Intoxication and Society

Problematic Pleasures of Drugs and Alcohol

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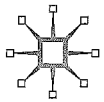

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On the Cultural Domestication of Intoxicants

Craig Reinarman

Introduction

We fret so much about the iniquity of addiction in modern societies it is easy to lose sight of the ubiquity of intoxication in human history. Prehistoric cave dwellers drew hallucinogenic mushrooms on their walls. Drunken celebrations dotted the calendars of ancient Greece and Rome. Breugel painted a sixteenth-century Flemish village in full, intoxicated revelry. The indigenous people of the Americas ingested psychoactive plants for pleasure, wisdom and healing.

The fact that these modes of intoxication did not inevitably lead to the evils so often linked to drug use suggests the *possibility* that intoxicants can be culturally domesticated. By this I do not mean that drugs can be rendered risk-free or harmless, but rather that the use practices of most users might be tamed such that associated harms are substantially reduced and the drugs become part of a culture's quotidian repertoire of intoxication.

In the case of currently illicit drugs, this process entails individual learning and cultural development that encourages less harmful use practices among users and a consequent reduction in fear and stigmatization of them by others. Less fear and stigma in turn reduces the likelihood that a drug and its users will be marginalized, which increases the likelihood that use practices can be tamed and harms reduced, and so on in a virtuous circle. Currently, licit drugs are partly domesticated already, so the process would look somewhat different, but there is certainly potential for further domestication if use practices take account of risk.

The concept of cultural domestication seems utopian, unless it is compared to the punitive prohibition paradigm that has governed global drug policy for roughly the past century. The core premise of drug prohibition is that formal social control (criminal law) can change behaviour and eliminate or at least radically reduce the use of certain intoxicants. Even if this could ever

succeed, the process of excluding these intoxicants from society entails ostracizing users, which tends to marginalize them in deviant subcultures where the moderating influence of conventional users and norms is reduced.

Cultural domestication has the potential to invert this prohibitionist logic by keeping drugs and their users within the fold of society. This was a core premise that underlay the Dutch approach to cannabis decriminalization (Englesman, 1989). The process of cultural domestication relies as well on the informal social controls that users themselves build into their use practices to reduce the risk that intoxication will harm them or disrupt their social functioning.

Cultural domestication is of course contingent on various conditions. There are many ways that this process can be blocked or, once begun, run off the rails. Certainly, cultural domestication will vary by drug and mode of ingestion. Cultures will vary in their capacity for and style of domestication over time. The degree of cultural domestication can also be expected to vary according to the degree of social integration of users. There are other contingencies, known and unknown. In this chapter, I explore the conditions of possibility for the cultural domestication of intoxicants.

Tracing a lineage

In thinking about intoxicants and culture in this way I stand on the shoulders of several scholars who have been important influences. In US scholarship, Alfred Lindesmith's (1947) close-up study of opiate addiction was seminal. He complicated the biological theories of opiate addiction that held sway in the early twentieth century by showing that physiological dependence and withdrawal symptoms are necessary but not sufficient. He found a cultural-cognitive component in the process of becoming an addict. Users had to learn, usually from other addicts, that an additional dose will alleviate withdrawal symptoms. Then they had to decide to obtain and ingest that dose and to recognize that this makes them physically dependent. (Weinberg's chapter in this volume deepens and complicates this approach by outlining a sociology of 'the loss of control').

In the 1950s, sociologist Howard S Becker took a lead from Lindesmith and used in-depth interviews and analytic induction to identify a three-step process by which people become marijuana users: learning proper smoking technique so that the drug will produce real effects; learning to recognize these effects as stemming from the drug; and learning to interpret the resulting sensations as enjoyable. Each step is learned in interaction with experienced users, in the course of which the new user develops a 'motivation to use marihuana which was not and could not have been present when he began use' (1963, p. 58).

Implicit in this analysis was a culture of users in which experienced marijuana smokers teach neophytes. Becker developed this approach more explicitly in a subsequent article on LSD, where he outlined a broader 'natural history of the assimilation of an intoxicating drug by a society' (1967, p. 171). He noticed that as LSD use became more common in the 1960s, the incidence of 'psychotic episodes' or 'bad trips' declined. He hypothesized that such 'psychotic episodes' were not so much caused by the drug's operation on the brain as by the underdevelopment of what he called 'user culture'. People coming to an intoxicant for the first time, he wrote,

