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DRUGS, CONSCIOUSNESS AND SOCIETY:
CAN WE LEARN FROM OTHERS' EXPERIENCE?

Robin Room
Alcohol Research Group
1816 Scenic Ave.
Berkeley CA 94709, USA

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Although my training is as a sociologist, and much of my work has been concerned with survey research on alcohol and drug use and problems in present-day populations, today I wish to take a wider frame of reference, and consider some general lessons we are beginning to learn about the interplay of humankind and psychoactive drugs, drawing on the work of historians and ethnographers as well as of such disciplines as epidemiology, psychology and economics. There must, indeed, be few fields of study which require attention to as many disciplines and topical areas as alcohol and drug studies. It is particularly appropriate to take history and cultural diversity into account at this hundredth anniversary Congress of the International Council on Alcohol and Addictions.

PSYCHOACTIVE DRUG USE

Alcohol, tobacco and other drugs come into human history as substances which alter consciousness.¹ The history and ethnography of psychoactive drugs therefore necessarily points us towards to the history and ethnography of consciousness. But they have many other functions or use-values in different sociocultural circumstances: as medicines, as sacred or sacramental objects, as carriers of symbolic meaning, as beverages or foodstuffs, and as

¹For a general account, see Brian Inglis, The Forbidden Game: A Social History of Drugs, New York: Charles Scribner's Sons, 1975; for accounts of different national experiences with particular drugs, see Gregory Austin, Perspectives on the History of Psychoactive Substance Use, National Institute on Drug Abuse Research Issues vol. 24, Washington: U.S.G.P.O., DHEW Publication No. (ADM) 79-810, 1979.

solvents.² Each of these functions points us towards different professional concerns and different areas of human life. In view of these diverse uses, drugs are also commodities, and often valued and valuable commodities. Psychoactive drugs -- tea, coffee, opium, chocolate, rum, coca leaves, tobacco, and so on -- have often provided the economic glue of empires, and continue to play an important role in world trade. As Brendan Walsh discusses in this session,³ much can be learned from attention to this aspect of drugs as commodities. Psychoactive drugs indeed alter our consciousness in different ways at the physiological level, but the change wrought by each drug can be seen as a kind of "black box" which the culture and the individual infuses with meaning: we feel different, indeed, under the influence of a psychoactive drug, our actions under the influence depend heavily on our interpretation and expectations of, and our reactions to that "feeling different". Using "balanced placebo" designs, psychologists have shown that, for college students drinking moderate amounts of alcohol, it is the belief that one is drinking alcohol rather than a physiological action of the alcohol that produces increased aggression or male sexual arousal.⁴ Thus we frequently find that in different places the same drug is understood as producing opposite or disparate effects: alcohol is seen as stimulating or as depressing, marijuana is seen in terms of the "amotivational syndrome" or as a facilitator of hard labor,⁵ tobacco is seen as a powerful drug⁶ or as a banalized habit on a par with chewing gum. To understand drug use in a culture we therefore need to know not only about pharmacology and about patterns of use but also about the cultural meanings and associations of use. The meanings a culture gives to the psychoactive effects of a drug have a great deal to do, in fact, with a culture's interpretation of and expectations concerning consciousness in general.

SOCIETAL RESPONSES TO DRUG USE

Throughout human history, societies have also responded to drug use, seeking to limit or eliminate the problems associated with drug use. But what is regarded as problematic has varied from one place and time to another.

Besides dependence or addiction, which I will discuss further in a minute, problems seen as due to drugs have covered a wide range, including acute and chronic physical health problems,

²See Klaus Mäkelä, The Uses of Alcohol and Their Cultural Regulation, Acta Sociologica 26:21-31, 1983.

³Brendan Walsh, "Economic Considerations in Alcoholism and Drug Dependence", presented at the 34th International Congress on Alcoholism and Drug Dependence, Calgary, August 5, 1985.

