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Published in final edited form as:

Addict Res Theory. 2011 ; 19(6): 528–541.

Thizzin’—Ecstasy use contexts and emergent social meanings

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Abstract

The drug “Ecstasy” has been most commonly associated with raves, or electronic music dance events, and attributed with sexual disinhibition. In an ethnographic investigation of drug use among second-generation Southeast Asian youth in Northern California (2003), respondents described little use of or interest in using Ecstasy; yet in a second study, Ecstasy was the fourth most commonly-used substance. This paper investigates the social contexts for this change in use patterns. Respondents were second-generation Southeast Asian youths and young adults between the ages of 15 and 26 who were currently or recently drug-involved. We compared qualitative data from the two studies and found emerging patterns of meaning and context related to the observed change in use patterns. Ecstasy use among co-resident African American youth within the context of the local “hyphy” hip-hop music subculture had influenced Southeast Asian youths’ uptake of the drug, known as “thizz.” Respondents referred to the effects of the drug as “thizzin’,” described as energizing, disinhibiting, numbing, and emotion enhancing. Reported consequences of “thizzin’” included violence and aggression as well as fun, while sexual disinhibition was rarely mentioned. The meanings assigned to drugs, including the effects ascribed to them, may be relative to the social contexts within which users are exposed to and consume drugs. The findings indicate the susceptibility of youths to local trends in drug use, particularly associated with popular cultural movements and music. Second-generation youths may be particularly susceptible relative to the conditions of their immigration and processes of identity formation unique to them.

Keywords

drugs; Ecstasy; adolescents; use contexts; social meanings; Asian American

INTRODUCTION

Much research on illicit drugs has described the dynamic nature of substances, including emergent trends within and between groups. Merrill Singer has described these dynamics as five types: changes in user population; changes in drug content or form; changes in drug use paraphernalia; changes in the drug production and distribution; and changes in the social-biological environments of drug use (Singer, 2006). Singer associated many of these changes with youth, who are said to be more open to experimentation and risk-taking. A key aspect of these drug use dynamics is the diffusion of changes across populations. To describe the social mechanism by which changes diffuse, Singer combined the concepts of social epidemic and diffusion of innovation to describe the transmission of new ideas by way of charismatic individuals (mavens, or trendsetters) linked in social networks. This analysis provides a useful structural model for drug changes, but neglects to include the

cultural dimension of change: what makes new drug use forms and media attractive to new users? Jean Schensul and colleagues have offered social norms, social influence and social marketing as means by which information about drugs may be made more appealing to new users, but have focused, as Singer, on a model of communication wherein social influences are focused on contact with specific persons (in this case, drug dealers) (Schensul, Diamond, Disch, Bermudez, & Eiserman, 2005).

In this paper we describe changes among Southeast Asian youth and young adults in the East San Francisco Bay Area in norms and practices related to the drug known as “Ecstasy.” In addition to a change in the social groups using the drug, we report on several other types of change which we find to be associated with the social meaning of the drug for these youths: changes in use settings, drug slang and ascribed effects. We relate these changes to a notable change in the social environment—specifically, a new genre of popular music—as well as possible changes in drug content.

Much research has documented the changes in the social meanings of mind-altering substances. Changes in prevailing attitudes and drug applications may manifest in modulating degrees of regulation as well as changing use patterns (Courtwright, 2001; Musto, 2002; Tracy & Acker, 2004). The case of Prohibition in the USA is one of the most prominent examples of a change in the social meaning of a substance. Changes in alcohol’s legal status have been associated with dramatic shifts in the social construction of users (drinkers) and use contexts (drinking settings), and social policies dealing with alcohol, drinkers and drinking locations. Most studies of changes in the social meanings of substance have focused on large-scale manifestations of change, such as national laws or population-based surveys of use showing changing prevalence rates. By focusing our research at the local level of drug use among a specific population, we aim to highlight the ways in which drug changes are reflected among subgroups and in everyday life.

Data are drawn from ethnographic interviews with key informants and drug users across two projects focusing on drug use among young persons of Laotian and Cambodian descent. The data provide a unique opportunity to investigate changes in drug use and meanings. Due to the specific contours of their immigration history to the USA, a generation of Southeast Asian youths have grown up deeply immersed in the cultural context of the (generally low-income) neighborhoods within which they have settled. They are highly responsive to local youth cultural forms, including drug use. Our investigation of the drug use practices and norms of these youths provides a window into the processes of cultural transmission. Data collection over two time periods with a very narrowly-defined sample allowed us to detail group-level changes in Ecstasy use norms and beliefs within a relatively short period of time.

Ecstasy, “the love drug”

Methylenedioxyamphetamine or MDMA, commonly known as “Ecstasy” (also “E,” “X” or “XTC”) became definitively classified as a Schedule I controlled substance in the USA in 1988 (Tong & Boyer, 2002). MDMA is commonly thought to have been patented as an appetite suppressant. A recent review of the manufacturer’s records has found, however, that the drug was created almost inadvertently and never tested for this effect, was not tested as a psychotropic drug until the 1950s (Freudenmann, Oxler, & Bernschneider-Reif, 2006). MDMA first appeared as a street drug in the 1970s. By the 1980s, however, the drug was being widely distributed for recreational use at “circuit parties” (highly sexualized gay male dance events) and at bars in the USA and Western Europe (Singer, 2006). American drug monitoring systems showed an increase in the use of Ecstasy in the later part of the 1990s (Maxwell, 2003).