> do not have a sufficient amount of experience with the drug to form a stable conception of it as an object.... No drug-using culture exists, and there is thus no authoritative alternative with which to counter the possible definition, when and if it comes to mind, of the drug experience as madness. 'Psychotic episodes' occur frequently.
>
> [But over time] individuals accumulate experience with the drug and communicate their experiences to one another. Consensus develops about the drug's subjective effects, their duration, proper dosages, predictable dangers and how they may be avoided; all these points become matters of common knowledge, validated by their acceptance in a world of users. A culture exists.... 'Psychotic episodes' occur less frequently in proportion to the growth of the culture to cover the range of possible effects and its spread to a greater proportion of users.
>
> The incidence of 'psychoses,' then, is a function of the stage of development of a drug-using culture. (1967, p. 171; see Maloff et al., 1982)

Using a comparative anthropological approach, MacAndrew and Edgerton made a similar argument in *Drunken Comportment* (1969). They found, contrary to conventional wisdom, that behaviour while drunk varied widely across cultures. Drunkenness caused consciousness alteration and disinhibition everywhere, but the *forms* this took were culture-specific. In certain cultures (e.g. the USA and UK), drunkenness was associated with both violence and sexual aggression. In other cultures, drunkenness was associated with violence but not sexual aggression. In still others, drunkenness was related to sexual aggression but not violence. And in a few cultures, alcohol was associated with neither. MacAndrew and Edgerton concluded that, despite the fact that the pharmacological properties of ethanol and the physiological processes by which humans metabolize it were the same across all cultures, no uniform set of behavioural consequences followed from intoxication. Behaviour while intoxicated, then, is not so much 'caused' by pharmacology

and physiology as 'taught' by cultures to their members (see Heath, 1987, on how culture affects drinking practices and problems).

Zinberg and Harding (1982) advanced this line of thinking further, prompted in part by the problem of heroin use by American soldiers during the Vietnam War. Up to this point, experts and addicts alike believed that 'once a junkie, always a junkie'. But longitudinal research showed that despite a high prevalence of heroin addiction in Vietnam, the vast majority of soldier-addicts did not continue to use heroin after returning home, i.e. once outside the horrors of that war (Robbins et al., 1974). That social setting of use, and the extreme psychological sets characteristic of that setting, provided a more cogent explanation of opiate addiction in this population than the conventional clinical complex of pharmacological and physiological variables thought to cause opiate addiction.

In *Drug, Set, and Setting*, Zinberg (1984) argued that even intoxicants thought to be inherently addicting *could* be used in a controlled fashion. He showed that the pharmacological properties of the drug are not all-determining but rather interact with the psychological sets users bring to the situation of use and the characteristics of the settings of use. Like Becker, he developed a theory of controlled use of intoxicants based upon informal sanctions and protective practices that users themselves develop to regulate their use and reduce risk. In his introduction, Zinberg credited a visit to the UK, where heroin addicts looked different than those he had seen in the USA. During the 40 years of the Rolleston era (c. 1926–1968), opiate addiction in England was primarily treated as a private matter between patient and physician. In this period, most heroin addicts who did not succeed in treatment were prescribed the doses they needed and so did not resemble the iconic street junkie but, rather, managed jobs and families like everyone else (Trebach, 1982, pp. 85–117; Zinberg, 1984, p. ix).

Parker et al. (1998, pp. 150–8) offer an insightful related thesis about the 'normalization' of drug use among young people. They describe 'how a "deviant," often subcultural population or their deviant behavior is ... accommodated in a larger grouping or society', or how illicit drug use has moved out of subcultures into culture. This thesis emerged from their longitudinal survey of British youth, which showed that recreational drug use had become 'deeply entrenched' in youth culture over the 1980s and 1990s. They do not claim that all or even most young people ingest illicit drugs, but rather that a sizeable minority does so without shocking the rest. They offer an array of evidence on this point: widespread availability of illicit drugs; high prevalence of current use; an open-ended intention toward future use; and the fact that both users and abstainers are 'drug-wise', which indicates the 'moral accommodation' of drug use. Their respondents blur the line between licit and illicit and fit drug use into leisure alongside sports, shopping and social events.

Despite the claims common to drug war discourse that drug use leads to school failure, addiction and crime, Parker et al. note that drug use is common among otherwise 'well-behaved, middle-class students' who go on to higher education, career success and normal family lives. The same basic patterns have been found across other European societies among socially integrated young people (Eisenbach-Stangl et al., 2009). While prevalence rates vary, the normalization of drug use has occurred among youth in virtually all modern Western societies.

