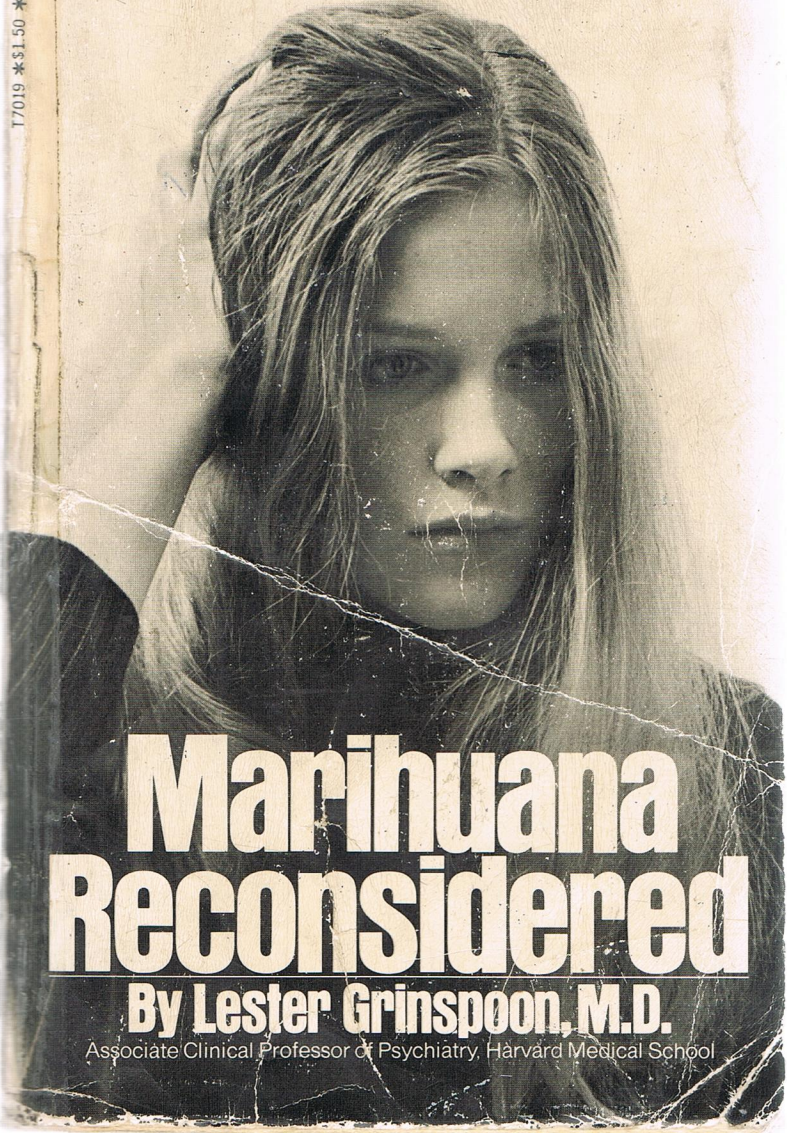


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Before we put all our
children in jail,
let's take an adult look
at Marihuana



Marihuana Reconsidered

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12 The Campaign against Marihuana

If marihuana is a relatively safe intoxicant that is not addicting, does not in and of itself lead to the use of harder drugs, is not criminogenic, and does not lead to sexual excess, and the evidence that it may lead to personality deterioration and psychosis is quite unconvincing, and indeed there may even be some important clinical utilities for some cannabis derivatives — why then is so much heat generated by its opponents, especially in comparison with the low-key campaign against cigarettes and the practically nonexistent one against alcohol? It is important to attempt to answer this question, because understanding here is a necessary prerequisite to a more rational approach to the problem of the vastly increasing use of cannabis in this country. The present approach is unrealistic, overly punitive, and ineffective.

Any attempt to understand why our reaction to the use of cannabis is overdetermined must be speculative. Nonetheless, I should like to specify some factors which I think may be contributing to the hyperemotionalism that separates cannabis from tobacco and particularly from alcohol. First of all, there is a vast amount of misinformation about the drug. As noted earlier, much of this has its origin in the 1930's with the so-called "educational campaign" of the Federal Bureau of Narcotics (recently reorganized and renamed the Bureau of Narcotics and Dangerous Drugs). Figure 6 shows a poster which typifies the kind of "educational campaign" supported by this bureau in the 1930's. As nearly as I can determine, much

of this continuing "educational campaign" is not so much based on what is known about the dangers of cannabis as on a large body of alarming exaggerations, distortions, and mendacities which altogether constitute a kind of latter-day *Malleus Maleficarum*.

