



THE XTC STORE: AN 'EXPERIENTIAL' PUBLIC SURVEY

Results report
June 2023

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ACKNOWLEDGEMENTS

The XTC store is the result of a unique collaboration between Poppi Drugs Museum Amsterdam, Utrecht University and creatives Corné van der Stelt, Vincent Schoutsen, Tijmen Zonnevrijlde, Wouter van Veldhoven, Esther Bouma and many other colleagues and volunteers.

Special thanks go to Poppi colleagues Hannah Hamans and Esther Zonneveld. And to the team of drug-menu researchers from Utrecht University: Toine Pieters, Sander Bakkes, Jasper van Vught, Heidi Lesscher, Remco Veltkamp, Ingrid Hoofd and Stefan Werning. The Poppi employees of the ecstasy store are Tom, Louise, Sherin, Sarah, Esmay, Sijmen and Iris. Marieke Hulsebos of Tivoli Vredenburg, Luka Zaitch and the Digital Inside team.

Of course, we would like to thank the financier of the XTC store, the Cultuur Innovatiefonds Provincie Utrecht (CIPU), for the opportunity to experiment, the space to fail and the chance to innovate. We thank the initiator of Poppi – Mainline Foundation for the trust, time and vision to make Poppi's plans a reality. Finally, we thank all 1529 visitors to the XTC store, the focus group participants, the local and national politicians and policymakers who visited us, and all those who contributed by sharing their opinions and perspectives.

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June 2023

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SUMMARY

In 2022, Poppi Drug Museum and researchers from Utrecht University evaluated the societal responses to three scenarios of regulated sales of MDMA through a unique public survey: an 'XTC store' in the heart of Utrecht. This report describes the results of this research.

The public debate about regulating MDMA – the active substance in ecstasy¹ – regularly flares up. The Netherlands is the world's largest producer and exporter of ecstasy, and more than a million Dutch people have ever used ecstasy. The huge illegal market creates numerous social problems, from unsafe use to criminal subversion of society. However, the conversation about regulation is highly polarised, which limits thinking about alternative scenarios. In this context, drug researchers from the Poppi Museum, in collaboration with researchers from Utrecht University, have further developed three scenarios for alternative, legalised sale of MDMA: a pharmacy, a smart shop and a club/party. With the help of creatives from the Utrecht-based 'Uitvindergilde' and in collaboration with Corné van der Stelt, these three points of sale were set up next to each other in a shop in the centre of Utrecht. The store was open to the public between mid-July and late September 2022.

The research linked to the XTC store had the following central question: *under what conditions do visitors to the XTC store and drug experts find the regulated sale of ecstasy acceptable?* The 1529 visitors to the store gave their views on the various sales conditions. In addition, the team organised two focus group discussions with politicians and policymakers, and drug policy expert academics, which were invited to the location.

The first important conclusion is that neither the visitors of the XTC store nor the participants in the focus groups understand the 'legalisation' or 'regulation' of MDMA would mean allowing the sale of MDMA unlimitedly. Both groups are in favour of (strict) sale restrictions. The experts are more conservative; most opted for a fourth scenario: a specialised but unattractive retail outlet. Most visitors to the XTC store - largely people with experience of XTC use themselves - favoured sales by the pharmacy or a smart shop. In conversation, they too often came up with a scenario between these two options, albeit with a slightly lower threshold than the experts chose. Sales at parties and clubs could still count on acceptance by around 60% of the visitors. But for all scenarios, visitors to the XTC store welcomed restrictions on sales. For example, they favoured a minimum age limit, safety guarantees and limiting the maximum doses in pills. Almost everyone was against allowing marketing and advertising.

The research had several limitations as a crossover between an 'experiential' public survey and an art installation. Nevertheless, the report provides interesting indications for follow-up research and further policy explorations. The XTC store also proved very effective in creating awareness and nuanced exchange among visitors and facilitating political dialogue: on location and in the media. The conversation in the store moved beyond the polarised debate about whether or not to regulate and went into depth into possible alternative scenarios for dealing with MDMA. Doing so contributes to a deepening of the Dutch drug debate.

¹ In this report we use XTC as a synonym for MDMA, although illegal ecstasy in the practice may also contain other substances.

CONTEXT

The Netherlands is one of the world's top producers of MDMA, the active ingredient in ecstasy². It is estimated that nearly one billion ecstasy pills are produced annually in the Netherlands. The use of MDMA is considered a 'normalised' phenomenon³. More than a million Dutch adults report having used ecstasy at some point in their lives, and 150,000 adults reported use in the previous month⁴.

The production and (international) trade of ecstasy have far-reaching social consequences. The XTC trade is regularly linked to serious incidents of violence. The illegal profits from the XTC trade are associated with large-scale tax evasion and are said to fuel corruption in police, municipalities and other government agencies. There are also concerns about 'ordinary' citizens being recruited for ecstasy production and trade. In remote areas, for example, it is quite common to be asked to make a shed or warehouse available for the illegal production of MDMA. Finally, the dumping of waste products - generated during production - causes serious damage to the environment⁵. Paradoxically, the fight against the supply side of the MDMA market seems to have the unintended consequence of increasing organised crime and, according to some, "undermining society"⁶.

Amid an often heated public debate about the impact of the ecstasy trade, MDMA is making a comeback in therapeutic settings. The substance appears to be particularly effective in treating trauma and PTSD. In addition, with a substantial number of non-problematic recreational users, whether the Dutch MDMA policy still fits in with a new reality is becoming an increasingly urgent question. There is still no consensus in society about the desirability, let alone the feasibility of (alternative) models to regulate MDMA.

In everyday language, 'regulation' is often interpreted as the unrestricted release of a substance to the market. This interpretation causes a lot of confusion and fierce opposition to this idea. However, according to a Transform Drug Policy (UK) definition, "regulation" describes how states legally control the market for a particular substance or related activities. This control usually includes a combination of licences (i.e. the conditions under which production or retail is permitted), tax systems (which can set retail prices) and global controls on aspects such as marketing, packaging requirements or sales to children. This report uses this definition when discussing the (different) regulation of ecstasy. We also use the term 'legalisation'. By this, we mean that XTC production, trade and possession are no longer punishable but (under certain conditions) allowed for non-medical, recreational use. The drug is thus removed from the illegal circuit and 'legalised'.

² <https://nos.nl/artikel/2247439-omzet-speed-en-XTC-handel-hoger-dan-die-van-albert-heijn.html>

³ <https://www.rijksoverheid.nl/actueel/nieuws/2019/02/14/staatssecretaris-blokhuis-%E2%80%99Czorgen-om-normalisering-XTC-gebruik%E2%80%9D>

⁴ <https://www.jellinek.nl/vraag-antwoord/hoeveel-mensen-gebruiken-XTC/>

⁵ <https://www.njb.nl/media/3919/pactvdrechtsstaat.pdf>

⁶ See, for example, S. Snelders, *Drug Smuggling Country* (Zutphen: Walburg Press, 2022); *Drug Smuggler Nation* (Manchester: Manchester University Press, 2021, 2023).

In 2023, a state commission will draft an advisory report on using MDMA in a therapeutic setting. This advice is expected to be released at the end of 2023 and may also include (partial) advice on using MDMA in recreational settings. From this point of view, it is desirable to consider the consequences of alternative regulation models (not to be confused with completely unrestricted production, trade and use – see box) of MDMA and what this should look like in practice.



**'PHARMACY
SCENARIO'**



A UNIQUE PUBLIC SURVEY: THE XTC STORE

In the context of the above, drug researchers from the Poppi Museum, in collaboration with researchers from Utrecht University, has developed three scenarios for an alternative regulation of the sale of MDMA to consumers. The researchers had previously worked together to design a 'serious game' about XTC sales⁷. The scenario's in the game represented a smartshop, a pharmacy and a club/festival⁸. This choice for 'point of sales' also built on the theoretical ideas around an 'XTC shop', as developed in 2019 by a group of Dutch experts from the think tank MDMA⁹ and on a British publication from the same year of Transform Drug Policy: *How to Regulate Stimulants*¹⁰. This report outlines different policies and considers which elements the government can take control of when regulating the sale of MDMA. The core of the plea for regulation in these examples is that the government should always strive to gain more control over the production and trade of MDMA instead of leaving it to the illegal market.

As a next step, the research team wanted to determine how society would experience and estimate the effects of the three scenarios, applying a survey among various stakeholders and experts (such as people with lived experience of MDMA use, potential users, drug researchers, healthcare and law enforcement professionals). To estimate the acceptance for three different outlets - each with its own sales conditions - the team chose to stimulate a non-polarizing or moralising dialogue through 'immersive design', where the visitor interacts with the design and is immersed in the experience of buying XTC. Artists helped translate the three scenarios, next to each other, into an 'XTC store' in the centre of Utrecht.