Parker and colleagues are careful to note that this 'growing "matter of factness" about drug use' does not mean drug use is necessarily safe. They argue that the 'process of normalisation demands regulation and *management*' (1998, p. 152). They also note that such regulation and management are not feasible in the policy context of a 'war on drugs' in which it cannot be publicly admitted that normalization has occurred. Their survey data do show, however, that despite formal laws against them, forms of drug use long believed to be inherently pathogenic have been normalized and that drug users have 'routinized' risk management by their own informal means. Such normalization and the routinization of risk management are aspects of cultural domestication.

The process of cultural domestication can also be seen in its absence. Alexander (2008), for example, argues that certain features of modern industrial societies encourage drug misuse. His thesis is that neoliberal globalization has led to economic dislocation, undermined 'psychosocial integration' and generated a cultural malaise that facilitates addictive behaviours. His theory of the conditions likely to produce problematic intoxicant use also helps us imagine the conditions likely to facilitate cultural domestication.

Comparing cases

In this section I explore the notion of cultural domestication empirically through paired case summaries. I selected them to contrast different forms and uses of similar drugs in different cultures under different circumstances,

Table 1 Paired case summaries

More culturally domesticated	Less culturally domesticated
Wine in the Mediterranean	Gin in eighteenth-century England
Coca chewing in the Andes	Crack cocaine in inner cities
Cannabis in the Netherlands	Marijuana in the USA

one showing greater cultural domestication, the other less. Each pair illuminates a different form or aspect of domestication.

Wine in the Mediterranean

Wine drinking and drunkenness were common in ancient Greece and Rome. Greeks, Etruscans and Romans all made wine central to their cultures and spread their benevolent view of the vine to new regions. They tended to consider wine a sign of civilization and to regard societies that did not have wine as uncivilized (I rely here on Levine, 2006). Greeks afforded a special place to Dionysus, the wine god sometimes called 'the liberator'. Several public festivals at the heart of democratic culture in Athens were in honour of Dionysus. Wine was also conspicuously consumed at private symposia (literally 'drinking together'). Plato wrote of wine as 'the gift of Dionysus'. Paul Veyne and other historians of antiquity have observed that the Roman empire also loved Bacchus, 'the god of sociability and pleasure'. 'Bacchic imagery was ubiquitous, and its meaning was obvious... No other image was as widely disseminated.' Veyne notes that Bacchus was depicted as 'a benevolent, civilising god who soothed the mind' (1987, pp. 192–3). Although there were a few notable exceptions, wine consumption in the ancient Mediterranean world was omnipresent, highly valued and generally unproblematic.

Writing of the sixteenth-century Mediterranean world, Braudel found 'lands of wine and vineyards' (1972, p. 236), where wine was intrinsic to the ritual of family meals and was understood more as food than intoxicant. He notes that wine has long been an essential 'provision', stored in cellars along with grains and firewood for winter. 'Throughout the Mediterranean the grape harvest was an occasion for merrymaking and license, a time of madness', he writes. This entailed 'various abuses' and some authorities tried stern measures to suppress these 'pagan customs', but Braudel found no evidence that these succeeded. 'Is there any way of fighting the combination of summer and new wine, of preventing collective revelry?' (1972, pp. 256–9)

Wine is still central to the cultures of the northern, European side of the Mediterranean. In the present day, Italy and France have higher per capita rates of alcohol consumption than many other parts of Europe and yet lower rates of most alcohol-related problems (aside from cirrhosis) and of alcoholism treatment (Lolli et al., 1958; Takala et al., 1992, pp. 292–9). Again, because wine tends to be consumed within the orbit of family meals, there is less drinking-to-drunkenness and fewer alcohol-related public order problems than in many other European cultures. Part of the explanation for this is substance-specific – wine is far less potent than vodka or scotch. But another key part is the taming influences that stem from the long history and manifold embeddedness of wine drinking in the European cultures along the Mediterranean.

Gin in eighteenth-century England

The 'gin epidemic' or 'craze' in England that ran from roughly 1720 to 1750, provides a sharply contrasting case and a different angle of vision on cultural domestication. Gin was the term then used for new, mass-produced, distilled spirits. By all accounts these potent new beverages wreaked havoc in London. Distilled spirits had been available before, but were expensive and thus used largely by elites or for medicinal purposes. In the 1720s, however, the large landowners who dominated Parliament found themselves with surplus grain and falling prices. After the invention of an inexpensive distillation device, little capital was required to become a distiller, so the number of domestic distillers grew sharply, happy to help the landowners solve their surplus grain problem. Parliament passed protectionist legislation that insulated British distillers from foreign competition and eased licensing requirements for manufacturing and marketing gin (Warner, 2002, pp. 29–36). Production and sales increased, making gin both cheap and widely available (which had the added virtue of raising revenues desperately needed by the Crown).