By the year 2000 Ecstasy had made its way to a wider audience in the USA (Yacoubian, 2003; Yacoubian, Arria, Fost, & Wish, 2002). Ecstasy came to be closely identified with underground raves and their successors, electronic dance events in clubs, as well as the subcultural movement associated with these events (Hunt & Evans, 2003). As such, Ecstasy became perhaps the most well-known of the “club drugs.” Reports of increasing and problematic use of Ecstasy, particularly in connection with the club scene, emerged in locations as diverse as Turkey (Corapçioğlu & Ogel, 2004), Brazil (Almeida & Silva, 2005), the Czech Republic (Csémy, Lejčková, & Sadílek, 2007) and Taiwan (Leung et al., 2008) as well as the USA (Martins, Mazzotti, & Chilcoat, 2005), Canada (Weir, 2000), Australia (Degenhardt, Barker, & Topp, 2004), and Western Europe including the Netherlands (Bogt & Engels, 2005), Ireland (Kaplan, 2002) and the UK (Sanders, 2005). The complex nature of the international dance scene, with diverse forms of drug use documented in a diversity of geographic settings, should not be underestimated. Nevertheless the literature shows a strong association between the dance scene and use of Ecstasy (Hunt & Evans, 2003).

Within the dance scene context in particular, Ecstasy became known as the “love drug” or the “hug drug” (Reid, Elifson, & Sterk, 2007). Community and connectedness, collective empathy, love and emotional bonding have been cited as reasons individuals chose to take Ecstasy (Nencini, 2002; Watson & Black, 1991), as well as friendliness (Moore & Miles, 2004), a sense of belonging (Hinchliff, 2000), heightened sensuality and sexuality (McElrath, 2005) and a general sense of risky pleasure (Hunt, Evans, & Kares, 2007). Although negative effects have been reported as well (Baylen & Rosenberg, 2006), Ecstasy’s continued popularity among adolescents (Johnston, O’Malley, Bachman, & Schulenberg, 2007) attests to continued acceptability of the drug.

Beyond the rave: diffusion of Ecstasy use

Epidemiological studies in the USA have found Ecstasy to be the third most popular illicit drug used, after marijuana and methamphetamine (Gowing, Henry-Edwards, Irvine, & Ali, 2002). Findings from the National Survey on Drug Use and Health showed that between 2002 and 2007 lifetime use of Ecstasy increased from 10.2 million persons (4.3 percent) to 12.4 million (5.0 percent), although past year use of Ecstasy decreased from 3.2 million (1.3 percent) to 2.1 million (0.9 percent) over the same period (OAS, 2008). These data indicate that many people were experimenting with Ecstasy use, although fewer were maintaining the habit. Ethnographic accounts have documented the expansion of Ecstasy use beyond raves settings (Carlson, Falck, Siegal, & McCaughan, 2004). Schensul and colleagues described the diffusion of Ecstasy through clubs and into urban neighborhoods as well as among ethnic minority groups (Schensul et al., 2005). Boeri and colleagues noted the use of Ecstasy in settings other than raves, including clubs and bars as well as in private homes, and among non-white users (Boeri, Sterk, & Elifson, 2004). Other studies have shown increased use of Ecstasy use among other ethnic groups (Eiserman, Diamond, & Schensul, 2005; Ompad, Galea, Fuller, Edwards, & Vlahov, 2005; Schensul et al., 2005) and in various socio-economic settings (Schensul et al., 2005; Yacoubian, 2003; Yacoubian et al., 2002). The U.S. Office of National Drug Control and Policy found that Ecstasy sales had increased in some African-American communities as well as among Asian gangs in certain parts of the country (ONDCP, 2004). The national Community Epidemiology Work Group reported an increase in problematic use of Ecstasy use among African American youths in Chicago (CEWG, 2007).

To date there have been only a few studies of use of illicit drugs among Asian Americans and very little is known about Ecstasy use among these groups. In a study set in the San Francisco Bay Area, Hunt and colleagues found Ecstasy use to be an emergent trend among Asian American club-goers, although still somewhat stigmatized (Hunt, Evans, Wu, & Reyes, 2005). The 56 Asian Americans included in that study were of Chinese, Filipino,

Vietnamese, Korean, Indian, Japanese and Taiwanese descent. A subsequent study by Hunt and colleagues with a sample of 206 club-going Asian Americans included the previous ethnic groups as well as small numbers of Cambodians and Laotians (Moloney, Hunt, & Evans, 2008), perhaps indicating increased involvement in the dance club scene among these groups. We have conducted two studies, both involving drug-using Cambodian and Laotian youth and young adults in two low-income Northern California communities. Interestingly, the first conducted in 2003, found that participants reported little Ecstasy use or interest in the drug. Four years later, however, a follow-up project indicated increased acceptance and use of Ecstasy. This article compares qualitative data from the two studies to examine the changes in the social contexts and social meanings of Ecstasy use in these samples.

Drug use among Southeast Asian Americans

In the USA, assessing the prevalence of drug use, let alone any single drug type such as Ecstasy, among Asians is problematic for a variety of reasons. National drug prevalence surveys overall lack sufficient samples of Asian subgroups to allow for definitive comparisons of substance use, particularly for illicit drugs (Price, Risk, Wong, & Klinge, 2002). The category "Asian American" includes people with widely divergent socio-economic statuses, immigration histories and cultural orientations to use and misuse of various substances, as well as divergent degrees of incorporation into USA society. These features have direct implications with the risks for substance use.

Southeast Asians arrived in the USA, as in other countries around the world, in large numbers as refugees fleeing war and social upheaval in Indochina. Their immigration to the USA peaked in the mid-1980s. Most refugees originating from Laos and Cambodia arrived in the USA with little in the way of social and economic resources, including limited or no English skills and formal education. Very many were severely burdened by psychological and physical traumas suffered during the war and refugee experiences. The largest numbers of Southeast Asian refugees settled in California.