Becker has investigated the number of articles condemning cannabis that appeared in United States popular magazines from January 1925 to March 1951. His figures, compiled from the *Reader's Guide to Periodical Literature*, are as follows:

<u>Time Period</u>	<u>Number of Articles</u>
January 1925–December 1928	0
January 1929–June 1932	0
July 1932–June 1935	0
July 1935–June 1937	4
July 1937–June 1939	17
July 1939–June 1941	4
July 1941–June 1943	1
July 1943–April 1945	4
May 1945–April 1947	6
May 1947–April 1949	0
May 1949–March 1951	1

He notes that, of the 17 articles published in the two-year period July 1937 to June 1939, "ten either explicitly acknowledged the help of the [Narcotics] Bureau in furnishing facts and figures or gave implicit evidence of having received help [from it] by using facts and figures that had appeared earlier, either in Bureau publications or in testimony before the Congress on the Marihuana Tax Act."¹ In fact, five of these seventeen articles repeated the identical story, originally told by Commissioner Anslinger:

An entire family was murdered by a youthful [marihuana] addict in Florida. When the officers arrived at the home they found the youth staggering about in a human slaughterhouse. With an ax he had killed his father, mother, two brothers, and a sister. He seemed to be in a daze. . . . He had no recollection of having committed the multiple crime. The offi-

cers knew him ordinarily as a sane, rather quiet young man; now he was pitifully crazed. They sought the reason. The boy said he had been in the habit of smoking something which youthful friends called "muggles," a childish name for marihuana.²

Various segments of the community are expressing increasing interest in becoming better informed about marihuana. However, most often the only people who can or will lecture on marihuana to, for example, high school or community groups, come from, are recruited by, or have been educated by the Bureau of Narcotics. Illustrative of this kind of "education" was a recent meeting sponsored by the Parent-Teacher Association in a middle-class suburban community. There were two speakers. The first, from the District Attorney's Office, invited the listeners to "take a look at what marihuana's destroying effects are." Among other effects he stated that it "causes fetal damage with youth, especially American youth." He compared it to the "relatively harmless drugs, tobacco and alcohol." age," that it "causes psychoses in the chronic user," and that it "leads to lethargy and passivity which is incompatible." The second speaker was a policeman, one of six from the town who had attended a two-week seminar on drugs given by the Bureau of Narcotics and Dangerous Drugs for local police. He told the audience that 400 of the 1,300 high school students had tried marihuana and that apparently 150 were on "hard" drugs. When after the meeting he was asked if the 400 figure came from some sort of an anonymous questionnaire, he replied, "Oh no, nothing like that. When I pick up a youngster or one turns himself in, that kid gives me the names of maybe ten others, and in that way I've compiled a list of 400 users." He then emphasized the immunity from prosecution which is granted for confession. He was also asked if any adults in this town smoked marihuana, and he replied that there were absolutely none — if there were, he would know about them. Then the film "Marihuana" (narrated by Sonny Bono of Sonny and Cher), supplied by the District Attorney's Office, was shown. Among its vignettes were scary hallucinations experienced by the marihuana user

(someone looked in a mirror and saw himself with a face like a rubber Halloween mask), a girl happily speeding her convertible car off a cliff, and teenagers pulling switch-blades in a fight. Although the narrator stated that he was not recommending tobacco, he asked the audience if they would rather fly in a plane with a pilot who had just finished a cigarette or just finished a joint, and if they would rather have a surgeon operating on their brains who had just smoked tobacco or marihuana; these questions were accompanied by shocking action shots which vividly suggested the certain result if one made the wrong choice. The film went on to demonstrate how marihuana is a factor in crime by showing a group breaking into a store after smashing the window. It showed young couples necking while careening down highways and barely missing other cars in loud cinema verité. For the parents who attend such a meeting, the result may be that the concerned uninformed now become the alarmed misinformed. Students who hear about such educational programs scoff and are derisive. Rather than facilitating dialogue between young people and their parents on the subject of marihuana, this kind of "education" merely serves to widen the affective and substantive gaps.

Judging by the published statements of the American Medical Association's Committee on Alcoholism and Drug Dependence approved by the Council on Mental Health,³ and by the editorials of the *Journal of the American Medical Association*,⁴ the medical community has also suffered from the "educational campaign." In their 1967 statement, the Committee on Alcoholism and Drug Dependence of the American Medical Association began with the assertion that "cannabis (marihuana) has no known use in medical practice in most countries of the world, including the United States."⁵ In my view, this committee either has not done its homework or is making an assertion which is not supported by the facts (see Chap. 8, above). There is an implication of a causal relationship between the use of cannabis and narcotics in the committee's statement that "it is a fact . . . that persons physically dependent on other substances, such as heroin, almost al-