⁴On alcohol and "disinhibition", see papers and discussions in Robin Room and Gary Collins, eds., Alcohol and Disinhibition: Nature and Meaning of the Link, National Institute on Alcohol Abuse and Alcoholism Research Monograph no. 12, Washington: U.S.G.P.O., DHHS Publication No. (ADM) 83-1246, 1983.

⁵Vera Rubin and Lambros Comitas, Ganja in Jamaica, The Hague & Paris: Mouton, 1975.

⁶Francis Robicsek, The Smoking Gods: Tobacco in Maya Art, History, and Religion, Norman: University of Oklahoma Press, 1978.

casualty problems, social disruptions and crime, and moral problems.⁷ Some societies have been more prone than others to define drugs as responsible for what are viewed as social or moral problems: for many centuries, Moslem societies have been ready to regard alcohol as a cause of problems, while drinking only became differentiated as a major cause of problems in northern European societies in the 18th and 19th centuries, and is still much less likely to be seen as a source of such problems in southern European societies. With respect to health problems, on balance tribal and village societies probably saw psychoactive drugs more as means of healing than as causing health problems. While the ill effects of long-term heavy drinking on the individual's health had been recognized since antiquity, the potential toll of endemic heavy drinking on a whole population's health only came into clear focus with the "gin epidemics" of 18th and 19th century Europe.⁸ With tobacco, of course, a clear understanding of the cumulative health toll is much more recent.

IN THE WAKE OF ECONOMIC DEVELOPMENT: AVAILABILITY AND SELF-CONTROL

The growth of industrialized and urbanized forms of society, incorporating more and more of the world's population, has brought big changes in the social context and form of drug use, transforming the availability of drugs and often transforming the problems associated with their use. With the growth of plantation agriculture, of transportation networks, and of market economies, drugs which had been reserved for ritual use, as medicines, or for occasional fiestas in traditional societies often have been turned into everyday articles of commerce and usage -- and indeed have often flooded the market. Their status as valuable and non-durable commodities creates huge vested interests in their production and marketing (whether licit or illicit). Their potential for dependence reinforces demand. With some variations by culture and drug, the psychoactive properties of a drug which has been truly banalized into an article of everyday usage are frequently muted -- for frequent users of tea, coffee, chocolate, betel-nut, khat and tobacco, and for wine-drinkers in southern Europe, the psychoactive properties of the substance almost escape notice, and the drug becomes a beverage or food like any other. The social problems associated with the drug in such a situation are minimal, although the health consequences may be enormous.

On the other side, the coming of urbanization, of industrialization, and of private modes of transportation increase both the problems associated with drug use and the potential for societal reaction against drug use. Industrialized or bureaucratized work, and the mechanics of private transportation, demand new levels of concentration and attention which may favor mild stimulants but disfavor sedatives. Cultural and structural changes which tend to accompany industrialization and the mobilization of labor -- the growth of an ideology of personal success, and the decline of extended family ties -- also increase the demand for sobriety and self-control, and point to drug use as a potential explanation of lack of self-control and of personal failure.

This failure of expectations to maintain self-control is at the heart of conceptions of alcohol

⁷See Robin Room, Alcohol as a Cause: Empirical Links and Social Definitions, pp. 11-19 in: J.P. von Wartburg, P. Magnenat, R. Müller & S. Wyss, eds., Currents in Alcohol Research and the Prevention of Alcohol Problems, Berne, Stuttgart & Toronto: Hans Huber, 1985.

