



DRUGS

in American
Society

FIFTH EDITION

ERICH GOODE

DRUGS IN AMERICAN SOCIETY

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Erich Goode

State University of New York
at Stony Brook

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DRUGS IN AMERICAN SOCIETY

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PREFACE

Developments that have taken place since the publication of the fourth edition of this book (1993) have made a thorough revision necessary. This is no cosmetic revision; the world of drug use has changed, and substantially. Permit me to mention only a few of the most noteworthy of these changes.

First, the “wrinkle” I detected six years ago, a slight upturn in drug use among the young after more than a decade of declines, has become a genuine trend. In spite of the proclamations by government spokespersons on the 1997 surveys to the contrary, increases have continued unabated throughout the 1990s, and will probably continue well into the next century.

And second, the crack cocaine epidemic began to exhibit changes in the early 1990s which have, likewise, continued unabated into the late 1990s. In this case, we see the opposite, a movement toward less abuse, not more. Many experts attribute the 1990s decline in the murder rate specifically and the predatory crime rate more generally to a corresponding and causative decline in the use and abuse of crack.

I have, of course, followed the results of the major surveys on drug use that are conducted periodically, most notably, the Monitoring the Future survey, which focuses on eighth, tenth, and twelfth graders, as well as college students and young adults not in college, and the National Household Survey, sponsored by the Substance Abuse and Mental Health Services Administration. Taken together, these surveys give us an excellent picture of drug use at a particular time, as well as over time. In addition, the Drug Awareness Warning Network’s tallies of untoward drug-related emergency department episodes and medical examiner data are updated periodically; I have made use of the latest figures from these sources.

In addition to the updates, I have made a number of important changes in this edition. In Chapter 1, I added a fairly detailed description of the pharmacological mechanisms that animate drug actions. In Chapter 3, I added two discussions, one on “self control theory,” which became prominent in the early 1990s, and one on racial and social class differences in drug abuse. In Chapter 7, on marijuana, I added a section on the “Shen Nung” legend, a long-bearded tale about a mythical emperor and pharmacist

that seems to have survived (the tale, not the emperor) historical refutation time and time again. In this same chapter, I added a discussion of some of the latest laboratory findings on whether marijuana might be a “harder” drug than has previously been thought.

In Chapter 8, I added a discussion of another legend or myth, a tale of “toad-licking” as a form of drug abuse. Another good story down in flames! Perhaps the most topical of the additions to this edition is the question of whether the Central Intelligence Agency (CIA) helps or helped distribute crack or other drugs in American’s central cities; this appears in Chapter 9. In Chapter 11, I raise the question of whether heroin has become the “fashionable” drug of the 1990s. In Chapter 12, there is a new section on a drug education program, D.A.R.E., whose effectiveness has been evaluated by researchers. In Chapter 13, I tell the dramatic, even shocking, story of increases in rates of incarceration on drug charges in the United States, especially for African-Americans and women.

Another feature of this edition is the addition of a boxed insert in each chapter. Each one raises an interesting and topical question, and each brings information to bear on that question. Some of these boxes were incorporated from discussions that appeared in the previous edition, while some others are completely new to this edition.

Behind the drug facts and figures, the surveys and the statistics, there is the human drama. People ingest drugs, for good or ill, and, as a result, they are dealt with by the rest of members of society, again, for good or ill. Real people’s lives are affected in myriad ways by drug consumption and enforcement, and the rest of us have to live with the consequences. The story of drug use, then, is the confluence of the hard, material facts of substance consumption and the reactions to that consumption by the many actors in this drama. How users and nonusers alike are caught up in this confluence is the story I wish to tell in this book.

All authors have obligations to discharge. In assisting me with supplying information for or comments on this edition, I would like to thank Jacqueline McFadden and Nancy Duckwitz, IMS America; Alphonse Sallett, SUNY/Utica; Dale Deutsch, SUNY/Stony Brook; Avram Goldstein, formerly at Stanford; Nathan Sivin, University of Pennsylvania; Nachman Ben-Yehuda, The Hebrew University of Jerusalem; Ethan Nadelmann and Marcia Rosenbaum of the Lindesmith Center; Katherine Ann Farr, Portland State University; Maura Strausberg of the Gallup Poll; as well as my wife, Barbara Weinstein, of SUNY/Stony Brook. I would also like to thank Nancy Blaine of McGraw-Hill and the reviewers who made suggestions for revision: Stephan J. Bahr, Brigham Young University; Julie David, Normandale Community College; John R. Fuller, State University of West Georgia; Robert O. Keel, University of Missouri–St. Louis; and Jerome R. Koch, Texas Tech University.