ways have had experience with marihuana, although not necessarily prior to experiences with so-called hard drugs."⁶ This statement would be no less accurate if the words "Pepsi Cola" were added to or substituted for the word "marihuana." This committee report, which has undoubtedly been important in shaping recent views of physicians toward marihuana, further states that "the use of marihuana among Puerto Ricans and both southern and northern Negroes is reputed to be high. In all likelihood, marihuana use among the poverty-stricken urbanite is concomitant with use of other dependence-inducing substances and a broad range of asocial and antisocial activity."⁷ The committee makes no attempt to point out that there is no evidence to indicate that the use of marihuana is causally related to asocial or antisocial behavior. The committee statement is as simplistic and naive in its views on the nature of the treatment as it is in its assumption that everyone who uses marihuana should be treated: "The task of the physician is to learn from the patient *what* really bothers him [i.e., anyone who uses marihuana, even if only once] at both conscious and unconscious levels, and what needs are being spuriously met at both levels by taking marihuana." One should even so treat people who do not use drugs: "If the patient demonstrates a psychopathological condition of such nature which could make him vulnerable to experimentation with drugs or to their abuse, positive confirmation of marihuana or other drug abuse should not be considered prerequisite for treatment of his condition. Such treatment is indicated whether or not he experiments with or has become psychologically dependent on marihuana."⁸ Is the committee suggesting that some people should be treated for their curiosity? The naivete of the committee's statement and the degree to which it uses narcotic addiction as a paradigm is indicated in another statement about treatment: "Ordinarily, minimal protection during the period of acute intoxication is all that is required beyond providing appropriate measures for correcting any concurrent physical illnesses, including malnutrition. During the initial phase ambulatory treatment of the person with psychological dependence (as contrasted with the experimenter) is generally not satisfac-

tory because of the tendency to relapse. At least brief hospitalization is usually recommended to separate the patient from his supply, establish relations, and initiate treatment. Complete cessation of the use of the drug is necessary, and circumstances may require the family or others to seek legal means by which the patient can be brought to treatment, in those states where this is possible."⁹ It is doubtful that even the confirmed "pot-head" would benefit from such a treatment regime, not to speak of the inappropriateness of these recommendations for the casual user. The statement goes on to caution physicians "to remember that a person who has a psychological dependence on marihuana is sick and deserving of understanding and treatment, even though he may have been involved in unlawful activity."¹⁰ Having satisfied itself that the use of marihuana represents a sickness, that people who use it "are psychiatrically disturbed, and that drug use is but one of a complex of psychological and behavioral symptoms manifested by them," the committee goes on to emphasize the importance of "legal control."¹¹

The 1968 position paper of the same committee is equally misleading. For example, the committee states: "Some of the components of the natural resins obtained from the hemp plant are powerful psychoactive agents; hence the resins themselves may be. In dogs and monkeys, they have produced complete anesthesia of several days' duration with quantities of less than ten mg/kg. . . . Although dose-response curves are not so accurately defined in man, the orders of potency on a weight (milligram) basis are greater than those for many other powerful psychoactive agents, such as the barbiturates. They are markedly greater than are those for alcohol."¹² The concept of potency is a relative one which only has meaning in terms of the amount of the substance required to affect an organism in a specific manner. The same effect can be achieved by more of a less potent substance, or less of the same substance in a more potent form. Since the hand-rolled marihuana cigarette in this country weighs about 500 mg and contains 1-2 percent tetrahydrocannabinol, it has a total dose of about 5-10 mg of tetrahydrocannabinol. One such cigarette is usually sufficiently strong to

produce a high; accordingly the animal dose of 10 mg/kg, mentioned above, is of a magnitude of 80 to 160 times that of the usual autotitrated (through smoking) dose as it is used for recreational purposes. The comparison with the animal data is thus meaningless. An 80-kg man would have to smoke over a very short period of time 80 to 160 joints or ingest at least 4 or 5 g of a very potent quality of hashish in a single dose for an equivalent effect.

I have dwelt on the official position of the American Medical Association because this organization is influential with physicians, who in turn are important in shaping the attitudes of people toward various drugs. The tendentiousness of the American Medical Association where marihuana is concerned is revealed not only in its official statements, but equally by the editorial policy of its major organ for the presentation of scientific papers, the *Journal of the American Medical Association*. Bias is evidenced both in the papers it selects and in those it rejects for publication. The only reliable study to date of the relative degrees to which alcohol intoxication and marihuana intoxication affect an individual's ability to operate a motor vehicle demonstrated that cannabis was significantly less dangerous than alcohol in this respect. The study was carefully designed and well controlled and, of course, the results were of great interest. The manuscript was rejected by the *Journal of the American Medical Association* and subsequently accepted for publication in *Science*, one of the country's most prestigious scientific journals, and one with an extremely critical editorial board.¹³ During the same year (1969), three papers concerning marihuana were accepted for the *Journal of the American Medical Association*. The first was a case report of two individuals who had boiled marihuana leaves, then drawn off the fluid, injected this substance into their veins, and consequently nearly died.¹⁴ (A third such case was subsequently published in the form of a letter.)¹⁵ These near catastrophes were attributed to cannabis, but it is not certain how much if any of the actual cannabinol derivatives was really contained in the injected solution, inasmuch as they are not water-soluble. Nor is it probable that these solutions were completely free of other plant substances

which might be toxic. There is no doubt that the patients experienced severe toxic responses, but to attribute them to cannabinol derivatives is to make an assumption for which the authors have no grounds.* The second paper, that of Talbott and Teague, has been discussed in detail in Chapter 10, above. There it was noted how doubtful it is that the authors are correct in their assertion that all of their cases are toxic psychoses.¹⁶ In the third paper (see Chap. 10) the author attempts to establish that marihuana can cause a psychosis in a person with a "healthy premorbid personality."¹⁷ She is convincing in describing the psychosis this 23-year-old man developed; in fact it appears from the data that he developed a schizophrenic reaction. But she is not at all convincing when she asks us to accept his premorbid personality as healthy. The fact of the matter is that during the year 1969 the information on the subject of cannabis available in the *Journal of the American Medical Association* was less useful and credible than that published during the same period by the magazine *Playboy*.¹⁸

