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This article presents data on the common-sense rules by which cannabis users regulate their use. The data are drawn from a comparative study of representative samples of experienced cannabis users in two cities with many similarities but with different drug control regimes—Amsterdam, in the Netherlands (decriminalization), and San Francisco (criminalization). An extensive survey of experienced cannabis users in Amsterdam was replicated in San Francisco as a strategy for identifying differences in cannabis use patterns having to do with differences in drug control. Most respondents reported having such rules and applying them most of the time. These data indicate a patterned selectivity about when, where, with whom, and under what conditions experienced users found cannabis use appropriate and inappropriate. We suggest that these rules are key elements in a kind of etiquette that Becker called 'user culture.' Despite drug policy differences, we found overwhelming similarity in these rules across the two cities.

Keywords: Cannabis Use; Marijuana Use; Netherlands; Drug Control; User Culture; Drug Use Patterns

That cannabis[1] users frequently conceal their use should not be surprising. For most of the 20th century and up to the present in nearly every nation, cannabis users have been arrested and often imprisoned if convicted of possessing the drug. U.S. law enforcement agencies made 786,545 arrests for marijuana offenses in 2005 (Federal Bureau of Investigation, 2005).

The one country in which such a pattern has not prevailed is the Netherlands where, for the past quarter century, there has been a *de facto* decriminalization of cannabis (Leuw & Marshall, 1994; Scheerer, 1978). However, as we show in what follows, even in the Netherlands users exercise discretion in deciding when, where, and with whom

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to use the drug. Fear of criminal penalties, then, cannot be the only reason, and may not be the principal reason, behind the decisions cannabis users make about their use.

In this article we present findings from a comparative study of representative samples of experienced cannabis users in two cities with many similarities but with different drug control regimes—Amsterdam (decriminalization) and San Francisco (criminalization). An extensive survey of experienced cannabis users in Amsterdam was replicated in San Francisco using the same survey instrument and interviewing procedure (Reinarman, Cohen & Kaal, 2004). San Francisco was selected as the U.S. comparison site not because it is representative of the U.S. but because it is the U.S. city most comparable to Amsterdam. Both cities are large, highly urbanized ports with diverse populations of just over 700,000. Both are financial and entertainment hubs for large regional conurbations. Both have long been seen within their home countries as particularly cosmopolitan, politically liberal, and culturally tolerant.

In both cities, users reported a clear selectivity in the times, locations, and situations they found suitable for cannabis use. This selectivity was patterned, organized mostly to prevent cannabis use from interfering with normal social functioning. Like most other leisure activities and forms of consumption, cannabis use occurs within a normative architecture that functions to maximize pleasure while minimizing disruption of daily routines. In this sense, cannabis may be understood as what Foucault (1994) calls a 'technology of the self.'[2] The data presented below provide clues to the nature of the unwritten, common-sense rules by which cannabis users regulate their use of this technology. We suggest that these rules reveal the lineaments of what Howard Becker calls 'user culture' (1967; see also Alasutari, 1992; Johnson, 1973; MacAndrew & Edgerton, 1969; Maloff, Becker, Fonaroff, & Rodin, 1982; Waldorf, Reinarman, & Murphy, 1991).

We use the term 'lineaments' despite its relative obscurity because it captures what we are demonstrating in this article. *The Oxford English Dictionary* gives two meanings for 'lineament,' both of which approximate our theme with regard to cannabis user culture: 'a line, a delineation, diagram, outline, sketch'; and 'a portion of the body, considered with respect to its contour or outline, a distinctive feature.'

Methods

We sought representative samples of cannabis users with enough experience to be able to answer questions about career use patterns, which we defined as at least 25 use episodes. In Amsterdam, recruitment of such experienced users began as part of a drug use prevalence survey in the general population. This survey was administered to a random sample using as a sampling frame Amsterdam's Municipal Population Registry. The overall response rate was 50.2%, yielding a sample of 4,364 (Sandwijk, Cohen, Musterd, & Langemeijer, 1995). Comparisons of responders with non-responders and with known city demographic data indicated no need for weighting. All respondents who reported having used cannabis at least 25 times ($n = 535$; 12.3% of the population sample) were asked if they would participate in an in-depth interview about their cannabis use. Of these 535 experienced users, 216 (40.5%) were interviewed in 1996 (Cohen & Sas, 1997; Cohen & Kaal, 2001).

This modest response rate necessitated a check on representativeness. The 216 who responded were compared to the 319 who did not on 12 demographic and drug use prevalence variables. Respondents had slightly higher levels of formal education and slightly higher last-year prevalence of cannabis use, but otherwise were a reasonably representative cross-section of experienced cannabis users in the general population. Homeless, illegal, and institutionalized inhabitants were not interviewed.

The Amsterdam survey of experienced cannabis users was replicated in San Francisco beginning in 1997, with the Dutch questionnaire translated into English. San Francisco does not maintain a population registry so, to remain consistent with Amsterdam, we drew an area probability sample by randomly selecting census tracts, blocks, buildings, households, and adults within households. We administered a brief prevalence survey consisting of demographic and drug use prevalence questions. Unlike the Amsterdam prevalence survey, which was an extensive study in its own right, the brief prevalence survey in San Francisco was principally a means for generating a random representative sample of experienced cannabis users.