Erich Goode

CONTENTS

Prologue	1
APOLLONIAN AND DIONYSIAN	4
DRUGS: POTENTIAL VERSUS REAL-LIFE EFFECTS	7
DRUG PANICS	11
PROCRUSTES AND MANI	12
A DOZEN PRINCIPLES OF CLEAR THINKING ABOUT DRUGS	13
ONE LAST POINT	16
DRUG USE: MYTH AND REALITY True-False Quiz on Drugs	18
SUMMARY	19
ACCOUNT: My World of Drugs	21
 PART 1 INTRODUCTION	 25
1 How Drugs Work	27
DRUG ACTION: THE BASICS	28
FACTORS THAT INFLUENCE DRUG EFFECTS	35
Identity	37
Dose	37
Potency and Purity	38
Drug Mixing	39
Route of Administration	40
Habituation	40
Set and Setting	40
A CLASSIFICATION OF DRUGS AND THEIR EFFECTS	41
ADDICTION AND DEPENDENCE	44
DRUG USE: MYTH AND REALITY Is Chemical Dependence a Clear-Cut Syndrome?	51
SUMMARY	52
APPENDIX: Drug Names	54
	xi

2	Looking at Drugs: A Sociological Perspective	56
	WHAT IS A DRUG?	57
	DRUG ABUSE	61
	DRUG USE AS A SOCIAL PROBLEM	64
	ARE OBJECTIVISM AND CONSTRUCTIONISM CONTRADICTORY?	67
	THE DRUG PANIC OF THE 1980S	70
	THE PROCESS OF CRIMINALIZATION	75
	DRUG USE: MYTH AND REALITY Crack Babies: A Panic-Driven, Mythical Syndrome?	76
	THE CRIMINALIZATION OF DRUGS	79
	GENDERING DRUG USE	82
	SUMMARY	87
	APPENDIX: The Comprehensive Drug Abuse Prevention and Control Act	89
3	Theories of Drug Use	91
	BIOLOGICAL THEORIES	92
	Genetic Factors	92
	Metabolic Imbalance	93
	PSYCHOLOGICAL THEORIES	94
	Reinforcement	94
	Inadequate Personality	97
	Problem-Behavior Proneness	98
	SOCIOLOGICAL THEORIES	99
	Anomie Theory	100
	Social Control Theory and Self-Control Theory	101
	Social Learning and Subcultural Theory	103
	Selective Interaction/Socialization	107
	A Conflict Theory of Drug Abuse	110
	DRUG USE: MYTH AND REALITY Do Class and Racial Differences in Drug Abuse Exist?	114
	SUMMARY	116
4	The Extent of Drug Use in America	119
	LEGAL INSTRUMENTAL USE	121
	LEGAL RECREATIONAL USE	123
	ILLEGAL INSTRUMENTAL USE	124
	ILLEGAL RECREATIONAL USE	125
	TRENDS IN DRUG USE, 1960–1990s	130
	DRUG USE: MYTH AND REALITY Did Drug Use Reach Its Peak in the 1960s?	131
	ATTITUDES TOWARD DRUG USE	132
	THE DRUG ABUSE WARNING NETWORK (DAWN)	135
	A FINAL NOTE	141
	SUMMARY	141