Cultural factors play a second role in the campaign against marihuana. Societies and cultures have certain norms for acceptable behavior and performance and tend to sanction for social use those drugs whose psychopharmacological properties are in accord with these norms. In many parts of India the two most prevalent types of intoxication occur side by side in the same community, but

* A similar case of collapse after the injection of a homemade cannabis brew was reported by A. H. Henderson and D. J. Pugsley. Their patient had symptoms quite similar to the cases reported in the *Journal of the American Medical Association*. However, they did an analysis of the extract (an opalescent brown liquid which the patient had prepared by boiling hashish with water in a saucepan) and found that less than 2 percent of the total cannabinoids present in the decoction were in aqueous solution. In addition, the extract contained a number of unidentified phenolic substances. They estimated that the intravenous dose of total cannabinoids was only 40 mg, of which less than 0.8 mg was in solution and only a small fraction of this was the relatively insoluble active constituent, tetrahydrocannabinol. "It is likely that the injected particles acted in addition as microemboli, inducing subsequent thromboses. This interpretation is suggested by the delayed onset of symptoms, the evidence of acute pulmonary hypertension and infarction without peripheral venous thrombosis, and the transient thrombocytopenia. The severe circulatory failure produced by a combination of acutely increased pulmonary vascular resistance and fluid loss might then account for many of the clinical features, though the contributory effect of similar vessel occlusion in other organs cannot be excluded" (A. H. Henderson and D. J. Pugsley, "Collapse after Intravenous Injection of Hashish," *Brit. Med. J.*, 3 [1968], 229-230).

a painful struggle to keep awake, to keep on observing, and acting (in this case, to keep on writing down notes on his introspective experiences). It became clear to him, in retrospect, that throughout the intoxication his bias of personality, and perhaps his less conscious fears of surrendering to a dream-like state, resisted the somatic pull of the drug; and yet he was able to enter sufficiently into the fringe of the real ecstasy to quicken his future appreciation of what the experience meant to those who welcomed and valued it."¹⁹ He was particularly impressed with feelings of detachment, extreme introspection, and the loss of volition coupled with a dreamlike impression of heightened reality. He recognized his own fear and repudiation of this state and considered that other Western observers might have shared his own reluctance, if not inability, to fully submit to this type of intoxication. "The present writer . . . would have to say that of the two types of intoxication which he witnessed, and in a measure shared, in this Rajasthan village, he had no doubt that that which was indulged in by the Brahmins was the less socially disruptive, less unseemly, and more in harmony with the highest ideas of their race; and yet so alien to his own personal and cultural pattern of ego defenses, that he much preferred the other."²⁰ It seems clear that to the Hindus, with their vastly different cultural heritage, the experience might represent something entirely different, at once less frightening and more ego syntonic than it is for the casual Westerner. Furthermore, the Rajputs are far from being the only people who dislike cannabis. Indian hemp, which could easily be cultivated in the Far East, is practically unknown to the Japanese. This is understandable when one considers that the Japanese would probably be the last to renounce the active life.

Thus, cannabis has been accepted for centuries among those people in India where cultural background and religious teaching support introspection, meditation, and bodily passivity. The West, with its cultural emphasis on achievement, activity, and aggressiveness, has elected alcohol as its acceptable, semiofficial euphoriant. These cultural differences are consonant with some of the important psychopharmacological differences between the two

drugs. Clearly the more introspective, meditative, nonaggressive stereotype associated with marihuana goes against the Western cultural mainstream, particularly in the United States. While this stereotyped view contributes to its attractiveness for some, it makes marihuana repellent for many others who consciously identify with the active, aggressive, manly stereotype; in fact, the implied or actual qualities of introspection, passivity, and the surrendering of volition may be quite threatening to many. Although pharmacological properties do not play a part, much the same can be said of cigarette smoking; the Marlboro man is not easily imagined smoking pot.

