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REGULATING CANNABIS:
AN ETHNOGRAPHIC ANALYSIS OF THE SALE AND USE OF CANNABIS
IN NEW YORK CITY AND ROTTERDAM

by

Stephen John Sifaneck

A dissertation submitted to the Graduate Faculty in Sociology in
partial fulfillment of the requirements for the degree of Doctor of
Philosophy, The City University of New York.

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Table of Contents

Chapter #		page
1.	Introduction of the Study and Related Literature	1
	*Introduction	
	*The Netherlands: Pseudo-Legal Regulation of Retail Cannabis Markets	
	*New York City: A Semi-Decriminalized Reality	
	*The Comparison	
	*Theoretical Orientations	
	*Research Questions	
	*A Guide to the Chapters	
	*Limitations of the Research	
2.	Methodological Design	21
	*Research Sites	
	*The Sample	
	*Ethnography with Cannabis Users and Sellers	
	*Focus Groups	
	*Visual Ethnography with a Still Camera	
	*Systematic Observations of Dutch Coffeeshops and Cafe-Coffeeshops	
	*Data Analysis	
	*Problems in the Field	
3.	Cannabis Policy: Semi-Criminalized Enforcement and Pseudo-Legal Regulation	32
	*Semi-Criminalized in Enforcement in New York City	
	*The Quality of Life and New Cannabis Policy Enforcement Practices	
	*Pseudo-Legal Regulation in the Netherlands	
	*New Developments in Dutch Cannabis Policy	
4.	The Retail Markets of Cannabis: Diverse Marginal Markets and the Commercialized Coffeeshop Model	74
	*New York City's Marginal Cannabis Markets	
	*Street and Park Markets	
	*Delivery Services	
	*Private Distribution Networks	
	*Storefronts	
	*Cannabis Products and Prices	
	*The Dutch Commercialized Coffeeshop Model	
	*Traditional Coffeeshops	
	*Cannabis Cafe-Coffeeshops and Club-Coffeeshops	
	*Ethnic Coffeeshops	
	*Beyond Coffeeshops and Cafes	

Table of Contents
(continued from previous page)

Chapter #		page
5.	The Environments and Practices of Cannabis Use	74
	*Environments of Cannabis Use in New York City: Outdoor Public Spaces, Bars, Clubs and Private Places	
	*Environments for Cannabis Use in the Dutch Context: Coffeeshops and Cafe-Coffeeshops	
	*New York City Smoking Practices: Joints Pot Pipes, Bongs and Blunts	
	*Cannabis Use Practices in the Netherlands: The Evolving Modern Dutch Blowtje and Orally Ingested Cannabis	
6.	The Prevalence and Patterns of Cannabis Use	99
	*Comparing the Prevalence of Cannabis and other Drugs	
	*General Cannabis Use Patterns	
	*Self-Regulated Use	
	*Chronic Use: "Pot-Heads" and "Shop Flys"	
	*Sporadic Use	
	*Patterns Related to the Steppingstone Hypothesis: Subcultures, Dealing and Shifting Gateways	
	* Keeping Off	
	* Stepping On	
	* Stepping Off	
	*Cannabis and Alcohol	
7.	Conclusion: Comparing Results and Implications for Policy	138
	*Retail Market Conditions: Intervening Variables Affecting Use	
	*The Environments of Cannabis Use	
	*Cannabis Use Practices and Forms of Self-Regulation	
	*The Sale and Use of Hard Drugs	
	*Cannabis Use Patterns and Prevalence	
	*Importing the Dutch Cannabis Experiment to New York City	
	Appendix A: Drug Argot in New York City	172
	Appendix B: Dutch Drug Argot	174
	Appendix C: Diagram of Correlations between Policy, Market and Use Variables	176
	Bibliography	178

Introduction of the Study and Related Literature

Introduction

Much brouhaha about marijuana has emerged over the past five years. The renewed interest is fueled by a modest increase in the prevalence of marijuana use by students over the past five years as reported by the Monitoring the Future Study (Johnston, O'Malley & Bachman 1994). This controversy has reinforced two contrasting socio-political movements in the United States: the marijuana prohibitionists and the marijuana legalizers. Marijuana legalizers have attracted thousands of young people to join annual protest parades and rallies including: the Stop the Drug War Rally in New York City, the Great Atlanta Pot Festival, the Ann Arbor Hash Bash, and the July 4th Marijuana Legalization and Rally in Washington D.C. NORML (National Organization for the Reform of Marijuana Laws) Chapters are the fastest growing student activist groups on American college campuses.

Yet the increased prevalence of marijuana among youth has also solidified the marijuana prohibition movement which is largely lead by parents groups, the most prominent being PRIDE (Parents' Research Institute for Drug Education). These parents groups were initially established after the decriminalization of marijuana in the 1970s by twelve states in the U.S., and were active moral crusaders in the "War on Drugs" during the Reagan-Bush era (Zimmer 1995).

