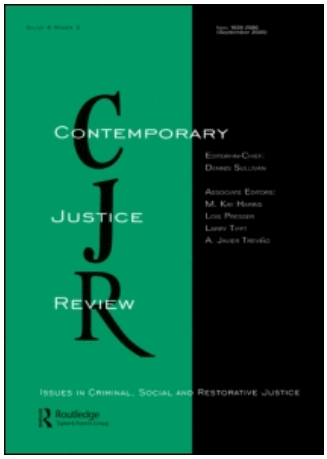

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Toking Their Way Sober: Alcoholics and Marijuana as Folk Medicine

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In this exploratory study, 18 semistructured life-history interviews were conducted with heavy drinkers who substituted marijuana for their alcohol use. Folk knowledge on the efficacy of marijuana in self-treatment for alcoholism, particularly associative depression and anxiety disorders, is examined. The study views the impacts of alcohol and marijuana on the subjects' ability to sustain viable normative selves in their daily interaction orders. Other instrumental uses of marijuana, consciousness expansion and social facilitation, are also presented as well as how normative dosages of marijuana can be socially constructed and transmitted within rituals of use.

Keywords: Alcoholism Treatment; Medicinal Marijuana; Marijuana Use; Consciousness Expansion

The body of relevant research on the potential of marijuana for treatment of alcoholism is not large. "Several studies have found marijuana to be the most frequently used drug among alcoholics, with almost one in three patients in a treatment center testing positive for THC upon admission" (Tsuang, Shapiro, Smith, & Shuckit, 1994, p. 483). These studies and many others document a significant relationship between heavy alcohol use and marijuana use but provide little insight into why uses of these two drugs tend to be cojoined. These studies simply assumed this "one in three" statistic was proof of marijuana drug abuse in addition to these patients' alcohol abuse.

An early study by Thompson and Proctor (1953) on the use of pyrahexyl (synthetic tetrahydrocannabinol) to treat symptoms of depression and acute alcoholic and drug withdrawal conditions provides some insight into why there may be a tendency for alcoholics to utilize marijuana to help them deal with the physical side effects of heavy

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alcohol use. "The most gratifying results were obtained in the 70 post alcoholic cases … The symptoms presented were tremulousness, restlessness, apprehension, sleeplessness, and anorexia. Their mood was irritable and depressed … we can report clinical alleviation of the symptoms in 59, or 84.28 per cent" of the cases (Thompson & Proctor, 1953, pp. 521–522).

Studies that examine recreational use or abuse do not tend to look for medical use in their populations while medical use studies do not tend to look for evidence of other instrumental uses of the drug in their populations. Two interesting articles by Barnes (2000) and Manderson (1999) address some of the underlying ideological conflicts surrounding medicinal marijuana research and propose ways of reconciling these differences. However, neither of these articles provides a basis for understanding a culture wherein medicinal, recreational, and other instrumental uses can be inexorably intertwined in everyday life. I will offer a more inclusive theory of becoming a marijuana user after a review of findings from this study.

Despite the growing awareness of the efficacy of marijuana for treating anxiety and depression, as well as headaches, tremulousness, and anorexia—all common medical problems experienced by alcoholics—little research exists on how alcoholics may utilize marijuana in self-treatment for these disorders and the outcomes. "Psychiatric comorbidity is common in individuals with alcohol problems and has a significant effect on the outcome of alcohol problems" (Marshall, 1997, p. 44). "A diagnosis of current major depression at entry into inpatient treatment for alcohol dependence predicted shorter times to first drink and relapse in women and men" (Greenfield et al., 1998, p. 243). These findings reflect a positive relationship between depressive and anxiety disorders and alcoholism.

Reviews and research on the medicinal value of marijuana have re-established its medicinal uses (Coomber, Oliver, & Morris, 2003; Grinspoon & Bakalar, 1993; Grotenherman, 2002; Institute of Medicine, 1999; Iversen, 2000; Mechoulam, 1986). A review of the early research by Stockings (1947) on synthetic tetrahydrocannabinols remains particularly useful in understanding the properties of cannabis in treating depression as well as understanding the differing effects of cannabis upon the user dependent upon dosages used. Stockings collected data on a series of experiments carried out on a group of normal subjects, 50 depressive patients, and himself. He found that synhexyl was a mild intoxicant and a euphoriant, which consists of a pleasant feeling of happiness and well-being with a corresponding relief from tension and anxiety. It increased normally pleasant impressions; increased speed in the stream of thought and in the early stages of intoxication could actually increase working capacity. At low dosages, he found there to be little or no falling off of intellectual capacity, besides a tendency to daydreaming or wandering in one's stream of thought. At higher dosages, one would experience dreamy apathy and contentment. The effects lasted only during the period of administration of the drug and are therefore an effective substitution therapy for depression, given three times per day, like insulin treatment for diabetes (Stockings, 1947). Stockings' research on synhexyl suggests that marijuana could be an effective drug treatment for depression and anxiety and that there should be different physiological effects experienced by marijuana users depending upon

whether they use high or low dosages. This research will examine subjects' accounts of high and low-dosage marijuana use.