These new forms of drink sped up the process of intoxication for they contained far higher proportions of alcohol than traditional, organic alcoholic beverages like beer, hard cider and mead. In this sense the spread of distilled spirits constituted an "acceleration" of intoxication that paralleled other intensifications during early industrialization (Schivelbusch, 1993).

It was not merely the exceptional potency of gin, however, that made it a social catastrophe. Gin was introduced on a mass scale to a growing population of rural refugees forced off the land when enclosures and other structural economic shifts rendered traditional subsistence livelihoods more difficult. They migrated into cities in search of work (Thompson, 1966, pp. 214–19). As shown in Hogarth's famous prints from that period (particularly *Gin Lane*), these new urban poor lived under horrid conditions – high unemployment, low wages, long hours, overcrowded housing, poor nutrition, no sanitation, rampant disease. As Warner summarized it:

> Gin was the original urban drug. Cheap, potent, and readily available, it met the needs of an urban population, numbing countless thousands to the fatigue, hunger and cold that was the lot of London's working poor. (2002, pp. ix–x)

Beyond the shock of urban impoverishment and a powerful new drug, the geographic displacement of these former agrarian peasants also had uprooted them from the ways of life they had known, from the cultural traditions, rhythms and rituals of their villages (Williams, 1973). Beer had long been enculturated, but when gin was first introduced, there were no norms surrounding its use that might have mitigated excessive consumption. In such a context, gin had the same disastrous consequences among England's

urban poor as whiskey had on North American Indians (Schivelbusch, 1993, p. 156).

Modern-day Londoners who live near nightclubs might beg to differ, but the 'gin epidemic' did eventually come to an end. A series of Gin Acts passed between 1729 and 1751 sharply raised taxes on gin and restricted retail sales. Combined with falling wages and rising food prices, this made gin unaffordable to the poor. At this point, Warner concludes: 'Gin began its slow climb out of the gutter and into the liquor cabinets of polite society.' (2002, p. 224) – in which context, I would add, gin-drinking practices were gradually but to some significant degree tamed.[1]

Coca in the Andes

Coca leaf chewing, or *acullico*, has been a cultural tradition in the Andes region of northwestern South America for millennia. The Aymara and Quechua cultures made coca leaf chewing sacred hundreds of years before the Inca conquest in the fifteenth century and it continued to be a valued ritual even while the Spanish Conquistadors and their priests tried mightily to stamp it out as a "vulgar superstition" (Mortimer, 1974).

In 1993, the World Health Organization (WHO) joined with the United Nations Inter-regional Crime and Justice Research Institute (UNICRI) to organize a study of cocaine use in 22 countries. The researchers reviewed various literatures and interviewed a wide array of experts in each site. They found three dominant patterns: coca chewing in the Andes; cocaine hydrochloride sniffing among the Western, urban middle classes; and cocaine injection and crack smoking among the urban poor. The authors found that cocaine injection and crack smoking entailed high risks; that recreational cocaine sniffing entailed some risks to health but had not been destructive for most users; and that coca chewing 'appears to have no negative health effects and has positive therapeutic, sacred, and social functions for indigenous Andean populations' (WHO/UNICRI, 1995, p. 2).[2]

In addition to its use as a mild stimulant to ward off fatigue, hunger and cold during arduous work often at high altitudes, coca has served as a currency, a medicine, a gift to loyal subjects and a symbol in rituals and community ceremonies. Coca is part of sacred rites that make offerings to the gods and 'spiritualize the earth'. As the report summary notes, coca helps create 'social cohesion and cooperation between community members' and

1 Murdock (1998) makes a related argument that the rise of women's drinking in the USA helped domesticate the inebriety and violence that characterized male drinking spheres like the saloon by means of gender-integrated drinking rituals like home-based cocktail parties.

2 This report was suppressed at the insistence of the US delegate because these findings so sharply contradicted official US policy positions. A press summary, cited above, was issued, but even this is now unavailable.

to generally enhance 'sociability' (WHO/UNICRI, 1995, pp. 1–4). Coca chewing has remained 'very stable' and unproblematic... indigenous peasants chew large quantities of coca leaves for decades yet manifest no ill effects from extended use... and [this] has not been reported to lead to any noticeable mental or physical health damage' (1995, pp. 5–6).