The overall response rate in the San Francisco prevalence survey was 52.7%, yielding a sample of 891 (Piazza & Cheng, 1999). Of these, 349 reported using cannabis 25 or more times (39.2% of the population sample, or three times the prevalence found in the Amsterdam sample) and were asked to participate in an in-depth interview. Of these 349 experienced users, 266 (76.2%) were interviewed in depth about their career use patterns. As a check on representativeness, we compared respondents and non-respondents on 10 demographic and drug use prevalence variables. There were no statistically significant differences. Again, homeless and institutionalized persons were not interviewed.[3]

A section of the survey instrument was designed to learn more about the rules users have about their consumption of cannabis. Because such rules are informal, often inchoate, and rarely articulated, we approached them from a number of different angles. We first asked whether respondents had rules they applied to their use and, if so, what these were and how often they abided by them. We included an open-ended question asking respondents to describe the most common situations in which they have been most likely to use. We asked about locations in which they felt cannabis use was appropriate and inappropriate, and about emotional states or moods in which they felt cannabis use was appropriate and inappropriate. We asked how often they used with different categories of people, and with which sorts of people they would not want to use. Finally, we asked respondents if they had ever persuaded someone to try or to not try cannabis and why, and what sorts of advice they would give to novice users.

Findings

User Rules Regulating Cannabis Use

We began by asking respondents if they had any rules about using cannabis. To be sure they knew what we meant, we gave examples of rules about other substances, such as

Table 1   User Rules for Regulating Cannabis Use

	Amsterdam		San Francisco	
	n	%	*n*	%
Not during work or study	58	38.7	68	35.4
Not during the day	43	28.7	9	4.7
Not in traffic	10	6.7	28	14.6
Not in the morning	32	21.3	8	4.2
Never in presence of small children	4	2.7	33	17.2
Not with relatives	9	6.0	28	14.6
Not too often, in moderation	4	2.7	23	12.0
Only if I have no commitments	7	4.7	13	6.8
Not if I must be clear-headed	10	6.7	9	4.7
Not in public	7	4.7	14	7.3
Not in combination with alcohol	5	3.3	8	4.2
Only with friends and partner	4	2.7	9	4.7
Other	51	34.1	76	40.2
Total	244(150)	162.7	326(192)	169.8

'I never drink coffee at midnight' or 'I never smoke cigarettes in front of my children.' In both cities a strong majority of respondents reported that they did indeed have rules they applied to their cannabis use—69% in Amsterdam and 73% in San Francisco. They mentioned various rules, most of which were exclusionary (see Table 1).[4] The most frequently mentioned rule in both cities was 'not during work or study.' Respondents also mentioned several other rules that seemed closely related in their basic intent: 'not during the day,' 'not in the morning,' 'only if I have no commitments,' and 'not if I must be clear-headed.' The underlying logic of each of these rules seemed to be that cannabis should be used only when its effects do not interfere with meeting responsibilities or with ordinary social functioning.

There was some variation across cities, although mostly along a theme. San Francisco respondents more often mentioned rules about not using in front of children or relatives, and not using in traffic, not using too often, or using only in moderation. Amsterdam respondents more often mentioned rules about not using in the morning and during the day. Because respondents were able to list several rules, standard tests of statistical significance on these responses were not possible.

Of those who indicated that they applied rules, strong majorities in both cities reported that they stuck to them fairly well (Table 2). In the overall combined sample, about two-thirds of those respondents who reported having rules said they stuck to them all the time, and over 98% reported sticking to their rules all or most of the time.

Situations Suitable, and Not Suitable, for Cannabis Consumption

We felt certain that respondents would not exhaust this topic via questions about the somewhat abstract concept of rules, so we decided to ask a series of questions that

Table 2 How Often Do You Stick to Your Rules About Cannabis Use?

	Amsterdam		San Francisco	
	n	%	*n*	%
All the time	97	65	134	70
Most of the time	50	33	55	29
Some of the time	1	1	3	2
Rarely or never	2	1		
Total	150	100	192	100

A–S: $t = 1.16$; $df = 296$; $p = .246$, not sig.

would tap respondents' regulatory mechanisms in more concrete ways. In previous research into cocaine use, Cohen and Sas generated useful data by asking respondents which situations they felt were suitable or fit for use and which were not (Cohen, 1989; Cohen & Sas, 1993, 1995). We used some of their questions in the present study. Respondents were first asked to name the most common situations in which they had used cannabis, then how often they had done so when they found themselves in these situations. While respondents were free to name their own situations, we structured their responses as regards frequency along a four-point scale (1 = 'always'; 2 = 'often'; 3 = 'sometimes'; 4 = 'seldom'). Thus, the lower the score, the more frequently respondents used cannabis in that particular situation. The mean scores for most situations were between 2 (often) and 3 (sometimes). Responses are presented in Table 3.