In the *American Journal of Psychiatry*, physician Jordan Scher (1971) provided a rational argument and call for research on the potential of marijuana in the treatment of alcoholism or as viable alternative to alcohol. He argued:

1. Marijuana and alcohol are mutually exclusive agents or, when they are used together, considerably less of each is used than when each is used alone.
2. Alcohol is by far the more physically destructive drug. The psychopathic and violent, combative, and destructive features commonly found in progressive alcoholics could possibly be successfully treated by habituating these individuals to marijuana instead of alcohol.
3. We need to seriously consider inducing alcoholics to substitute marijuana for alcohol, set up research centers to accomplish this, and study the results of the scientific experimentation (Scher, 1971, pp. 971–972).

Recent research has indicated that the endocannabinoid system in the brain may play a role in the development of tolerance to alcohol (Hungund, 2005). This finding of possible marijuana-induced tolerance to alcohol can help us understand how some may use marijuana to moderate the effects of alcohol so they drink less or to help them quit drinking, whereas others may use it to allow them to drink more. An outcome of the possible relationship between alcohol tolerance and marijuana would be dependent to some extent upon the intent of the user.

Research has also established that marijuana can have a positive social impact in social interactions. A 1976 Harvard Medical School study found that marijuana use reduces hostility and frustration (Salzman, Van Der Kolk, & Shader, 1976). It has been used in social groups as an integrative element in group formation and cohesion (Santos, 1984) and shown to induce more social interaction than in nontreatment groups (Foltin, Brady, Fishman, & Emurian, 1987; Heisham & Stitzer, 1989). These studies do have relevance in understanding how communal use of marijuana in friendship groups can reduce social anxiety and depression for some users through increasing their ability to have positive social interactions with others.

This literature provides some rational and factual support of the medicinal potential of marijuana for the treatment of alcoholism, in that evidence indicates it can be used to reduce anxiety, depression, chronic pain, stimulate appetite, facilitate social interactions with others, and even stimulate thought at low dosages. However, it does not provide any knowledge on whether marijuana is actually being used by heavy drinkers as an alcohol substitute or on the perceived medicinal and social effects of this type of drug substitution. The study examined these issues from the standpoint of heavy drinkers who substituted marijuana for alcohol.

Methods of this Study

Since little is actually known about individuals with alcohol-related problems who substitute marijuana for their alcohol use, it was decided to obtain life histories of the

subjects' experiences with these two drugs through open-ended questions so there would no restrictions placed on how the subjects could respond. A series of 50 questions were developed to engage the subjects in the development of accounts of their experiences. The interviews began with the use/nonuse of alcohol followed by questions regarding the subject's alcohol-use patterns throughout their lives. Subjects were also asked to provide examples of dosages to effects and any impacts they may have experienced with alcohol upon their inhibitions, cognitive abilities, emotions, work or school performance, and their relationships with others. The same procedure was then followed for their marijuana use. This interview form approximates a fusion of a "focused interview" and a "life history" method (Denzin 1970, p. 125; pp. 253–254).

To find subjects for this research, I began explaining the nature of the study to friends and colleagues in two separate mid-size, mid-western cities and inquired if they knew anyone who had experienced alcohol use problems, then substituted marijuana for alcohol, who might be willing to consent to a confidential interview. Within a few weeks, I was preparing to interview five subjects socially unrelated to each other. I had gained entry into the ranks of the construction trades, graduate students, and white-collar populations.

Sampling technique and protection of subjects are closely intertwined in a study of this nature. Due to its illegality, marijuana use is usually restricted to private settings or within friendship networks. Use is not so much a secret as it is a back-stage activity in which users' identities are held throughout the friendship network in communal knowledge. These social networks are built upon elements of trust. For this reason, normal snowball sampling techniques, gaining a subject's name and contact information from a confidential informant, and then contacting the subject, without her knowing how her name was received, would be in this situation, deceptive, and inappropriate. It would violate communally held trust and could easily create considerable discomfort, fear, and distrust in the friendship network.

I utilized a preapproved, contact consent, snowball technique that required subjects to be contacted by the informant and for them to grant verbal permission for contact before any contact information was received from the informant for scheduling an interview. No inducements were offered. First name and contact information for a potential subject were recorded on an index card, and the card was then taken to the interview and given to the subject prior to beginning the interview. Interviews were recorded on randomly numbered cassette tapes and assigned a pseudonym. No personal identifiers of the subjects were kept. Upon completion of the interview, inquiries were made of the subject about whether they knew others who might consent to be interviewed. Efforts were always made to obtain contact approval and information for additional interviews before leaving the residence. If not, my business card was left behind so subjects could contact me in case they pursued the matter further on their own. When I walked out the door, I was also leaving behind my contact information for that subject which eliminated any follow-up interviews.

