Drugs and Society:
A Critical Reader
Second Edition

Maureen E. Kelleher
Bruce K. Mac Murray
Thomas M. Shapiro

Northeastern University
23. Cannabis, Society and Culture

Vera Rubin and Lambros Comitas

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Recent research points to the development of two major cultural complexes related to the use of cannabis: the “ganja complex” and a sociocultural configuration that may be termed the “marihuana complex” stemming from the psychedelic context of cannabis use in the United States and its diffusion to Western-oriented youth in other societies (Rubin 1974). The traditional “set and setting” of the Jamaican ganja user differs significantly from that of the marihuana user. The contrasts between the Western and traditional modes of use are germane to an understanding of man’s relationship to cannabis and cultural factors that influence reactions to cannabis.

The comparatively late spread of marihuana smoking to middle-class youth in the United States has been attributed to the “electronic origins” of the cultural revolution of the 1960s. Following McLuhan’s theory of the “message” of the media, it is postulated that “psychedelic fallout, in the form of music, light-shows, new cinematic techniques . . . inundated” the United States “with the mystique of the electrochemical turn on” (Zinberg and Robertson 1972:67). Even the phrases “tune-in,” “turn-on” and “turn-off” are derived from television. For the television generation, it may be said that “electronics preceded chemistry” as a technique for “alteration of consciousness” (Geller and Boas 1969).

In the United States, however, reactions to marihuana have differed dramatically during various periods. Marihuana as a mood-altering substance was generally unknown when it was first introduced in the United States from Mexico after World War I (Weil 1972). Panic reactions were common during the early period of its use, but such reactions became increasingly rare after the mid-1930s. As marihuana use spread, less anxiety was attached to it. Any drug can trigger a state of extreme anxiety, as has frequently been observed, whether or not the panic reaction has a pharmacological basis. Nevertheless, allegations about the physical, social and moral “dangers” of marihuana re-emerge in cyclical waves that may reflect the Zeitgeist more than the pharmacological properties of the plant. As McGoilthin (1974) indicates: “The data clearly show that the amount of THC taken by the typical U.S. marijuana user is quite small in comparison to that consumed in cultures where cannabis has been used for many years. Certainly, the estimated 5 mg of THC per occasion for casual users is almost trivial. This supports the argument that factors other than the pharmacological effects have played an important role in the recent adoption of marijuana use by large numbers of middle-class youth.”

Recognition that the pharmacological action of a drug is mediated by “set and setting” is on the increase. “It is quite possible for the combined effects of set [individual expectation] and setting [total physical and social environment] to completely overshadow the pharmacological action of a drug. . . . The more the drug can be considered psychoactive (in that a principal reason for ingesting the substance is related to desired changes in mood, emotion, perceptions), the more set and setting are crucial” (Zinberg and Robertson 1972:95; see also Becker 1963; and Weil 1972).
The “set” of the individual is culturally conditioned and the “social environment” modifies the cannabis-man relationship. If the “electrochemical turn-on” was the background for marijuana use in the United States, in Jamaica, the traditional folk pharmacopoeia serves as the background for the use of ganja. Furthermore, an established body of folklore about ganja use conditions the psychocultural expectations and reactions of both smokers and nonsmokers. The nature of reactions to the first experience, whether positive or adverse (similar to “novice anxiety reactions”), generally determines whether the initiate becomes a regular smoker. Idiosyncratic differences in initial reactions are recognized and respected in the ganja subculture and help to support the neophyte in becoming—or not becoming—a smoker.

For example, the 29 smokers of the project sample who reported a positive first experience recalled feelings of sociability and “merriment,” that is, making jokes in Jamaican idiom. None had recollections of uncontrolled laughter as is occasionally reported in the United States or the “merry mania” described by the Indian Hemp Drugs Commission (Great Britain 1969). Frequently recalled reactions to the first experience by the Jamaican smokers were “meditation,” “concentration,” “relaxation” and “visions.”