The Partnership for a Drug Free America has become a prominent purveyor of information utilized by the marijuana prohibitionists. The Partnership produces advertisements that specifically attack marijuana, and others which attack other illicit drug use, often not making distinctions between heroin, cocaine, and marijuana. One full-page Partnership advertisement in the New York Times displays marijuana and various paraphernalia (i.e., pipe, bong, rolling papers) alongside a hypodermic needle with a spoon and a quantity of a white powder laid out on a mirror, possibly suggesting that marijuana, heroin and cocaine are of equivalent harm.

Marijuana is also a target of the parents movement because of the belief that marijuana is a "gateway" to hard drugs, like cocaine and heroin. In July of 1995, the National Institute on Drug Abuse (NIDA) held its first National Conference on Marijuana Use, Prevention, Treatment, and Research in response to the recent reported rise in marijuana use among young people. At the conference, Kandel presented data which reinforced her theory that marijuana was in fact a "gateway" to more dangerous drugs. At the same conference, the Center for Substance Abuse Prevention reported the findings of focus groups recently conducted with young inner-city marijuana users. One finding included "Although participants perceived some sort of relationship between marijuana and harder drugs, marijuana is not viewed necessarily as a gateway to other drugs" (CSAP 1995).

Opponents of marijuana law reform are against the experimentation of marijuana by young people because it could result in one or two undesirable outcomes: marijuana dependence or chronic use, and/or eventual addiction to heroin and/or cocaine. Previous notions and cultural representations of marijuana being morally wrong (e.g., the film "Reefer Madness") which fueled movements against marijuana in the past are not really as much of a factor today. Experimentation or casual use is not really what is worrying today's parents. After all, many current parents were more likely to participate in marijuana experimentation and regular use than their children, as evidenced by the high prevalence of marijuana use reported by the general population in the late 1970s. Parents are rightly concerned with the potential of children becoming addicted casualties from their experimentation with drugs.

The Netherlands: The Pseudo-Legal Regulation of Retail Cannabis Markets

In 1976, the Dutch government amended its Opium Act so that a legal demarcation was made between drugs presenting unacceptable risks (i.e., heroin, cocaine, amphetamines, LSD and hash oil), and marijuana and hashish. This amendment allowed "soft drugs" or "cannabis products" to attain a pseudo-legal status, leading to the establishment of a relatively legitimate commercial system, the coffeeshop scene.

Coffeeshops, founded first in Amsterdam, now spread throughout Holland, are establishments which sell marijuana and hashish over the counter, in quantities of 30 grams or less, to persons over 18 years of age. In every coffeeshop, there are two other important "house rules:" aggression is not tolerated and the sale and use of hard drugs is strictly prohibited. These establishments also serve coffee, tea, soft drinks, tobacco and occasionally beer or fruit juice.

Coffeeshops do not only sell soft drugs, they also provide a safe and recreational environment in which to use cannabis. Besides serving the traditional cafe function of a meeting place, patrons often engage in leisurely activities such as billiards, chess, pinball, cards and table soccer. Recently there has been an explosive growth in the number of coffeeshops throughout the Netherlands, from the city of Groningen in the North of Holland to the ancient and majestic Dutch city of Maastricht in the country's southern tip. At the time this research was conducted over 1,000 cannabis-selling coffeeshops were operating in the Netherlands (Jansen 1994). The pseudo-legal sale of cannabis products has become a billion guilder (Dutch currency unit, approximately 1 guilder=\$0.80 US) business, attracting "cannabis tourists" from all over the world.

New York City: A Semi-Decriminalized Cannabis Reality

New York is one of eleven states in the U.S. currently

pursuing a policy of personal decriminalization. The possession of a small amount of marijuana is an infraction, a violation comparable to a parking ticket.¹ New York City has been chosen as a field site because it is an illustrative example of the reality of "semi-decriminalization" in an urban setting; one in which law enforcement generally ignores the use and even the sale of small quantities of marijuana and hashish. The retail markets of cannabis in New York City are manifold and various, including: street and park markets, delivery services, personal networks, and storefronts.

The federal War on Drugs has affected the use and sale of cannabis in significant ways. Federal interdiction efforts to stop the flow of marijuana from other countries and other states have been successful enough to cause an increase in its price in states such as New York. Interdiction efforts aimed at hard drugs have seemingly been less successful, since the price of cocaine and heroin has plummeted in recent years. One explanation for this is the greater ease in detecting marijuana because of its bulkiness. Nadelmann (1992) compares these consequences historically to prohibition: "This strategy (interdiction) has had some success against marijuana, because marijuana is big and bulky, so smugglers are much more vulnerable. However it has led to a shift into

¹. Article 221.05 of the New York State Penal Law states the penalty for Unlawful Possession of Marijuana "is a violation punishable only by a fine of not more than one hundred dollars."

the white powder drugs. This is reminiscent of Al Capone, who found it easier and more profitable to trade in bathtub gin instead of beer..."