Initially, informants indicated they knew of 42 individuals who had substituted marijuana for alcohol use, from which 25 provided contact consent, and seven later

indicated hesitancy and were not interviewed. Subjects ranged from 21 to 47 years of age with a median age of 28. The educational level of the subjects ranged from 11 to 22 years of education, with a median level of 16 years. The occupations of subjects were as follows: consultant (1); graduate students (4); social worker (1); office managers (4); undergraduate student (1); construction trades (5); factory worker (1); and cashier (1). Twelve of the subjects were White males, four were White females, and two were Black females. Interviews averaging 1.5 hr in length were transcribed and imported into a qualitative computer program for coding and analysis. Most of the subjects were not natives of the city in which where they were interviewed. Prior marijuana-use experiences from both larger metropolitan areas and smaller rural areas across the United States were represented in the interviews.

Orientation to Findings

A general orientation to a subject's social production of self in their daily interaction orders provides a useful yardstick through which to view impacts of their drug us. Consequently, it is "important to see the self is in part a ceremonial thing, a sacred object which must be treated with proper ritual care and must be presented in a proper light to others" (Goffman, 1967, p. 91). And, as Goffman's discussion of the relationship between deference and demeanor suggests, individuals must manifest what we collectively consider defining characteristics of a fully human personality in order to warrant receipt of ritualized expressions of respect and regard for such a sacred object (Cahill, 1994, p. 9). Therefore, from a sociological perspective, we should not assume a behavior is harmful to a subject. This researcher took the position that an unbiased evaluation of a social behavior should be grounded in whether or not the behavior under investigation results in serious difficulties for a subject in presenting and sustaining a viable, normative self in their daily life.

Folk Knowledge on Marijuana in the Treatment of Alcoholism

All of the subjects interviewed began drinking as teenagers. Most began drinking on a regular basis around age 16, with the exception of two male subjects who reported drinking at age 11 and in the fifth grade. These two subjects also presented the longest histories of alcohol abuse, as they both drank heavily into their mid-30s. All subjects presented their early experiences with alcohol as a fun thing to do, as reflected in Patrick's assessment, "I was 16 … It was exciting to go out and catch a good buzz and go to a party or something."

Two distinct drinking patterns were represented in the sample. Three subjects reported that they learned to limit their alcohol intake to two or three drinks or until they had a light alcohol buzz; however they did admit that a few times a year the disinhibitory effects of alcohol did overcome their ability to control how much they continued to drink, and they ended up intoxicated despite their intention to the contrary. These three subjects reported they used small amounts of alcohol (two to three drinks) and marijuana together quite regularly, with no serious problems developing in their

lives. However, the other 15 subjects consistently ended up getting drunk whenever they drank:

> At first you don't feel it. So you keep drinking and you don't realize how drunk you are going to be. Once it all metabolizes or whatever, I had that problem a lot, I would feel primed and kept drinking and then I would be spinning drunk. (Jenny)

These 15 subjects reported their social lives began to revolve around their alcohol use:

> For several years, early 20s, I drank almost every day, and I'm sure I didn't always go into it with the idea of getting lit, but that's often what ended up happening. (Morgan)

As the interview questions turned to the effects of alcohol use in their everyday lives, there was a flooding of accounts of disturbing consequences from their alcohol use. A young man pointed his finger to his head and told how, in a drunken depression, he had put a gun to his head and pulled the trigger as was evidenced by the jagged scar flush across his forehead. A well-educated, articulate woman lowered her eyes and, in a faltering voice, recalled how once in a bar she suddenly got stomach-crawling woozy, grabbed a pitcher of beer from the table beside her, heaved in it, wiped her face, and went right back to drinking. Then later that night, believing her drinking buddy was going to attack her, she ran onto the streets screaming, driven by an irrational, wild fear. There were stories of drunken barroom brawls, spouse abuse, and numerous stories of drivers careening down the road, sideswiping parked cars, plowing into trees or crashing into another motorist. Some spoke of waking in bed, the sheets stuck to them with drying vomit or blood with no recollection of what happened or how they got home. In 15 of the 18 interviews, subjects disclosed these types of behaviors developing in their lives during their years of heavy drinking.