⁷ <https://www.uu.nl/en/research/game-research/research/projects>

⁸ <http://www.XTC-shop.org/>

⁹ <https://denktank.gitlab.io/mdma-policy-mdmcdca-website/>

¹⁰ <https://transformdrugs.org/publications/how-to-regulate-stimulants-a-practical-guide>

QUESTIONS AND OBJECTIVES

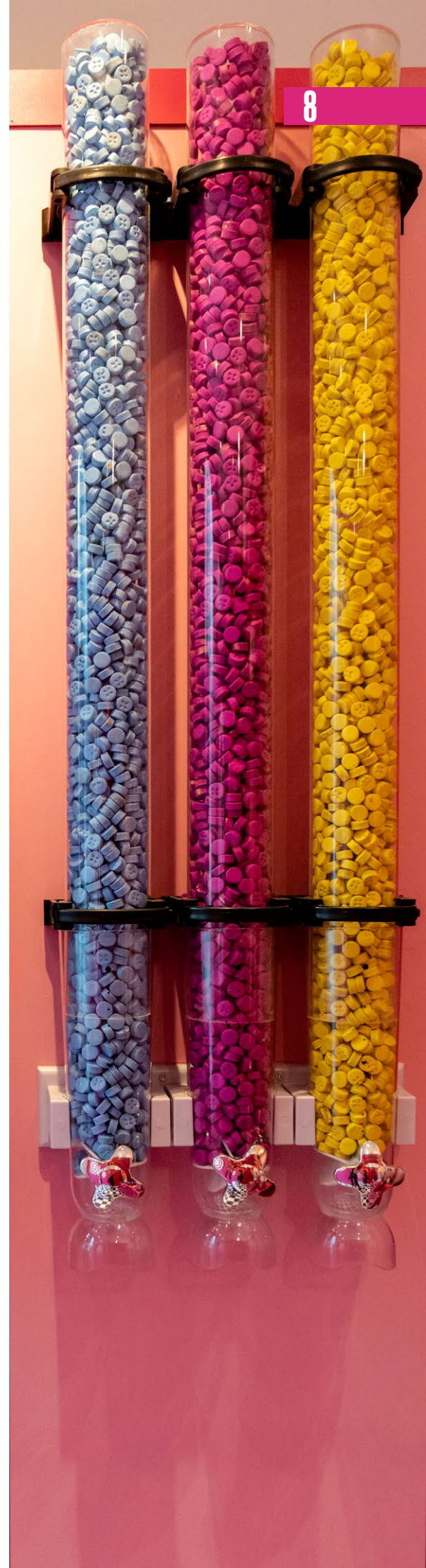
The central question in this research was: *under what conditions do visitors to the XTC store and drug experts find regulated sales of XTC acceptable in our society?*

The survey objective was, thus:

- To evaluate societal responses and commentaries on the three scenarios of regulated sales of MDMA.

In addition, the XTC store had three secondary objectives:

- To generate social and political dialogue and to depolarise the conversation around regulation by offering visitors and politicians concrete future scenarios in artistic design
- To increase awareness among the general public about the Dutch societal challenges around MDMA use, sale and production and possible solutions.
- To provide information about MDMA and its risks in a creative manner.



METHODS

The XTC store sought the active participation of the public to generate discussion and research data. To this end, an 'experiential' method to encourage informed debate and knowledge exchange between specific groups on ecstasy regulation was supplemented with a more traditional mix of quantitative and qualitative research methods to collect and disseminate data.

Firstly, for the 'experiential' method, the XTC store could be visited daily between 15 July and 30 September 2022 in a shop in the centre of Utrecht. The art installation took visitors to a world where the sale of XTC for individual consumption was permitted, and regulated production was established. The visitor was invited to think about this policy's practical implementation. They walked successively through three different points of sale: a smart shop, a pharmacy, and a club/festival where a party was happening. Each point of sale had its rules and restrictions on and possibilities of purchasing XTC. Each store had its way of providing information, an assortment and more or fewer barriers to buying XTC. This 'experiential' method, the visitor empathised much more directly with possible future scenarios and the concrete choices within the scenarios.

In addition to the visitors who came to the XTC shop on their initiative, Poppi invited groups of politicians, policymakers, (international) students, pupils, and academics at various times.

The input, visions and feedback of the visitors on the different scenarios were collected via tablets that were installed in the three constructed points of sale and through which a quantitative survey was implemented in the form of an exhibition guide. Each scenario presented between 10 and 13 questions to the visitors. These were about their perceptions around the sale of XTC, their opinions and preferences around the different points of sale, and the extent to which the different sales conditions were acceptable to them. Several questions tested visitors' knowledge of MDMA.

In this way, visitors actively thought about the consequences of the different scenarios, such as the effects of the use of marketing methods, possible consequences on the size of the black market, the safest ways and risks of ecstasy sales for individual and public health, and how vulnerable people could best be protected against the risks of ecstasy use. In each scenario, the visitors could determine certain preconditions of the sale. This stimulated reflection on the political choices regarding ecstasy use and sales. In addition to the survey, informal exit questions were regularly asked to visitors by the 'shop staff' present to further test their impressions of each preferred scenario. At the end of the 'shopping experience', observations and follow-up discussions were held that were extremely informative.

Finally, two focus groups were carried out, one with experts from prevention and addiction/health care (N=4, 75 min, in a room of Utrecht University), and one with various experts and researchers in the field of drug policy and criminal justice (N=5, 90minuten, on location in the XTC store). Both conversations were recorded. Participants remained anonymous, including those who spoke publicly on this topic.

Methodological limitations

The research design within the XTC store is an 'experiential' pilot study that combines science, art and education. The design of the XTC store led to several limitations of the research, which are mentioned below. This research should, therefore, not be seen as a purely academic exercise but rather as exploratory research and experiment.

Paying for participation

The Poppi operated the venue and sold entrance tickets to cover the costs. This resulted in an initial selection of our research respondents: visitors to the XTC store were interested in the subject to the point of being willing to pay a ticket of between 7 and 10 euros. The respondents, therefore, were not fully representative of the general Dutch public.

Organic selection of respondents

Due to the playful design of the XTC store, young, predominantly progressive people, in particular, came to the XTC store. However, because many of the visitors had lived experience with XTC use, the group is a nice cross-section of the 'average XTC user'.

Taking the tour together: answers based on discussion and consensus

In practice, it turned out that 80-90% of the people did the digital tour about the scenarios together with others. This had the unexpected effect of creating very lively discussions and dialogue between visitors. The questions were answered once on the tablets after these discussions. The room setting might have stimulated this since only one tablet was available per outlet. This also explains why 788 questionnaires were taken while there were 1529 visitors in the store.

The conversations between visitors lead to an interesting exchange of perspectives and stimulated a greater awareness. However, we have not investigated to what extent this dialogue influenced the answers.

No rotating locations

At the location in Utrecht, all visitors went through the three scenarios in a fixed order: first, the smart shop, then the pharmacy and finally the club. This may have affected the rating of visitors. In a subsequent round, it would be interesting to have visitors go through the scenarios rotating.

Technical limitations of the digital survey

Due to unforeseen technical problems, it was impossible to link the answers all the answers about the different scenarios to each unique (pair of) visitor(s). Thus, the analysis could only be performed on a scenario-by-scenario basis, which limited the ability to correlate choices with respondents' demographics (such as their age and experience of use).

There were also a relatively large number of dropouts who did not complete all scenarios properly or skipped questions. Therefore, our analysis is particularly descriptive, and we did not correlate or further compare variables. However, there are great opportunities here in a follow-up study.

Focus groups

The quality of the two focus groups (participants and content) was satisfying. However, it was difficult to recruit law enforcement experts (police and justice). To a somewhat lesser extent, this also applied to experts in addiction care, especially among people with 'extreme' positions (completely for or against legalisation). In a follow-up investigation, we should focus even more on involving people from law enforcement.

Based on the lessons learned, we will refine the methods, after which they can be applied to further research. Nevertheless, there are very interesting insights to distil from our public survey.

'SMARTSHOP SCENARIO'



RESULTS

Survey

Participants

The store received 1529 visitors, of which 788 people and visitor couples participated in the survey, answered enough questions¹¹ and gave permission to analyze their answers. This resulted in the following number of valid answers:

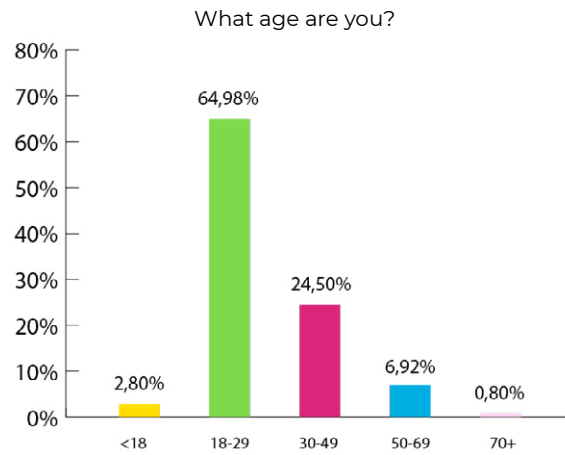
Scenario	N valid answers	N total answers	% valid of the total
Smartshop	752	788	95%
Pharmacy	765	1201	64%
Club	744	955	78%

About 77% of the participants answered the survey in Dutch, 23% in English. Although the survey did not ask about the nationality of the people, the chosen language is used as an indicator of whether someone is Dutch or not. Most visitors who completed the survey (65%) were between 18 and 29 years old (graph 1). 80% had ever used MDMA in their lifetime, and 10% reported using it more frequently (monthly or more often; see graph 2). If we compare this with the data for the general population in the National Drug Monitor, we see that the respondents had more experience with MDMA than the general population. According to the latest data from the National Drug Monitor, only 9.8% of the population has ever used ecstasy, 3% in the past year and 1% in the last month¹². So, in general, we could conclude that our study mainly gives us information about how MDMA users would react to the different scenarios of regulated ecstasy sales.