The situations that respondents reported as suitable for cannabis use tended to be social gatherings, although there were some differences between the samples. For example, contrary to what might be expected from drug policy differences, Amsterdam respondents more often reported using at home, while San Francisco respondents were more likely to report using outdoors and when at the cinema. However, social situations like 'with friends,' 'at parties,' or 'going out' (e.g., to a café, a concert, or a bar) were the most frequently mentioned in both samples.

We next asked if there were situations in which respondents simply did not want to use cannabis. As expected, the great majority of experienced users in both cities named unsuitable situations. What we did not expect, however, was that respondents in San Francisco, where cannabis remains criminalized, would be significantly less likely to report such unsuitable situations (82%) than respondents in Amsterdam (93%), where there is widespread lawful availability. The situations most often mentioned as not suitable for cannabis use were work and study—again, unexpectedly, more frequently in Amsterdam (Table 4). This was followed by situations in which users would be in the company of certain persons (parents, relatives, strangers in public spaces, and, especially among San Francisco respondents, people one doesn't know or is uncomfortable with). San Francisco respondents also more often reported 'traffic' to be a situation unfit for cannabis use; this is probably because Amsterdamers overwhelmingly travel by bicycle or public transportation and are far less often in traffic, so this response was unlikely to have occurred to most of them.

Table 3   Situations in Which Cannabis is Used and Mean Frequency of Occurrence (1 = always; 2 = often; 3 = sometimes; 4 = seldom)

	Amsterdam			San Francisco		
	n	%	Mean	*n*	%	Mean
With friends	119	55.1	2.5	157	59.2	2.6
At parties	79	36.6	2.3	119	44.9	2.7
At home	94	43.5	2.5	60	22.6	2.6
At concerts or music festivals	29	13.4	2.2	99	37.4	2.2
In the park, nature, outdoors	30	13.9	2.6	75	28.3	2.8
When going out	88	40.7	2.4	15	5.7	2.7
At the cinema	20	9.3	2.4	72	27.2	2.7
At bars, cafés, or youth centres	29	13.4	2.3	25	9.4	2.9
Before sex	8	3.7	2.3	16	6.0	3.1
At school or during study	18	8.3	2.7	13	4.9	2.3
Listening to music	7	3.2	2.7	14	5.3	2.7
Driving, travelling	6	2.8	2.0	24	9.1	2.8
At a coffee shop	23	10.6	1.6	2	0.8	3.0
After work/school, relaxing				19	7.2	2.1
When feeling tension/stress	8	3.7	2.5	13	4.9	2.5
During creative pursuits	4	1.9	2.0	15	5.7	2.7
Alone				15	5.7	3.1
Together with partner	7	3.2	2.6	11	4.2	2.6
Before going to sleep	10	4.6	1.9	8	3.0	2.5
At work, during work	8	3.7	2.6	6	2.3	2.5
Other	41	19.0	2.3	47	17.7	2.7
Total	628 (216)	290.7	2.4	825 (265)	311.3	2.6

Table 4   Situations Regarded as Not Suitable for Cannabis Use

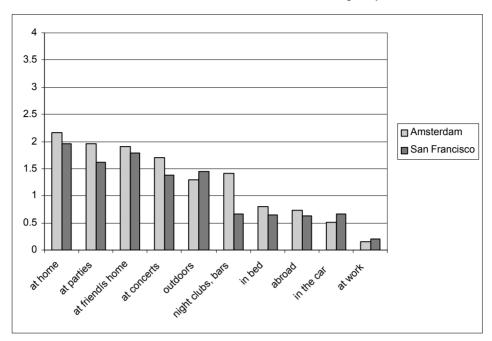|	Amsterdam		San Francisco	
	n	%	*n*	%
Work or study	138	69.3	114	52.1
With parents	33	16.6	37	16.9
In traffic, driving	16	8.0	43	19.6
Public spaces, official occasions	31	15.6	35	15.9
With relatives	30	15.1	32	14.6
While concentrating, achieving	22	11.1	25	11.4
With people don't know/uncomfortable with			33	15.1
Going out with other people	10	5.0	17	7.8
With children	9	4.5	13	5.9
With non-users or people against use	16	8.0	8	3.7
Sports	8	4.0	5	2.3
Outdoors	6	3.0	2	0.9
Other	60	30.0	60	27.5
Total	379(199)	190.5	424(219)	193.6

Figure 1   Locations of Use in Last Three Months of Use, Mean Frequency Scores (0 = Never; 1 = Seldom; 2 = Sometimes; 3 = Often; 4 = Always).

Taking a slightly different tack, we asked respondents explicitly where they had used cannabis during the last three months, or, if they had stopped using earlier, during the last three months of their use. We read them a list of locations and asked how often they had used cannabis in each (0 = 'never'; 1 = 'seldom'; 2 = 'sometimes'; 3 = 'often'; 4 = 'always'). Thus, the higher the mean score, the more frequently the location was mentioned by respondents. The responses are summarized in Figure 1.