In this country alcohol is an agent which lubricates the wheels of commerce and catalyzes social intercourse. Marihuana is considered to be used "just for fun" and, therefore, is in conflict with powerful vestiges of the Protestant ethic which demands self-control (except at specially prescribed times, when the restraints are lowered briefly), hard work, rationality, order, moderation, and future-oriented planning. Drug use is viewed by adherents to this ethic as just one more manifestation of a growing interest in sensual gratification, both esthetic and hedonistic. But in fact increasing numbers of people are genuinely attempting to learn about and do more in art, music, travel, sex, food, and so on. An increasing share of the economy is even devoted to this growing interest in the quality of leisure-time experience. There is a growing "have fun" morality, and, especially among some youth, an increasingly Dionysian orientation. In his recent decision upholding the constitutionality of the marihuana laws of Massachusetts, Judge G. J. Tauro revealed his more traditionally American bias against pleasure. In arguing that the fundamental right to the pursuit of happiness is not violated by the antimarihuana laws, he asserted "that only those rights are to be considered as fundamental whose continuation is essential to ordered liberty . . . and furthermore, those rights which are recognized as fundamental are also, in many instances, closely related to some commonly acknowledged moral or legal duty and not merely to a hedonistic seeking after pleasure." In defending the right of the state to regulate alcohol and at the same time

prohibit marihuana, the Judge argued: "The vast majority of alcohol users do not consume it with the intention of becoming intoxicated. It has a social value as a relaxant and, in some instances, as a therapeutic. Marihuana, on the other hand, has no generally recognized medical use and is used solely as a means of intoxication. . . . [Alcohol] is customarily consumed with meals and on social occasions which do not center on the avowed purpose of drinking to the point of intoxication. So ingrained is its use in our culture that all prior statutory and constitutional prohibitions of its use have failed. . . . [Marihuana's] use is not associated with any purpose other than to become intoxicated. Nor has its use become so ingrained in our culture as to make laws strictly prohibiting its use impractical. . . . The ordinary user of marihuana is quite likely to be a marginally adjusted person who turns to the drug to avoid confrontation with and the resolution of his problems. The majority of alcohol users are well adjusted, productively employed individuals who use alcohol for relaxation and as an incident of other social activities."²¹ Judge Tauro is incorrect in asserting that alcohol has therapeutic utility and marihuana does not. Alcohol was once considered to have clinical usefulness, but the number of illnesses and symptoms for which it is thought appropriate has dwindled to the point where it is doubtful whether there is now any demonstrable therapeutic value in the drug.²² Furthermore, in asserting that the major use of alcohol is as a mere "incident of other social activities," Judge Tauro is at odds with those students of alcohol use who agree with D. Horton (in what appears to be another too-general position) that "the release of sexual and aggressive impulses" is the basic role of alcohol in every community which resorts to its use.²³ The point is that it is important to some people to establish that alcohol is not used only as an intoxicant and not used solely for pleasure, and it is these same people who feel threatened by the thought that marihuana may be a short-cut to pleasure, or pleasure for the sake of pleasure, rather than as a reward worked for and earned.

Prejudice is another factor which contributes to the irrational and emotional atmosphere surrounding mari-

huana. One obvious type exists between the older and younger generations. To the extent that this prejudice exists, each has a bias against the other's use of particular drugs. Alcohol is the traditional, well-established intoxicant of the older generations, whereas marihuana belongs to the younger generation and is viewed by them and their elders as a symbol of youth's social alienation. An illustration of this kind of bias is provided by the accounts of the three-day Woodstock Festival held at White Lake, New York, during the summer of 1969. Reflecting the general tone of the newspaper reporting of this event, an editorial in the *New York Times* was headed "Nightmare in the Catskills." According to the *Times*, "The dreams of marihuana and rock music that drew 300,000 fans and hippies to the Catskills had little more sanity than the impulses that drive the lemmings to march to their deaths in the sea. They ended in a nightmare of mud and stagnation. . . . What kind of culture is it that can produce so colossal a mess?"²⁴ Almost the only way one could learn the extent to which young people were offended by this kind of editorializing and reporting, and just what the experience meant to the participants, was by talking to them. With rare exception, the newspaper and magazine accounts dwelt on what the rainy, muddy, loud experience would have been as seen and heard through the eyes and ears of an older person. One exception was the *New Yorker* magazine, which briefly carried several interesting accounts of the festival, one of them from a nineteen-year-old university student. "The mud didn't matter, and it was one of the most remarkable experiences I've ever had. The big point was not that pot was passed around openly but that because there was a minimum of force and restriction — the cops were few, and they were friendly — a huge crowd of people handled itself decently. There were no fights, no hassles, no pushing, no stealing. Everybody shared everything he had, and I've never seen such consideration for others. People volunteered for all kinds of jobs — picking up trash, carrying stuff, doing whatever was needed. It was the most extraordinary demonstration of how good people can be — really *want* to be, if they are let alone. It was an ethic shared by a huge mass

of people. The *Times* wants to know what kind of culture produces this. In a broad sense, Christian culture produced it."²⁵