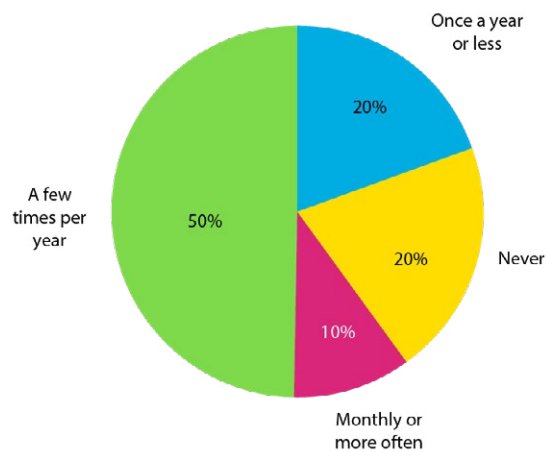
The vast majority of participants (93%) correctly answered the question about the safe amount of water to drink to reduce the harm of MDMA (graph 3). This did not mean that their knowledge of MDMA was always complete or correct. For example, a relatively large group had been informed that MDMA is being investigated for therapeutic use, namely in PTSD (72%), but 24% thought that it is also used in depression (insufficient research has been done on this application) and 3% in schizophrenia (incorrect) (graph 4). More than half were aware of the average strength of an ecstasy pill on the Dutch black market (148 mg), but the rest ended up with lower amounts (graph 5).

¹¹ Visitors who only provided one answer and quit the survey after that were deleted from the sample.

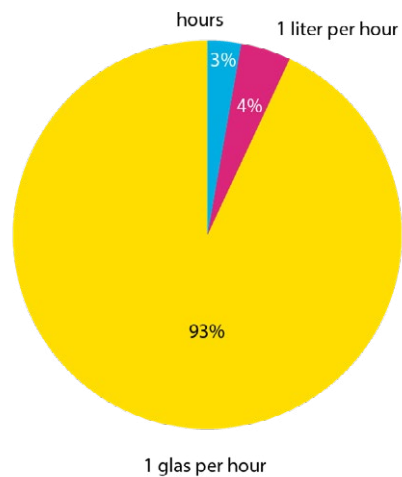
¹² <https://www.trimbos.nl/aanbod/webwinkel/af1911-nationale-drug-monitor-2021/>

Graph 1: Age of participants (N=751)**Graph 2: Lifetime MDMA use (N=741)**

Have you ever used XTC and if so how often?

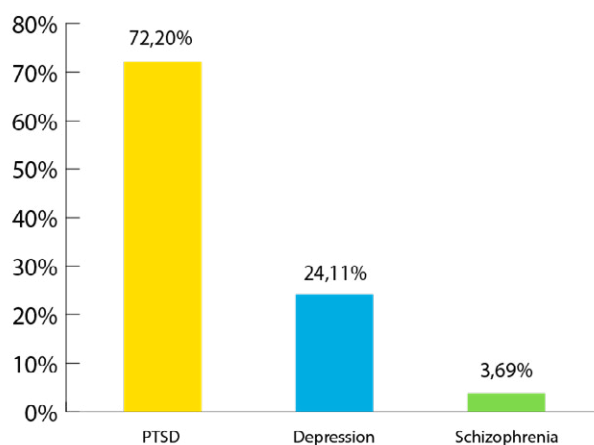
**Graph 3: Knowledge about harm reduction in MDMA use (N=733)**

How much water should you drink when you use XTC?

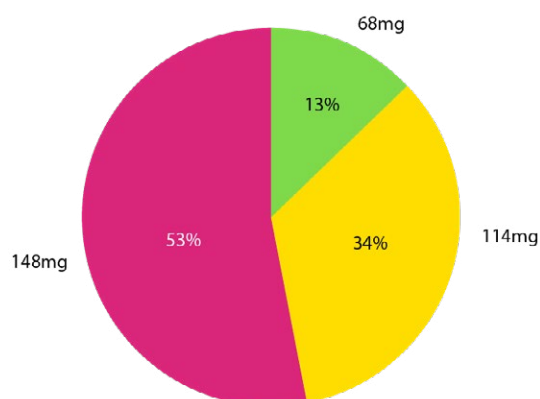


Graph 4: Knowledge of therapeutic use of MDMA (N=759)

For which mental health problem is MDMA currently used in therapeutic form?

**Graph 5: Knowledge about MDMA strength (N=677)**

Do you know what the average dosage of ecstasy-pills is in the Netherlands?



Product control

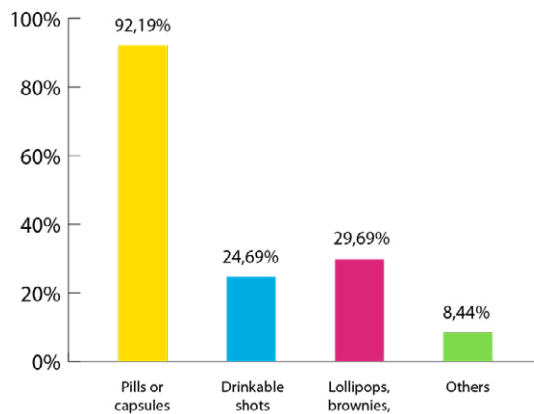
MDMA can be checked for various components, including production, market price, quality, the product shape (which affect dosage forms) and packaging. In the XTC store, visitors were asked about their preferences regarding the forms (product types) in which MDMA should be made available, types of packaging and possible dosages. Participants could choose multiple product types, and most (92%) opted for traditional forms, pills and capsules. About one-third chose edible forms such as lollies, brownies and biscuits, and one in four chose drinkable forms such as shots (see Graph 6). Additional forms were mentioned by 8.5% of the participants, such as (in order of frequency) powder, (eye) droplets, transdermic patches, crystals, and a form that could be evaporated or injected, dissolved in dairy and tea.

Participants were also asked to decide how to package MDMA. Most either opted for neutral, like packaging (42%) or wanted to define the reason for use first - recreational or therapeutic - and then determine the packaging (44%) (see graph 7). Ideas mentioned by 3.6% of the participants were neutral packaging other than a box, including health risks on the packaging (as with cigarettes) and including health advice in the packaging.

The dosages in which MDMA is sold can determine the possibilities for controlling its intake. About half of the participants (49.53%) of the ecstasy store preferred that the MDMA dosage for sale be adjusted to the weight and gender of the consumer in order to have a safe and pleasant experience. Slightly fewer (42.32%) would like MDMA sold in low doses (25-50 mg). Only about a third (28.04%) would like to purchase higher-dose pills (100-200 mg) (graph 8).

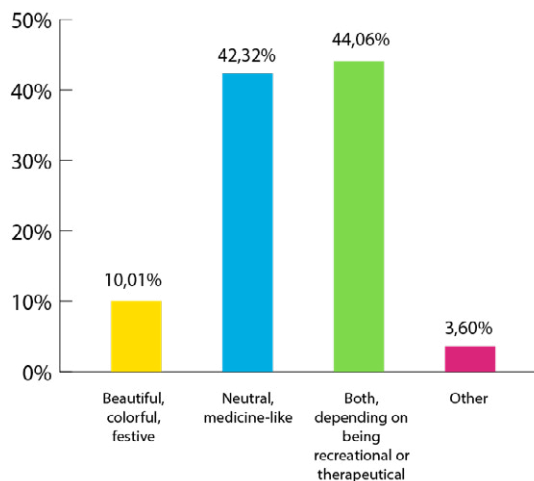
Graph 6: Preferred forms of product types (N=320)

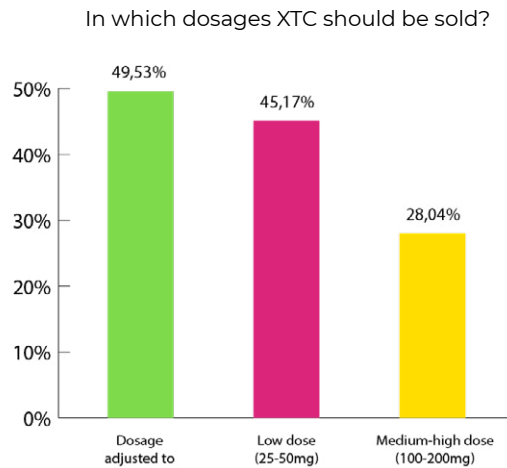
What forms of XTTC would you like to see for sale?