The patterns are remarkably similar in San Francisco and Amsterdam, and are mostly consistent with the earlier findings on situations thought suitable for cannabis use. Responses to our prior question about situations of use indicated that respondents in Amsterdam used at home more often but, when we asked in this section about home as a location of use, the difference was insignificant. On the location questions, we found only three statistically significant differences by city: respondents in San Francisco report less use at parties, at concerts, and particularly in nightclubs and bars than respondents in Amsterdam. No doubt this has to do with the potential legal consequences in San Francisco, the odds of which increase when cannabis use occurs in such public spaces. However, data we present in the next section suggest that quite apart from fear of arrest, there are other rules that users follow in choosing where, when, and with whom they use.

Looking across the two cities, we find that cannabis is not used in very many locations with great frequency. Only at home, at parties, and at friends' homes had mean scores of about 2.0 (i.e., sometimes). Notably, in both cities these three most common locations of use are private venues; although parties sometimes include large numbers

of people, they are typically held in private spaces. Generally, our respondents seldom smoked cannabis in bed, in other countries, or in their car, and almost never at work. Again, this selectivity suggests that cannabis users regularly exercise their judgment and use discretion about where it is appropriate to use.

Emotional States Suitable and Unsuitable for Cannabis Use

In addition to information about the characteristics of the social settings of use, we also hoped to learn something about the psychological sets users bring to these settings (Weil, 1972; Zinberg, 1984). We asked our respondents whether they believed that there are emotional states, feelings, or moods that go well (and, later, that do not go well) with cannabis use. Roughly three-quarters of the respondents reported that there are emotions they felt fit well with cannabis consumption—78% in Amsterdam and 73% in San Francisco.

Of the 16 categories of emotion mentioned by respondents in both cities, 14 are positive: feeling relaxed, good, cheerful, and happy (Table 5). Some respondents mentioned negative emotions as well, but far fewer. The proportions were similar across cities; fewer than one in 10 mentioned depression, feeling bad, tension, worries, or problems as suitable for cannabis use. We could not perform standard tests for statistical significance in the cross-city differences because respondents could name more than one emotion, but there were some sizeable percentage differences. Amsterdam respondents more often reported as suitable for cannabis use cheerfulness, joy, sexual feelings, excitement,

Table 5   Emotional States Thought to be Suitable for Cannabis Use

	Amsterdam		San Francisco	
	n	%	*n*	%
Being relaxed	38	22.8	79	41.4
Feeling good	37	22.2	34	17.8
Happiness	4	2.4	67	35.1
Cheerfulness, joy	58	34.7	11	5.8
Sexual feelings	23	13.8	13	6.8
Snugness, cosiness	7	4.2	22	11.5
Excitement, exuberance, euphoria	17	10.2	10	5.3
Depression, feeling bad	16	9.6	10	5.2
Tension, worries, problems	11	6.6	13	6.8
Philosophical moods	7	4.2	16	8.4
Humorous, silly, laughter			21	11.0
Feeling positive, optimistic	6	3.6	11	5.8
Feeling creative	9	5.4	10	5.2
Being in love	14	8.4	5	2.6
Satisfaction	8	4.8	4	2.1
Other	53	31.8	32	14.3
Total	297(167)	177.8	350(191)	183.2

exuberance, and euphoria. San Francisco respondents more often mentioned being relaxed, feeling happy, and 'humorous, silly, laughter.' In addition to the absence of significance tests, there are other reasons for interpreting these data with caution. These are rough coding categories developed to group together similar responses. There was very probably some overlap in meaning (e.g., between 'feeling good' and 'happiness'), so the differences in response frequencies are probably less sharp than they appear.

We also asked respondents whether there were any emotional states or feelings that they felt did not go well with the use of cannabis. Clear majorities of 69% in each city said there were, although this also implies that a significant minority of respondents feel there are no emotional states unfit for cannabis consumption. While there were some cross-city differences, the norms seemed clear: respondents in both cities reported that positive emotional states are suitable for cannabis use, whereas negative emotional states are unsuitable (see Table 6). This suggests that cannabis is typically used to enhance positive feelings rather than alleviate or alter negative ones. Such norms about the moods and feeling states in which cannabis is thought by users to be appropriate and inappropriate may function as protective mechanisms against 'dysfunctional' cannabis use.

Table 6   Emotional States Thought to be Unsuitable for Cannabis Use

	Amsterdam		San Francisco	
	n	%	*n*	%
Depression, feeling down	56	42.4	52	29.1
Sadness, cheerless, upset, sorrow	37	28.1	29	16.2
Anxiety, paranoia	15	11.4	58	32.4
Anger, rage, aggression	16	12.1	42	23.4
Tension, stress	21	15.9	23	12.8
Feeling unsafe, insecure, uncertain	14	10.6	29	16.2
Pessimism, negative mood	7	5.3	13	7.3
Fatigue	3	2.3	6	3.4
Feeling unhappy	3	2.3	3	1.7
Illness	5	3.8		
Joy, cheerfulness, happiness	6	4.6	1	1.2
Nervousness	3	2.3	2	1.1
Other	13	10.2	27	15.2
Total	199(132)	150.8	285(179)	159.2

The Company in Which Cannabis is Used

Another dimension of user culture relates to the rules users apply regarding the company in which they will and will not use cannabis. We asked respondents how often they used alone, and then read them a list of different types of people, asking for each 'How often did you use marijuana with them in the last three months?' (or, if they had quit, in the last three months of their cannabis use).