Hallucinations

Cultural variables undoubtedly condition hallucinogenic reactions to cannabis. The vivid accounts of reactions to hashish smoking by Baudelaire, Gautier and their contemporaries, provided the backdrop for Western cultural expectations and social concerns. Gautier’s fantastic description of his reactions to “the greenish paste” focused on the bizarre: “Hallucination, that strange guest had set up his dwelling place in me” (Solomon 1966: 168). Even in less baroque Western literature, cannabis has been classified as a hallucinogen, along with lysergic acid diethylamid (LSD), mescaline and psilocybin.

The Jamaican data make it clear that “hallucinations are not an invariable consequence of marijuana use” (Fort 1970–71: 519). In the Jamaican working-class setting, hallucinogenic reactions are apparently neither regularly sought nor generally experienced. The one exception to this, reported by subjects from a rural area generally in relation to their initial smoking experience, is the vision of a “little lady” who dances and beckons the smoker, usually in a congenial manner. The initial vision was never repeated. Probing produced a few reports about occasional, non-specific hallucinations, said to have been experienced by others and always attributed by the narrator to excessive use or use of ganja with alcohol.

A significant psychological difference distinguishes hallucinations from visions; hallucinations are usually idiosyncratic phenomena which may be triggered by personality and/or pharmacological factors; visions are culturally patterned experiences, related to “set and setting,” usually in the context of a rite de passage. The quantity and potency of the initial “smoke” by the Jamaican subjects would not warrant a pharmacological explanation of the phenomenon and certainly not of the patterned cultural content of the vision.

Similar folk uses and reactions to other plants, not generally considered hallucinogens, have been reported. Tobacco (Nicotiana spp.), for example, which has been used in folk medicine and magic by American Indians is also “a vehicle for ecstasy.” Wilbert reports that among the Warao Indians of Venezuela the role of tobacco as a vehicle of the vision quest is “obviously [a] cultural conditioning toward specific ecstatic experiences that have nothing to do with the chemical action of the tobacco plant itself” (1972:80).
Some observers, apparently baffled by the diversity of reactions attributed to cannabis, ascribe these phenomena to an innate, if unknown, characteristic of the plant. Thus, psychopharmacological studies have given rise to the suggestion that “the same drug can cause opposite changes in behavior” (Wolstenholme and Knight 1965: 52). These studies have not made clear, however, whether such apparently contradictory reactions might be related to differences in dosage, frequency, THC content or psychological “set and setting.” Some researchers have concluded that irritation, or control of the dosage, explains differences in reactions (Grinspoon 1970–71), but others hold the view that “the psychological effects of marijuana are as varied as the range of human personality and as complex as the multiple factors which influence the user each time he smokes” (Bloomquist 1967). A recent pharmacological report, e.g., presents the “lassitude/violence” dichotomy: “At a behavioural level, the subject may experience lassitude to the point of sedation or hyperactivity, hypersensitivity to stimuli and irritability to the point of violence.” The authors note, however, “These widely differing observations may at least in part be explained in terms of differences in the composition of the Cannabis sativa, differences in concentration of active principles and individual variations in response to Cannabis” (Davis and Persaud 1970: 107).

A survey of the literature, “The Cannabis Habit,” by Murphy concluded: “It seems probable that cannabis has a highly complex influence, dependent on personality and culture as well as the drug itself” (1963:21). In a similar vein, Jones has pointed out that “the effects of psychoactive drugs on behavior and experience are often independent of the drug’s pharmacologic effect” (1971:164). Research findings of the present study bolster the opinion that reactions to cannabis depend more on the individual’s personality, beliefs and expectations than on the pharmacology of the plant itself.

Both as stimulant and sedative, for sacred or secular use, ganja fits into working-class life styles in Jamaica and the regular user’s reactions to ganja stem from this sociocultural framework. Chronic ganja smokers do not report “vivid ideas crowding the brain,” or tendencies to violence or to debauchery and wild sex orgies. Such reactions would violate working-class mores. Individual psychosomatic reactions generally reinforce situational sociocultural expectations—endurance, energy, problem solving, alleviation of hunger or invigoration of appetite, enhancement of memory or relaxation—as the situation requires.