People who were there were struck by the extraordinary sense of community achieved by these young people, most of them strangers to each other, living for three days in the rain and the mud. A middle-aged man, courageous and curious enough to accept his twelve-year-old son's suggestion that they drive to Woodstock for the festival, was awed by what he observed. Of the enormous traffic jam which began more than ten miles from the festival, he said, "It was comparable to, say, the Long Island Expressway on a Friday night, except that it was devoid of car honkings and anger. Every so often the traffic would come to a total halt, and young people in bare feet and long hair and interesting clothes would wander back along the cavalcade, greeting other people, passing along the news, . . . giving the peace sign, or whatever."²⁶ He was impressed that there were no ticket takers or sellers. The people simply poured in free of charge. Despite the uncomfortable physical conditions, no one complained, "but that was the spirit of the occasion. Not once did we hear anyone angry or rude or complaining — the universal attitude was one of stoicism, courtesy, and good-will. The benevolence was awesome."²⁷ A physician who manned the medical aid station, imagining what it would have been like if this had been a three-day football festival with 300,000 to 400,000 spectators using beer and harder liquor, was awestruck by the fact that he saw not one stab wound, punched eye, or bloodied nose.²⁸

Groups went about setting up various kinds of creative and ingenious amusements for the free use of others and shared what food and shelter they had. And they were exhilarated by the freedom and camaraderie of this event. When they began to hear news reports over their transistor radios that they were in the midst of a mass disaster, they merely laughed; it seemed such a perfect illustration of the division which exists between them and the "straight" world. The news reports only dramatized the extent of the gap: while the world believed that they were involved in a disaster, these hirsute, colorfully dressed young people

knew that they were having one of the most remarkable and marvelous times of their lives. Anyone who is not convinced of the bias of the press need only compare the reporting of the Woodstock Festival to that of the annual Easter vacation gathering at Fort Lauderdale. Here there is much rowdiness and frequent riots, hundreds of arrests, and a great deal of property damage; the major, almost exclusive, intoxicant is beer. The press disapproves but generally conveys a sense that the condemnation is tempered by such attitudes as "boys will be boys" and "young people have to sow their wild oats."

If we look closely, it is possible to get a glimpse at what may be one of the underlying determinants of this prejudice against many of today's young people. If one judges by their physical appearance, they seem to be moving toward a unisex. The popularity and vibrance of such movements as Women's Liberation and others striving for equality of women suggest that more than mere appearance is involved. The "hippie" subculture dress code for women loosely prescribes or, more accurately, endorses with acceptance wearing of the hair in a natural fashion (as opposed to some sort of creation invented in a beauty shop), no makeup (or at least none that is very obvious), a loose-fitting blouse, sweater, or other garment (which only subtly if at all suggests a bosom), beads, and some sort of pants, usually not tight fitting and frequently dungarees. It's as though the wearer were trying to convey the message, "Don't think of me as a sexual object, at least not primarily." The male invariably has long hair, sometimes longer than that of his female companion, and he often has a beard or at least long sideburns. The body garments, including the beads and pants that he wears, are almost completely interchangeable with hers. The girl is seen as a "hippie," and therefore often as dirty, immoral, deviant, slothful, and perhaps disturbed. Because she does not appear to be interested in emphasizing or exploiting her sexual attractiveness, she may also be seen, particularly by "straight" women, as lacking intelligence. But it is the male who is the real problem for the "straight" world — all that hair, those beads and garish colors. If he doesn't wear a beard, he may, at first glance, not be

easily distinguishable from his female companion. He is a long way from the shiny, clean-shaven, crew-cut stereotype of American manhood. Although he may, in fact, be generally far less overtly aggressive and destructive than the drinking exemplars of the American manly type, he is paradoxically much more threatening to many people. He is threatening not simply because he appears to have more freedom than they, although that certainly is important, but primarily because with his long hair, his mode of dress, and his pacific stance toward the war in Southeast Asia he is seen as sissified. Men who have gnawing or, more commonly, totally unconscious reservations about their manliness and the totality of their commitment to heterosexuality frequently are, like the adolescent in the process of establishing his masculine identity, threatened by males whose dress, behavior, and concerns appear to them to be passive and effeminate. In its mildest form, the anxiety aroused in this way may be dealt with through derision; in more extreme cases it is dealt with by bullying or an attack on the body of the provocative object. And if long-haired men arouse anxiety in those with serious conflicts around their passive wishes, a drug whose use is commonly associated with them and one which has in fact as one of its properties, whether primarily pharmacological or due to set and setting, that of promoting in the user during the intoxication a more passive state, this drug might be threatening to these same people. It may be more a matter of reaction formation than simple paradox that the common mythology about marihuana is that it does just the opposite, namely that it leads to impulsive and aggressive acts both sexual and criminal.