Respondents reported consuming cannabis most frequently with friends, followed closely by with a spouse or partner, and then alone. This suggests that most users, most of the time, restrict the social circle in which they consume cannabis to those with whom they are currently closest. However, this picture becomes more complex when we examine the other end of the continuum. Respondents reported using with siblings rarely, perhaps because of geographic distance or because of differences in lifestyle or values. Use with coworkers was still more rare, which probably reflects the apparently strong norm against mixing marijuana use with work noted earlier. Use with parents or children was almost non-existent, which suggests that many users exercise generational selectivity.

Interestingly, this was just as true for respondents in Amsterdam as for respondents in San Francisco, where cannabis use carries more legal risks and stigma. Amsterdam respondents did report using more frequently with acquaintances, perhaps because decriminalization allows them to feel more free to use with people they don't know well. However, beyond this the patterns were very similar in both cities, which suggests that differences in drug law may not have much impact on user decisions about with whom they use.

We obtained more precise information on this dimension of user culture when we asked the converse question: 'Are there people with whom you definitely would not use cannabis?' The vast majority of respondents in both cities said there were indeed people with whom they would definitely not use cannabis—81% in Amsterdam and 90% in San Francisco. We then asked which people they would definitely not want to use cannabis with. Table 7 summarizes their responses. Parents topped the list by a large margin, selected by over half the respondents in each of the cities. There are, no doubt, many different reasons for this, but we suspect that central to most of them is simply the desire not to cause parents worry and/or offense. Parents were followed by coworkers, relatives, children, strangers, and people who do not use and/or oppose the use of cannabis. It seems likely that such user preferences have to do with some combination of a desire to consume cannabis in comfort (relaxation being the most frequently reported purpose of use) and a desire to respect the comfort of others who might worry about or be offended by cannabis use.

There were some differences across cities, although we could not run standard significance tests because respondents gave multiple answers. Amsterdam respondents more often selected relatives as people with whom they would not want to use cannabis. San Francisco respondents more often chose strangers, employers, and 'authorities' as people with whom they would not want to use. It is plausible that these differing response patterns may be linked to differences in drug law, but without more detailed research on this question we cannot know for certain.

However, when we asked the related question 'Do you hide your use of marijuana from some people?' we did not find evidence that drug law differences had much influence on such choices. Table 8 indicates that although roughly half the respondents in both samples had not hidden their use, a somewhat higher proportion of San Francisco respondents gave this response, which we would not have predicted. Similarly, despite years of a decriminalization policy designed in part to normalize

Table 7   Persons in Whose Company Respondents Do Not Want to Use Cannabis

	Amsterdam		San Francisco	
	n	%	*n*	%
Parents	95	54.6	122	50.8
Coworkers	34	19.5	69	28.8
Relatives	57	32.8	44	18.3
Children	17	9.8	39	16.3
Strangers	15	8.6	50	20.8
Non-users, people who opppose it	21	12.1	24	10.0
Employer, boss, manager	10	5.7	30	12.5
Authorities	4	2.3	36	15.0
Siblings	9	5.2	26	10.8
People I don't like	2	1.1	24	10.0
Grandparents	10	5.7	11	4.6
Acquaintances	6	3.4	13	5.4
Partner, spouse	3	1.7	7	2.9
People I don't trust			14	5.8
Formal business contacts, customers	6	3.5	17	7.1
Other	14	8.0	21	8.7
Total	298(174)	171.3	545(240)	227.1

cannabis use, a somewhat higher proportion of Amsterdam respondents reported hiding their cannabis use from their parents and other family members, and, although the numbers are exceedingly small, from teachers and friends.

Persuading Others to Try, or to Not Try, Cannabis

We asked users what sorts of other people they think should or should not use. We felt this might provide a window onto their sense of propriety around cannabis use, not so

Table 8   Have You Ever Hidden Use From Someone? If Yes, From Whom?

	Amsterdam		San Francisco	
	n	%	*n*	%
No	103	47.7	148	55.8
Parents	77	35.6	67	25.3
Other family members	57	26.4	31	11.7
Coworkers/employer	32	14.8	49	18.5
Teachers	14	6.5	5	1.9
Friends	14	6.5	4	1.5
Parents/spouse	8	3.7	4	1.5
Other	23	10.6	40	15.1
Total	328(216)	151.9	348(265)	131.3

much for themselves, but for others. We hoped to get at this by finding out whether our respondents had attempted to persuade a non-user to try or not to try cannabis. We asked them, 'Have you ever persuaded someone who had never tried marijuana not to try it?' If they said yes, we asked who and why. We amended the question to determine whether they had ever tried to persuade a non-user to try cannabis (and if so, who and why).

Just over one in four (26.2%) of the experienced users in the combined sample reported having tried to persuade someone who had never tried cannabis against doing so. We had hypothesized that the Dutch decriminalization of cannabis would have led to greater overall lenience about who should try it—but that hypothesis was not supported. Contrary to expectations, significantly more Amsterdam respondents (34%) than respondents in San Francisco (20%) had attempted to persuade someone against trying cannabis.