Ganja and Society

At this point, some questions might be raised about possible consequences to the greater society in terms of socioeconomic development. In Jamaica, ganja use is integrally linked to all aspects of working-class social structure; cultivation, cash crops, marketing, economics; consumer-cultivator-dealer networks; intraclass relationships and processes of avoidance or cooperation; parent-child, peer and mate relationships; folk medicine; folk religious doctrines; obeah and gossip sanctions; personality and culture; interclass stereotypes; legal and church sanctions; perceived requisites of behavioral changes for social mobility; and adaptive strategies. Although the structural linkages to society as a whole were not part of the research project and are difficult to investigate, the working-class ganja culture obviously cannot be disassociated from the overall social structure.

There is little if anything to indicate that extensive use of ganja is causally related to poverty in Jamaica. High rates of unemployment and even higher rates of underemployment, debilitating health factors such as malnutrition, yaws and intestinal parasites, restrictions on emigration, lack
of capital for small-scale investment are all chronic conditions antedating the widespread use of ganja in Jamaica. "Failure lies everywhere," one subject remarks, "when the crop is scanty, work is scanty." Under the circumstances, even though they are small-scale operations, cultivation of ganja as a cash crop and the distribution of ganja provide welcome, if illegal and arduous, sources of income: "The only way you can get a penny to send the children to school."

Herbs selling is a small man's speculation—[the money] even though small usually come in the time of need. So is not people love to deal with ganja so much why the average people that deal with it deal with it. But is a necessity. The necessity is a bigger achievement. [Even if] the fee is small, it can still boil a pot of porridge for five hungry children.

In fact, economic reasons are frequently given to support the continued use of ganja. Anti-ganja legislation is sometimes seen in terms of economic advantage: ganja is "good if sell and mek yu get a good piece of money." For some individuals, the cultivation of ganja may even provide enough cash for investment in small legitimate enterprises that could not otherwise be funded.

Ganja use in many ways is central to the life style of active participants in the ganja subculture. Acquiring and affording ganja, anticipated beneficial effects, fear of detection and the sense of community in sharing in an illicit activity all contribute to the importance of ganja to the individual. Nevertheless, there are structural restraints on compulsive use. Seasonal variations, availability of cash for purchase, on-the-job restrictions against smoking, and intensity of police surveillance, fear of obeah and "science" and awareness of local informers inhibit excessive use and constrain smoking in public. In this regard, the regular ganja smoker is unlike the alcoholic or compulsive gambler, both in terms of felt needs and of a compulsion to invest in a "habit" regardless of consequences. Although rum is a common working-class drink, smokers of ganja say that they "rather it to rum" and cite therapeutic, behavioral and work benefits as reasons for their choice. As contrasted with the many positive benefits of ganja, alcohol is considered harmful not only to the individual drinker but to his interpersonal relations. Given recent scientific findings on the deleterious personal and social effects of alcohol, ganja may well be "a benevolent alternative." Certainly there appears to be considerably less risk to the society of work loss from ganja than from alcohol.

Ganja smokers dispute alleged links of ganja to crime, violence and insanity, attributing antisocial behavior to underlying personality and predisposition rather than to the plant. These observations are supported by the Indian Hemp Drugs Commission Report of 1894 which noted that the effect of ganja is to bring into play the "natural disposition of the user" (Great Britain 1969:264); more than half a century later, various researchers independently have been rediscovering some of the findings of the Commission. For example, "The underlying personality is the determining factor in criminal behavior" (Charen and Perelman 1946:676–677); and the general observation has been made by Nowlis that no "drugs, per se, produce addiction, criminal behavior, sexual excess . . ." (1970–71:532).