⁸See Timothy G. Coffey, "Beer Street: Gin Lane; Some Views of 18th-Century Drinking", Quarterly Journal of Studies on Alcohol 27:4 (1966), pp. 669-692.

and drug addiction and dependence, which have become our governing image in conceptualizing the field in the modern era. Classically, the loss of control is double: both loss of control over one's drug use and over one's life because of the drug use: "we admitted that we were powerless over alcohol -- that our lives had become unmanageable", as AA's First Step puts it. In recent years, we have begun to see that alcoholism and drug addiction may be regarded as a disorder of industrial societies, in the sense that they make sense as conceptualizations of alcohol and drug use only in the context of such societies. As also with other drugs, the alcohol consumption level and rates of alcohol problems may well be higher in some traditional and preindustrial societies; the figure of the drunkard or the person who likes his or her drink can be found in many societies and many historical periods. But the existential experience of loss of control over drinking, and over one's life because of drinking, came into world history as a subject of public discourse in the late 18th and early 19th century, in societies which were becoming urbanized and industrialized, where old ties and patterns were breaking up, and where a new urban middle-class sentimental consciousness was taking form.⁹

This experience of a double loss of control, over one's drinking or drug use and over one's life, presupposes that the individual should be in control of himself or herself, rather than having controls imposed externally. Associated with it is a cultural suspicion of any intoxication at all, with sober attention as the normative mode of consciousness for every waking minute. The idea of loss of self-control due to addiction, and its stigmatization, seems to have developed along with the fractionation of the traditional external controls of village society and the extended family, and the fraying of the "safety nets" which traditional societies to some extent had provided for the dependents of the unproductive. The fate of the nuclear family was more than ever bound to the ability of its productive members to maintain discipline over their own behavior, and perhaps particularly in middle-class families of the male to maintain self-control. The new and rigid separation between work time and leisure time, and the harnessing of work to the time-clock, expanded the demands for self-control to include fitting one's activities to artificial rhythms. Immersion in a cash economy of readily available consumer goods -- mass produced and transported by new conveyances -- offered new temptations to splurge and spree. The new form of society thus carried new demands for discipline, and located the responsibility for discipline in the self.

The emergence of the personal experience of loss of control as a subject of public discourse depended on the Enlightenment idea, reflecting the rise of the middle classes, of the social worth and relevance of the individual's consciousness -- that personal happiness and despair and equanimity are in any way a matter of public concern. The failure of ordinary middle-class people to maintain self-control became the stuff of novels and plays; the assumption that self-control was normative and would be rewarded created the need for explanations of why self-control broke down and of failure. In a secularizing society with Calvinist roots, such as the U.S., explanations in terms of

⁹See Harry Gene Levine, "The Discovery of Addiction: Changing Concepts of Habitual Drunkenness in American History", Journal of Studies on Alcohol 39:1 (1978), pp. 143-174; Robin Room, "Dependence and Society", British Journal of Addiction 80:2 (1985), pp. 133-139. This and the following three paragraphs are adapted from: Robin Room, "Not Sure 'Way of Life' Concept Helps the Situation: A Comment on Fingarette's 'Alcoholism -- Neither Sin nor Disease'", The Center Magazine (Santa Barbara CA) 18:3 (May/June 1985), pp. 38-41.

providence or God's will were out of favor. The first place to look for explanation was within; failure in general and failure to maintain self-control in particular reflected a defect of character.

In this light, the idea that drinking robbed one of self-control emerged as an alternative that offered a kind of secular redemption. The 19th-century temperance movement, imbued with ideas of the perfectibility of mankind, offered an explanation of personal failure that was externalized and thus to some extent took the onus off the individual: alcohol was the great enslaver, the destroyer of business success and domestic happiness, the cause of loss of self-control. Of course, once this had been explained, the rational and self-disciplined individual should know enough to quit drinking. But habits die hard. In those who thus kept drinking despite the costs, there still had to be some internal defect. By the second half of the 19th century, medical writers were identifying this residual inner compulsion as a disease called "alcoholism", and discussing whether its essence was physical or psychological in nature. By the end of the century, the addiction concept was routinely applied also to the habitual use of other drugs.