> *Did you ever feel or think you had a problem with alcohol during that time?* Yeah, sure, instances of stupidity is what alcohol does for me. Wrecking my pickup and hurting a girl. I never saw her after she had her plastic surgery, but she had to have it because of scars on her face from hitting the windshield.
>
> *How many times did you get arrested?* All the time. DWIs, I can't count all the DWIs. I was drinking like that for 25 years. (Paul)

The effects of heavy drinking also created problems for these 15 subjects with their social inhibitions, emotions, relationships with others, performance at work or school, cognitive abilities, and their ability to remember events that occurred while intoxicated. The following provides a brief glimpse of a few of these accounts:

> I remember screaming at the top of my lungs at him, I remember scratching him. I would say the meanest things. The meanest thing you could think of to say to somebody that's probably not true. Things like that. And he's the one I was the most mean to, the person I'm closest to in the whole world. (Ann)

> I drank so much, [I] usually had so many people pissed off. I'm sure there were a lot of friends that hated to see me come around. They'd see my car coming around the corner, Oh god, here, shut the door; pretend we're not home. Oh, I'm sure. When I was drinking all the time I was sorry all the fucking time. (Paul)

Alcohol can loosen up a user's social inhibitions and facilitate social interactions, but that is also coupled with diminishing cognitive abilities, particularly consequential thought processes as dosages increase. These combined effects can lead to a loss of control over how much additional alcohol is consumed with continual losses of control over mental, physical, and emotional interactions with self and others. This led to serious difficulties in these 15 subjects' ability to sustain a normative, viable, social identity. An individual must meet a basic level of mental, physical, and emotional competence in social interactions to be accorded the deference and demeanors of a fully human persona (Cahill, 1994), and the evidence was overwhelming that, as heavy alcohol users, these subjects could not maintain a viable human persona in their daily interaction orders. The 15 subjects presented themselves as maturing over the years and reaching a point where they could no longer accept the social selves associated with their heavy alcohol use. Steve sums it up nicely:

> *Was there a particular reason why you quit?* There were thousands of reasons. Got to where no one would hire me. Couldn't get a job. My life was a waste. *What was it like giving up alcohol? Was it hard to quit?* Yeah and no, coming off a month of drinking is hard, you feel half-dead. Sick. Want that drink real bad to feel better. Then on the other hand you're feeling real bad about all the crap you did while you were drunk. It's always being on that edge, crabby and miserable. Karen wouldn't let me get all worked up, she'd roll a joint, we'd get high and I would feel better. (Steve)

Steve, who could not present and sustain a viable, normative self in his daily life as an alcoholic describes his marijuana use patterns:

> *How many hits does it take to feel the effects?* One or two hits and you can feel a change. Three and you got a light high. C*an you explain that?* Kind of clears your head. I run construction sites. I got a building schedule, 20–30 subcontractors who all got to come in and do their part of the building. It's a nonstop cluster fuck. A thousand details everyday and nothing ever goes quite like planned. I come home and I got to clear out my head or I worry all night. I load my pipe, take two, three hits and I don't know, it's like I get some distance from it, relax. See what I need to do, then put it aside till tomorrow. Relax, spend some time with my wife, work building on my shop. *Do you have any problem controlling how much you smoke*? No, but Marijuana, it's not like alcohol, you don't just keep getting drunker and drunker. You get high, but you don't go out of control. *What if you just kept smoking?* Well you can get really baked, all tired and wanting to crash. Even then you still think pretty clear compared to getting drunk.
>
> *Do you often smoke till you get baked?* No, it's a waste of pot. You just smoke up your weed. Once you get high, smoking more doesn't do a lot more. You just learn to smoke what you need, set it down and do what you need to do. *How much marijuana do you smoke in a week?* Oh, I smoke about a quarter a week (1/4 ounce). Sometimes a little more, sometimes a little less. H*ow long you been doing this?* Twelve years… . *How useful was marijuana in quitting drinking?* Made all the difference in the world. You know I smoked marijuana most my life, but when I was drinking it was just something I added to the alcohol. Now, it's like, I know it, know how to use it, keep the edges off. *Are you in control of it?* Proof is in the pudding ain't it? I've been sober for twelve years. Never miss work. My projects go up smooth. My wife and I get along great.
>
> *Why can you control marijuana when you couldn't control alcohol?* I don't know. Pot kind of controls itself. I can get smoking more, but I don't get much more out of it, so why

> smoke more. I guess I've grown to like having a clear head, being in control of my life. Pot hasn't caused me any problems…. *When you are out does the urge to drink return*? No, not anymore. Sometimes a cold beer sounds real good, but I know me and alcohol. Sometimes we'll be out with friends, they'll be drinking. I'll watch one of them getting sloppy drunk. Get stupid, argue. Never seen anyone get stupid and fight smoking pot. *Ever have any problems from smoking Marijuana?* No, I haven't had a ticket, no wrecks. Work every day. It seems to keep me pretty level. (Steve)

In the above account, Steve clearly presents the daily anxieties he experiences with work and how he utilizes marijuana to overcome these anxieties in the evening when he goes home so he can relax, enjoy his wife, and turn his attention other things. In his words, this folk drug substitution therapy seems "to keep me pretty level." Below, we hear from Paul, who also drank heavily for over 20 years. He has not used alcohol for almost 7 years, and as a daily marijuana user he has also gone from unemployable to a successful career in the construction trades. Paul explains his transition to Marijuana:

> *Have you ever done anything while you were using marijuana that you would not have done if you were straight?* No, I'm more at peace right now than I have ever been in my life. Because, I'm not sorry all the time. Like I said before, when I was drinking I was sorry all the time, because I could not remember what I'd done, I knew I had done something to somebody. I knew it was hurting everybody around me. But I did not care. Everybody else's feeling meant absolutely nothing.
>
> *Are you saying that does not happen with Marijuana?* Oh, no. No, people's feelings mean more to me now than ever. More than anything else. I worry about what people think. *Do you put marijuana in a different category than alcohol?* Completely different. Drinking—all it ever done was hurt me and everyone around me. Hurt everyone I love. Got me in trouble with the law. In the six and a half years I've been smoking, I have never been stopped, no tickets. Me and my wife do not argue or fight. Every time I talk to my mother, I tell her I love her. That's something I never done the whole time I was drinking. Marijuana, it is just relaxing to me.
>
> I mean I go out and work. Work my butt off all day long. When I work, I work hard. I don't even stop for a lunch break most days. I stop to piss. That is something I have to do. I work like that eight, nine hours in a row. Then I come home and there is nothing more relaxing to me than eat dinner when I get home, sit down in front of the TV and load a bowl. Take two three hits off of it, set it down. It is just the most peaceful; it is just total relaxation. All those headaches I've had all day long, work, stress, just get it out of my mind till the next day. I don't sit here worrying about working. I don't want to work all day and then come home and work all night, thinking and worrying about things. (Paul)

Similarly, Ann describes using marijuana to help her deal with bouts of depression:

> *Any negative effects of marijuana on you?* I feel like marijuana has saved me from a lot of bad situations that I have. I had some episodes that I was unconvinced that I could get up another day, or do a lot, ever. I felt pretty deeply depressed. I think that marijuana got me away from that a lot. *Compare the effects of drinking on your depression?* It was so negative. It really enhanced the bad situation. *Are these effects on your depression related to your continued use of marijuana and giving up alcohol?* Very much so. When I realized I could get high and actually feel like I could save myself from that bad feeling. Part of it allowed me to calm down and get my thoughts straight, and kept me from feeling bad at times when I couldn't control it. I have a problem, not much anymore, and I think that's due to

> the fact I've used marijuana so long, because I think I use it, I know that I use it to regulate my behavior … And it takes very little marijuana to make a seemingly tragic situation manageable. (Ann)

The common thread in all 18 interviews conducted in this study was that all subjects presented accounts of successfully utilizing marijuana to relieve symptoms of anxiety or depression. Cost and dissatisfaction associated with prescription drugs for anxiety or depression were also factors for five subjects' marijuana use. Uninsured, when they added up the cost of doctor visits and prescriptions the total costs were as high as, and in some instances higher than, their marijuana expenditures, while negative side effects from the prescriptions or experiencing a sense of loss of personal control over their emotional states led them to return to marijuana to assist them in regulating their emotional equilibriums.

It is important to recognize that for some individuals who deeply damaged their social identity due to their loss of self-control, attaining and retaining this sense of personal control in treatment of their underlying disorders can be of considerable importance to them. Marijuana is a drug that can provide users with this sense of intimate self-control through regulating dosages. The effects of marijuana, when smoked, are almost immediate. These experienced users reported they learned to regulate their emotional states with considerable precision due to this fast physiological feedback they experience when using this drug. It is not merely that the drug can work for them. Its effectiveness is also dependent upon their personal knowledge and experience with the drug coupled to the exercise of their self-control over the dosages they use. Experiencing this sense of intimate self-control with their marijuana use appeared to be a factor in regaining and maintaining their personal identity production for some of the subjects. I will review in more detail how knowledge of dosages to effects is socially transmitted during communal use after I finish a review of other instrumental uses of marijuana reported by subjects in this study

As mentioned earlier, another motivation for marijuana use is its potential for social facilitation. The social interactions associated with marijuana use were a motivation for its use with the subjects in my study as well. Below are a couple representative responses:

> I think that in many social respects marijuana enhances my school experience. Just getting around with some friends. Smoking some pot and philosophizing, talking just sitting around and conversing. Which I think is what is one of the beautiful things about smoking pot is people really engage in conversation. (Patrick)

> Plus, you can get high and have conversations, it is not just stupid. Drunk always conjures up this vision of stupid in my mind. I have had so many great conversations that I think were really intelligent and I don't think I am fooling myself. You know where there were ideas expressed that were great ideas and were interesting and a calm environment when people are drinking there is so much frantic energy sometimes. When you are smoking pot everybody is just calm and talking. (Jenny)

Individuals suffering from anxiety and depression disorders often experience a sense of isolation in their personal lives. Marijuana use in social settings is almost always a

drug that is shared communally. Marijuana's culture of communal use can help some individuals to overcome their social anxieties or depression in social settings so they can engage more fully in social interactions with others, to experience a sense of community in their lives, to share, to talk, to experience the bonds of friendship. It is not at all difficult to understand why subjects valued this aspect of their marijuana use. This also helps us understand why marijuana users may reject prescription drugs for treatment of their anxiety and/or depression, as prescription drugs do not have this built in social aspect to their use and can be found to be a socially inadequate substitute for marijuana use.