Contrasts in reaction to cannabis are becoming apparent within Jamaica itself, as a sociocultural phenomenon. Position in the social system is undoubtedly the single most significant variable in conditioning attitudes to ganja smoking. While members of the upper levels of the working class, particularly devout church members, share the middle-class view that ganja smoking is psychologically and physically damaging, a precipitant of violent, anti-social and "revolutionary" acts, smokers apparently agree with Brotman and Suffet that "it is not necessary to explain drug use by invoking some version of social pathology" (1971:242).
Cannabis use recently has spread to some segments of the middle class, although it is not as pervasive and it carries a different set of psychocultural expectations, such as concepts of enhancement of creativity, pleasure in listening to music, escape from boredom, return to a “childlike” state of absorption in details and search for the “ultimate experience” in sex. Smoking or ingesting small amounts of ganja is reported to induce voracious hunger and to act as an instant aphrodisiac.⁴

Sociocultural and individual variations in usage and reactions must be analyzed in relation to the chemical content of the cannabis and quantity consumed.⁵ Working-class users regularly consume far more ganja, in all forms, for much longer periods, than middle-class users. They are also more familiar with the plant and its products in terms of quality and use the most potent grades available seasonally.

**Cannabis and Other Drugs**

Concern in the United States about allegations that there is “no doubt that marijuana has long been important in the rites of initiation to heroin use—and for a medley of other drugs”⁶ do not apply to Jamaica. After a century of use of cannabis for medicinal and psychoactive purposes, Jamaican working-class users do not experiment with other drugs. Heroin and “hard” drugs, generally, are unknown in Jamaica. Amphetamines and barbiturates are rarely, if at all, used in the working class, which relies by tradition on folk medicines and has limited access to costly prescriptions or patent medicines. The few cases of heroin toxicity that had come to the attention of physicians all involved tourists. The concern that cannabis is “the half-way house to heroin” is simply not borne out by the Jamaican data.

**Implications for the Future**

Data from the research project suggests that Jamaicans are starting to smoke ganja regularly at younger ages than in the past. Taking this trend into account, along with the increase in life expectancy over the past few decades, an increase in the average number of years of regular use can be expected in the future. Despite the array of formal and informal sanctions against ganja, its use has been increasing in the working classes and is spreading to other sections of the population. There appears to be every likelihood that this diffusion will continue. In due course, ganja may have as widespread a distribution as tobacco and alcohol.

**Summary**

Judging from the clinical data, the physical risk to the individual appears to relate primarily to smoking per se, given long-term chronic smoking of ganja mixed with regular tobacco, in spliffs and chillum pipes, in addition to heavy consumption of regular tobacco cigarettes. The only significant medical differences between smokers and non-smokers were differences in statistical trends in lung function and hematology. Kalant and Kalant (1968) point out that respiratory consequences correlated with chronic cannabis smoking may be due to smoke components unrelated to the psychoactive properties. While more clinical research is required to follow up these leads and, if possible, to isolate the effects of tobacco smoking from the effects of cannabis-tobacco smoking, at present it appears that the risk of chronic cannabis smoking may parallel the risks of chronic tobacco smoking.

253
The psychiatric findings do not bear out any of the extreme allegations about the deleterious effects of chronic use of cannabis on sanity, cerebral atrophy, brain damage or personality deterioration. There is no evidence of withdrawal symptoms or reports of severe overdose reactions or of physical dependency. The psychological findings show no significant differences between long-term smokers and non-smokers.

Over the past one hundred years, the ganja complex has developed and proliferated in Jamaican society and is extraordinarily well integrated into working-class life styles. Ganja serves multiple purposes that are essentially pragmatic, rather than psychedelic: working-class users smoke ganja to support rational task-oriented behavior, to keep “conscious,” fortify health, maintain peer group relations and enhance religious and philosophical contemplation. They express social rather than hedonistic motivations for smoking.8

Ganja as an energizer is the primary motivation given for continued use. The concern of many in the United States that mariguana creates an “amotivational syndrome” and a “reduction of the work drive” is not borne out by the life histories of Jamaican working-class subjects or by objective measurements, which indicate that acute effects may alter the rate and organization of movement and the expenditure of energy during work, but that heavy use of ganja does not diminish work drive or the work ethic.