The sorts of people our respondents attempted to persuade against cannabis use were very similar in both samples. As Table 9 indicates, they were overwhelmingly friends (about half) and family members (a quarter to a half). Our respondents mentioned a variety of reasons for doing this, which we summarize in Table 10. The most frequently mentioned reason was that the person being persuaded not to try cannabis was thought to be too young or not mentally mature enough for the experience. The next most frequent reason for persuading against use was negative experience of cannabis. All respondents were experienced users, so presumably these negative experiences had not outweighed the positive experiences over time for most of them. However, apparently their own negative experiences had left about one in five in both cities with enough awareness of the risks of a possible negative experience to feel a responsibility to warn off others close to them. The third most frequently mentioned reason centred on the individual having mental problems or otherwise being unable to handle the experience. In short, respondents who had persuaded non-users against using appear to have been practicing a kind of protective etiquette toward those people close to them who might be vulnerable to a bad experience.

In each city, 30% of respondents reported having tried to persuade someone to try cannabis. The people they attempted to persuade were the same categories of people they had persuaded not to try it: overwhelmingly friends, followed by family members and spouses/partners (see Table 11).

Table 9   Whom Did You Persuade to Not Try Cannabis?

	Amsterdam		San Francisco	
	n	%	*n*	%
Friends	37	50.7	26	48.1
Family	21	28.8	24	44.4
Spouse/lover/partner	7	9.6	2	3.7
Coworkers	4	5.5	1	1.9
Other	29	39.7	8	14.8
Total	98(73)	134.2	61(54)	113.0

Table 10   Reasons for Persuading Someone Not to Use Cannabis

	Amsterdam		San Francisco	
	n	%	*n*	%
Too young, mentally not mature enough	15	20.8	10	18.6
Because of my own negative experiences	15	20.8	12	22.2
Person was mental patient or psychologically unstable	17	23.6	5	9.3
Person could not handle it	10	13.9	7	13.0
It is addictive	6	8.3	1	1.9
I was told it was a bad thing	8	11.1		
They did not want it	3	4.2	5	9.3
You come into contact with other drugs/subcultures	4	5.6	1	1.9
I did not want to set a bad example	4	5.6	1	1.9
Because of the responsibilities of my job	1	1.4	3	5.6
Other	14	19.5	16	29.7
Total	97(72)	134.7	61(54)	113.0

When we asked these respondents why they had attempted to persuade another person to try cannabis, they gave a wide variety of reasons, most having to do with sharing what was for them a nice experience and/or because they thought the other person would enjoy it (see Table 12). There were some differences across cities, but it is impossible to squeeze much meaning from them. The totals were small to begin with and then were split over a dozen categories of answer, and we could not perform standard tests of statistical significance because respondents could make multiple responses.

In sum, insofar as we can discern a norm here, it is that the decision to use cannabis is a decision individuals should make for themselves. Nearly three-quarters of respondents in both samples had not tried either to persuade or dissuade someone who had never used. The 26–29% who had done so seemed to exercise discretion in their choices. Again, they appeared to have practiced a kind of protective etiquette toward those they felt might be vulnerable to a bad experience, and they encouraged others they felt would enjoy the experience.

Table 11   Whom Did You Persuade to Try Cannabis?

	Amsterdam		San Francisco	
	n	%	*n*	%
Friends	41	64.1	63	80.8
Family members	18	28.1	11	14.1
Spouse/lover/partner	12	18.8	10	12.8
Coworkers	3	4.7	3	3.8
Other	14	21.9	6	7.7
Total	88(64)	137.5	93(78)	119.2

Table 12   Reasons to Persuade Someone to Use Cannabis

	Amsterdam		San Francisco	
	n	%	*n*	%
To share the experience	16	26.7	16	20.5
Because it is nice	5	8.3	14	17.9
I thought they would like it	3	5.0	17	21.8
To get him/her involved	6	10.0	12	15.4
They were curious, interested	4	6.6	14	17.9
For sociability	5	8.3	6	7.7
Did not want to smoke alone	8	13.3	3	3.8
Relaxing	5	8.3	4	5.1
Alternative to alcohol/cocaine dependence or sleeping pills	7	11.7	1	1.3
To dismiss fear of addiction	5	8.3		
Other	14	23.2	17	21.8
Total	78(60)	130.0	104(78)	133.3

Advice to Novice Users

In addition to asking our respondents directly about the rules used to regulate their use of cannabis, we asked a series of open-ended questions in the form of 'What advice would you give a novice marijuana user …?' about the method of use, dosage, where and when to use, combining marijuana with other drugs, and how to deal with possible disadvantages of cannabis. Our premise was that if experienced users had distilled knowledge, lessons, or wisdom from their own experience with cannabis, we might most readily document its existence by asking about advice. We were less interested in the specific content of this advice than in whether it existed at all and, if it did exist, how widespread it was.