Graph 7: Preferred packaging (N=749)

How would you like to see ecstasy packaged?

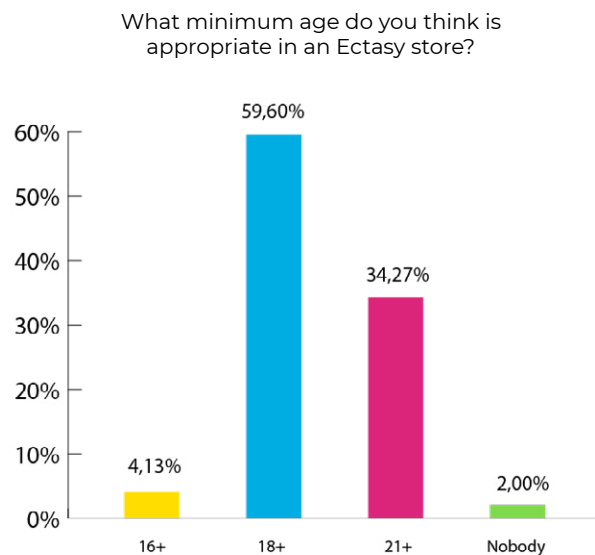


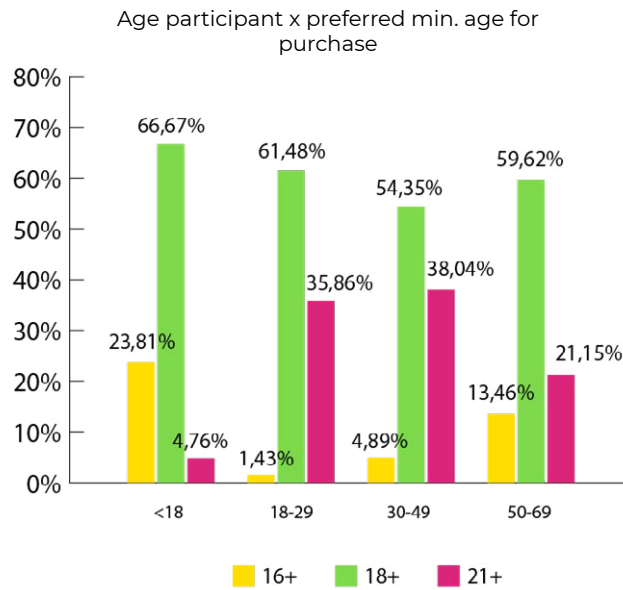
Graph 8: Preferred dosages (N=321)

Buyer/consumer control

Visitors to the XTC store were asked to indicate their preferences around the minimum age to purchase MDMA, around the need to share personal information (such as ID or medical records) during purchases, around the options to check for the intake of other substances before purchasing MDMA and around the limits per purchase. must

An age limit should protect younger people from access to substances that may be harmful to their development. There is a risk that people younger than the age limit will still try to gain access to MDMA. When asked about the minimum age for people to buy MDMA, most participants (59.6%) mentioned 18 years. Just over a third prefer the age of 21 (graph 9). These preferences corresponded among the age groups, except for the group of participants under 18. Like the other participants, most cited the underage age group (66.67%) as the minimum for purchase. Still, compared to the other age groups, the youngest more often cited 16 as the minimum age to purchase MDMA (graph 10).

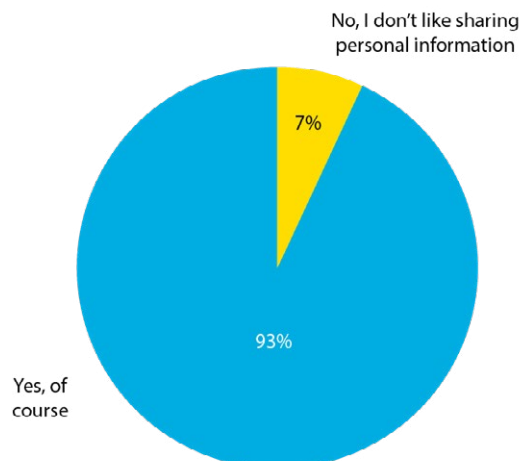
Graph 9: Minimum age for purchase (N=750)

Graph 10: Minimum age for purchase x participant age (N=750)

Once an age limit has been set, enforcement controls are necessary. This can be done, for example, by setting up ID checks. When asked if visitors would be willing to show their ID before taking MDMA to the pharmacy, most participants (93%) responded positively (graph 11). Just like in the pharmacy, showing the ID in the club to buy MDMA was not considered a problem by most (graph 12). But far fewer visitors (12%) said they would leave a copy of their ID at a club or festival to help them better in a medical emergency.

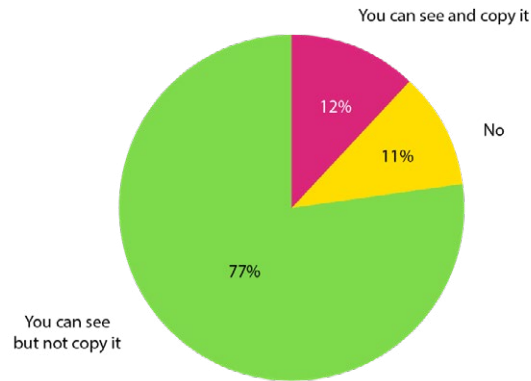
Graph 11: Sharing personal data - ID (N=764)

You came to buy XTTC, may I see your ID card and check your age?



Graph 12: Sharing personal data - ID copy (N=743)

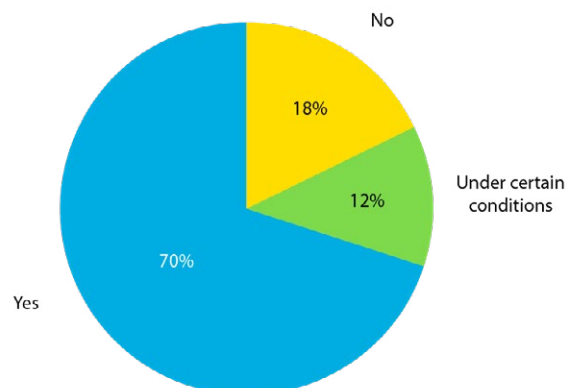
Can I see and copy your ID? We request this in case we need to assist you in the event of a medical emergency.



Another control measure is to screen for possible harmful interactions of MDMA with other medications. Most visitors of the pharmacy (70%) were willing to share personal medical information to get information about safe use. 12% was willing to do so under certain conditions, such as: *if privacy is guaranteed*"; *the choice lies with the buyer whether he wants to share the medical file or not, and that it is not an obligation to show it*"; *that access is only granted to the data that may play a role in combination with ecstasy use*"; and that *is not shared with government or health insurance*". Eighteen percent of respondents chose to keep their medical records private under all circumstances (graph 13).

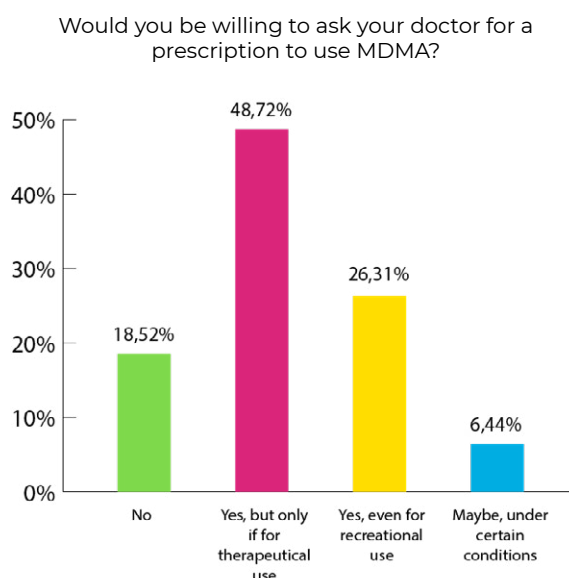
Graph 13: Sharing personal information - medical information (N=759)

Are you willing to provide personal medical information before you purchase XTC?