Recently the New York City Police Department (NYPD) has demonstrated an increased toleration of marijuana dealing storefronts in many New York City neighborhoods. At the same time, there has been an aggressive crackdown on marijuana street dealing, as well as the public use of marijuana. Both offenses have been included in Mayor Guiliani's Quality of Life Crimes campaign, which is based on the theory if you stop small crimes from happening (i.e., marijuana smoking, graffiti, public alcohol consumption) this in turn prevents more serious crimes from occurring (Krauss 1996).

The Comparison

Through the analysis of ethnographic and other data, this dissertation will compare: 1) two disparate cannabis control policies, 2) the corresponding retail markets for cannabis (i.e., marijuana and hashish), and 3) the use practices, patterns, and environments of cannabis, and the prevalence of cannabis and other illicit drugs, in the Netherlands and the United States. It will explore the effects of drug policy on retail cannabis markets, and the relationship between these market conditions and the a) patterns of use (i.e., progression to hard drugs, chronic use), b) use practices (e.g., how people use cannabis), and c) environments of use

(e.g., where people use cannabis) which are associated with cannabis in both cultural settings.

The primary field sites of this inquiry were New York City and Rotterdam. The unique methodological design utilized three sources of data: (i) ethnography; (ii) focus groups; and (iii) secondary sources including other ethnographic data, historical accounts, popular and alternative media sources, and available survey data. This methodological approach was employed in both Rotterdam and New York City. The intention of this cross-cultural, multi-methodological approach is to develop a useful, comprehensive and comparative analysis of the retail sale and use of cannabis in both cultural contexts.

Very little recent research has examined how cannabis is currently sold, bought, and consumed by regular users. To this end, an ethnographic study of the policy and market models existing both in the U.S. and in other countries is imperative. The commercialized Dutch model of cannabis control is a natural experiment which can help answer the question "What would it be like if marijuana were legal?," while the scene in New York City represents the reality of diverse and marginal cannabis markets typical of a semi-decriminalized control policy operating in many urban centers in the United States.

Theoretical Orientations

Cannabis, a substance known to civilization for twelve

thousand years or more, has been closely studied by a wide spectrum of social scientists. This study incorporates and contributes to the respective orientations of the following four fields of inquiry: (i) the sociology of deviance; (ii) the study of the (sub) cultures of cannabis; (iii) drug policy research; and (iv) ethnographic drug research.

Sociology of Deviance

Becker and others have examined the history of marijuana as an example of the dynamics of political, economic and social control in the United States, and as an illustration of the labeling approach in examining deviant behavior (Becker 1953; Bonnie & Whitebread 1974; Sloman 1979; Elsner 1995).

The laws against the sale and use of cannabis have also been analyzed as an illustrative example of drug control ideology in America (Himmelstein 1983). An action (i.e., marijuana smoking) is labeled deviant not because of the inherent properties of the action, but rather the reaction of others to that action (Becker 1963). This process is a collective action, rather than an individual one, and is also relative to the socio-cultural context (Ratner 1993). Therefore, a lit joint is perceived by Bible belt Christians and other Americans as "morally wrong", in the same way as drinking a can of beer is perceived by fundamental Muslims. This dissertation deals with the consequences of the labeling process generated through drug policy.

Becker's (1963) sequential model of a "deviant career" can be used to clarify the developmental dynamics of the steppingstone hypothesis, widely debated in the drug treatment community, according to which marijuana use increases the likelihood of using cocaine and heroin. The implications of the steppingstone hypothesis is that it arises from some inherent pharmacological properties of the drugs involved. Before amendments were made to the Dutch Opium Act in 1976, policy makers in the Netherlands carefully considered the available research on the steppingstone phenomenon, and purposefully constructed a policy to prevent it (Van Vliet 1990).

The distinction between "primary" and "secondary" deviance is useful in understanding the intention of Dutch cannabis policy (Lemert 1951; Schur 1971). Sociologists in the subfield of deviance have long observed that most people commit a number of deviant acts in the course of their lifetime. These incidents (e.g., primary deviance), however, do not make a person "deviant," unless they lead to more serious deviant behaviors (e.g., secondary deviance.) In terms of illicit drug taking behaviors, primary deviance can be compared to the experimentation and use of marijuana, while the use of harder drugs and the act of drug dealing would probably fall into the category of "secondary deviance." It has been demonstrated that many marijuana users who get involved with using hard drugs do so in a specific way

(Johnson 1973). Users who get involved in heavy use, subsequently get involved in dealing to support their habit. After involvement in drug dealing, dealers develop connections with persons who also sell hard drugs. Dutch cannabis policy was explicitly formulated to prevent this progression of a deviant career by limiting illicit drug use to cannabis consumption. The "prevention mechanism" is the coffeeshop, where the retail sale of cannabis legitimately takes place--therefore eliminating the need for user/dealers. The coffeeshop also places the sale and use of cannabis in a context where the use and sale of hard drugs are forbidden.