Our respondents did indeed have such advice to offer novice users, and it appeared to be widespread. Between 80% and 90% of respondents in both cities had one or more pieces of advice for novice users on all five of our questions. There was minor variation across cities, but the consistently high prevalence of advice suggests that something like a user lore is widely available, and that this lore in effect consists of what our respondents have found to be the 'best practices' for safe and effective use of cannabis.

The most common bit of advice took various forms, but all centred upon the virtues of moderation. This suggestion was given by 76% of the users in Amsterdam but, interestingly, only 12% in San Francisco. One interpretation of this difference is that the greater availability of cannabis in Amsterdam made such cautionary advice necessary. Another hypothesis is just as plausible—that because cannabis has long been decriminalized in the Netherlands, Dutch user culture is more highly developed and has rendered moderation normative.

Discussion

In this paper we have summarized data regarding users' selectivity about situations—including places, persons, and moods—in which they felt cannabis use was appropriate and not appropriate. While there was some variation across cities, we found great similarity overall. This suggests that most of the user selectivity was not driven by differences in drug law. Most of the experienced users in both samples had devised rules which they employed to regulate their use. We believe that the application of such regulatory rules resulted in a patterned discretion about cannabis use which is evidence of a subcultural etiquette. While unwritten and often unspoken or taken for granted, this etiquette informally delineates a set of norms about what is culturally proper drug using behavior and what is not.

Our respondents' accounts of this were somewhat fragmentary, certainly partial, and arguably limited by the survey questions that elicited them. The ethnographic observations and open-ended, depth interviews that would be necessary to describe fully this system of rules and how it operates were beyond the scope of the present study. However, one can infer from their reports that such selectivity, rules, lore, and etiquette serve several functions. They help distinguish people who might not be ready to try cannabis or who might be vulnerable to a negative experience with it from others who might enjoy or benefit from it. They help identify appropriate and inappropriate emotions or moods (psychological sets) and appropriate or inappropriate contexts (social settings) for cannabis use. Under both drug policy regimes, user rules and lore helped define proper dose levels within a moderate range, which implicitly mitigates against excessive use. In a sense, such an etiquette helps protect novice and other users from unwanted effects or negative experiences by steering them toward something akin to 'best practices.'

Anthropologists have always understood drug-taking rituals among exotic, faraway, tribal peoples as part of those cultures. Yet when social scientists explore such rituals up close in our own modern industrial societies, we tend to avert our gaze from culture and to view drug-taking rituals through a legal lens. However, our data suggest that whether laws normalize or criminalize it, cannabis use is a cultural practice, and to be fully understood it needs to be viewed as such.

These data on user rules, lore, and etiquette may be read as lineaments of a user culture. And while there were some differences across cities on some questions, the main contours of this user culture were shared by respondents in both cities, despite differences in drug control regime. That culture seems to structure cannabis use, to organize it in ways that reduce the likelihood that it might interfere with normal functioning in daily life or give offense to other people who might not approve of or enjoy it. With either legal or illegal drugs, most users are governed most of the time not so much by formal social controls like law as by the sorts of informal social controls that Becker (1967) found to be part of user culture (see also Johnson, 1973; MacAndrew & Edgerton, 1969; Maloff et al., 1982; Zinberg, 1984). And, as Becker also noted, unlike their formal, statutory siblings, such informal social controls are widely, even enthusiastically, adhered to by most users precisely because they were invented by and for users within user culture, not imposed upon them from outside it.

User culture holds potential significance for drug control in a broader sense. As Becker (1967) noted about the spread of LSD use and the decline of 'bad trips' in the 1960s, learning what effects to expect from a drug and how to interpret and manage them are integral parts of user culture. We hypothesize more broadly that such learning and user culture are aspects of a process we will call the cultural domestication of intoxicants—a process which tends to reduce harm.

In his magisterial work *The Civilizing Process*, Norbert Elias (1939/1978) showed how the most beastly behaviors of the warrior-knights and the quotidian crudities of the Middle Ages were slowly brought under internalized self-control as the manners of courtier culture spread through Western societies. Similarly, in the second half of the 18th century England endured the difficult decades of the 'gin epidemic' before the furies said to be unleashed by these potent new beverages were slowly tamed (Dillon, 2003; Warner, 2003). Likewise, after the 19th-century 'Temperance Crusade' and the experiment with alcohol prohibition in the early 20th century, the 'demon destroyer' of drink grew less menacing over time as drinking practices moderated and the consumption of alcoholic beverages settled into widespread cultural acceptance in U.S. society (Levine, 1984).

Notwithstanding slogans like 'drug-free America,' there is no historical evidence suggesting that the ingestion of consciousness-altering chemicals will cease. There is, however, much historical evidence suggesting that reducing harm and offense (and increasing pleasure and acceptance) is more likely through the dissemination and internalization of the informal social controls of user culture than through the formal social controls of the state.

Acknowledgments

Notes

[1]   We use the botanically correct term 'cannabis' rather than the term 'marijuana' as used in the U.S., because cannabis is the term used for marijuana and the hashish made from it both in the Netherlands and in most other nations in the world.