Most of these families found themselves living in depressed urban or suburban areas with poor social and physical infrastructure but ready access to alcohol, drugs and gangs. Moderate to severe mental health conditions including depression, anxiety, and Post-Traumatic Stress Disorder were found among Southeast Asians in refugee camps (Mollica, Poole, Son, Murray, & Tor, 1997), and among refugees in the USA (Kinzie, Fredrickson, Ben, Fleck, & Karls, 1984; Nicholson, 1997), Australia (Christine, 2001) and France (D'Avanzo & Barab, 1998). Recent studies in the USA have found continuing poor and untreated mental health conditions among Southeast Asian adults (Marshall et al., 2006; Marshall, Schell, Elliott, Berthold, & Chun, 2005). These conditions have contributed to risks for alcohol and drug abuse (D'Avanzo, 1997; D'Avanzo, Frye, & Froman, 1994; Yee & Thu, 1987)

Recent reports have indicated increasingly alarming rates of use and trafficking of illicit drugs, particularly amphetamines including MDMA, in Southeast Asia (Devaney, Reid, & Baldwin, 2007; Kongpetch, 2004; Lyttleton, 2004; McKetin et al., 2008). Illicit drug production in terms of opium trade in the "Golden Triangle" region of mainland Southeast Asia is well-known, dating back to the 16th century CE (Sen, 1991). Attention to drug use in the region from an epidemiologic perspective, however, is relatively recent. Pioneering studies by Westermeyer and colleagues indicated problematic opium use among some Southeast Asians (Westermeyer, 1988) as well as among the first generation of Southeast Asian refugees in the USA (Westermeyer, Lyfoung, & Neider, 1989; Westermeyer, Lyfoung, Westermeyer, & Neider, 1991), yet other than these studies there is very little data

on prevalence of drug use and misuse among Southeast Asians in the past decades, or among refugees in their host countries.

Data on drug use among the younger generation of Southeast Asians living in diaspora is also limited. A study of two generations of Southeast Asian Americans residing in the area of Washington D.C. found that the USA-born respondents were nearly four times as likely to have ever used any illicit drugs than were foreign-born respondents (23.9% compared to 6.9%) (Wong et al., 2007). Prior research conducted by the authors of the current study found that younger Southeast Asians may gravitate to the substances that are commonly used in the low-income neighborhoods where they have been raised, particularly marijuana (Lee & Kirkpatrick, 2005; Soller & Lee, 2010). Prevalence data from a 2005 state-mandated in-school student health survey indicate that, in the large multi-ethnic city of Oakland, the prevalence of lifetime use of Ecstasy use among Southeast Asian adolescents (5% for both Cambodian and Laotian 9th graders, 5% for Cambodian and 17% for Laotian 11th graders) more or less equaled the average for students in these age groups (5% for 9th graders and 8% for 11th graders) and for Asian American students overall (4% for 9th graders, 7% for 11th graders) (WestEd, 2005). However, the numbers of Cambodians and Laotians included in the sample were too small to obtain reliable prevalence estimates for these subgroups.

Diffusion of drug use among immigrant youth

Immigrant youths may be particularly susceptible to local peer influences in drug use. Lower rates of substance use are usually found among immigrants compared to the general host populations (Blake, Ledskey, Goodenow, & O'Donnell, 2001; Hussey et al., 2007). In subsequent generations, however, substance use tends to increase towards the mainstream patterns, although possibly modified by practices of the parent culture (Acevedo-Garcia, Pan, Hee-Jin, Osypuk, & Emmons, 2005; Hjern & Allebeck, 2004). Recent developments in acculturation theory suggest that American culture must be considered to be socio-economically segmented, and that children of immigrants may assimilate to the social conditions prevalent in the neighborhoods in which they and their families reside (Portes, Fernandez-Kelly, & Haller, 2005). We have shown elsewhere the rising popularity of the use of blunts, or hollowed-out cigars filled with marijuana, among Northern California Southeast Asian youth, in response to the popularity of blunts in their neighborhoods (Lee, Battle, Lipton, & Soller, 2010; Soller & Lee, 2010). In interviewing Asian American ravers regarding their drug use, Moloney and colleagues identified various aspects of the acculturation process which have shaped the drug use of these youths, including a sense that among their peers drug use was expected, everyday and mundane, i.e. normalized (Moloney et al., 2008). The present study adds to this growing literature examining the processes by which specific drugs may become increasingly acceptable and normal to immigrants and their children. In particular we examine the cultural processes by which drugs become meaningful.

Social meaning of drugs and drug use

In this study we focus on social constructs surrounding the use of drugs. A social construct can be defined as a form of knowledge that is “learned in the course of socialization and that mediates the internalization with individual consciousness of the objectivated structures of the social world,” (Berger & Luckmann, 1967, p. 66). Within this framework, subjective experiences, such as individual reactions to the effects of a drug, and the labels attached to these experiences, such as “getting high,” are interdependent within social processes. Experiences may be apprehended only through socially-available meanings, i.e. language, which meanings are both shaped by and within socialization processes. For example, Becker described how contextual meanings of marijuana’s psychopharmacological effects were passed on to novice users through a learning process that involved observation of seasoned

users and informal tutelage (Becker, 1953). Adolescent socialization to drug and alcohol use includes talking and hearing about drugs and alcohol as well as ingesting these substances. At the same time, youths assess and label the somatic experience of drug use according to available language and values. For this reason, researchers such as Glassner and Loughlin (1987) have advocated increased attention to the ways in which adolescents themselves describe drugs and drug use.

Our investigations of the social meanings of drugs aimed to analyze youths' understandings of substance use within the context of their lived experiences and social worlds. Youths' understandings of drugs have been reported as outcomes expectancies (Stacy, Galaif, Sussman, & Dent, 1996), attitudes, choices and beliefs (Eiser, Eiser, Claxton-Oldfield, & Pritchard, 1988; Moore, Hauck, Erford, & Clark, 1988), drug norms (Flom, Friedman, Kottiri, Neaigus, & Curtis, 2001), drug use myths (Ames, Sussman, & Dent, 1999), and youth folk knowledge of drugs, including "drug stories" (Glassner & Loughlin, 1987). These understandings, while based in youths' own subjective experiences of drugs and drug use, reflect the notions, values and meanings available through local sources—peers and family—as well as larger social contexts represented by school, neighborhood, community, and mass media. By comparing the social construction of Ecstasy across two time periods for a very specific population of drug-involved youths (Northern California Southeast Asian Americans), we aim to provide an understanding of how changing and emergent forms of illicit drug use may reflect changing cultural contexts for youthful drug users.