The notions of "primary" and "secondary" prevention, initially conceptualized in the prevention of mental illness (Albee 1981) can be used to understand the Dutch strategy of secondary prevention, as actualized through the coffeeshop system. The main purpose of Dutch cannabis policy is to prevent young users who are experimenting with cannabis from progressing to dealing cannabis and using harder drugs. This type of "secondary prevention" as it will later be conceptualized, challenges the proscribed definition of prevention put forth by CSAP: "The term 'prevention' is reserved for those interventions that occur before the initial onset of disorder" (Center for Substance Abuse Prevention 1995). Incidentally, "initial onset of disorder" includes marijuana experimentation within CSAP's abstinence based framework. Similar to the American framework, the British

approach towards the prevention of drug abuse is also focused on primary prevention strategies (Kaplan et. al. 1990b). The recent rise in prevalence of marijuana among young people in the United States is indicative of the impotence of present day primary marijuana prevention strategies, which have often been criticized after evaluation of their efficacy (Botvin 1990). It is also a signal that a substantial cohort of cannabis using youth in the United States may be in need of the secondary prevention strategy that the coffeeshop system offers.

(Sub)Culture and Cannabis

Many academics have been fascinated by the multi-cultural and trans-historical character of cannabis (Abel 1980; Carter 1980; Rubin 1975; Rubin and Comitas 1975). In the United States, social scientists have observed marijuana use within the subcultures of jazz (Winick 1960) and youth (Carroll 1981; Goode 1970; Johnson 1973). It has been argued that marijuana users in the United States constitute a distinct subculture (Novak 1980). This dissertation demonstrates that cannabis users are also members of a broad spectrum of other ethnic, artistic and youth subcultures. Often these subcultures only come into contact with one another in the marketplace.

In the Netherlands, the intention of implementing a normalized cannabis policy was to integrate various cannabis using subcultures into the normal youth culture. Being

involved in a drug subculture has been demonstrated to have an effect on cannabis users who progress to drug dealing and the use of harder drugs (Johnson 1973). Whether cannabis use takes place within various artistic, youth and ethnic subcultures, or cannabis users themselves constitute a distinct subculture, one thing is certain: the subcultural character of cannabis in the New York City context is very evident. Cannabis users in New York City have an ever evolving argot--terms used to describe and codify the buying and using processes. Icons with subtle references to cannabis (i.e., Philly Blunt shirts, baseball caps with a marijuana leaf) have become a signatory part of the decorative urban social landscape in New York City. These subcultural references, however, are seldom expressed by cannabis users in the Netherlands.

In the Netherlands, cannabis has lost most, if not all, of its subcultural status. Since the normalization of the cannabis market has been taking place for over 20 years now, the users and retail sellers of cannabis perceive themselves as being part of the normal economy. Coffeeshop proprietors perceive themselves, as would a the owner of a cafe, bar, or other "normal" catering service.

Drug Policy

Since the countercultural movements of the 1960s, many have called for the re-legalization of marijuana²(Kaplan 1971; Johnson 1973; Hellman 1975; Herer 1990). The current war on drugs has brought the debate over legalization **all** drugs to the forefront of public discourse (Boas 1990; Buckley 1985; Nadelmann 1990; Schmoke 1990; Trebach 1987). Kleiman (1989) is critical of the existing policy of marijuana decriminalization in eleven U.S. states, claiming that it allows a small number of people to profit disproportionately from marijuana sales. This dissertation does not argue these positions of policy (i.e., prohibition, decriminalization, legalization), but rather compares the realities of a semi-decriminalized (New York City) and a pseudo-legalized (Rotterdam) policy of cannabis control, and the consequences of these policies on users. Dutch drug policy has been termed a "normalized" model of social control as opposed to the "deterrence" paradigm adopted by the United States (Van de Wijngaart 1990). Instead of stigmatizing drug users and shutting them out of the mainstream (e.g., deterrence), Dutch policy seeks to "normalize" the cannabis consumption of users in an attempt to minimize the harm associated with drugs. This includes providing healthcare and welfare benefits to all drug users, and the lacks of repressive drug detection measures utilized by employers in the United States.

². Marijuana was legal in the United States until 1936.