The authors note that: 'Consumption of coca leaf is fully integrated into the Andean cultural tradition and worldview.' As with the comparison of wine in the Mediterranean vs gin in industrializing England, cultural domestication is certainly easier with the mild, organic form of the intoxicant than with highly processed and concentrated forms. But the more potent alkaloid forms of coca (cocaine hydrochloride or powder and cocaine base or crack) are produced for export in jungle 'labs' across the region, and yet their low-cost availability has not led to an epidemic of use among the indigenous population. This suggests that the deep, long-standing integration of coca into Andean cultures and the norms surrounding its myriad uses help to insulate people from the most risk-laden use practices.

Crack in American inner cities

In 1985 a potent new form of cocaine use emerged in the USA: crack. When the crack scare began, politicians and the media outdid each other with horror stories of individuals, families and whole communities being destroyed by it. They spoke as if crack was a completely different drug from cocaine, but it is simply cocaine hydrochloride powder that has been processed into its base form, which users heat to a vapour and inhale. This mode of ingestion delivers more cocaine to the brain much faster, producing a fleeting but far more intense high. Also new was the way it was marketed – renamed 'crack' and sold in small, inexpensive units on ghetto street-corners. Congress quickly passed laws that sharply increased prison sentences for possession and sale of crack (Reinarman and Levine, 1997).

Many claimed that crack was 'the most addictive substance ever known'. This had been said of other drugs in earlier drug scares, beginning with the temperance crusade against alcohol. Still, addiction treatment experts and former crack users agreed that crack cocaine produces a powerful rush and is easy to abuse; many users have binged compulsively on it and done themselves serious harm. Most people who try crack, however, do not continue to use it for very long. For 25 years the US government's National Survey on Drug Use and Health has found that about 80 per cent of those who had ever tried crack had not used it in the past year.

Drug control authorities and politicians claimed that crack was 'spreading to all parts of society'. This turned out to be false. Whatever its allures, crack never spread far into suburban high schools, college campuses, or the broad working and middle classes. Crack's extreme high is widely thought to

be exceptionally difficult to manage and perhaps for this reason few people are drawn to it. Crack use remains concentrated in a small slice of the most vulnerable part of the population, the marginalized, inner-city poor. The fact that crack use did not spread across the general population and that most people who did use it stopped may be indicators of how difficult it is to domesticate.

Yet the setting was an intrinsic part of the danger. Politicians and the media repeatedly cited crack as a major cause of violent crime. It is true that many crack abusers committed crimes. At first, everyone assumed that this stemmed from the addict's craving, but subsequent research showed that was generally not the case. A key study of New York Police records, for example, showed that most 'crack-related homicides' stemmed from the tinderbox context in which crack was *sold*: high unemployment, desperate poverty, huge profits to be made in illicit drug markets, no access to legal means of dispute resolution, and easy access to firearms (Bourgois, 1995; Goldstein et al., 1997; Reinarman and Levine, 1997). That is, most 'crack-related homicides' had to do with the exigencies of the illicit market – dealers fighting over lucrative sales turf, forcibly collecting debts, etc. While crack use has persisted at nearly the levels of 25 years ago, crack *markets* have stabilized or moved indoors and rates of violent crime have declined dramatically since the mid-1990s.

Although the harsh new crack laws did not stop use, they did drive a ten-fold increase in the number of drug offenders in US prisons, from about 50,000 in 1981 to more than 500,000 in 2010. This helped triple the prison population and gave the US the highest incarceration rate in the world. As both the US Supreme Court and Congress have recently admitted, the punitive policy response to crack in the 1980s exacerbated the problems of the poor by severely disrupting inner-city families and communities.

So, yes, crack did have devastating effects on many urban neighbourhoods, but this did not stem solely from its pharmacological properties or high potential for misuse. As with gin in eighteenth-century London, a powerful new form of drug use was introduced into a population already faced with severe, multi-generational economic dislocation, high unemployment, grinding poverty, declining public services, and pre-existing crime problems, all of which were deepened by the largest and most racially skewed imprisonment wave in US history. In addition to the powerful punch of the crack high, this constellation of conditions was a recipe for extreme use practices, not for culturally integrated use and moderating norms.

Comparison with coca chewing among Andean peasants suggests, however, that more than poverty was at work in the crack era devastation. The potency of crack and the directness of the mode of ingestion matter, but the degree of social dislocation and the lack of cultural integration also contributed to the difference in consequences. The fact that most people who tried crack did not continue to use it and that it did not spread far outside the context of extreme hardship suggests that stable communities, life chances and the norms characteristic of conventional life helped insulate people from crack's allure.