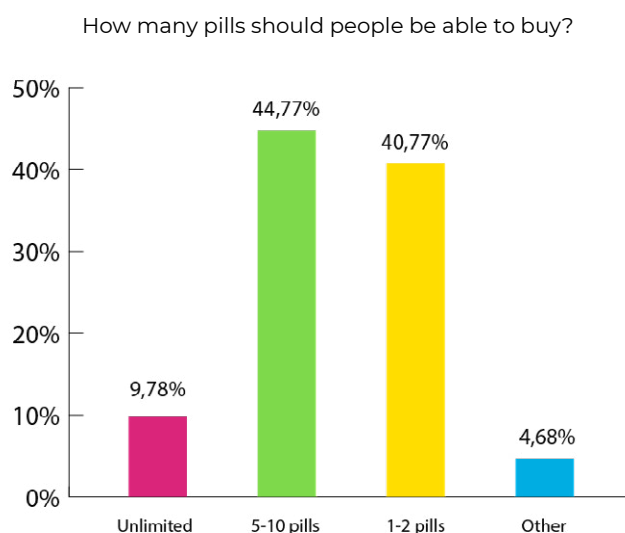
Participants were also asked if they would ask their doctor for an MDMA prescription. Most of them (75%) gave a more positive response, although for almost half (48.72%) this would only be an option in case of therapeutic use of MDMA. Some participants (6.44%) would be willing to ask for a prescription under certain conditions, such as “*Not condemned, Id be used by the gp for MDMA use*” and “*if doctors are trained in the subject, to avoid rejection as with medicinal cannabis*” (graph 14).

Graph 14: Doctor’s prescription (N=745)



Defining the purchase limits for MDMA purchase is a crucial step for regulation. If the limit is deemed too low for personal consumption, people can resort to the illegal market. If it’s too high, people may be tempted to consume more or resell it to others (including minors). Most participants (44.77%) want the limit to be between 5-10 pills per purchase. A slightly lower number (40.77%) prefer a smaller number of 1-2 pills per purchase; only 9.78% advocated the possibility of unlimited purchases. Other participants (4.68%) indicated that their preferred limit would depend on the pill dosage (Graph 15).

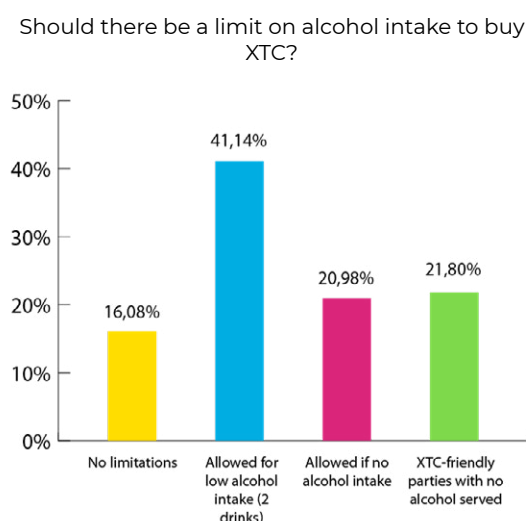
Chart 15: Purchase limits (N=726)



In the event that people buy and use their MDMA in the same venue, such as in a club or at a festival, other forms of regulation are possible. In the club scenario, participants were asked about regulations regarding the simultaneous use of MDMA and alcohol. The vast majority (83.92%) would like to see a restriction on alcohol consumption when buying MDMA. While 41.14% would like purchases to be allowed only if people have had a low alcohol intake (about 2 drinks), 42.78% would prefer to buy only when there is no alcohol. The latter could also be done at so-called “ecstasy-friendly” parties, where no alcohol is served (Graph 16).

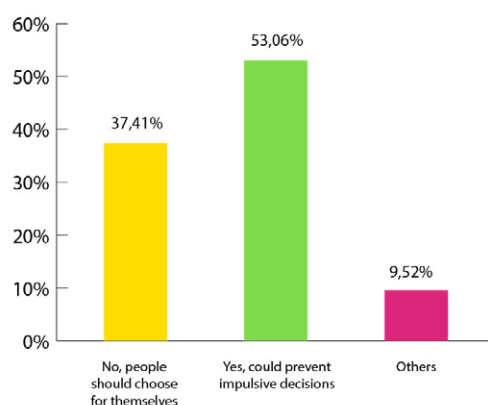
Just over half of the participants (53%) said a breathalyser test should be mandatory to buy MDMA to prevent impulsive decisions. A third (37.41%) thought that people should decide whether buying and using MDMA is safe. Others suggested, “*not a breathalyser test but a control question to be asked by staff by default*”, or saying “*staff don’t have the time for that*”, or that “*MDMA should not be sold in clubs*” (Graph 17). Finally, more than half of the participants (54.32%) would prefer that people buy their MDMA in advance, to avoid impulsive use. The remaining 27.98% wanted the use at the location of purchase to be possible, as the club staff then keep an eye on people (Graph 18).

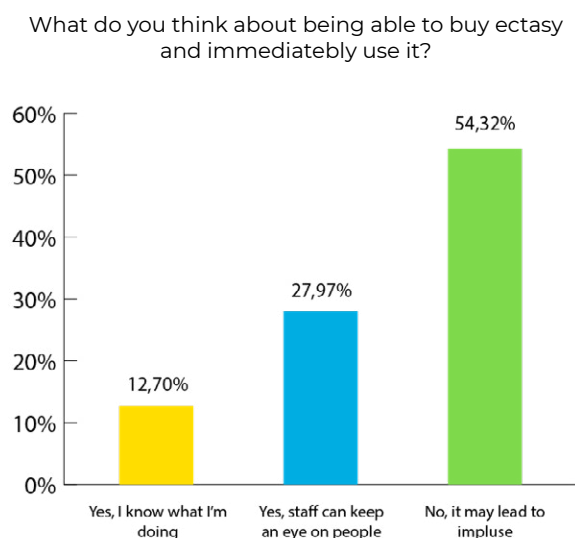
Graph 16: MDMA and alcohol limit (N=734)



Graph 17: MDMA and alcohol - breathalyser (N=735)

Should a breathalyzer test be obligatory to buy XTC?

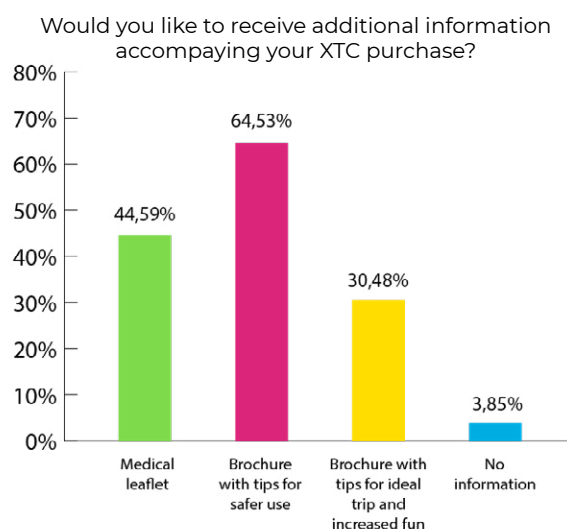
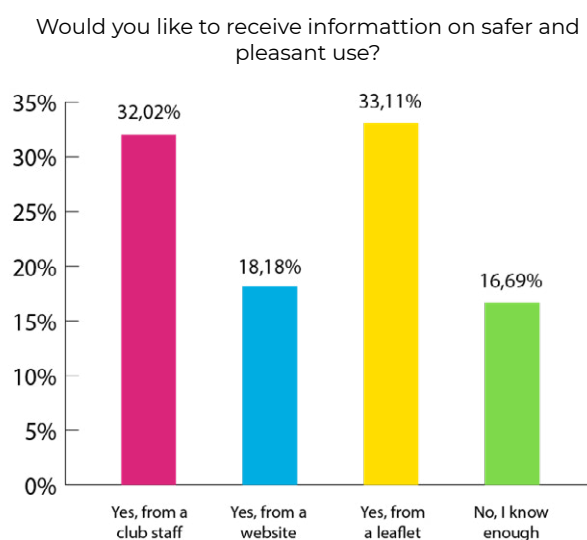


Graph 18: Direct use after purchase (N= 740)

Control of suppliers and points of sale

The regulation of MDMA can take many forms, for example, by granting permits to points of sale where the substance can be purchased. This allows local licensing authorities to carry out controls, such as on sales hours, the types of substances that may be sold at the same location, the type of measures that the seller must take to protect consumer safety or the establishment of the sales location.

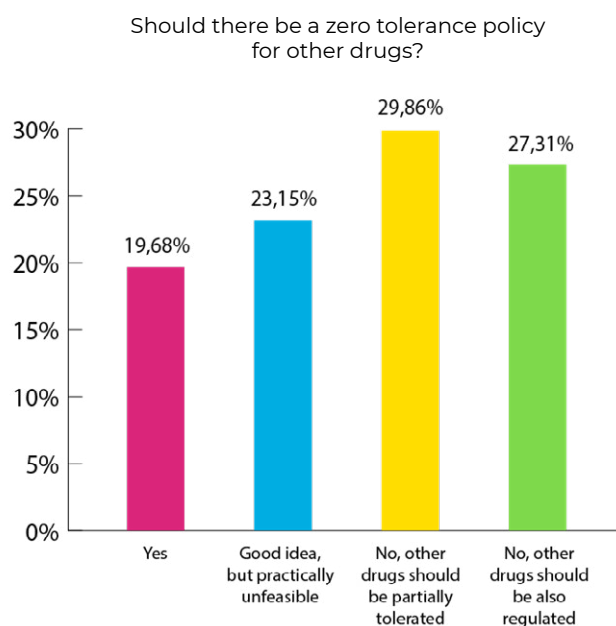
Providing evidence-based information to people can help to reduce the harm people may suffer from use. In a pharmacy, it is assumed that a medical package leaflet would accompany the product. In the smart shop and the club, the situation is less clear. Visitors to these last two outlets in the XTC store were asked if they wanted to receive information with their MDMA purchase. The majority of participants gave a positive answer in both scenarios, and in the smart shop more visitors wanted to receive information (96.15%) compared to people in the club (83.31%) (Graphs 19 and 20). The preference for information in the smart shop (with 64.53%) was a brochure with tips for safer use. In the club, participants were usually divided between receiving information through a leaflet (33.11%) or directly through club staff (32.02%).