METHODS

Research setting and study population

The research projects upon which this paper is based have been conducted in the two Northern California urban communities of Oakland and Richmond/San Pablo, located in the East San Francisco Bay Area. At the time of the projects and at the present writing, both communities were predominantly ethnic minority, being approximately one-third African American, one-fourth Latino and 10–15% Asian/Pacific Islander. The respondents in these projects were adolescents and young adults of Laotian or Cambodian descent who had lived the majority or entirety of their lives in these communities. The respondents in both projects were recruited through a combination of agency and snowball referrals. Data collection for Project 1 occurred in 2003. The total sample for this project was 31 respondents, aged 15 to 26. Data collection for Project 2 occurred approximately four years later, beginning in 2007 and ending in 2008. The total sample for this project was 153 respondents, aged 15 to 23.

Ethnic minority and refugee communities as well as drug users constitute hard-to-reach populations in drug research. Recruitment of persons from these populations to research programs is extremely challenging. Establishing trust and rapport are critical for success. For the Project 1, potential respondents were recruited directly by the ethnographic field staff who scheduled and conducted the interviews. The two interviewers each exploited their separate networks in the local Southeast Asian community. One interviewer was a part-time employee at a community-based organization serving the Laotian community, and was able to recruit potential respondents through contacts in partner agencies with youth-specific programs. The second interviewer was herself Laotian-American and began her initial recruiting through family and friend networks. Both interviewers obtained snowball referrals from the respondents they interviewed, but no incentives were provided for snowball referrals.

For Project 2 we utilized several additional strategies to support recruitment of the larger target sample. We had established good relations with community-based organizations serving these communities and with youth and families through previous research projects

and through our active participation in a Southeast Asian community task force. Staff members at community-based organizations assisted recruitment by referring youths from their programs. Potential respondents were again recruited directly by the ethnographic field interviewers. The interviewers “tabled” at youth events in the community which increased their visibility and accessibility to potential youth respondents and enhanced the project’s profile and reputation in the community. Snowball referrals were critical, with 70% of respondents in this project being recruited from other respondents. This project was able to encourage these referrals by providing small incentives for all qualified referrals. To expand the project sample to diversified networks of drug-involved Southeast Asian youths we limited all agency referrals to ten completed interviews and all snowball referrals to four completed interviews. For both projects, all potential candidates, whether recruited through agency contacts or snowball referrals, were screened for illicit drug use by self-report. In order to obtain information about drug use norms from the perspective of direct personal experience, recent (past six months) drug use was a requirement in the second project. See Table 1 for comparisons of the project samples.

Data collection and analysis

Project 1 was a pilot project. The respondents were involved as key informants and were not directly asked to provide information on their own drug use, although many volunteered such information. For Project 2 we collected quantitative as well as qualitative data on the respondents’ own drug use. As both studies aimed to investigate the social and cultural contexts of drug use rather than individual predictors, the interview guides included domains and questions intended to establish the contextual and environmental elements of drug use for these respondents. We asked respondents to describe drug use patterns and trends, contexts of drug use, and the prevalence and availability of illicit drugs and alcohol among their peers and families and in their neighborhoods. We also collected information on respondents’ households and neighborhoods and their family immigration histories.

All qualitative data were collected during confidential in-person interviews conducted in English by interviewers trained in ethnographic methods such as establishing rapport and use of probes such as for definition, clarification, contrast and illustration. The interviewers followed semi-structured interview guides developed through an on-going iterative process between the interviewers, senior research staff and community stakeholders. We obtained informed consent from all respondents and parental consent for minor respondents. Parent consent forms were supplied to potential respondents who were under age 18 to be returned prior to the interview. As many parents read neither English nor their primary spoken language (i.e. Khmer, Laotian, Khmu or Mien), all forms were translated and backtranslated into Khmer and Laotian. Staff at the community-based agencies assisted with oral readings when requested by parents. All respondents were compensated in cash. All research procedures were approved for the protection of human subjects by the research agency’s Institutional Review Board.

The interviews were digitally recorded and then transcribed. Qualitative data in the form of interview transcripts were reviewed and cleaned before being loaded into ATLAS.ti, a qualitative software management and analysis program (Muhr, 2004). We then coded these texts using a both thematic codes drawn from the original project questions and emergent themes together with respondent category codes such as gender, age, and project (i.e. Project 1 or Project 2). Texts related to Ecstasy use were extracted and subjected to secondary analysis to identify overarching themes and patterns.

Responses to survey data collected prior to the in-depth interview in Project 2 were recorded by the interviewer on paper forms. These responses were then cleaned and entered in SPSS.

For the purposes of this paper, we conducted simple descriptive analyses of these survey data to identify use patterns.

FINDINGS

Patterns of Ecstasy use

Of Project 1 respondents, 29% had ever used Ecstasy. Of Project 2 respondents, approximately 61% had ever used Ecstasy, and 25% of all respondents had used Ecstasy within the 30 days prior to being interviewed. Ecstasy was the fourth most commonly used substance for Project 2 respondents after alcohol, tobacco and marijuana. For lifetime use, the frequencies of use most reported were 2–6 times (20% of all respondents) followed by 25 or more times (17% of all respondents). For past 30 days' use, the frequency of use most reported was once (14% of all respondents) followed by 2–3 times (7% of all respondents). Approximately half of all respondents reported first using Ecstasy between the ages of 14 and 18, with initiation peaking at ages 15 and 16. There was very little difference by gender in any of these use patterns.

Changes in use within social groups

Project 1 respondents, when asked, ascribed use of Ecstasy to “ravers,” Vietnamese or Chinese people, or a combination of these. The respondents characterized their own ethnic groups as using only marijuana and alcohol. Ecstasy appeared to be associated with neighboring Asian American groups who were slightly more affluent and socially mobile:

Oh, it's more like Chinese, Vietnamese people. A while ago, they used to take that stuff 'cause they go to raves, they take it.

To me, it seems like the pretty boys pop Ecstasy and all that. Pretty boys, driving nice car and all that.

Nobody mess with Ecstasy around here. That's somewhere else, that's downtown, [Oakland] Chinatown.

A few respondents from Project 1 did note, however, that African Americans were starting to use Ecstasy more. By Project 2, the respondents described more widespread use, including among other Southeast Asians.