[2]   Foucault gives this definition: '[T]echnologies of the self … permit individuals to effect by their own means … a certain number of operations on their own bodies and selves in order to attain a certain state of happiness, purity, wisdom …' (1994, p. 225).

[3]   Non-English-speaking Asian-Americans were excluded because of the prohibitive costs of translating instruments and training interviewers in the many Chinese and other Asian

languages found in San Francisco. This was not consequential, because national prevalence studies show that illicit drug use among Asian Americans is the lowest of any ethnic group (Substance Abuse and Mental Health Administration, 1995), and because non-English-speakers are mostly elderly and thus least likely to be cannabis users. The instruments were, however, translated into Spanish, and bilingual interviewers conducted interviews whenever necessary.

[4]   We note the possibility that our exclusionary examples may have skewed responses toward exclusionary rules.

References

Alasutari, P. (1992). *Desire and craving: A cultural theory of alcoholism.* Albany, NY: State University of New York Press.

Becker, H. S. (1967). History, culture, and subjective experience: An exploration of the social bases of drug-induced experiences. *Journal of Health and Social Behavior, 8,* 162–176.

Cohen, P. D. A. (1989). *Cocaine use in Amsterdam in non-deviant subcultures.* Amsterdam, the Netherlands: Universiteit van Amsterdam.

Cohen, P. D. A., & Sas, A. (1993). *Ten years of cocaine: A follow-up study of 64 cocaine users in Amsterdam.* Amsterdam, the Netherlands: Universiteit van Amsterdam.

Cohen, P. D. A., & Sas, A. (1995). *Cocaine use in Amsterdam II.* Amsterdam, the Netherlands: Universiteit van Amsterdam.

Cohen P. D. A., & Sas, A. (1997). *Patterns of cannabis use in Amsterdam among experienced users.* Amsterdam, the Netherlands:. University of Amsterdam Center for Drug Research.

Cohen P. D. A., & Kaal, H. (2001). *The irrelevance of drug policy: Patterns and careers of experienced cannabis use in the populations of Amsterdam, San Francisco, and Bremen.* Amsterdam, the Netherlands: University of Amsterdam Center for Drug Research (see http://www.cedro-uva.org/lib).

Dillon, P. (2003). *Gin: The much-lamented death of Madam Geneva.* Boston, MA: Justin Charles.

Elias, N. (1978). *The civilizing process: Sociogenetic and psychogenetic investigations.* Oxford, UK:. Basil Blackwell. (Original work published 1939)

Federal Bureau of Investigation. (2005). *Uniform crime report: Crime in the United States, 2005.* Retrieved September 1, 2007, from http://www.fbi.gov/ucr/05cius/arrests/index.html

Foucault, M. (1994). Technologies of the self. In P. Rabinow (Ed.), *Ethics: Subjectivity and truth: Essential works of Foucault, 1954–1984 (Vol. 1,* pp. 223–251). New York: New Press.

Johnson, B. D. (1973). *Marihuana users and drug subcultures.* New York: Wiley.

Leuw, E., & Marshall, I. H. (Eds.). (1994). *Between prohibition and legalization: The Dutch experiment in drug policy.* Amsterdam, the Netherlands: Kugler.

Levine, H. G. (1984). The alcohol problem in America: From Temperance to alcoholism. *British Journal of Addiction, 79,* 109–119.

MacAndrew, C., & Edgerton, R. (1969). *Drunken comportment: A social explanation.* Chicago: Aldine.

Maloff, D., Becker, H. S., Fonaroff, A., & Rodin, J. (1982). Informal social controls and their influence on substance use. In N. E. Zinberg & W. M. Harding (Eds.), *Control over intoxicant use: Pharmacological, psychological, and social considerations* (pp. 53–76). New York: Human Sciences Press.

Piazza, T., & Cheng, Y. (1999). *Sampling methods and field results of the San Francisco drug use study* (Technical Report #44). Berkeley: University of California Survey Research Center.

Reinarman, C., Cohen, P. D. A., & Kaal, H. (2004). The limited relevance of drug policy: Cannabis in Amsterdam and San Francisco. *American Journal of Public Health, 94,* 836–842.

Sandwijk, P. J., Cohen, P. D. A., Musterd, S., & Langemeijer, M. P. S. (1995). *Licit and illicit drug use in Amsterdam II.* Amsterdam, the Netherlands:. University of Amsterdam Center for Drug Research.

Scheerer, S. (1978). The new Dutch and German drug laws. *Law and Society Review, 12,* 585–606.

Substance Abuse and Mental Health Administration. (1995). *Preliminary estimates from the 1994 national household survey on drug abuse* (Advance Report #10). Rockville, MD: U.S. Department of Health and Human Services.

Waldorf, D., Reinarman, C., & Murphy, S. (1991). *Cocaine changes: The experience of using and quitting.* Philadelphia, PA: Temple University Press.

Warner, J. (2003). *Craze: Gin and debauchery in an age of reason.* New York: Random House.

Weil, A. (1972). *The natural mind.* Boston, MA: Houghton Mifflin.

Zinberg, N. E. (1984). *Drug, set, and setting: The basis for controlled intoxicant use.* New Haven, CT: Yale University Press.