Industrialization, urbanization, and improved transportation -- and other processes of incorporation into a global market economy -- thus tend to act in both directions with respect to drug use: to increase the availability of psychoactive drugs, and often to convert their use from occasional into everyday, but also to make their use more problematic, both pragmatically and ideologically. Societies are thus faced with increasing contradictions in responding to drug use. At the most general level, at least with a drug like alcohol, the choice appears to be along a spectrum between defining it as a powerful drug and marginalizing it as a special commodity -- thus minimizing the health damage from drinking but perhaps increasing the social problems and disruption per litre consumed -- and attempting to make it mundane, increasing the health consequences but hopefully in the long run decreasing the social problems and disruption.¹⁰

In discussing the implications of the great transformations of life in the last centuries for drug use and societal responses, I have emphasized the effects of changes in material circumstances on our conceptions of and ways of understanding drugs. But change moves in the other direction also; changes in conceptions and ideas can also influence the material facts of drug production and consumption, as present-day manufacturers of cigarettes and of caffeine soft drinks could testify.

PROCESSES OF CHANGE

Historically and in contemporary times, there are some recurrent scenarios of changes in drug use, in drug problems, and in societal reactions, which we can see being played out repeatedly in different societies and times for different drugs. In the process of adoption and banalization, new drugs frequently enter a society as a fashion in privileged circles.¹¹ We can see this happening for tobacco in England around 1600, for coffee in the 18th century, and of course for cocaine in our own time. The drug use often becomes associated with oppositional tendencies -- with political dissent or with cultural revolt. Taverns played a large role in the mounting of the American

¹⁰See pp. 95-96 in: Klaus Mäkelä, Robin Room, Eric Single, Pekka Sulkunen & Brendan Walsh, with 13 others, Alcohol, Society, and the State: 1. A Comparative Study of Alcohol Control, Toronto: Addiction Research Foundation, 1981.

¹¹See Austin, cit. supra, and Robert B. Stauffer, The Role of Drugs in Political Change, New York: General Learning Press, 1971 (27 p.).

Revolution; in many places, 18th century coffee houses were centres of dissent. In interaction with this, those in authority frequently react strongly and even violently against the new fashion, threatening severe penalties for those caught using. Sometimes -- not always -- the drug nevertheless entrenches itself, initially in an embattled subculture of users. Eventually the social costs of criminalizing usage may come to be seen as too high, and the potential revenues from a monopolized or licensed distribution system for the drug become attractive. Examples of this scenario can be seen, for instance, in the introduction and entrenchment of tobacco and coffee in Europe and the Middle East. Despite his well-advertised aversion to tobacco, James I of England ended up depending on tobacco taxes to fill his desperate needs for revenue.

The process of "disentrenchment" of a drug, to coin a term, often also follows a repeated scenario. A cultural or religious revival identifies the societal problems on which it focuses as associated with drug use, and forbids its adherents to use the drug. Non-usage in fact becomes a badge of adherence and commitment to the movement. Such a movement seems likely to become particularly deep-rooted in a subjugated or subordinated culture or society, where those in power can be seen as benefiting from and pushing drug usage, and where abstention is inherently non-confrontational but a potentially powerful symbol.¹² For 19th-century English working men, as for men in some parts of Papua New Guinea today, abstention served as a signal of serious purpose, of being a man who was committed to his children's advancement in the world.¹³

There appears to be some cyclicity in the patterns of usage and societal reaction to use in many industrialized countries. In cultures with a disposition to view drinking as a potential cause of social and health problems, there are "long waves" of alcohol consumption, with a peak in consumption every couple of generations.¹⁴ There are also long waves in societal reactions; we can see this even in the 100-year history of these International Congresses, where the level of participation and concern of the great international temperance congresses of the turn of the century has only recently been overmatched. We can surmise that behind the long waves there are some general social processes at work. In response to the problems associated with a peak in consumption, the society responds slowly both through informal norms and through legal changes to

¹²See introduction and papers in a special issue on "The Liquor Question and the Formation of Consciousness: Nation, Ethnicity and Class at the Turn of the Century", Contemporary Drug Problems 12:2 (1985), pp. 165-330.