Much has been written about marijuana's value as an inspirational drug that facilitates creativity, poetically captured in the literary record in the biography of Mezz Mezzrow *Really the Blues* (Mezzrow & Wolf, 1946). In the 1950s, the Beat writers became the voice of a new generation of marijuana users. Jack Kerouac's *On the Road* (1957) celebrated marijuana as a drug that opened one up to new insights and helped one to reach new heights of creativity. More recent studies have provided additional evidence that consciousness expansion is a distinct and valid motivation for marijuana use (Simons, Correia, Carey, & Borsari, 1998; Young 1982, p. 184). In my interviews, subjects reported using low dosages of marijuana to write, study, or engage in creative activities:

> If there is something I really want to think about, I like to smoke a little dope and just think about it, because I can usually see one or two new twists or something worth thinking about. (Craig)

> I find it intellectually stimulating; ideas flow together better. For instance, I can take in a lot of ideas, and I can concentrate harder, and follow a conversation more…. Also, just a couple hits really helps me to focus if I'm reading…. I think it opens me up more, makes the thought process more alive. It makes thought processes connect in a better, deeper way…. It doesn't take over your whole way of thinking like drinking does. It doesn't make you stupid. (Fred)

Related to what Fred says is the classic poem by the venerable U.S. poet William Carlos Williams:

> THE WRONG DOOR
>
> Gi' me a reefer, Lawd
> cause I wan' to think different
> I wan' to think
> all around this subject
>
> I wan' to think
> I wan' to think where I is
> an' I wan' to think my way out
> of where I is by a new door
> (Williams, 1991: 238)

The motivation in the foregoing situated accounts and others in the study indicate a use of marijuana to alter one's consciousness and to create a shift in cognitive orientations similar to a paradigm shift. Some subjects found this instrumentally useful during particular activities.

Communal Ritual of Passing and Establishing Normative Dosages

Within this population of marijuana users, subjects often expressed concerns with the popular misconception of daily marijuana users as "Deadhead stoners." Though they often made references to early binge smoking patterns in which they would score a bag of marijuana and smoke most of it in a single sitting with their friends until they reached a state of second stage intoxication often referred to as "wasted," subjects were generally very careful to differentiate early youthful use patterns from their current mature use patterns.

High was not defined the same as drunk. Reaching a state of high was not defined as reaching a stage of cognitive, physical, or emotional loss of control, as was associated with descriptions of alcohol intoxication. Rather, it has been defined as a subtle shift in one's sensitivity to one's environment, a lessening of anxiety, or a cognitive clarity like that which sometimes occurs from a shift in perspective. Within these interviews, there was a very consistent normative definition of highs that center around three to six hits or inhalations of commercial-grade Marijuana. When individuals had higher grades of marijuana, they simply smoked less to reach their desired state of intoxication. If one continues to smoke more marijuana, subjects reported there is less effect per dose, and one may slide into a different stage of intoxication variously referred to as wasted, baked, or really stoned. There, one experiences a content zoning out, along with a measure of cognitive and physical impairment (reported as much less than being drunk) that tended to be normatively defined by these users as overdoing it, wasting both the drug and the high. Subjects' consistent use of these dosages and interpretations of the different stages of effects in their situated accounts indicate a level normative agreement on the meanings of these acts. These presentations of dosages and affects of marijuana correspond remarkably well to Stockings' (1947) finding of differing low and high dosage effects.

I was perplexed as I was conducting these interviews as to why subject after subject, regardless of which city or social economic group they were from, were defining the dosages to and meaning of "high" with such similarity. It did not make sense that this would occur just from individual experimentation with the drug. We have known since Lindesmith (1947) that the effects of drugs are often quite subtle, and drug users must first learn to recognize the effects of a drug before they will use it regularly. One would expect considerable variation in defining something as self-interpretive and learned as a "high," unless it is not just a personal interpretation but contains elements of a cultural definition. If it is a cultural definition, then how is it defined and transmitted? When I finally recognized the importance of the ritual of "passing" during communal use, I realized it had been right in front of me the whole time:

> *Let's say you're sitting down with a couple of friends, you got a quarter of pot sitting on the table, what are the rules of the game? Do you smoke till it's all gone?* No you smoke till you get high. *Is that the same amount for everybody?* No, when you get high you just pass it. Like I might take four or five hits, be where I want to be, and pass it. *You mean take four or five consecutive hits then pass it to the next guy?* No, when it comes to you, you take a hit. After four or five rounds or hits, I'll pass it on without taking a hit. I'll pass. *Is it normal for people*