'Cause it's a lot of people that pop E nowadays. E is like what's new, like the new marijuana or something.

Changes in use settings

Respondents in Project 1 identified Ecstasy exclusively with raves compared to other substance use settings:

It's like if you're at a party, it's like [people are] drinking, smoking. If you're at a rave, it's like [people are using] Ecstasy.

A few Project 1 respondents noted, however, that this differentiation was changing:

I've seen a lot of rave kids using Ecstasy, but now it's like a little different; even the people that are just hanging out, using weed and cigarettes and stuff, are taking Ecstasy just like it's weed and cigarette - even though they're not at parties; they're starting to use it on the streets.

Changes in drug slang names

In Project 1, some respondents noted that Ecstasy was also called “stunner.” By Project 2, respondents additionally and increasingly identified the term “thizz” with Ecstasy, as well as the generic term “pill.”

We call that stunnings, pills, or thun-thun- - people use different words. Thizzles. It's different words for that. Ecstasy is for like people back when they older or something. We don't use Ecstasy no more, we use E, thizzle, stunnings, or just pop a pill.

Thizz means to have, to take Ecstasy.

Changes in ascribed effects

Project 1 respondents described the drug as making a person relaxed, happy, loving and sexually uninhibited. They also, however, described an uncomfortable feeling of weakness, and depression after the effects of the drug wore off.

I felt like I was so weak. I couldn't do nothing. I couldn't even get up and I dropped and everybody's blurry. I don't like it. But I tried it again because I was stressing very hard. I was going crazy in the house. And when I used it, it helps me. I don't think of nothing. I just sit there and look at things and don't think. My mind's just blank.

A few respondents noted that they themselves or others had used these qualities of the drug to relieve stress. Project 2 respondents, on the other hand, described a wide range of effects of being high on Ecstasy, referred to as being “on one” or “off a pill.” The two most salient effects were described as being “hyphy” and to “go stupid.” “Hyphy” was described as being energized, often to an extreme state, including getting “wild” or “hyper.”

I can hear hella good, and I talk hecka lot, chew hella gum, drink hecka water, and smoke hecka cigarette. Like yeah, 'cause when you off a pill, you kinda feel kinda hyphy, like you want to move around a lot, and like you run around a lot. It's like you have your friends there with you, then you play with them, play tag or something, just keep on running and stuff

Some respondents also used the term “tweaking” to describe a state of hyperactivity in a more negative sense.

I was tweaking. I couldn't stay still. I was twitching all over the place.

Being hyphy was also associated with “scandalous” behavior including aggression and violence. Respondents attributed this to the “numbing” effects of Ecstasy: a person on Ecstasy was said to not feel pain and thus have fewer inhibitions about fighting.

[I: Is that pretty common to see fights with people on Ecstasy?] Yeah. They say they don't feel anything. The drugs sometimes make you do things you wouldn't do. Like some people get more confident in themselves and they'll be tougher when they're drunk or something. Sometimes it bring out the worst in you.

When they're at a party and they're on the Ecstasy, when they're mad, they start a fight and stuff, and then they just end up being beat or beating up the other person, but then when they get beat they don't feel the pain until the next day when it goes away.

Violence and aggression were also attributed to an overall disinhibiting effect from the drug as well as to feeling “superhuman.”

Ecstasy could make you do stupid stuff. I remember[at a party] a guy pull out a gun on me. I thought it was a real gun, but really it was fake gun, but either way ... When you're on Ecstasy, you don't care. I ran up to him and try to beat him up, take his gun from him. Y'know, when you off Ecstasy, you don't give a fuck. You feel like you're the Hulk, basically.

When they do Ecstasy, they feel like Superman. Like, if you pop a pill or something, like a stun- an Ecstasy pill, your mind just ... you feel like you never felt before. You feel powerful, like everything you do, you think you can do it.

It's like you can jump off this gate and you think you can land. That's what Ecstasy pill do to you. Man, people these days, I hear them shooting guns, da da da da, acting like they shooting and he ain't got nothing in his hand. Yeah, Ecstasy pill got them going crazy. Got them sitting on their chair grinding their teeth, grinding their teeth. Yeah, that's what Ecstasy pill do to you.

This numbing of the senses was related to the effect of “going stupid,” also described as “go dumb” or “stunned” (hence the drug's other slang name of “stunners”). Unlike being hyphy, which had an ambivalent nature of sometimes being pleasant and sometimes being excessive, going stupid was generally characterized as a positive and desirable state:

Going dumb? You just going stupid, you know? Like you can do whatever you want when you're thizzin'. Yeah, when you thizzin', it just makes you want to dance. Like say you're at a party and you thizz, like at raves people thizz 'cause they dancing, right? They just want to go dumb while they dancing.

What's X like? It's like, you feel more better than [being] high [from marijuana]. It just make you want to dance and go dumb. And you just be having fun. You just be stun. You stun, you dancing, you doing whatever you want to do, you hollering, and it just make you go dumb.

Changes in social context

A few Project 2 respondents specifically identified the rise in use of thizz with a new hip-hop sub-genre “hyphy.” A subsequent review of the literature established that hyphy originated in the Bay Area by artists like E-40 and the late Mac Dre. Salient aspects of hyphy culture are described in song tests and videos (including those posted on social media such as YouTube). These include certain dance moves and facial expressions associated with the effects of thizz, and with car antics such as “ghostriding” (sitting or dancing on or around a car which is idling with no driver) and “doing donuts” (driving very fast in circles). These car antics are particularly associated with “sideshows” (illegal street events performed at large intersections).

Like, down where my other uncle lives, the 70s? People be like doing donuts and hanging outta the car, it's called ghostriding. And they go hella stupid and dumb, like how E-40 be saying. They just go hella stupid over there, just doing donuts and being all crazy. Being hyphy's like another version of being crunk [East Coast hip-hop genre], but the Bay way, the Bay Area way.