5	Drugs and Crime and Violence	144
	CLARIFYING KEY TERMS	144
	FALSE CRITERIA OF THE DRUGS-CRIME LINK	146
	EMPIRICAL CONNECTIONS BETWEEN DRUG USE AND CRIME	148
	Self-Report Surveys	148
	<i>Drug Use Forecasting (DUF)</i>	150
	ALCOHOL AND VIOLENCE	153
	Homicide and Other Violent Death	154
	Rape, Child Molestation, and Felonious Assault	156
	Alcohol and Violence: Exploring the Causal Links	157
	<i>Qualifications</i>	157
	HEROIN ABUSE AND VIOLENT CRIME	158
	COCAINE ABUSE AND VIOLENT CRIME	160
	DRUG USE: MYTH AND REALITY Does Crack Cocaine	
	Cause Violence?	162
	The World of Cocaine Selling	163
	The Street Cocaine World Generally	165
	Cocaine Abuse and Predatory Crime	166
	HEROIN ABUSE AND PREDATORY CRIME	167
	<i>The Correlation between Heroin Abuse and Crime</i>	168
	Coda	169
	SUMMARY	169
 PART 2	 DRUGS AND THEIR USE	 173
6	Legal Drugs: Alcohol and Tobacco	175
	ALCOHOL	176
	Acute Effects of Alcohol	177
	Alcohol and Violence	180
	Early History of Alcohol in the United States	182
	Enter the Temperance Movement	183
	National Alcohol Prohibition (1920–1933)	184
	The Impact of Prohibition	185
	DRUG USE: MYTH AND REALITY Did the Use of Alcohol	
	Increase during Prohibition?	186
	Alcohol Consumption Today	186
	Who Drinks? Who Doesn't?	189
	Alcoholism	192
	TOBACCO	194
	SUMMARY	204
	ACCOUNT: My Experiences with Alcohol	206

7	Marijuana	209
	MARIJUANA IN HISTORY	213
	DRUG USE: MYTH AND REALITY <i>Marijuana as Medicine</i>	
	in Ancient China: The Shen Nung Legend	214
	ACUTE EFFECTS OF MARIJUANA	215
	SUBJECTIVE EFFECTS OF MARIJUANA	217
	CHRONIC EFFECTS OF MARIJUANA	218
	WHO USES MARIJUANA?	222
	Age	222
	Sex	223
	Peer Influences	224
	Unconventionality	226
	MARIJUANA USE AND THE PROGRESSION TO DANGEROUS DRUGS	227
	THE AMOTIVATIONAL SYNDROME	232
	MARIJUANA AS MEDICINE	234
	SUMMARY	237
	APPENDIX: Is Marijuana a "Harder" Drug Than We Thought?	239
	ACCOUNT: <i>Marijuana Use</i>	239
8	Hallucinogens	243
	SOME SUBJECTIVE EFFECTS OF HALLUCINOGENIC DRUGS	245
	PSYCHOTIC EPISODES	249
	GENETIC DAMAGE	251
	PATTERNS OF USE: INCIDENCES AND FREQUENCIES	254
	ECSTASY	256
	DRUG USE: MYTH AND REALITY <i>The Toad-Licking Legend</i>	257
	SUMMARY	260
	ACCOUNT: Getting High on Ecstasy	262
	ACCOUNT: An Experience with LSD	266
9	Stimulants: Amphetamine, Cocaine, and Crack	269
	AMPHETAMINE	270
	COCAINE	275
	CRACK	283
	DRUG USE: MYTH AND REALITY <i>Does the CIA Peddle Crack?</i>	287
	SUMMARY	291
	ACCOUNT: <i>A Speed Freak Tells His Tale</i>	293
10	Drugs as Medicine: Psychotherapeutic Drugs	296
	SEDATIVES	296
	PCP AND KETAMINE	301
	TRANQUILIZERS	304
	ANTIPSYCHOTICS	305
	ANTIDEPRESSANTS	307
	SUMMARY	309
	APPENDIX: A Prescription Sedative Gone Haywire?	310
	ACCOUNT: Giving Up Valium	312