Graph 19: Information in smartshop (N= 702)**Graph 20: Information in club (N= 737)**

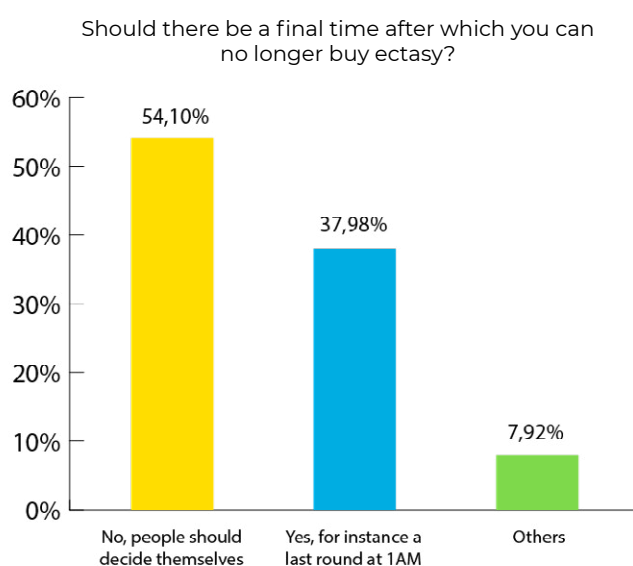
Limiting the types of substances sold at a location can reduce the harm of MDMA use. Visitors to the club environment were asked if a club that sells MDMA should have a zero-tolerance policy on the use of other drugs. Opinions were divided here. More than half (57.17%) thought that other drugs should also be allowed in an environment that sells MDMA, either because of the limited time available to staff (29.86%) or by also regulating the sale of other substances (27.31%). The remaining 19.68% of club visitors thought zero-tolerance was a good idea for regulated sales of MDMA: this way, the impact of the regulated sale of MDMA can first be investigated. The remaining 23.15% thought zero tolerance was a good idea but knew that enforcement in a club would be practically unfeasible (graph 21).

Participants were also asked if an outlet like the club should set a time limit for an MDMA purchase. More than half (54.10%) of respondents were opposed, while more than a third (37.98%) preferred a limit such as a final round at 1 a.m. (graph 22). Other participants (7.92%) suggested that a limit - *“is good to protect people from themselves”* but preferred *“a different time”*, also *“depending on what time the party lasts”*. Other people pointed out that a time limit could lead to people buying larger amounts of MDMA just before the last round, and one person suggested another form of control to prevent this: *“You have to scan your ticket and can't buy anything after it”*.

Graph 21: Zero tolerance in the club (N= 432)



Graph 22: Time limit for purchase in the club (N= 732)

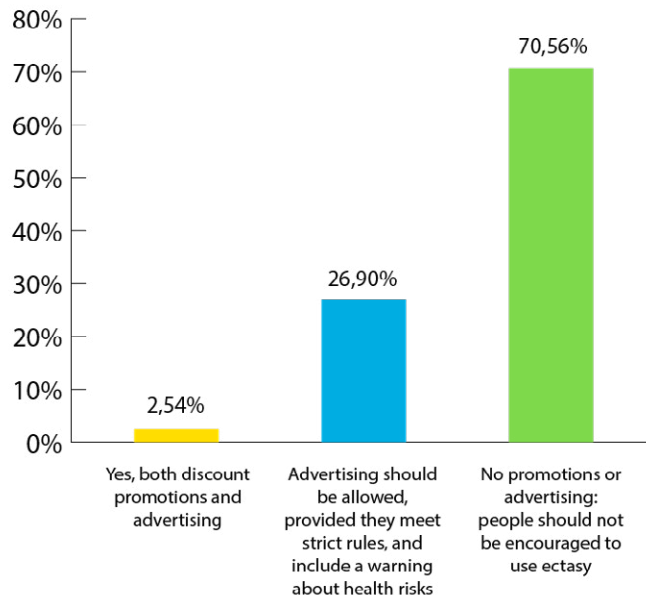


Advertising and information

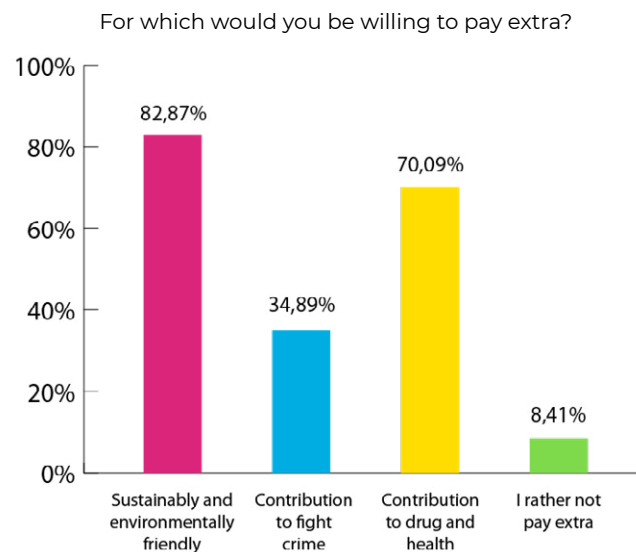
A fundamental challenge in the regulation of substances is to balance the often conflicting goals of commerce and public health. The experiences with alcohol, tobacco and (online) gambling show that, especially when large-scale business entities are involved in trading and selling, commercial providers will tend to prioritise profit maximisation over health promotion. Advertising plays a strong role in this and visitors to the XTC store seem to be aware of and concerned about the impact of advertising. The majority (70.56%) would opt for a ban on any form of advertising or promotion of MDMA in case its sale is regulated. About one in four (26.9%) would only consider advertising if it is strictly regulated and warned about the risks of use. Only a small minority (2.54%) would consider allowing ads and promotions.

Graph 24: Advertising (n= 710)

Should ecstasy be allowed to be advertised?



In a regulated MDMA market, it is possible to spend (part of) the profits or turnover on specific policy goals. Most participants stated that they were willing to pay extra for sustainable and ecologically produced MDMA (82.87%), and to contribute to drug and health education (70.09%). About a third (34.89%) would be willing to pay more to contribute to the fight against crime via taxation (Graph 25).

Graph 25: Prices and policies (N= 321)

Additional responses per scenario

At the end of the visit to each point of sale, participants were asked whether they believed that the point of sale should exist in the future, thereby taking into account the sales conditions they had chosen. In all scenarios, most participants answered positively; the pharmacy and the smart shop had more positive answers than the club (graph 23). Participants were given the opportunity to explain their choices in an open answer box.

Those who felt that the **smartshop** should be allowed to sell XTC explained that, in their opinion, this would give a better understanding of MDMA use and more options to check quality. In addition, they saw opportunities in the smart shop to stimulate safer use. Some also cited a decrease in the harm from the illegal production of MDMA and the associated crime as an advantage of selling in the smart shop.

“You pay for environmentally friendly production, and there is good information without fear-mongering.”

“It ensures that the substance is pure and that you prevent it from being sold in the criminal circuit.”

“People will use it anyway. I’d rather it wasn’t encouraged, but it was safe.”

Several participants who opposed the sale in a smart shop found the location too similar to a candy store, giving the impression that drug use poses no risks. The playfulness of the venue could potentially grab children's attention. Some also mentioned that the smart shop's colourful décor made sales too attractive, drawing attention to concerns around commerce and advertising:

“It's too much like a candy store, while there are also dangers to it.”

“The image is not desirable to make children/teenagers curious for drug use at a young age.”