Back in high school, I never knew what hyphy was. Now we have this hyphy movement and all this music coming involved. When I think of hyphy, the music culture, they think of hyphy. They think of using drugs. Or thizzin'. Thizzin' usually means try Ecstasy. I remember normally a lot of African-Americans weren't into Ecstasy at all. It was mostly Asians, Caucasians. Because of raves, that's how I got involved and then it just started spreading throughout the community and so they came up with hyphy. And then the drug just kind of spread

throughout the whole urban community and now African-Americans are sort of using it more than Asians and Caucasians. Kind of spread around now.

The description of Ecstasy's effects was closely linked to popular representations in hip-hop music. For example, this description by a respondent who had not himself used Ecstasy but had observed friends' experiences:

Thizzin'. It's like if you pop an Ecstasy pill, you take that shit and then you start feeling thizzed. I never did it before but I heard from people and I see from people. It's different from being high. Like, they put on a different face. Their face go like this. That's what you call thizz face. And then like they start feeling thizzed, like thizzin', man. They're going like, "Yeah, I'm thizzed." I'm like, "Is that what happen to you when you do Ecstasy?" So yeah, so that's what you called thizzed.

This description echoed the words to Mac Dre's song Thizzle Dance: "First I do it like this/I put a look on my face like I smell some piss ... the look on my face mean I'm feelin' it/you can't do the thizz unless you pillin' it" (Dre, 2008b).

Changes in descriptions of pill content

None of the respondents in Project 1 discussed the chemical make-up of Ecstasy. In Project 2, however, respondents discussing Ecstasy frequently discussed pill content. Sometimes these discussions emerged as a point of information, sometimes in terms of expected effects and/or perceived risks. Many Project 2 respondents stated that they understood Ecstasy to be made up of many different drugs and "chemicals," to which they attributed the varying effects of "popping" the pills.

They say that some are stronger than others, probably because some of them have more different kind of drugs than others. Like when they say one is weaker than the other one, usually the other one has more like chemicals and stuff in it because it makes you feel more of the feeling.

Ecstasy? It got heroin in it. Crack. Methamphetamine. All type of stuff in it. Ecstasy is like really just a little piece of drug that got every other drug in it! So if you want to get high off all types of drugs, pop a Ecstasy. But some Ecstasy got different, like, a little more chemical. Say the yellow ones can have more speed in them, the red ones can have more heroin in them, y'know, it depends.

One respondent understood Ecstasy to have been developed for couple's therapy, but that the current varieties of pills were far different from this original version:

Ecstasy is really meant for like couples. Couple that was falling apart. That was a prescription drug at first though. Once they pop a Ecstasy, they start feeling friendly, y'know, they start getting vulnerable and they feelings start coming out and stuff, and that's how they get the couples back together, right. That's when it's called - they had MS - no, MDSD, that was just natural Ecstasy, right? Nowadays, the pills have coke, heroin, and it ain't the same no more. People making their own pills and putting like different stuff in 'em, so that's why.

Interestingly, even though our respondents strongly rejected use of heroin or crack cocaine, they did not find use of Ecstasy to be problematic in the same way. This attitude prevailed despite their understanding that Ecstasy might contain amounts of these other drugs.

I know there's some crack in it, I think. And there's like a lot of chemicals in it. But then, you know, like Ecstasy, everybody knows it. Ecstasy is different 'cause it's like ... I guess they say it's okay because it's [only] a little bit of crack in it.

None of our respondents reported addiction or dependence as an aspect of Ecstasy use. Some of the physical effects noted, such as excessive weight loss, were similar to those noted elsewhere for long-term use of methamphetamines:

They say when people's on Ecstasy, they will lose weight a lot. They get skinnier and then they eyes get bigger.

Many respondents stated that Ecstasy caused “holes in your brain” or in one case, in the spinal cord. This may have been a reference to Olney’s lesions, a form of brain damage associated with some illicit drugs and described, for example, in postings on web-based drug use forums (Tackett-Gibson, 2008). The fear of “holes in your brain” was the most commonly mentioned disincentive for using Ecstasy among our respondents.

DISCUSSION

Drug researchers have long noted the importance of the interplay of attitudes and opinions about drugs as well as expectancies about effects what Norman Zinberg labeled as “set” (Zinberg, 1984)—and the social contexts of use—“setting” in Zinberg’s terms—in shaping drug use behaviors. Although prior theories had indicted the importance of the social influence of specific persons within drug using networks in the diffusion of drug changes, our findings point as well to the social influence of popular culture, specifically music. We find that the increasing popularity of the music genre and subculture known as “hyphy” among African American youths in Northern California gave rise to new social meanings of Ecstasy use which supported increased acceptability of the drug for co-resident Southeast Asian American youths.

Prior research regarding the role of drugs and alcohol in the development of musical genres, for example jazz (Singer & Mirhej, 2006; Tolson & Cuyjet, 2007), highlights the link between popular music and substance use. As music preference may symbolically represent peer and subcultural affinities (Soller & Lee, 2010), the link between drugs and music may be particularly salient for youth. Researchers have identified links between use of illegal drugs and/or alcohol and specific genres of music including heavy metal (Arnett, 1991), rap (Chen, Miller, Grube, & Waiters, 2006) punk/hardcore, techno/hardhouse, and reggae (Mulder et al., 2009) and rave music (Forsyth, Barnard, & Mckeganey, 1997) as well as between specific types of drugs and specific music genres (Hitzler, 2002; Ream, Johnson, Sifanek, & Dunlap, 2006). These associations may, however, be conditioned by local context (Mulder et al., 2009). Studies of Ecstasy use within the club context have noted that users’ experience of the drug may depend upon the music and club setting within which it was consumed (Moore & Miles, 2004).