Kleiman's (1993) latest book on drug policy in the U.S. raises many issues which will be explored by this study. These include what effect policy has on prevalence of cannabis use, chronic use, progression to hard drugs, and the use of cannabis as an alternative to alcohol. While Kleiman's work deals with hypothetical "What if?" questions, this comparative investigation addresses these concerns in a more direct way. Also, Kleiman does not adequately consider the importance of several intervening variables of retail market conditions, and social toleration, and their effects on the use of cannabis. This dissertation will explore and demonstrate these effects.

Most of the existing literature on drug policy is limited to a critique of the present policy employed in the United States, and opinions on how things could be done better (Nadelmann 1990, 1992; Boaz 1990; Wistosky 1990; Zimring & Hawkins 1992). Very little research, outside of HIV prevention research with injection drug users (IDUs), has addressed itself to the many pertinent questions which arise out of this policy debate.

One very important issue concerning drug policy is whether a liberalized policy produces an increase in the prevalence of drugs (Johnston, O'Malley & Bachman 1981; Single 1989; Kleiman 1993; Reuband 1995). By comparing the prevalence of marijuana use in states with decriminalized states to states where decriminalization did not take place, prior research has demonstrated twice independently, that a

liberalized (e.g., decriminalized) marijuana policy has little effect on prevalence in the U.S. and Canada (Johnston, O'Malley & Bachman 1981; Single 1989). Also in Europe, by comparing drug prevalence rates in different European countries with disparate drug control policies, it has also been demonstrated that policy seems to have little effect on the prevalence of cannabis (Reuband 1995). The focus of this dissertation will be less concerned with the prevalence of cannabis and more concerned with the intricate dynamics involved with the practices and patterns associated with cannabis use. In its review of the relevant literature on marijuana, the National Academy of Sciences summed up some empirical issues which are addressed by this study through a comparative ethnographic analysis:

Because in the past two decades informal norms for controlling marijuana use have spread in the United States under conditions of greatly increased availability of marijuana, there is reason to believe that widespread uncontrolled use would not occur under regulation. Indeed regulation might facilitate patterns of controlled use by diminishing the "forbidden fruit" aspect of the drug and perhaps increasing the likelihood that an adolescent would be introduced to the drug through families and friends, who practice moderate use, rather than through their heaviest using, most drug-involved peers (National Research Council 1982:27).

Ethnographic Drug Research

Qualitative methodologies have been extremely fruitful in revealing the hidden dynamics of drug-using careers and subcultures (Lindesmith 1947; Becker 1953; Finestone 1957;

Sutter 1966, 1969; Agar 1973; Rosenbaum 1981; Waldorf, Reinerman & Murphy 1991; Dunlap 1992), as well as the structures of illicit drug economies (Preble & Casey 1969; Johnson et. al. 1985; Mieczkowski 1986; Adler 1985; Jansen 1989; Kornblum 1988; Warner 1987; Williams 1989, 1991). Ethnography, or participant-observation, has also provided useful epidemiological data on drug use (Feldman & Biernacki 1988; Kaplan 1989; Kaplan & Lambert 1995), and has contributed greatly to the understanding the relationships between HIV transmission and drug use (Carlson, Siegal & Falck 1995; Sterk-Elifson 1995; Paone et. al. 1995).

The success of an ethnographic approach relies on the trust and rapport developed between the researcher and the research subjects. The results are often more truthful and revealing of reality than those which can be obtained through a survey method (Johnson 1973; Johnston, O'Malley & Bachman 1994). Much time and effort was devoted to establishing trust and rapport with the research informants participating in this ethnographic study. These have proven to be invaluable conditions for the ultimate success of this investigation.

There is a fifty year tradition in qualitative drug research. The ethnographic approach attempts to reach a deep and non-judgmental level of understanding, by realizing the perspectives and the meanings ascribed by actors involved in specific social worlds, in this case cannabis users. When possible, excerpts from fieldnotes and focus groups are

dispersed throughout the text providing authenticity and multiple voices. Absent will be the moralistic and pathologic attitudes towards illicit drug users which has unfortunately driven some modern day ethnography (Inciardi 1993).

For twenty years, ethnographers have contributed to the latest data on emerging drug use practices and trends to the National Institute on Drug Abuse (NIDA) Community Epidemiology Work Group (CEWG). Unfortunately, investigations into the epidemiology of cannabis have been seriously neglected until recently. The current study fills this void in understanding cannabis' unique position in the context of other drugs of abuse.