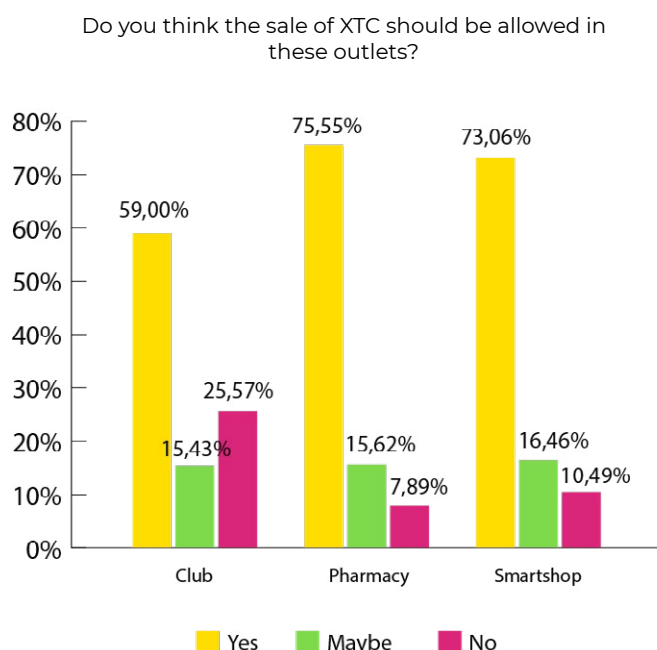
“Commercialization doesn't put health first, but profit.”

Finally, those who said that the smartshop could “perhaps” be a point of sale found that an MDMA store should provide information and promote awareness, and be soberer than the colourful smartshop in the XTC shop. Such a place should not encourage use, especially among younger populations.

“It's good if the market is more regulated for safer pills, but legalisation shouldn't encourage young adolescents to start taking drugs at a younger age either.”

“It will sell safe pills, but it shouldn't be glamourised”.

Graph 23: Acceptance of different outlets (N club= 700; N smartshop N=553; N pharmacy= 634)



The visitors who favoured selling MDMA in a **pharmacy** emphasised that this option offered a more serious environment compared to the smartshop. This was assessed by them as positive, especially in combination with the possibility of providing additional and personalised (medical) information about risks. Others associated the pharmacy only with the therapeutic use of MDMA.

“A pharmacist has medical knowledge and encourages safe use.”

“It offers personalised advice to individuals and their medical needs.”

“It offers the opportunity to provide good information for therapeutic use. For recreational use this point of sale for me feels too... ‘clinical’.

Some participants who opposed pharmacy sales said MDMA should be sold in normal pharmacies and not in a pharmacy specific to the substance. Others felt that recreational MDMA should not be sold in a medical setting. Finally, some were afraid that sales in a pharmacy would be (too) high threshold.

“Please offer Ecstasy at the normal pharmacy, not a separate pharmacy; That can induce stigma.”

“I don’t understand why you can get drinks anonymously, but you should buy ecstasy through healthcare.”

“Too much government regulation and therefore possible restrictions. Policies are changing alongside societal opinions, and before you know it, an XTC passport will be issued that allows sales only for medical reasons or people who use certain substances (SSRI, HIV inhibitors, etc) will not be eligible for purchase.”

Those who said the pharmacy could “perhaps” be allowed to sell MDMA in the future, said more research was needed before making a choice, thought a pharmacy would be a place to sell MDMA for therapeutic use only, and/or preferred a smart shop scenario because of the lower threshold it offers:

“More research needs to be done first.”

“Not for recreational use, only for therapeutic purposes.”

“I personally think a shop is nicer, here you are also more likely to think that doctors/staff are going to judge you.”

Regarding the **club**, those who favoured the sale of MDMA in such a place justified their choice by explaining that this is the environment where MDMA use takes place and, thus, it is also a place to reduce harm.

“That’s the environment you’re using.”

“It’s an environment with XTC users. Everyone has the same vibe so that prevents collisions. In addition, people are given a glass of water against dehydration and an explanation of the effects of ecstasy.”

Those who opposed the sale of MDMA in the club were concerned that the environment would not be ideal in terms of prevention or enforcement and that the low-threshold access and the use of other substances could lead to impulsive use. They felt that MDMA should be sold outside the party environment or saw this location as the less suitable of the three scenarios to enable regulated MDMA sales:

“We think it would be better if people had to buy Ecstasy in advance because then the choice is more conscious.”

“Little chance of prevention and mix with other means.”

“This seems to be the least good form of sales.”

Finally, those who said the club selling MDMA would “perhaps” be allowed to be open in the future stressed the need for stricter rules to prevent overconsumption, including controlling or banning alcohol consumption. However, they also highlighted the difficulties in enforcing those rules:

“Only under strict rules. You want to prevent people from impulsively deciding to use.”

“I find this a bit more difficult because the threshold can be very low due to alcohol, for example. Special ‘XTC-friendly’ parties would offer a solution.”

“I think it’s a good idea to legalise Ecstasy. For me, this is the same concept as ordering a beer in a pub. However, I think that ultimately a lot of responsibility will lie with the club and its staff. That’s why I wonder if this is feasible.”



Focus group discussions

To what extent do the results of the research among the visitors of the XTC store coincide with the formation of ideas among experts¹³? To investigate this, we organised two focus group discussions. What we were particularly interested in was whether the ideas among experts had a support base among young XTC users, such as those represented by the visitors of the XTC store. After all, some experts had publicly spoken out in favour of MDMA for recreational use. Other experts, on the other hand, were sceptical and more reserved.

The latter was immediately apparent from the organisation of the focus groups themselves. It is a big step for many experts to speak out on a controversial political topic, such as the regulation of ecstasy. One of the participants explicitly stated that she was afraid of being assigned to a certain camp, despite taking a nuanced position and not being outspoken for or against it. We, therefore, emphasised that the thinking in the focus groups was not intended to support a particular political position, but on the contrary, that we wanted to explore the different sides of the controversy; that no “conclusions” would be drawn in the sense of “experts support this or that policy”; and that participation in the focus groups would be kept anonymous. Nevertheless, it was not easy to recruit participants. A third focus group, on the legal and criminal aspects of the MDMA market, for which we invited people from the police and judicial circles, had to be cancelled altogether.

Two focus groups remained: the first for academic and independent drug researchers and the second for prevention and health professionals. The first group included five experts: a minimal size, and one of the attendees was not so much a drug investigator as a criminal law specialist. Three of them had previously been part of a think tank that had formulated recommendations for regulating MDMA. This turned out to be a very homogeneous group regarding views: three had already thought of the other two certainly did not disagree with them.

¹³ By this we mean experienced professionals and scientists who are professionally involved in the drug markets, the health effects of MDMA, and/or legal and legal aspects including the so-called ‘fight against organised crime’.

In general, the participants of this group were in favour of a fourth scenario that had not been presented in the XTC store: a kind of sober state store in which people were allowed to buy limited amounts while receiving a lot of information. The underlying idea here is that while sales should be legal, the circumstances under which sales are allowed should be as unattractive as possible to discourage purchase. The experts were, therefore, less charmed by the visitors' favourite outlets, namely the pharmacy and the smart shop. On the other hand, they did not exclude sales at clubs/events to discourage the black market. They were also unafraid to be somewhat patronizing and advocated a national health campaign. They also suggested a pilot similar to the ongoing local cannabis experiments. On a number of points, their ideas overlapped with those of the visitors of the XTC store: pills in neutral packaging with relatively low doses (for example, 60, 80 and 100 mg), age limit of 18 years, no or very limited advertising.

The second focus group brought together four experts working in prevention and health care: three active professionals at various prevention and information institutions, and one a retired doctor from addiction care. The latter (No. 4) differed slightly in his opinions from the first three. For example, the first three rejected the smart shop scenario because they opposed commercial XTC sales: after all, a commercial seller wants to increase his sales, which should not be the intention. No. 4, on the other hand, pointed to the Dutch commercial coffee shop model with which we have had good experiences in his eyes. A pharmacy scenario was already viewed more positively by Nos. 1-3, although No. 4 pointed out that it is a bit strange to sell pills for non-medical purposes in a pharmacy. The club scenario was also assessed negatively: an ecstasy booth at a party was still being considered, but there should be some time between purchase and consumption to prevent impulsive use. However, the most important criterion, according to one of the participants, was: *'What we want is that not everyone can just take 2 pills and pay...'* According to this group, there should therefore be thresholds for sale: preferably an age limit of 21 years (or even 25 years), although enforcement of this would be difficult; pills with a low dosage of 60 mg; pills slightly more expensive - up to twice as expensive as in the black market; pills produced by a 'state lab' (with the latter, no. 4 again had a different opinion: *'it is a bit strange for the state to start producing pills. The pharmaceutical industry can do this. Perhaps the industry does not want to produce a) a bad image and b) not make money (...)* But control can simply be done by the Dutch Food and Consumer Product Safety Authority.'





'CLUB/FESTIVAL SCENARIO'

The consensus in group II was ultimately close to the one of group I: selling drugs only in specialised shops (kind of ecstasy shop); products not in sight; sober décor; clean; light; white; lots of information, no loud music; no delivery, a sale in parties/clubs and good information campaigns (which already exist for schools).

The views of the experts are therefore somewhat at odds with the wishes of the visitors, under which selling in a party setting was the least favourite option but was still supported by sixty per cent (although also rejected by 25%). The question is how a restriction of legal retail from XTC to a state store on the Scandinavian model (under strict state license, with high prices/taxes and high thresholds for sale) could be maintained.