It is not simply a case of what drug is being used and what its consequences are. Also important in shaping people's feelings about a drug is the question of who uses it. If "hippies" and "yippies" are bad people, they must necessarily use an intoxicant which is bad. In fact, the term "drug abuse" apparently does not necessarily require that the drug have demonstrable ill effects. In the Moslem Eastern Mediterranean region during the seventeenth century, coffee drinking was strictly forbidden, and those who owned or even visited coffee houses faced the death pen-

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ality. The severity of this punishment had nothing to do with the rhetoric about the deleterious effects of coffee, but rather with the coffee house becoming a meeting place for political malcontents assumed to be plotting against established religious and political authorities.²⁹ The contemporary parallel may be seen when one considers the case of a young "hippie" who organized a communal living arrangement on the lower East Side of New York. Recently, over a period of a few months, his apartment has been raided thirty times by the police who claimed they were searching for drugs. This degree of dedication to duty would appear unusual, and one cannot help but wonder to what extent this zeal was motivated by a desire to destroy the commune which represents such threatening possibilities as premarital sex, mixing of the races, a socialist style of living, and left-wing ideologies.³⁰

Opponents of the peyote cult, "The Native American Church," claim dire effects as a result of peyote use: sexual debauchery, slothfulness, mental disease, malformed infants, addiction, and even death. Not one of these claims has ever been substantiated by any of the careful observers of Indian peyote users. Is this simply a misunderstanding of the drug's effects, or is it, as D. F. Aberle argues, a fundamental reflection of a hostile reaction to the cult itself, which is viewed by its opponents as a threat to their values, traditions, and self-interests?³¹

Closely related to this type of reaction is the mechanism of projection, wherein one ascribes to an innocent person, organization, idea, country, or drug impulses which one regards as detrimental, negative, or harmful in oneself. Thus parents are frequently overly concerned about the alleged aphrodisiac properties of marihuana, and some of the questions they most frequently ask suggest an underlying fantasy that if their children use it, they will become sexually promiscuous. Similarly, there is much concern with the possibility that cannabis causes various kinds of aggressive behavior. In fact, one U.S. Senator has attempted to establish that marihuana was responsible for the My Lai massacre. There is a widespread shared fantasy that cannabis use causes loss of self-control and the emergence of primitive impulses. People whose psychic

makeup is such that impulse control is precarious may, through the mechanism of projection, display an overconcern about the alleged dangers of marihuana.

Where psychic experience is concerned, what seems desirable or valuable to one person may often seem dangerous to another. Some individuals are fascinated at the prospect of being in touch with primary-process thinking, and perhaps the unconscious in general; to others such a possibility is frightening.

Covert racism is probably another factor that inflames this issue. Until fairly recently marihuana was used in this country primarily by ghetto Negroes and people of Mexican and Puerto Rican descent. Furthermore, users around the world are predominantly non-Caucasian. One cannot avoid questioning to what extent cannabis is viewed, perhaps largely unconsciously, as *the* nonwhite drug which is rapidly invading the white community. It may be no accident that some of the severest penalties for its sale, transfer, and use are found in the southern states, as in Georgia (see Chap. 1). In Louisiana the penalty is death on the first offense, but, if the jury recommends mercy, then there is a mandatory sentencing of 33 years to life imprisonment. Thus, in Louisiana a 21-year-old man who is caught giving some pot to his 20-year-old girlfriend may be legally executed.

It has been said that the truth is a scarce commodity, yet the supply always exceeds the demand. As nearly as can be determined, the truth with regard to the present state of the world is that the very existence of a whole civilization, and perhaps more, is threatened. This view was amplified in 1969 at the American Association for the Advancement of Science meetings in Boston, in a symposium on "Science and the Future of Man." Several prominent scientists, taking into account the staggering and interrelated problems of overpopulation, ecological damage, and the arms race, agreed that this civilization now has a half-life of 20 years; that is, that there is only a 50-50 chance that we shall survive for another two decades. Yet, if one judges by people's behavior, it does not appear as though most of them have grasped or been touched by this fact. If they really believed that their lives and those

of their loved ones were so threatened, we would expect them to be seething with concern and activity. C. P. Snow, in his despair before the not too distant consequences of exploding population and the unbridled arms race, alluded to this phenomenon:

Uneasiness seems to be becoming part of the climate of our time. Uneasiness with an edge of fear? Perhaps. It is a bad state. It can be a paralyzing and self-destructive state. . . . Let us be honest. Most of us are huddling together in our own little groups for comfort's sake. We are turning inward more than is really natural. As I said before, we draw the curtains and take care not to listen to anything which is going on in the streets outside.³²

This remarkable ability to "draw the curtains" on some of the compelling facts about the world we live in suggests that we are employing some active psychological processes by which we protect ourselves against uncomfortable feelings, against the risk of being overwhelmed by the anxiety which might accompany a full cognitive and affective grasp of the present world situation and its implications for the not-distant future. It serves a man no useful purpose to accept these facts if to do so leads *only* to the development of very disquieting feelings, feelings which interfere with his capacity to be productive, to enjoy life, and to maintain his mental equilibrium. These conscious and unconscious mechanisms involved in the maintenance of men's internal peace are protective and adaptive, and they are employed by that agency of the mind known as the ego. The mechanisms defend and protect the individual against obnoxious or unbearable intrapsychic mental conflicts. Although we sometimes speak of them as though they were directly protecting against external noxious stimuli, they do so only secondarily, insofar as these latter are translated by the individual into internal noxious elements.