There is no evidence of any causal relationship between cannabis use and mental deterioration, insanity, violence or poverty; or that widespread cannabis use in Jamaica produces an apathetic, indolent class of people. In fact, the ganja complex provides an adaptive mechanism by which many Jamaicans cope with limited life chances in a harsh environment. Legislative repeal of the mandatory sentence for possession, following the presentation of the ganja report to the Jamaican Government, was a major step in the decriminalization of a traditional cultural practice that goes back to remote horizons.

The failure of policy makers to realize the importance of informal social controls in preventing drug abuse is beginning to be recognized. Michael Sonnenreich, Vice-President of the National Coordinating Council on Drug Education in the United States, observed that drug-taking is socially controlled “when it is routinized, ritualized and structured so as to reduce to a minimum any drug-taking behavior which the surrounding culture considers inadvisable. From this analysis there should follow a new approach” (ICAA News 1974:5). The multidisciplinary findings reported in this volume highlight the underlying role of culture in regulating the use of ganja and conditioning reactions to it—within a structured system of social controls.

Notes

1. New light may come from current research on operant conditioning for conscious control of bodily functioning, being undertaken at the Langley Porter Neuropsychiatric Institute and other research centers in the United States. Mechoulam's research on metabolites may also throw light on adverse psychosomatic reactions reported (see Mechoulam 1970 and Mechoulam et al. 1970).

2. The Hemp Drugs Commission found no tendency to “debauch” with ganja, as occurred with alcohol (Great Britain 1969:186). Grinspoon discusses at length Baudelaire’s extensive use of opium and alcohol and limited experience with hashish and suggests that “most of the effects he attributed to hashish were in fact produced by opium” (1971:80).

3. Beaubrun (1974) cites a high correlation between extroversion and heavy drinking; with a preponderance of cyclothymic personalities who are successful in Western cultures, alcohol becomes the “establishment” choice while personality attributes in the “culture of poverty” may lead to cannabis preference.

4. Laboratory analysis of samples submitted to the Jamaica Project by several middle-class users reveal only “traces” of THC, supporting the thesis that psychocultural expectations condition individual reactions to cannabis.
5. Reports on the potency of plant samples submitted by the subjects, assayed in NIMH laboratories in the United States, and project data on quantity and frequency of use are included in Appendices III and IV in original source.

6. See discussion by Brill in symposium on “Drug Abuse: Legal and Ethical Implications of the Non-Medicinal Use of Hallucinogenic and Narcotic Drugs” (1968:80–81). See also Nahas (1973:285) on cannabis and multiple-drug use: “All available evidence indicates that regular Cannabis consumption conditions the user psychologically as well as pharmacologically to the use of other mind-altering drugs.”

7. The U.S. DHEW report notes that “Death from an overdose of cannabis is apparently extremely rare and difficult to confirm” (1972:13). The matter of “lethal overdosage” of marihuana is undoubtedly extremely rare; as Weil observes: “On the basis of experiments in cats, one can estimate (roughly) that a possible lethal dose of marijuana for a person of average weight would be a pound and a half taken as a single oral dose.” No such heroic dosages have been reported in ganja folklore. Cases of acute collapse have been reported in the literature following intravenous use of cannabis, but “acute toxic physical reactions to marijuana are relatively rare.” According to Weil, “marijuana [is] among the least toxic drugs known to modern medicine” (Weil 1972:48).

8. The Canadian Commission, for example, reports that: “the simple pleasure of the experience” appears to be a major factor in cannabis use among students and adults as “part of a largely hedonistic life style in which happiness and pleasure are taken as self-evidently valid goals of human life.” The Report notes that this is not a trivial motivation; “it is an old and universal theme of human history. Man has always sought gratifications of the kind afforded by the psychotropic drugs” (Canada 1970:160, 155–56).