11	Heroin and the Narcotics	314
	NARCOTIC DRUGS: AN INTRODUCTION	314
	THE USE AND ABUSE OF NARCOTICS IN AMERICA TODAY	316
	NARCOTICS: A HISTORICAL PERSPECTIVE	319
	CONTROLLED OPIATE USE	324
	HEROIN: DRUG EFFECTS AND THE DRUG SCENE	326
	DRUG USE: MYTH AND REALITY Is Heroin a Safe Drug?	328
	DRUG USE: MYTH AND REALITY Heroin: The Fashionable Drug of the 1990s?	329
	WHY TURN ON? THE USER'S PERSPECTIVE	329
	"KICKING" HEROIN	333
	HEROIN ADDICTION: MYTH AND REALITY	335
	HEROIN ABUSE AND AIDS	337
	SUMMARY	339
	ACCOUNT: Using Heroin	341
PART 3	DEALING WITH DRUG USE	347
12	Drug Treatment and Drug Education	349
	DRUG TREATMENT: AN INTRODUCTION	349
	METHADONE MAINTENANCE	352
	Methadone Maintenance: An Overview	353
	Are Methadone Maintenance Programs Effective?	354
	THERAPEUTIC COMMUNITIES	357
	Therapeutic Communities: An Overview	358
	How Effective Are Therapeutic Communities?	359
	OUTPATIENT DRUG-FREE PROGRAMS	361
	ALCOHOLICS ANONYMOUS	361
	SUMMARY	363
	DRUG PREVENTION THROUGH EDUCATION	365
	DRUG USE: MYTH AND REALITY Is DARE an Effective Drug Education Program?	367
	SUMMARY	368
	ACCOUNT: Treatment for Narcotic Addiction	371
13	Drugs and the Law	381
	A "CRACKDOWN" ON DRUGS: DOES THE PUNITIVE MODEL WORK?	385
	Eliminating Illicit Drugs at the Source	385
	Busting within Our Borders	387
	LEGALIZATION/DECRIMINALIZATION	389
	The Three Assumptions of Legalization/Decriminalization	390
	DRUG USE: MYTH AND REALITY Drug Arrest and Imprisonment: 1975-1995	392
	Drug Criminalization: Is It a Failure?	393
	DRUG USE: MYTH AND REALITY Are Drugs Legalized in Europe?	397
	IS DRUG LEGALIZATION A VIABLE OPTION?	399

Marijuana Decriminalization	399
Decriminalization/Legalization: No Rise in Use?	401
The Apollonian-Dionysian Distinction: Use and Harm	405
Decriminalization: Marijuana versus Cocaine and Heroin	408
Some Practical Questions That Demand an Answer	409
THE THIRD PATH: CONTAINMENT AND HARM REDUCTION	410
SUMMARY	415
REFERENCES	419
INTERNET RESOURCES: Selected Sites from the World Wide Web	458
AUTHOR INDEX	461
SUBJECT INDEX	469

PROLOGUE

Richard Marback and Patricia Winston grew up on Long Island. As a teenager, Patricia had been adamantly opposed to drugs; Richard was an altar boy and a diving champion. When Richard was 16, his father committed suicide; soon after, his mother, who had a serious drinking problem, was diagnosed with terminal cancer. Eventually, he had to drop out of college to take care of his mother. When she was growing up, Patricia's father was an extremely successful entrepreneur; while she was in college, his business took a nosedive, and she, too, had to drop out of college to earn a living. In the 1990s, Richard and Patricia were a successful, 30-something couple—two affluent, upper-middle-class strivers. He was the president of a publishing company, she was a stockbroker with extremely wealthy clients; their own income ran deep into six figures. They spent their summers in the Hamptons, a fashionable vacation area on Long Island, hobnobbing with other affluent young urban professionals. Richard and Patricia were tall, attractive, intelligent, outgoing, and charming. They were also very health- and nutrition-conscious; their mornings began at 7 o'clock, swimming laps in a pool. They had two children, ages two and eight, the older of whom, a girl, was enrolled in a special school for gifted students.