Research Questions

A series of research questions will be explored comparatively through an analysis of data from ethnographic, focus group, and secondary sources. These four questions are:

1. What effect does cannabis control policy (i.e., semi-decriminalized, pseudo-legal) have on the existing retail markets for cannabis?
2. How do retail market conditions for cannabis (i.e., price, potency, availability, retail unit sizes, proximity of other drug markets) affect the behaviors of cannabis users?
3. What differences exist in the environments of use (e.g., where people use cannabis), use practices (e.g., how people use cannabis), use patterns (i.e., frequency of use, progression to/from hard drugs), and the prevalence of cannabis and other drugs (i.e., alcohol, heroin, cocaine) demonstrated by users in both cultural settings?
4. Is the Dutch model of cannabis regulation a feasible alternative model for New York City?

A Guide to the Chapters

This is the first chapter of a seven chapter work. The chapters are divided conceptually based on the topics discussed. Chapter two will sets forth the unique methodological design, termed "fortified ethnography," employed during this investigation. Chapters 3,4,5 and 6 are comparative chapters, each encompassing two parts: a New York City and a Rotterdam section. Chapter 3 ethnographically describes the different local cannabis control policies as they are actualized in the cities of New York and Rotterdam. Chapter 4 describes the distinctly different urban retail markets for cannabis in New York City and Rotterdam. Chapter 5 describes and explores the different use practices and environments of use which provide the contexts for cannabis use in both cultural settings. Chapter 6 deals with, comparatively in a single section, comparing the prevalence of cannabis and other illicit drugs (i.e., cocaine, heroin), and the patterns of use demonstrated by users in each setting. Chapter 7 is a comparative analysis of the results broken into five sub-sections: a) Retail Cannabis Market Conditions: Intervening Variables, b) the Environments of Cannabis Use, c) Cannabis Use Practices and Forms of Self-Regulation, d) the Sale and Use of Hard Drugs and e) Cannabis Use Patterns and Prevalence.

Limitations of the Research

The whole process of performing a cross-cultural ethnographic research project presents an array of methodological problems. This study compares a similar phenomenon in two very different cultural contexts. These differences can have profound effects on the phenomenon under study. The first difference is the size issue: Rotterdam is smaller than New York City and the Netherlands is smaller than the United States. The Netherlands also has an extensive welfare system for all of its citizens (including addicts and criminals.) These socio-cultural differences can have a profound impact on a social problem such as drug abuse. Social factors including racism, poverty and unemployment, which definitely fit into the causal equations which define the drug problem in the American context, are quite different in the Netherlands. Racism, poverty (to a lesser extent) and unemployment are not by any means absent from the Dutch context, especially in the country's most multi-cultural city: Rotterdam. Beyond all of these differences, however, a number of similarities exist between Rotterdam and New York City which will be discussed in detail in Chapter 2: Methodological Design.

The analysis of the Dutch coffeeshop system includes discussion of its shortcomings. The investigator attempted to always be aware of his social biases, and this process was enhanced by the employment of cameras (still and video)

throughout the research. He also allowed respondents to review and comment on drafts of fieldnotes and chapters. This is also discussed further in chapter 2.

While demonstrating some important effects of the various cannabis policies, it is important to stress that a causal relationship is not being suggested. Rather the analysis suggests correlations of relationships between the variables of cannabis policy, market conditions, and use. These associations are by no means conclusive, but rather meant as part of an exploratory study to be tested and explored by future research. This cross-cultural endeavor is by no means inclusive, nor finished; it is simply a beginning.

CHAPTER 2:

Methodological Design

The methodological approach for this investigation was based on ethnographic research with users and sellers of cannabis in two different cultural settings. Analysis of the ethnographic data was supplemented with quantitative data from population surveys and other qualitative data gathered through focus groups, systematic observation, and narrative interviews. I have come to term this approach "fortified ethnography," since it offers the advantages of more traditional ethnographic methodologies, while attempting to compensate for the obvious shortcomings of a qualitative analysis, with other types of data.

Officials at the Dutch Ministry of Justice (Dr. Ed Leuw and Martin Grappendaal) in Den Haag were interviewed at the start of the research to gain insight into the overall drug situation in the Netherlands. Research was also conducted at the library inside the Ministry of Justice in Den Haag. Drug researchers at the University of Amsterdam (Dr. Peter Cohen and Dr. Adriaan Jansen) and at Intraval (Bert Bieleman and Edgar de Bie), a private research institute with locations in Rotterdam and Groningen, also provided me with relevant research and professional knowledge concerning the Dutch cannabis situation.

