis 1.** College students who have attended more musical events will be more likely to be exposed to ecstasy than those who have attended fewer musical events. A Spearman  $\rho$  correlation coefficient confirmed that there was a **significant positive correlation** ( $\rho$  (108) = .496,  $p < .001$ ) between frequency of ecstasy usage and event attendance.



**Hypothesis 2.** College students who have been exposed to ecstasy will be more likely to state that there is a perceived risk when exposed to ecstasy.



Three independent samples t-tests were used to compare ecstasy exposure (user v. non-user) and the three areas of perceived risk. In comparing frequency and risk (harm):

- physical harm ( $t$  (108) = 8.899,  $p > .001$ ),
- mental harm ( $t$  (108) = 7.047,  $p > .001$ )
- health harm overall ( $t$  (108) = 8.063,  $p > .001$ )

the results were **significant in the opposite direction of my hypothesis.**

## RESULTS

**Hypothesis 3.** College students who perceive a higher risk when exposed to ecstasy will be more likely to engage in harm-reduction practices such as drinking water/electrolyte - rich fluids, preloading/postloading, and pill checking/testing.

	Avg. Pre/Post Loading HR	Avg. Pill Check/Test HR	Avg. Harm	Physical Harm	Mental Harm	Health Harm
Avg. HydrationHR	.283**	.357**	-.304**	-.328**	-.242*	-.279**
Avg. Pre/Post LoadingHR		.381**	.060	.013	.066	.089
Avg. Pill Check/TestHR			-.144	-.235*	-.098	-.069
Avg. Harm				.924**	.923**	.946**
PhysicalHarm					.762**	.817**
MentalHarm						.824**

Three Pearson  $r$  correlations were used to calculate the relationships between users' perceived average harm and the three harm-reduction practices. **Two weak correlations were found:** ( $r$  (44) =  $-.147$ ,  $p > .05$ ) regarding drinking water/electrolyte – rich fluids and average harm, and ( $r$  (44) =  $.184$ ,  $p > .05$ ) and for the relationship between average harm and preloading/postloading. There was a slightly significant result with the relationship between average harm and pill testing/checking ( $r$  (44) =  $-.264$ ,  $p > .05$ ).

## DISCUSSION / FUTURE WORK

**Q: Why did users perceive less risk in ecstasy use than non-users? A: Cognitive dissonance.** Understanding the possible dangers of ecstasy use may cause discomfort to an individual, so cognitive dissonance may play a role in alleviating such negative feelings and thus allowing for an individual to continue engaging in substance use.

This current study established that:

- the more musical events an individual attends the likelihood of exposure to ecstasy increases.
- those engaging in substance use do not necessarily follow through in safety measures to reduce risk and consequences from occurring.

New strategies can be created to better implement harm-reduction practices for those engaging in recreational substance use.