One night in April, Patricia went to a party at which heroin “was passed around. They snorted some. It didn't kill them” (Smith, 1995, p. 46). On August 5th, Richard purchased five bags of heroin on the street some 20 blocks from their New York apartment, and brought them home. That night, after the kids were tucked into bed, they opened the glassine envelopes, and mixed two different batches together; their dealers had brand names for them—“1-800” and “Guess.” With a tightly rolled dollar bill, “for the fourth or fifth time in their lives,” they snorted the drug; at roughly 8 o'clock, they nodded out (p. 47). The next morning, Richard woke up; Patricia didn't. The EMS crew

arrived at 11:30, noticed Patricia's body, and immediately turned the case over to the New York Police Department. Richard handed the detectives the three empty bags and the two that hadn't been touched. They led him out of the building; he was dazed, disoriented, barely able to walk, his hair "frizzed into a crazy tangle," looking very much "like a lost soul" (p. 47). Richard and Patricia's children were placed in the care of relatives. Friends struggle to try to make sense of the disaster. Recently a friend spoke on the phone to Richard, now in a rehabilitation clinic; he asked how he was doing. "Not too good," he replied. "Then Richard Marback began to weep. He wept so hard he couldn't speak anymore" (Smith, 1995, p. 47).

At the age of three, Nick carried his toolbox everywhere; he even took it to bed with him. His bouts of turmoil became increasingly frequent and he did not respond when his name was called out. His parents began to suspect that something was wrong with him. At six, he was diagnosed as suffering from an attention deficit disorder. He is like a New York City subway system, his mother explained to him, "part of his brain on Express and part of it a Local. They get to the same place but the Local has to make more stops" (Leavy, 1996). When he was in the first grade, his parents decided to put him on Ritalin, a stimulant that works for some learning-disabled children, enabling them to concentrate. The drug "made a difference right away," says his mother—"but not enough." Nick is still learning-disabled, but least he can focus his mind on the matter at hand. Says his mother: "The toddler with motor problems is now a mondo-cool rock drummer. And the seven-year-old who couldn't explain his own sense of humor volunteered to write for the school newspaper this year. Ritalin didn't do this—Nick did. But Ritalin made it possible." His mother told Nick that some people think that Ritalin is bad. "That's stupid," he responded confidently (Leavy, 1996).

Hassan takes a small handful of the leafy stalks from a bag and puts the clump in his mouth. He chews it slowly, rotating it from time to time. It is khat, a plant that grows in East Africa and contains a stimulant that some liken to strong coffee; others disagree and compare it instead to a weak version of a much stronger stimulant, cocaine. "Khat makes you happy," says a cook who works in an Arabic restaurant in Brooklyn. He no longer uses it; explaining why, he says, "If you are tired, you forget you are tired. But you can also forget who you are, who your mother, brother and wife are" (Treaster, 1992c, p. B1). Khat is a controversial drug. In a restaurant in Harlem, a handful of East Africans and Yemenis explain that khat lifts their spirits, sharpens their thinking, and stimulates their sexual passion. Osman, a Somali oil worker disagrees; khat "kills your health, your appetite, and you never sleep." Ahmed, a Yemeni, says that he uses the drug ceremoniously with friends, sitting on cushions, sipping tea, and talking politics. Says Ansley Hamid, an anthropologist and drug expert, users of khat "become anxious and irritable and often lapse into depression, as do cocaine addicts when they are without the drug" (p. B2). Abdullatif, who does not favor the drug because its use is "too time-consuming," describes its use: "You smell the aroma and you drink water and the water tastes sweet. Sometimes it makes you happy. Poets will just sit down and start chewing khat and they write poems. Good ones" (p. B2).

Joy, now a 36-year-old janitorial supervisor, says that taking methamphetamine is like drinking a thousand cups of coffee; it keeps her awake and alert for “days at a time” cleaning her house “like the old white tornado commercials for Ajax.” It also blots out her depression and keeps her slim, she says. The problem, she adds, is that it “wrecked” her life; among other things, she lost her three-year-old son, whom she is fighting to regain custody of from her mother. “I was a garbage pit,” she exclaims. Her arms are scarred with tracks from intravenous injection of “crank.” During the period of her methamphetamine abuse, she weighed 130; she now tips the scales at 200 pounds. Crank is different from cocaine, she says; the high lasts a lot longer. With coke, soon after you use, “automatically you’re out looking for more.” In contrast, with crank, she would be “gloriously numb” for days at a stretch, able to forget all her troubles. But as soon as she stopped, she said, she had to face “the wreckage of the last 15 or 17 days.” She is hopeful about her recovery, but adds that everyone involved with drug therapy recognizes that there is such a high rate of recidivism, “they just about write you off” (C. Goldberg, 1997).