Cannabis in the Netherlands vs marijuana in the USA

Since the 1980s, the Netherlands has been the only country that allows the legal sale of cannabis. Several hundred 'coffee shops' are licensed for retail sales of small amounts to adults. In 2005, 22.6 per cent of Dutch people aged 12 and over reported having ever used cannabis, while 5.4 per cent reported having used it in the past year (Trimbos Institute, 2007, p. 26).

In the US, cannabis (marijuana) remains criminalized, with 858,408 Americans arrested for marijuana offences in 2009, 758,593 (88.4 per cent) for possession alone (FBI, 2010). Yet 41 per cent of Americans aged 12 and over reported having ever used marijuana in 2008, while 10.3 per cent reported having used it in the past year, nearly double the Dutch prevalence rates (SAMHSA, 2009).

Availability is not destiny. Despite widespread lawful sales of cannabis, Dutch prevalence rates have remained in the middle of the pack in Europe – higher than Scandinavian countries, but lower than Spain, France, Germany, Italy, Denmark, Ireland and England (EMCDDA, 2009). Dutch rates of other illicit drug use similarly trail those of the US and numerous other European societies.

Despite such striking differences in law and prevalence, our study comparing representative samples of experienced cannabis users in Amsterdam and San Francisco found that they shared many informal social controls. Strong majorities in both cities reported that they had informal rules they used to regulate their use, and these rules showed similar patterns of selectivity about the circumstances under which they use cannabis. There were situations in which they would use cannabis (at home, at parties) and situations in which they would not (around children or people who might be offended, at work or school). Respondents in both cities also reported rules about the types of people with whom they would use cannabis (spouses, friends) and those with whom they would not (parents, bosses). In both cities, respondents generally used cannabis in the evenings and on weekends, but rarely during weekdays. These self-imposed rules kept their use within certain bounds and seemed to be based on two guiding principles: use cannabis in such a way that it remains pleasant and useful; and avoid using in ways that might disrupt their lives or social functioning (Reinarman et al., 2004; Reinarman and Cohen, 2007; cf. Maloff et al., 1982).

While these regulatory rules suggest that cannabis has been culturally domesticated to a significant degree in both societies, we did find one

telling difference. Respondents were asked what potency of cannabis they preferred – mild, moderate, strong, or very strong. Nearly all expressed a clear preference, but 65 per cent of Amsterdam respondents preferred mild or moderate strains of cannabis, compared to 43 per cent of San Francisco respondents. Conversely, 57 per cent of San Francisco respondents reported a preference for strong or very strong cannabis, compared to 35 per cent of Amsterdam respondents (Reinarman, 2009).

Many factors could conceivably account for this, including differing drug use norms and cultural repertoires of intoxication (MacAndrew and Edgerton, 1969; Alasutari, 1992). My hypothesis is that policy may impact user expectations about supply. A core objective of drug prohibition is to eliminate or at least reduce supply, but this can have unintended paradoxical consequences, including increasing potency (Westermeyer, 1976). During US alcohol Prohibition (1920–1933), for example, when manufacture and sale of alcoholic beverages were criminalized and supplies became uncertain, consumption of higher alcohol-content distilled liquor increased while consumption of milder alcoholic beverages like beer and wine decreased (Warburton, 1932; Morgan, 1991; Levine and Reinarman, 2006). Some of this may have been due to the black market's economic incentives toward production of less bulky, easier-to-smuggle distilled spirits. But Prohibition also pushed drinking underground into settings like 'speakeasies' where hard-drinking norms held sway. After Repeal, however, when drinkers could again choose from the full range of potencies, consumption of beer and wine increased while that of distilled liquor decreased (Miron and Zweibel, 1991).

The same dynamic may be at work among cannabis users, with drug law enforcement in San Francisco pushing users toward a preference for greater potency. When supplies are not always reliable in quality or quantity, as in San Francisco, more users are likely to feel they cannot always be certain of adequate potency or dependable supplies and thus opt for stronger strains. In the Dutch policy context, where a stable market affords users steady supplies and a wide choice of cannabis potencies, a strong majority preferred milder strains.

Although we found signs of cultural domestication of cannabis in both cities, the sharp difference in potency preferences suggests greater cultural domestication in the Dutch context. Long before their *de facto* decriminalization of cannabis, there were two features of Dutch history and culture that supported cultural domestication. First, before there was a nation called the Netherlands, the people living there had to deal with the omnipresent threat of flooding, a problem little deterred by punishment. So the Dutch became ingenious about regulating the flow of water by accommodating it, channelling it in safe directions. Regulatory accommodation remains their instinctive approach to social problems, as if inscribed on their cultural DNA. Second,

early Dutch success in international trade brought commodities from around the world, including spices, teas, coffees, food delicacies, wines, spirits, opium and hashish, all of which the Dutch group together as *genotmiddelen* – substances that give pleasure to the senses.