¹³See Brian Harrison, Drink and the Victorians: The Temperance Question in England 1815-1872, Pittsburgh: University of Pittsburgh Press, 1971; Robin Room, "Alcohol as an Issue in Papua New Guinea: A View from the Outside", pp. 441-450 in: Mac Marshall, ed., Through a Glass Darkly: Beer and Modernization in Papua New Guinea, Boroko, PNG: Institute of Applied Social and Economic Research, Monograph 18, 1982.

¹⁴See Mäkelä et al., cit. supra; Ole-Jørgen Skog, The Long Waves of Alcohol Consumption: A Social Network Perspective on Cultural Change, Social Networks 8:1-32, 1986; Robin Room, "An Intoxicated Society?": Alcohol Issues Then and Now in Australia, pp. 147-215 in John Cavanaugh, Frederick Clairmonte and Robin Room, eds., The World Alcohol Industry with Special Reference to Australia, New Zealand, and the Pacific Islands. Sydney: University of Sydney Transnational Corporations Research Project, 1985.

bring down the level of alcohol-related problems. The restrictions eventually adopted tend in their turn to make alcohol a potential and potent symbol for counter-cultural or generational revolt; when the new generation or the opposition eventually attains power the restrictions are removed as "out of date" and identified with former authoritarian regimes. The pattern of a generational or oppositional revolt against drug restrictions can be seen in North American history for women's tobacco smoking in the 1920s, for alcohol in the late 1920s and 1930s,¹⁵ and for marijuana in the late 1960s and 1970s.

Can we learn from others' experience? If we wish to understand how change occurs, we must study patterns over time -- patterns not only of attitudes to drugs and of drug-using behaviors, but also patterns of definition of drug-related problems and of societal responses to these problems. For recent years, we are able to draw on a number of well-designed quantitative evaluations of the effects of various societal interventions on the patternings of alcohol and drug problems.¹⁶ Often these detailed studies need to be set in a broader framework; for instance, an anti-smoking education program which might have had no effect at all ten years ago in North American schools might now show a positive effect, suggesting a synergistic effect with a changed general climate of opinion about cigarette smoking. A fuller understanding of processes of change also requires that we pay attention to ethnographic studies, particularly those that report data over a period of time, and to the burgeoning historical work on the social history of alcohol and other drugs. An understanding of others' experience will yield suggestions on productive approaches to minimizing the harm from tobacco, alcohol and other drugs, but will also teach us a realistic expectation of the limits of what can be done.

¹⁵See Paula Fass, The Damned and the Beautiful: American Youth in the 1920s, New York: Oxford University Press, 1977, pp. 291-326; Robin Room, "A 'Reverence for Strong Drink': The Lost Generation and the Elevation of Alcohol in American Culture", Journal of Studies on Alcohol 45:6 (1984), pp. 540-546.

¹⁶For reviews, see: Eric Single, The Impact of Marijuana Decriminalization, pp. 405-424 in: Yedy Israel et al., eds., Research Advances in Alcohol and Drug Problems vol. 6, New York & London: Plenum, 1981; Robin Room, Alcohol Control and Public Health, Annual Review of Public Health 5 (1984), pp. 293-317; H. Lawrence Ross, Social Control through Deterrence: Drinking-and-Driving Laws, Annual Review of Sociology 10 (1984), pp. 21-35; Michael Goodstadt, Shaping Drinking Practices through Education, pp. 85-106 in: J.P. von Wartburg, P. Magnenat, R. Müller & S. Wyss, eds., Currents in Alcohol Research and the Prevention of Alcohol Problems, Berne, Stuttgart & Toronto: Hans Huber, 1985; William A. Bruvold and Thomas G. Rundall, "A Meta-Analysis of School Based Smoking and Alcohol Use Prevention Programs", Health Education Quarterly 15:317-334, 1988.