> *to pass on a hit?* Yeah, once they're high they pass. *Others might keep smoking?* Yeah, they might take a few more hits till they are high. Some people might just take one or two hits and pass. *Is it like a rule, not to take more than you need?* I never thought about it like that, but yeah it is kind of like that. It's also; once you're high there is no reason to smoke more. You aren't generally going to get much higher. If you keep smoking you'll just crash, get blitzed. Also, there is the cost factor, you're just smoking up money and not getting much out of it. (Ed)

The normative dosage described in the above account and other accounts in this study appears to be strongly correlated with the life experience of these marijuana users as an sufficient amount that can be used to gain positive affects from the drug without suffering significant negative impairment from the drug. This knowledge of normative dosages for use is expressed culturally in the rituals of use when the experienced members of the group begin passing the drug to another without taking a hit. In doing so, they socially define themselves as high to the rest of the group and take no more of the drug. As others have smoked similar amounts in the sharing, if they then also begin passing, they are ritually creating a socially shared meaning of their level of intoxication.

> A collective representation presents guarantees of objectivity by the fact it is collective: for it is not without sufficient reason that it has been able to generalize and maintain itself with persistence. (Durkheim, 1915/1965, p. 486)

According to the subjects in this study, the ritual of passing during communal use is one of the principle ways that normative dosage patterns are established within a group.

Findings on the Stepping-Stone Hypothesis

Within this population, there was a clear indication that alcohol, not marijuana, was the drug that could predispose subjects to use more dangerous drugs. Steve explains that marijuana does not have the same disinhibitory effects as alcohol:

> When I was drunk I'd do whatever you had in your pocket. There wasn't any considering oh, what is this drug going to do to me? It was yeah; put that on your buzz. Kick it up! *Did you do these other drugs sober?* No, not really, even pot was pretty much when I was drinking. *What about now?* I smoke Marijuana. I smoke it most every day. *When you are high on marijuana do you like to do other drugs, kick it up?* No, can't say I do. When I'm high I'm still thinking clearly. I don't forget what taking that drink will do to me. I'm always aware of things around me. Consequences. I get offered some meth and I don't just say 'yeah,' I think. Do I want that shit burning a hole in my nose? Do I want to be up all night? I got a good job. I want to keep it. I don't mess with it. Haven't since I quit drinking. (Steve)

It was not unusual for subjects to report that when they were drinking heavily, they would also use whatever other drug was available, such as cocaine, methamphetamine, or LSD, with little to no thought as to potential consequences when they were drunk. As marijuana users, they report that they do not suffer the same impairment to their consequential thought processes and tended to decline other drugs when they are high.

Systematic Research Error In Howard Becker's (1963) Outsiders

Howard Becker's (1963) *Outsiders: Studies in the Sociology of Deviance* is the most cited work in the sociology of deviance (Miller, Wright, & Dannels, 2001, p. 52). The validity and reliability of Becker's insistence that an adequate understanding of marijuana use can be established by viewing it as a drug that is used for "*casual noncompulsive pleasure*" (Becker, 1963, p. 43) are of considerable importance, since this work is so widely utilized as the exemplar for understanding marijuana use.

I do not intend to contest Becker's presentation of casual noncompulsive pleasure as a valid motivation for marijuana use. However, a careful examination of the requirements of his stated methodology establishes that he committed systematic error in his study that requires us to reject this proposition as an adequate theory from which to understand marijuana use.

Alfred Lindesmith (1947), in *Opiate Addiction*, was the first sociologist to apply the symbolic interactionist perspective to drug use and whose methodology Howard S. Becker intended to replicate in *Outsiders* (Becker, 1963, p. 45). Lindesmith's methodology utilized Znaniecki's method of analytic induction: all propositions must hold true for all cases within a sequential ordering of events to which he adds Mead's perspective on negative cases:

> the exceptional instance is the growing point of science and that cumulative growth and progressive development of theory is obtained by formulating generalizations in such a way that negative cases force us to either to reject the generalization or to revise it. (Lindesmith, 1947, p. 12)

To follow Lindesmith's analytic induction methodology, the researcher *must* engage in an *active* search for negative cases with one's own evidence and in the wider literature:

> Without such a perspective it would have been easy to fall into the error of taking a part of the whole, that is, of assuming that a particular manifestation or form of addiction limited to a particular time or place was the prototype of all addiction. (Lindesmith, [1947] p. 15; 1968, p. 16)

While Becker acknowledged the requirement of the researcher to modify the hypothesis in the face of negative evidence, unlike Lindesmith, Becker provides no account of any systematic search of his own data or the surrounding literature for negative evidence to his core propositions. Lindesmith alerts us to the possibility that Becker, by skipping this required active search, could fall into the error of presenting a limited, particular assumption as a universal prototype. We may understand a rationale for not engaging a particular literature, such as psychological attributes that allegedly predisposes an individual to engage in drug use as an inadequate basis for theory since motivation for use may directly arise through their experiences with the drug (Becker, 1963, pp. 42–43; Lindesmith, 1947, p. 48; Lindesmith, 1968, p. 14). Still, this would not serve as a rationale for ignoring all the wider literature on marijuana in existence at the time. The question is, did Becker's reification of recreational pleasure as the motivation for all cases, and his failure to examine the wider literature available at that time, lead him into the error of presenting a limited and theoretically questionable assumption as a universal prototype?