David is 35; both his parents are lawyers. He has a bachelor’s degree from an Ivy League university and several years of graduate education; he works as an advertising executive. He is successful and extremely well paid, but lives modestly because he supports three ex-wives, each with two children. David is charming, articulate, and clearly intelligent. He smokes marijuana every day, usually at night, after work; he indulges only occasionally during the day. He has taken LSD a few times, but only in a protective environment, accompanied by close friends and with no obligations facing him. He also smokes opium when he can obtain it, and takes the usual array of uppers and downers, generally for instrumental purposes—such as being alert in order to work harder or getting to sleep at night—and a fair quantity of cocaine. When I interview him, he is smoking a marijuana joint. “I use marijuana to relax,” David explains, “to contemplate, and enjoy myself. He draws deeply on the joint, exhales languidly, and speaks slowly, deliberately, from the back of his throat. “It makes me feel good, and I get a lot of insight from it. My dimensions of thinking shift, especially with other people. I’m more able to get away from my own private perceptions and observation, and more able to perceive who the other person is, and suspend all of life’s petty games.” David takes another deep drag on his joint and stares into space for a minute or two. “Anyway, I feel good when I’m stoned. That’s why I do it. That’s why I do it *regularly*. I mean, in the last year, I’ve smoked pot on 365 days. It’s fun. Food tastes better, sex is more expressive and enjoyable—yes, pot is an aphrodisiac, at least it is for me—I enjoy music more, I use my imagination more listening to music.” He pauses, then adds, “When someone asks me, why do I smoke dope, I answer, why not? There are no negatives, only positives. Really. Why not?”

The subject of this book, then, is drugs—more specifically, the use of *psychoactive* substances by humans. “Psychoactive” refers to the capacity of certain things to alter the workings of the mind—to influence thought, feeling, and emotion. Two contrasting and seemingly contradictory positions or models are held on drug use.

The first sees drugs, drug use, and drug effects as *sui generis*, that is, as *unique*, qualitatively and distinctively different from anything else, as something that is unto itself.

Drugs have the capacity to transform human behavior—indeed, even more dramatically, to transform society itself—in a way that is quite unlike any other phenomenon in the world, this position argues. To those who see this unique property as damaging, drugs are demonic substances—that is, they take on the aspect of the devil, of evil spirits—they have a hold on users that can only be described as unholy, diabolic. To others who see this property in positive terms, drugs are a magical substance to be revered and succumbed to. But whether demonic or holy, the reasoning is the same: The action of drugs lies outside the realm of the everyday; drugs obey principles that are totally alien to those that rule everything else in our lives. Drugs are almost unimaginably *special*.

A second position on drugs is that the use of drugs obeys the same principles as any other substance or phenomenon; like food, sex, religion, or hobbies, drugs are used—indulged in, if you will—in ways that reflect the interests and characteristics of participants and their surroundings. Drugs do not so much transform users or societies as users and societies make use of drugs in ways that reflect their own characteristics and special arrangements. There is nothing unique about drugs; their use follows distinct social and personal realities. Just as the modal or typical anatomical, hormonal, and biochemical makeup of humans the world over *makes possible* certain sexual experiences, yet culture and society translate that potential into *real-life* sexual behavior and sensation, the chemical makeup of drugs only *sets the stage* for its use and effects. Thus, what counts in drug use is *who* uses them, *where*, and *under what circumstances*. This position argues that drugs are less a *cause* of behavior than their use and effects are a *product* or *consequence* of already-established social norms, institutions, cultural injunctions, as well as individual and personal tendencies.

These two contrasting positions are not as contradictory as they seem at first glance. There *are* some unique properties of drugs and their effects, and drug use *does* transform patterns of behavior in interesting, and sometimes devastating, ways. At the same time, drug use *cannot* be understood in isolation, it must be understood as an aspect of human behavior, as a component of social networks, cultural frameworks, and personal propensities. Drug use *does* obey many of the same patterns as other activities, such as food preferences and sexual behavior. Drug use is not *solely* a social phenomenon, but it is, in large part, a social product; as such, it is subject to the same forces and mechanisms as substances, behavior, and other more everyday things to which we do *not* ascribe demonic or magical powers. Drug use “fits in with” the rest of our lives in ways that we can understand and predict. At the same time, there is always an aspect or corner of the effects of drugs that makes them different from ordinary, everyday phenomena, that forces humans to *regard* them as unique, that drives at least some of us to become a different species of humanity when taking them.