Research Sites

The research sites for this cross-cultural investigation were strategically selected. New York City is representative of a "semi-decriminalized" urban cannabis market. New York State is one of 11 states in the U.S.A. to decriminalize possession of small amounts of cannabis. In New York State, the limit was set at 25 grams, or a little less than 1 ounce (28 grams). Possession of 25 grams or less is equivalent to an infraction, which is less serious than a misdemeanor.³ Cities located in states where marijuana is decriminalized have diverse retail markets, and New York is no exception. Ethnographic interviews and participant-observation of cannabis users and sellers were performed in 4 out of 5 of New York City's boroughs, including neighborhoods in Manhattan (the Lower East Side, Greenwich Village, Upper West Side, Midtown, Central Park, East and Central Harlem, the Financial District, Chelsea, and Hell's Kitchen), Staten Island, Brooklyn (Fort Greene and Bushwick), and Queens (Astoria). The ethnographic research also included residing in the Lower East Side and studying the relationships between the soft and hard drug markets in that area. Being a resident of this particular neighborhood allowed me to develop a perspective which was relevant to the residents of a community where the

³. Article 221.05 of the New York State Penal Code states that the penalty for unlawful possession of up to 25 grams of marijuana "is a violation punishable only by a fine of not more than one hundred dollars."

sale and use of illicit drugs is a part of everyday life.

In fulfilling the obvious requirements for a cross-cultural ethnographic investigation, I took up a 50 week residence (from November 1992-October 1993) in the Dutch city of Rotterdam. Here I found modest living accommodations in a working class, inner-city neighborhood, de Nieuwe West (the New West), where a market for hard drugs coexisted alongside a normalized commercial market for cannabis.

Amsterdam is the first city that comes to mind when proposing a study of cannabis in Holland. Rotterdam, however, was chosen as the ethnography site, for several reasons. Amsterdam's soft drug market is tourist driven, as is much of the City's economy. In Rotterdam this is not the case; in fact, American and European tourists are somewhat rare in Rotterdam. Rotterdam is a modern, industrial, sprawling metropolis. Its population is multi-racial (White, Black and Asian) and ethnically diverse (Chinese, Surinameese, Moroccan, Turkish, Vietnamese and Antillian). It also possesses an active hard drug market which includes a transient user population from other parts of Holland and Europe. In these ways, Rotterdam is very much like New York City. Published comparisons have already been made between the policy contexts of the hard drug markets in both cities, testifying to the validity of this research design (Grund et. al. 1992).

The Sample

A snowball sampling method was employed in both settings, but in opposite ways. Snowball sampling has proven itself to be very useful in the investigation of hidden populations of drug users (Watters & Biernacki 1989). In New York City, users introduced different types of retail sellers (as well as other users), while in Holland, cannabis users were recruited for conversational, open-ended interviews and participation in focus groups inside retail cannabis establishments, known as coffeeshops and cafes. In New York City, cannabis users (and their snowballed nominees) were also recruited inside particular social scenes where cannabis use is prevalent, including: clubs; parties and raves; urban college campuses; parks; and legalization meetings and rallies. Once contact was established with a cannabis user, questions regarding their buying behavior, use of other drugs, lifestyle, and occupation were posed in a narrative, non-threatening manner. In New York City, if sufficient trust had been established, an observation of the user's normal cannabis buying routine would follow. A total of over 250 cannabis users and retail sellers in New York City and Rotterdam ultimately participated in this study.

Ethnography with Cannabis Users and Sellers

As with other marginalized behavior, ethnography with illicit drug users provides a research opportunity to overcome

the shortcomings of the self-reporting techniques of structured interviews and questionnaires, which include biases of memory, self-perception, fear and mistrust. The validity and generalizability of ethnographic findings have been questioned. However, the naturalistic observation of socially marginal behaviors through an ethnographic method will be most successful when the ethnographer can ultimately become "part of the furniture" (Grund et. al. 1991). Validity and objectivity in ethnographic data are improved by employing systematic analyses of fieldnotes, specific observational strategies, and non-subjective interview procedures. Over 5,000 hours of fieldwork were conducted, during which fieldnotes were collected, narrative interviews were performed, and photographs were taken in New York City and Rotterdam, and in four other Dutch cities. Participant-observation involved accompanying users on their retail purchases, visiting private homes, and exchanging experiences of cannabis use, marketing and culture in the United States and the Netherlands. In a narrative manner, users were asked questions concerning their present cannabis use, their drug use careers, use of hard drugs, occupation and lifestyle. Most of these interviews in the Netherlands were conducted in English, but some were conducted in Dutch, with the assistance of an interpreter. Perceptions of market conditions, use patterns, lifestyles, and subcultures were recorded, and photographs were taken. Pamphlets, "trade" magazines,

political memoranda, outreach material, and other documents were collected and compiled. Ethnographic research with hard drug users and sellers on Manhattan's Lower East Side and in Rotterdam's Centrum (center) was also conducted to investigate the relationship between hard and soft drug markets.