> *We can not infer physiological processes from lingual phenomena* (p. 909) … *Pleasure and pain should not be reified and imputed to human nature as underlying principles of all action* … Motives are of no value apart from the delimited societal situations for which they are the appropriate vocabularies. They must be situated (p. 913). (Mills, 1940, pp. 909 and 913, emphasis my own)

Most noteworthy of the literature Becker failed to review or to take into account in developing his theory of becoming a marijuana user was the evidence that cannabis had been used for thousands of years for its medicinal properties (Chopra & Chopra, 1957; Lewin, 1931; Walton, 1938). Raphael Mechoulam (1986) lists 65 noteworthy publications on the medicinal uses of marijuana that were published prior to 1963 (Mechoulam, 1986, pp. 16–19). These older studies did establish that motivations for marijuana use can include its use for controlling pain, stimulating appetite, suppressing nausea, treating muscle spasms, depression, and anxiety. Literature on marijuana prior to the publication of *Outsiders* also indicated marijuana could be used for consciousness expansion (Mezzrow, 1946; Kerouac, 1957).

We do not know if any of the musicians or other subjects in Becker's study utilized marijuana in self-treatment for depression, anxiety reduction, pain, tremulousness, sleeplessness, appetite stimulation, or alcohol withdrawal symptoms or consciousness expansion because Becker never examined these possibilities. The negative evidence that was in existence prior to publication of *Outsiders* requires us to reject both Becker's recreational and his casual pleasure motivation propositions as an accurate and adequate representation of marijuana use under his own methodology. Most importantly, we need to realize that Becker's theory of becoming a marijuana user, claiming to be an analytic inductive universal, does in fact falsely negate the social reality of untold numbers of marijuana users who use marijuana for medical and/or other instrumental reasons. The marijuana culture is more complex than presented by Becker, driven by normative, intertwined instrumental uses of the drug: medicinal, social facilitation, consciousness expansion, and pleasure, requiring a reformulation of Becker's theory on becoming a marijuana user:

1. An individual must reach a state of willingness to try marijuana (Becker, 1963, p. 46).
2. An individual must learn the proper technique of smoking marijuana "to insure sufficient dosage to produce real symptoms of intoxication" (Becker, 1963, p. 46). Merely smoking marijuana as one does tobacco does not generally produce a marijuana high.
3. "A person who is not aware he is under the influence of the drug often thinks he is perfectly normal. The association between the effects of the drug and the drug itself is therefore a perception which has to be learned." (Becker, 1963, pp. 48–52; Lindesmith, 1947, p. 167; Lindesmith, 1968, p. 193).
4. An individual must learn an instrumental use for the effects he has just learned to experience before he will become a regular user of the drug. The instrumental uses for marijuana at present includes four culturally defined motivational factors for

marijuana use: medicinal, consciousness expansion, social facilitation, and casual recreational pleasure.

Proposition 4 eliminates the reification of all motivations for using marijuana into casual pleasure and roots motivations within subjects' situated accounts and the wider literature. It is essential to understand that these motivations are not mutually exclusive. An individual could be feeling anxiety and depression, and smoke some marijuana with a few friends. The medicinal lessoning of anxiety and depression could also be associated with a shift in perspective, friendly conversations, and a sense of feeling better. As such, medicinal, consciousness expansion, social facilitation, and pleasure can and often are cojoined as motivations for use.

Conclusions

Fifteen of the 18 subjects in this study reported serious problems arising in their social production of self in their daily lives from their years of heavy alcohol use. These same subjects reported no problems in their ability to sustain viable, normative selves in their everyday lives as daily marijuana users. Using marijuana as an alcohol substitute and for treatment of underlying anxiety and depression they report having successfully reintegrated themselves into their careers and social lives. They believed that both they and society have gained substantial benefits from their change in their drug use from alcohol to marijuana that was supported by the evidence. The sample in this study is too small to provide conclusive evidence on the medical value of marijuana for the treatment of alcoholism. However, it does establish that some alcoholics have successfully utilized marijuana to stop their alcohol use and for successful self-treatment for underlying anxiety and depression disorders. Low-dosage use patterns, even if used daily, may not have the same potential for negative consequences as high-dosage use patterns. A need for more research on self-treatment for alcoholism and underlying disorders through marijuana substitution and low-dosage marijuana use patterns is indicated. This study does provide support for Jordan Scher's (1971) call for research on the potential of marijuana in the treatment of alcoholism and as viable alternative to alcohol use.

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