In describing the diffusion of Ecstasy beyond the rave to rap and hip-hop contexts, Diamond and colleagues noted shifts in the social meanings of Ecstasy. The drug was still associated with an enhanced sexual experience, but one marked by emotional detachment, devoid of romance, and heavy on masculine “gangsta” posturing, since emotional expression was equated with personal weakness in this setting (Diamond, Bermudez, & Schensul, 2006). The hip-hop movement has spawned many local sub-genres, including hyphy which was developed in the San Francisco Bay Area in the 1990s (Collins, 2006). Hyphy music is generally gritty with pounding rhythms and often accompanied by overstated, fast-paced dance movements (Hildebrand, 2004; Rosen, 2007). The hyphy movement has been rooted in an urban youth street culture which celebrates acting hyperactive, “getting stupid” or “going dumb” (Rosen, 2007), as in our respondents’ descriptions. According to hyphy artist E40, “The word hyphy itself means energetic or fired up or just doing the fool. It’s a stress reliever. The music makes the kids go silly, go bananas, go coconuts, go stupid” (Jones, 2006).

Hyphy music makes frequent references to “thizz,” a term attributed to the late Bay Area hip-hop artist Mac Dre (Caples, 2005), and Ecstasy use is a salient feature of hyphy subculture (Swan, 2006). Of particular note is the striking correlation between our respondents’ descriptions of the experience of thizzing and hyphy song texts. This correlation exemplifies the way in which setting, here popular culture expressed through mass media including music, videos and internet sites, can provide the means by which drug user interpret and evaluate their subjective drug experiences. Along these lines, it is perhaps significant that users in our projects no longer identified with the term “Ecstasy” and preferred such terms as “stunners” and “thizz,” which have none of the ecstatic connotations of earlier Ecstasy use.

The associations of “hyphy” with the specific music, attitude and affects described above and with Ecstasy are not specific to the groups in our study. While there are some Cambodian and Laotian hip-hop artists, the major artists associated with hyphy are African American. However, hyphy followers in the Bay Area also include white and other Asian American youths, indicating the broad base of local popularity for the music and associated cultural phenomena, including thizz. Although the hyphy phenomenon and attendant use of Ecstasy or “thizz” may be somewhat localized in effect, the findings presented here indicate that the meanings assigned to drugs, including the effects ascribed to them, may be relative to the social contexts within which users are exposed to and consume drugs. Before the advent of hyphy music, drug-involved Southeast Asians in Northern California generally did not identify with Ecstasy use, but rather identified it with whites and “Asians,” meaning Chinese and Vietnamese in adjacent neighborhoods. They associated its use with a slightly more affluent and socially-mobile lifestyle than they saw for themselves. However, with the rise of hyphy music and the cultural movement associated with it, in which “thizzin” or taking Ecstasy played an integral part, it appears from our research that Southeast Asians began to have more positive associations with the drug. In particular, the pharmacological effects of Ecstasy began to be characterized differently. Drug effects negatively valued as numbness and a blank emotional state may have accrued positive associations through hyphy lyrics such as Mac Dre’s “Get Stupid”: “we go S - T - U - P - I - D/when we go to the club we dont need ID/everywhere we go its a party yall/we gon get it crackin like the mardi gras” (Dre, 2008a).

The findings indicate the susceptibility of youths to local trends in drug use, particularly associated with popular cultural movements and music. The links between Ecstasy use and hip-hop have been explored primarily in association with African American youths (Boeri et al., 2004). Our study indicates that this relationship may be easily imported by other ethnic groups who reside near and may be highly influenced by trends in the African American youth community. Researchers interested in drug subcultures have proposed that drug use emerges from a dialectic between drug subcultures and individual identity formation (Golub, Johnson, & Dunlap, 2005). Increased exposure to Ecstasy use as well as increasing social acceptability of the drug among peers may be particularly important for second generation Southeast Asian American youths. Residing in low-income ethnic minority communities with ready availability of drugs, alcohol, and gangs, these youths have reported their parents can provide little guidance to life in the street, and most look instead to peers as role models (Lee & Kirkpatrick, 2005).

Recent reports of increasing use of MDMA and other club drugs in Southeast Asia, including Cambodia and Laos, raise the intriguing possibility that younger diasporic Southeast Asians may be influenced by these trends. The rise of methamphetamine production in the area has been placed in the mid-1990s, towards the end of the major period of refugee relocation to the USA; however most refugees were in transit camps at this point, and methamphetamine use in Southeast Asia at this initial phase appears to have been

limited to the few wealthy youth and foreigners in the region, only later being picked up by the broader population (Humenuik, Ali, & Ling, 2004). Thus diffusion of methamphetamine use from Southeast Asia to youths in the diaspora would have been more recent.

While circulation by immigrants between home and receiving countries is common, such transnational movement may be more problematic among involuntary migrants, i.e. refugees. Very few of the Cambodian and Laotian youths in our projects had ever visited Southeast Asia, or any other country beyond the USA, and most reported little contact with people who remained in the Southeast Asian region. This may be due to negative affect from their parents towards the site of their past traumas and lack of remaining family or other social connections in Asia. Mostly, these youths simply could not afford trans-Pacific travel. The socioeconomic attainment of second-generation Cambodian and Laotian Americans has been shown to be poor overall (Sakamoto & Woo, 2007) and in California Cambodians and Laotians, along with Hmong, evidence higher rates of poverty than any other race/ethnic group, including child poverty rates of 40–60% (APALC, 2005). For Cambodian American youths in particular, recent threats of deportation by USA authorities (Hing, 2005) and reports of harsh conditions experienced by deportees (Unmacht, 2003) may have added to negative associations with their parents' home countries. Therefore while global trends in increasing use and normalization of drugs such as Ecstasy may be indirectly increasing the acceptability of Ecstasy use for Southeast Asian American youths, it is far more likely that direct influences are specifically local.

In addition to their utility in understanding the diffusion of drug changes across subpopulations, the study findings also indicate the changeable nature of other key features of drugs, including ascribed effects as well as terminology, which we consider elements of the drug's social meaning. Respondents in this study clearly linked the "thizz" pills that they and their peers were consuming with Ecstasy. In its new incarnation, however, the drug also had many associations directly contradictory to the earlier associations with Ecstasy. In particular, although the meaning of the drug was still greatly shaped and informed by a popular music context, the highly sociable associations of Ecstasy such as empathy and connectedness had been replaced by associations including highly anti-social ones such as emotional disconnection and violence. The degree to which these changes in expectancy and effect may be related to changes in pill content is beyond the scope of this paper but further research is needed. Studies of marijuana hybridization and coincident changes in use patterns indicate that scientific assessments of the potency and attendant effects of marijuana must be reconsidered (Schensul et al., 2000). Similarly, the present study indicates the importance of attending to changes in the nature of the drug known as Ecstasy.