Observations and conversations with visitors

Visitor dialogues

At the location of the XTC store, observations were regularly made, and the staff of the XTC store held exit interviews. It was particularly informative when visitors discussed the tour together and debated answers amongst themselves.

What was particularly striking was that visitors were very able to make complex considerations and that they often not only took themselves as a starting point but also included vulnerable people in their decisions. While many visitors were well aware of the advantages and disadvantages of using ecstasy, the conversation often concerned the need to protect vulnerable people and thus raise barriers to sales. There was a lot of talk about young (minor) people and people with psychological vulnerabilities. Visitors were concerned about health and 'safe use' or 'responsible use' and frequently indicated that they see a big difference between MDMA and substances such as cocaine (where cocaine was perceived as many times riskier).

Many visitors indicated that they experienced a moral dilemma about their own (current) use and a criminal system. Incidentally, a number of women also mentioned that they experienced risks while making a 'deal' in which, for example, they got into a car of an unknown man to buy pills. Based on these reasonings, people found the (better/different) regulation of ecstasy particularly welcome.

At the same time, another part of the visitors indicated that the criminal supply line of XTC was very far removed from their realities. Many had not thought about this yet. In this sense, the XTC store also contributed to the awareness of the current XTC trade. Some visitors indicated that they saw no urgent need to regulate Ecstasy because they get their pills easily and do not feel that they are harming anyone with their use. The process of obtaining ecstasy is so easily accessible that some visitors are hardly aware of the 'illegality' of their actions. What turned out to be an eye-opener for this group, in particular, was the environmental damage caused by XTC production. This is an important theme for the - predominantly young target group - and, ultimately an important factor in the consideration to regulate ecstasy.

In an exit interview with visitors, the staff systematically asked about the preferred scenario of visitors. The vast majority of visitors indicated that they would end up at a point of sale that would be somewhere between the smart shop and the pharmacy. Marketing was seen as undesirable by almost everyone, but visitors also did not like too high thresholds. A number of visitors mentioned the example of a 'coffeeshop counter'. Since the Dutch smoking ban in bars, some coffee shops have opted for a pure sales function, in which the seller can take on an informative role.

CONCLUSIONS

The central question in this research was: under what conditions do ecstasy store visitors and drug experts find regulated sales of ecstasy acceptable in our society? With the 'experiential' public survey 'the XTC store', the researchers evaluated the societal reactions and comments on the three scenarios of regulated sales of MDMA.

The XTC store project was a pilot project from which no definitive conclusions can be drawn. However, it did yield a number of results that provide indications for the development of the public debate around the regulation of MDMA and for further research to substantiate this discussion with a more solid evidence base.

The first important conclusion is that neither the visitors of the XTC store nor the participants in the focus groups understand the 'legalisation' or 'regulation' to release the sale of MDMA fully. Both groups are in favour of restrictions on that sale to reduce the availability of MDMA. After all, in practice, in the current illegal market, MDMA is easily available to any potential user.

A second conclusion, however, is that there were differences in the recommendations for and acceptance of the different sales scenarios between the two groups (visitors and drug experts). This is partly due to an interesting discrepancy in the views of the experts. Both the academic experts and the researchers from the field of prevention and health care agreed with the regulation of the sale of MDMA on the one hand. Still, on the other hand, they felt that this should be done in such a way that the actual use is discouraged and sales are kept as small as possible. Hence, the experts in the focus groups almost universally agreed with the idea of a fourth scenario with a specialised but unattractive retail outlet with government-produced MDMA.

Most visitors to the XTC store were users themselves, and the majority were positive about sales by the pharmacy or by a smart shop. But sales at parties and clubs could still count on acceptance by around sixty per cent of the visitors. Although we did not present the fourth scenario to them, during exit interviews with visitors, a preference often emerged for a point of sale that was 'somewhere between the smart shop and the pharmacy'. Further research into the carrying capacity of the fourth scenario proposed by the drug experts among the buyers is desirable. Too high a threshold would have the logical consequence of the continuation of a significant illegal market.

A third conclusion is that the visitors of the XTC store welcomed measures for restrictions on sales. For example, they favoured a minimum age limit for ensuring safety and limiting the maximum doses in pills and for measures to prevent marketing and advertising. The users also seemed to want to take responsibility for keeping MDMA use as safe as possible. Neither visitors nor experts are in favour of a completely free market in which no rules are set. The degree of acceptance for regulated sales under strict conditions seems, based on our findings, to be significant. among these groups.

Reflection on secondary objectives of the XTC store

In addition to the central research question, the XTC store had three additional objectives. Through the XTC store, we wanted to generate a social and political dialogue. Through art, we wanted to de-polarize the conversation around regulation and present visitors and politicians with concrete future scenarios. In addition, with the XTC store we wanted to broaden awareness among the general public about the Dutch MDMA problem and possible solutions. Finally, the XTC store an opportunity to creatively educate the public about MDMA and its risks to the user.

Social dialogue

The XTC store has brought about a new dimension in the social debate around the regulation of XTC. The conversation in the XTC store was productive, mature, and profound, and polarisation in conversations could be avoided. The 'experiential' audience survey also generated positive media attention up to and including a publication in *The Guardian*¹⁴.

In addition to the regular visitors of the XTC store, groups were also received - partly by invitation. These were groups of local politicians (from Utrecht and Amsterdam), national politicians (including Minister Kuipers of Health, Welfare and Sport), civil servants and policymakers, and groups of (international) students and schoolchildren. When receiving these groups, two things stood out in particular.

By moving the conversation away from a debate between supporters and opponents of regulation, the public experiment succeeded in getting people to think about scenarios where this decision had already been made. Among them was the assumption that the production of MDMA had been brought under state control or through certified and controlled companies. This allowed visitors to think focused on the development of the policy after this political decision. The conversation on location was, therefore, extremely nuanced and productive. Fierce opponents of regulation were also willing to think along in this thought experiment, and they indicated that they had come to new insights. The use of art and immersive design, therefore, seems to play an important role in breaking an impasse in the debate on a complex issue such as drug regulation.

A second important finding during the group discussions was the realisation that 'regulation' is very different from 'releasing to the free market'. The many choices that can be made after the legalisation of a drug like Ecstasy was an eye-opener for many visitors/groups. The XTC store showed which buttons could be pressed after legalisation and the degree of control over processes that would be obtained - processes and choices now left to people working in the illegal circuit. Regulation is often seen as a radical act in which control is abandoned. This is in contrast to the set-up of the XTC store, where policymakers and politicians would influence many sales conditions. This new view on 'regulation' was a recurring theme during the group visits.

¹⁴ <https://www.theguardian.com/world/2022/aug/18/high-street-dutch-ecstasy-shop-shows-possible-way-for-drug-reform-xtc>

Educational function and raising awareness

No “before and after” test was done on location to investigate to what extent people gained knowledge during a visit to the XTC store. However, the fact that almost everyone went through the tour together led to particularly interesting conversations between visitors. These conversations centred on knowledge exchange or sharing personal experiences but also regularly focused on reflections on policy and the perceived need to (better) protect vulnerable people in society from the risks of drug use. In addition, visitors saw great added value in regulated sales: not only can good information be given, but this information can also be tailor-made.

Based on the experiences in operating the XTC store, it can be said that the secondary objectives have been amply achieved. In a follow-up to the XTC store, it would be interesting to make the extent to which people become more aware of the risks surrounding the use and the problems surrounding the production and (illegal) sales measurable by visiting the XTC store.



**‘MINISTER ERNST KUIPERS (VWS) AND
UTRECHT ALDERMAN EELCO EERENBERG
VISIT THE XTC SHOP’**

RECOMMENDATIONS FOR FOLLOW-UP RESEARCH

Despite the limitations in the research design in Utrecht, the XTC store provides fascinating insights. Based on the findings within this public survey, a number of interesting themes have been identified for follow-up research.

Firstly, the policy choices surrounding the regulated production of MDMA. Here, too, there is a range of options to choose from: from production under full state control to a system of certification or monitoring. Within the current research design, we make conclusions on the impact of regulation on crime and the black market. The experts we spoke to in our focus groups indicated that the impact of regulation - provided it is not in a broader international context - will be low.

Secondly, the design of the current experiment can be sharpened. An important addition would be the aforementioned 'fourth' scenario. In addition, a comparison between the perceptions of consumers/visitors and those of experts is interesting to investigate how low or high the threshold for purchasing MDMA should be to prevent users from continuing to buy their drug on the illegal market.

For the next edition of the XTC store, we would like to have a more diverse audience come to the store, including a large group of 'never users'. In the survey, we looked at more distinctive socio-demographic categories, such as place of residence and country, one's political spectrum, ideas about drug use and degree of experience. We could also give more opportunities for open answers, we could rotate the visit to the different scenarios, let visitors all answer the questions individually and ask whether people expect to use more MDMA – something that is a major concern among experts – if MDMA were regulated.

In a follow-up study, it would also be interesting to measure to what extent an art installation such as the XTC store can be used for information and awareness raising.