APOLLONIAN AND DIONYSIAN

In 1934, anthropologist Ruth Benedict published a book entitled *Patterns of Culture* (1934). Examining three societies—the Zuni of New Mexico, the Dobu of eastern New Guinea, and the Kwakiutl of the North American Pacific northwest—she stressed the crucial importance of culture as the integrative force in any society and the individual’s place in it. The book quickly became a classic and established Benedict as a major figure in her field. In *Patterns of Culture*, borrowing from philosopher Friedrich

Nietzsche, Benedict delineated two cultural styles or orientations—the *apollonian* and the *dionysian*. These terms came from the ancient Greek religion and refer to qualities attributed to the gods Apollo and Dionysus. Apollo was the ancient Greek (and Roman) god of light, healing, music, poetry, prophecy, and manly beauty. Hence, an “apollonian” orientation to life is one that stresses tradition, beauty, serenity, classical harmony, a suppression of emotions, and an avoidance of extremes. Dionysus was another Greek god—the god of fertility, wine, and drama. (The Romans identified him more or less exclusively as the god of wine; they named him Bacchus.) Dionysus became the object of cult worship; rituals to honor him often included music, dancing, drinking wine, eating the flesh and drinking the blood of sacrificed animals, and sexual orgies. Worshippers of Dionysus believed that only through ecstatic frenzy could humans become creative, inspired, and transcend their worldly limitations. Thus, to refer, as Benedict did, to a “dionysian” orientation to life is to point to a way of thinking, feeling, and acting that stresses stimulation of the senses, an expression of extreme emotion, out-of-the ordinary psychic states, the violation of conventional tradition, hedonism, and self-indulgence. Ruth Benedict argued that *entire cultures* could be characterized by their position along this apollonian-dionysian dimension. Some cultures are clearly much closer to the apollonian end of this continuum, others are closer to the dionysian. The classic Pueblo culture of the American southwest, including the Zuni, could be located at the apollonian pole, while the Dobu and the Kwakiutl early in the twentieth century, could be located at the dionysian pole.

Said Nietzsche, the dionysian pursues the values of existence “through the annihilation of the ordinary and the limits of existence.” The dionysian seeks to escape from the boundaries of ordinary, everyday, mundane existence, to throw off the shackles that bind us to a routine, to rules and regulations, to a well-worn predictability; in the words of the 1960s singer Jim Morrison of The Doors, the dionysian seeks to “break on through to the other side.” In a nutshell, the dionysian seeks excess, frenzy, extravagance, outrageousness, ecstasy, exaltation. At the height of the Plains Indian warrior societies, for instance, men set off alone on a vision quest, seeking hallucinations that would offer spiritual guidance from the gods and spirits; these warriors often went for days without food or water and ingested alcohol and other psychoactive drugs. Sometimes these outings would include self-torture. “They sought in every way,” Benedict writes, “to achieve an order of existence set apart from daily living” (1934, p. 81). Likewise, the chief dancer in Kwakiutl religious ceremonies a century ago strove for ecstasy, feeling that he “should lose normal control of himself and be rapt into another state of existence” (p. 175). Dancers frothed at the mouth, trembled, twitched, hurled themselves onto the ground in a mad frenzy, handled hot coals, hurled them at other dancers, set fire to their costumes or nearby buildings, and tore at ceremonial participants with the claws of their bear costumes.

In contrast, the apollonian distrusts extreme emotion and emotional frenzy; he or she “finds means to outlaw them He [or she] keeps to the middle of the road, stays within the known map, does not meddle with disruptive psychological states” (p. 79). The apollonian discourages individualism, considering it disruptive, and instead, finds meaning “in the common tradition of his [or her] people. To stay always within it is to commit himself [or herself] to precedent, to tradition” (p. 80). For the apollonian, visions or hallucinations represent “an experience to avoid, not to seek” (p. 87); there