With regulatory accommodation as their default solution to problems and their long experience with *genotmiddelen*, the Dutch have rendered intoxicants more *mundane* than have other cultures. They are less prone to anti-drug hysteria and punitive laws and more inclined toward pragmatic policies based on the concept of *gedogen* (to tolerate, to allow what is not allowed), which keep drug users within the taming fold of society rather than casting them out.

Provisional propositions

Historical, ethnographic, and survey research show that users develop self-regulating rules, rituals and protective practices that work against use patterns that overly disrupt daily functioning. Because users themselves develop these informal social controls for their own purposes, they tend to be more readily adhered to than the formal social controls imposed on them by the state. Many of the policies that came to be called 'harm reduction' explicitly built upon such aspects of user culture as a strategy for enticing street addicts toward less risky practices and more contact with service agencies. (These policies helped reduce the spread of HIV/AIDS and have been adopted in 70 countries in the past 25 years.)

Before pushing the notion of cultural domestication further, however, I must note that moderating user cultures are contingent outcomes; they do not always develop. Some user cultures favour extreme use. Russia is a case in point. Both the Tsar and the Bolsheviks tried prohibitionist policies, but these were no match for Russians' love of vodka and norms that encourage drinking-to-drunkenness. This genre of intoxication is not unique to deviant subcultures and is widely regarded as a serious public health problem and a factor in declining life expectancy in Russia.

To the extent that informal social controls and moderating user cultures do develop, the cultural domestication thesis would predict a rise over time in the ratio of ceremonial and connoisseurial use practices to more extreme, escape-to-oblivion use practices (see Collins, 2011). In general, the greater the level of cultural domestication of a drug, the more likely rates of problematic use and problems related to it will stabilize and gradually decline, albeit never to zero. Cultural domestication does not mean there is no abuse or risk; it means only that the normative architecture within which drug use occurs helps the *majority* of users integrate their drug use into the rhythm of their lives in ways that avoid *most* problems *most* of the time.

As cultural domestication proceeds, we would expect to see a reduction of anxiety about and fear of a drug, and a corresponding reduction in demonizing discourse that stigmatizes users. For example, I once asked an official in the Dutch Ministry of Justice why Dutch politicians never seem to use the scare-mongering rhetoric about illicit drugs that American politicians so commonly deploy. He looked at me quizzically and said, 'Who would believe them?' If my argument above holds, the Dutch find such rhetoric less resonant and persuasive than other people because they have gone further toward cultural domestication of intoxicants.

We would also expect cultural domestication to affect law and policy. Durkheim (1901) predicted that as the division of labour in modern industrial societies grew more differentiated, crime would be less often seen as an offence against the *conscience collective* and that punishment would therefore gradually shift away from retribution toward restitution. There are notable exceptions such as the USA, but restitution has become more common while corporal punishments and the death penalty have become less common. Similarly, as a drug becomes culturally domesticated, we would expect to see a gradual shift away from punishment-based, prohibitive policies toward health-based, regulative policies. The trend toward traffic-ticket-type fines for marijuana possession in Australia and parts of the USA as well as the passage of medical marijuana laws in 17 US states and Washington DC support this point. As cannabis has become normalized, Switzerland, Portugal, Spain and other modern democracies have moved toward Dutch-style decriminalization. While injection drug use has not become normalized, dozens of countries have embraced syringe exchanges as a pragmatic public health strategy.

Certain conditions seem conducive to cultural domestication. As Becker argued, the *longer* an intoxicant has been in use in a culture, the more likely a user culture and cultural recipes have developed. With venerable drugs like wine and coca, it is difficult to disentangle whether the drug has been used for a long time because it has been domesticated or has been domesticated because it has been used for a long time. But it seems more likely that cultural domestication develops from various conjunctures than from a specific set of factors in a certain causal sequence.