The associations of the drug with aggression and violence are strikingly different from its associations within the rave context. The relationship with violence reported here corresponds with news reports linking Ecstasy use with crime and violence in the East Bay Area (cbs5.com, 2007), repeated by Oakland Mayor Ron Dellums in a call to quell a rise in homicides (Metinko, 2007). In a review of arrestee data, Hendrickson and Gerstein found no connection between Ecstasy use and criminal involvement (Hendrickson & Gerstein, 2005). Psychopharmacological studies have, however, correlated Ecstasy use with a tendency for users to interpret situations aggressively (Curran, Rees, Hoare, Hoshi, & Bond, 2004; Hoshi, Pratt, Mehta, Bond, & Curran, 2006). One Bay Area reporter working in the juvenile justice system noted increased references to violence and aggression with use of Ecstasy among juveniles in the probation system (Avni, 2007).

Reid and colleagues suggest that aggression may be associated with the coming-down phase (Reid et al., 2007). Our respondents, however, linked aggression and violence with the high itself. The out-of-body sensation which lends itself to a sense of connectedness in the rave

setting here lends itself instead to a sense of detachment and invulnerability, perhaps signified by the slang name of “stunners.” This effect in turn may weaken inhibitions to violence for some users or in some circumstances. Other youths in the Bay Area seem to concur with this estimation of the effects of “pills.” For a writing workshop in the Alameda County juvenile justice system that serves the city of Oakland, one youth wrote, “Whatever mood you in, the pill gives you more of that feeling/So if you mad and violent then you might go start killin’” (Reid et al., 2007).

Our respondents’ use of the phrase “tweaking” in relation to Ecstasy use, together with their reports of admixtures of other street drugs and various “chemicals” in the pills they consume, are noteworthy. Although there have been no scientific studies of “thizz,” one Bay Area reporter has suggested that the pills sold locally may contain methamphetamines as well as other drugs and little or no MDMA (Swan, 2006). Lab test reports indicate pills distributed in the Bay Area contained amounts of caffeine, ketamine and/or methamphetamine as well as or in place of MDMA (Ecstasy.org, 2008). This may indicate that as the social context and social meanings of the drug formerly known as Ecstasy have changed, its chemical content may also have changed, as many of our respondents suggested. The inclusion of methamphetamine in Ecstasy pills might explain some of the associations with aggression and violence which have been noted for this substance (Sommers & Baskin, 2006). A review of the literature on MDMA content in Ecstasy pills over several decades concluded that although MDMA content was problematic in the 1990s, in more recent decades the MDMA content internationally had again increased to 80–90% (Parrott, 2004). The limitations of our data collection methods in our studies of drug use among Northern California Southeast Asian youth, which included neither toxicological reports nor chemical analyses of drugs, limits our investigation of the association of thizz with violence and aggression to a preliminary stage. The differences we have observed may well correspond with major cultural difference between hyphy compared to the rave movement in terms of socioeconomic origins, motivations and aims. Further research on the chemical content of the Ecstasy circulating in these settings is needed to clarify the degree to which this association may result from chemical compared to sociocultural changes.

The present study is limited to one subgroup of Asian Americans in one geographic area and as such cannot be said to represent patterns of Ecstasy use and the meanings of the drug in other contexts or among other populations. Additionally, the two projects described here are not and were not intended to be longitudinal in nature or even fully comparable. Project 1 was a pilot study exploring norms and patterns of drug use in these understudied USA subgroups and with data collected from key informants who may or may not have had recent drug use experience, while Project 2 was a much more in-depth investigation with a larger sample of respondents selected for drug use. The same questions were not utilized in both projects. Respondents in Project 1 were asked about illicit drug use among their peers in broad terms, while in Project 2 we asked respondents to provide specific information about their own use. Our findings on the respondents’ lack of information about Ecstasy in Project 1 compared to Project 2 may reflect these different methodologies.

These limitations notwithstanding, the retrospective narratives on Ecstasy and thizz provided by respondents in Project 2 reinforce our analysis of an increased acceptability and use of the drug among Southeast Asian youth in this region, and changes in social meanings of the drug. As such, the study has implications for drug use prevention in other settings. The dramatic changes for one subpopulation within four years time in attitudes and knowledge of Ecstasy and the flexible nature of the drug’s content, meaning and identity in the eyes these youths indicate that changes in the social contexts within which drugs are used and consumed may relate to changes in use patterns. The study indicates the utility of considering variations in locale and subpopulation, as well as the rapid shifts in content and effects, in

research on specific drugs. Drug prevention specialists may wish to assess the local and current social meanings of drugs when designing prevention programs. Finally, the study findings emphasize the role of popular music in drug use practices and support further investigation into the utility of popular music in drug prevention programs for youth.

Acknowledgments

The research and preparation of this manuscript were made possible by a grant from the National Institute on Drug Abuse (R01-DA18281, P.I. Juliet Lee). The authors wish to thank the community members who participated in and otherwise supported this study. In particular we acknowledge the Southeast Asian Youth and Families Alliance of West Contra Costa County, Community Health for Asian Americans, Lao Family Community Development, Inc., and the East Bay Asian Youth Center. Authors Brian Soller and Naomi Brandes conducted field interviews; other interviewers were Phaeng Toommaly and Phoenix Jackson.

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Table 1

Project 1 and 2 samples compared

	Project 1 N = 31 %	Project 2 N = 153 %
Ethnicity		
Cambodian	35	38
Laotian	51	52
Other	14	10
Age		
15–17	55	35
18–21	26	50
22–26	19	15
Gender		
Male	58	58
Female	42	42
Ever Used Marijuana	81	93
Ever Used Ecstasy	29	61
Ever Used Cigarettes	74	89
Ever Used Alcohol	94	99