Of the psychological mechanisms which protect men from anxiety in the face of threat to their well-being, denial is one of the most primitive and at the same time

one of the most important. People use this mechanism when they manage to ignore or dismiss internal or external events the perception of which is painful. Common examples are the avoidance of contemplating one's own inevitable death, or the reluctance to acknowledge the presence of a fatal disease.

Isolation is another mechanism used to defend men against feelings which may be painful. When a man can acknowledge the fact that a continued arms race could lead to a nuclear war, which would probably mean the death of himself, his family, and millions of his countrymen, without experiencing any more affect than he would upon contemplating the effects of DDT upon a population of fruit flies, he is probably making use of the defense mechanism of isolation. In this way people can be quite facile in speaking about the fact that they and their loved ones would undoubtedly lose their lives should a nuclear war break out. They are then speaking of death as something quite apart (isolated) from the feelings associated with the concept of total annihilation. They are speaking rather of an abstraction, of something which has no real connection with themselves.

Rationalization, an ubiquitous defense, accounts for such common attitudes as "I'm sure the authorities know more about it than I do." These rationalizations serve to protect the individual from a genuine engagement with indisputable facts. Another way in which people defend themselves from truths which threaten unmanageable anxiety is through what may be called the defense of dogmatism. Essential to this mechanism is an air-tight system of beliefs which provides an individual with all the answers and does away with uncertainty and anxiety. New facts, however much they have to be distorted, are merely integrated into this system.

There are, of course, many other mechanisms of defense. Among them the one I think most relevant to this discussion is displacement. Through this mechanism people may unconsciously transfer affect from its real object to substitute objects. For example, the hyper-patriot's concern about "the enemy" may, among other things, represent his displaced anxiety about the possibility of nuclear

war. Through displacement people can attach affect to substitute objects which allow for its discharge. A case in point may be the fluoridation issue. At least until recently people have been surprisingly complacent about the possible consequences of exposure to various atmospheric and water pollutants, particularly Strontium 90 and other radionuclides, in spite of warnings from medical intelligence of both short- and long-term effects. Contrast this general complacency about pollution of the biosphere with the strong public reaction against fluoridation in some communities in this country. Much public interest and emotion is aroused by both sides in this dispute. The argument against fluoridation is that individuals should not be required to ingest any artifact no matter how beneficial. The objection is to exposing persons en masse to an agent over which they have no control. The equally vociferous arguments in favor of fluoridation hold that the risks are nonexistent or so exceedingly small that they are outweighed by the benefits. It is possible that some concern both for and against fluoridation is actually displaced feeling about pollution and fallout. Notice the similarities between fluoridation of the community's water supply and the contamination of its atmosphere and water supply; in both instances people are faced with imperceptible substances, the ingestion of which they cannot avoid.

Similarly, it is quite possible that some people defend themselves against a full and meaningful, but threatening, affective grasp of these global dangers confronting them — and perhaps particularly their progeny — by unconsciously displacing them onto the issue of drugs. They feel helpless before the issues of overpopulation, ecological damage, racial violence, and the risk of nuclear war; but stamping out marihuana use is a concern one can do something about, and doing something — anything — about it becomes imperative. However, we must acknowledge that the mechanism of displacement works both ways; for example, not only is anxiety about the legal risks of using marihuana for some and the dangers of its use for others displaced, but the risks of the law and the drug themselves may serve as substitute objects for the anxiety of personal internal conflicts. For many people who be-

come actively engaged in fighting for or against the legalization of marihuana, the underlying animus may, to some extent, be the necessity of dealing with their own internal conflicts by substituting for them these seemingly more manageable conflicts. Here involvement in the marihuana issue may be largely determined by displacement.

If it is true that men use drugs to relieve feelings of frustration, anxiety, and helplessness, then we should not be surprised if the increasing use of marihuana is related to the gloomy threats of overcrowding, racial violence, and nuclear war. These same threats may indirectly, through displacement, be contributing affective energy to the repressive campaign against the use of marihuana. To the extent that it is possible for people to defend themselves from distressing facts by unconsciously transferring affect from its real object to substitute objects, it is conceivable that some of the affect which derives from the threat of violence and war is being displaced onto issues such as marihuana. This is especially easy, inasmuch as the drug is typically thought of as essentially evil and leading to all sorts of disaster, and the people who use it are often thought of as "hippies," "yippies," and others who demonstrate, dissent, and in other ways call attention to these gloomy aspects of reality which are too distressing to confront. Thus, the anxiety and helplessness provoked by these frightening facts may be, to a greater or lesser extent, dealt with by some individuals through the *use* of marihuana, and by others, through displacement, by involvement in the crusade *against* the use of this drug. While both may be helpful, and even adaptive as far as individuals are concerned, neither contributes toward the development of a more secure world.