The cases compared above suggest that the more *culturally embedded* a form of drug use is in popular practices and rituals, the greater the influence of the moderating norms of conventional society, and the less likely it is that users will employ extreme use practices. Cultural embeddedness can, however, cut both ways; extreme use practices can also become embedded. As Withington's chapter on Renaissance drinking cultures shows, for example, heavy drinking and drunkenness were part of masculine camaraderie not just among the poor but also among educated English elites of the early modern era. Their heavy drinking was 'valorized' as a style of sociability and the 'skills and recognized

modes of deportment' characteristic of it were learned and passed on. Present day Britain has seen the rise of a binge and brawl drinking culture, due in significant part to the promotion of a 'night-time economy' in which liberalized licensing, liquor promotions, and the design of clubs led to 'factories of drunkenness'. This reminds us that the relationship between cultural embeddedness and cultural domestication is indeterminate, contingent not least upon the presence of moderating drug use norms in conventional society.

Drinking wine in the context of family meals in Italy or chewing coca in the context of community celebrations in Peru suggest that, when intoxication takes the form of a ritualized release, the risk of harm may be reduced. This can also hold for even extreme states of intoxication (Maloff et al., 1982; Walton, 2001). For example, Scandinavian drinking patterns are marked by high rates of drinking-to-drunkenness but relatively low rates of overall alcohol consumption. While Scandinavians certainly get intoxicated, this is far more often *episodic* than chronic and generally takes place within normative bounds.

The possibilities for cultural domestication also depend upon how the pharmacological properties of an intoxicant interact with human physiology. As the Regan and Ersche chapters illustrate, recent research in neuroscience has shown how repetitive, extreme use of some intoxicants can fundamentally alter pathways in the brain. All else being equal, it is easier to domesticate wine and beer than more potent, higher alcohol-content drinks; easier to domesticate coca chewing than crack smoking. This suggests that the closer an intoxicant is to its organic state, and the less it is processed to heighten potency, the less dramatic its impact on the brain and the easier it will be to domesticate. A similar point can be made about mode of ingestion: the more natural and gradual the ingestion (by mouth vs injection), the less physiological risk and the easier the intoxicant is to domesticate.

But potency and mode of ingestion are choices made by users in concrete cultural contexts. Perhaps the most central if obvious point here is how much the social context of drug use matters. As Warner notes, the gin craze did constitute 'a public health crisis, but its root cause was poverty and not gin' (2002, p. 17). And just as crack use remains concentrated in the most impoverished communities, the hardships endured by most Russians go some way toward explaining their heavy drinking norms. Greater poverty and inequality tend to mean more social dislocation and less cultural domestication. The more marginalized the user population, the more extreme their use practices are likely to be and the more destructive the consequences. This in turn fuels the reciprocal demonization of an intoxicant and its users, which makes it easier to pass punitive laws that further marginalize them, and so on in a vicious circle.

Many additional contingencies and confounding influences can affect the possibilities for cultural domestication. Even under conducive conditions,

there can be cultural lag in which the pharmaceutical technology of intoxication, licit and illicit, outstrips culture's capacity to modulate it. Moreover, the forces of globalization are altering and in many cases undermining cultures at a rapid pace. In contrast to the ancient, seemingly timeless Mediterranean and Andean cultures, the acceleration of trade, the collapse of the former Soviet Union, and the integration of the European Union have erased borders and led to multiple migrations, cascading diasporas and the hybridization of cultures. Under these circumstances, it seems likely there will be more dislocation and normative disorientation obstructing the cultural domestication of intoxicants. Even within a given society, there is the problem of new generations. Prohibitionist drug policies typically inhibit the inter-generational transmission of user lore, protective practices and other informal social controls, so young people must often learn the lessons of preceding generations *de novo*, sometimes the hard way.

About 2500 years ago, Euripedes wrote a prescient play called *The Bacchae* in which he suggested that the suppression of intoxication is both futile and likely to lead to more destructive excess (Levine, 2006). Formal social controls that prohibit use of certain drugs make it difficult for user cultures to develop. A reasonable person might look at the current situation and conclude that the cultural domestication of intoxicants in the modern world is increasingly difficult. And yet, despite all the obstacles drug laws put in the path of informal social controls, drug users do seem continuously to invent them – *if only because they wish to continue to experience episodic intoxication without disrupting their lives*. The more such informal controls can be developed in a self-conscious and explicit manner, the greater the degree of cultural domestication and the greater the potential for reducing harm.

By comparison, drug laws and other formal state controls are weak weapons. What keeps most people from going overboard with intoxicants is not so much law as cultural recipes – the norms, rituals and rules that guide intoxication practices. Pharmacological properties of drugs and the physiological characteristics of users are important but not determinative because drug use is always embedded in a constellation of conditions that shape use practices, patterns, meanings and outcomes. Efforts to develop a transcultural, universalistic science of addiction and to stamp out drug abuse tend to neglect the natural experiments in the control of intoxicants that are going on in user cultures. Those territories invite further exploration.

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