Ethnomethodological "breaching" experiments, originally conceptualized by Harold Garfinkel, were sporadically performed during the ethnographic research. These experiments were utilized to "breach" or "disrupt" reality "...so that the common, day-to-day, unconscious assumptions that comprise it could (can) surface..." (Sifaneck & Mc Namara 1995:22). One example of an ethnomethodological breaching experiment was inquiring about a patron's use of hard drugs in the coffeeshop, a question which breaks the most important house rule. Other experiments in the New York City context involved watching patrons smoke cannabis inside clubs and bars, and observing the reaction of the employees of the respective establishment.

Focus Groups

To augment the qualitative data gathered in the field, focus groups of cannabis users were set up in which personal testimonies of drug use careers were probed, recorded and organized in a manner similar to that used in a study of Dutch heroin users who had received underground Ibogaine treatments

(Kaplan et. al. 1993; Sisko 1993). Focus groups have proven to be a useful tool in augmenting a traditional ethnographic methodology employed during drug research (Agar 1996). Fifteen focus groups, with a total of 42 participants, were initially conducted in coffeeshops and private residences in Rotterdam. The initial focus groups were set up to augment the data collected during the ethnographic research inside the Dutch coffeeshops, a place where inquiring about someone's hard drug use is a breach of the most important "house rule." These 15 focus groups were later replicated with cannabis users in New York City. Participants in the focus groups were located by means of a snowball sampling technique. Known cannabis users encountered during the ethnographic fieldwork introduced me to other users who became participants in the groups.

Life-histories were reviewed by respondents for accuracy and greater clarity (Williams 1989). The focus groups provided more revealing information as the users became more relaxed and open upon hearing the testimonies of other drug users, and they became a cathartic, reflective, and somewhat therapeutic experience for most of the participants. This yielded insightful responses concerning drug use behaviors and developmental patterns.

Visual Ethnography with a Still Camera

Performing ethnographic research using a visual research tool (i.e. a still, movie, or video camera) is a tradition with roots in anthropology and sociology and is referred to as "visual ethnography" by practitioners in both disciplines (Sifaneck & McNamara 1995). Visual ethnography using a still camera was first employed in this inquiry to document and develop typologies of the varied retail cannabis markets that existed in New York City and Holland. Photographs of cannabis users, products and sale procedures followed after considerable trust was established with the informants.

Photo-elicitation using the visual data already collected was also employed as an interview technique as the research progressed. Photo-elicitation (Harper 1989) is an interview technique in which informants are shown photographs (which are usually, but not necessarily, produced during the research) to evoke responses and to extract life-histories. During the initial focus groups that were conducted in Holland, photographs of coffeeshops were shown to participants to evoke their perceptions of the Dutch commercial cannabis market. Photographs produced during the fieldwork in Holland and New York City were utilized in the focus groups conducted in New York.

Systematic Observations of the Dutch Coffeeshops and Cannabis Cafes

In order to formulate an accurate typology of the different retail outlets of cannabis, and to avoid the "my village" problem common to much ethnographic drug research, random observations were performed in five Dutch cities (Ratner 1993). One-hundred one-hour observations were performed in Rotterdam, Delft, Amsterdam, Den Haag, Groningen and Maastricht. The procedure was simple but systematic. First, the number of coffeeshops in the centrum (central district) of a given city was counted. Then, using a systematic random sampling technique, every nth shop on a map was chosen for an observation (Kornblum & Williams 1989). Observations of each shop involved the use of a standardized questionnaire, which noted important characteristics about the type of shop being observed: whether alcohol and/or food was served; extra-smoking activities offered (pool, billiards, chess, table soccer, etc.); type of clientele; and whether or not the shops seemed to be breaking any of the standard house rules (i.e. minors, aggression, sales over 30 grams, or hard drug use or sales).

These observations in different cities allowed for an assessment of the differences in cannabis outlets from city to city. For example, "cafe-coffeeshops" which serve alcohol, are abundant in Amsterdam, Rotterdam, Den Haag and Maastricht but do not exist in Delft and only to a modest degree in

Groningen. Another difference was clientele based: Amsterdam and Maastricht have a tourist-based clientele while Rotterdam does not. Also, these systematic observations allowed for an accurate evaluation of the effectiveness of the commercialized system in separating markets for hard and soft drugs, prohibiting sales to minors, and restricting retail sales of cannabis to 30 grams or less.

Data Analysis

The qualitative data gathered during the ethnography and focus groups were analyzed using a data base management system called ASKSAM. Commonalities and patterns were identified and extracted. Other fieldnotes were initially analyzed and coded manually, but they were later integrated with the other fieldnotes in the data base. Actual excerpts from the fieldnotes are presented (with single spacing) throughout this manuscript.

Problems in the Field

In New York City, being perceived as an undercover cop or a federal agent was the biggest obstacle encountered in the field. Gaining the trust of my informants was the first and foremost task of this investigation. The American drug war has made undercover informants and "buy & bust" operations standard modus operandi for the enforcers of the drug laws. This fact made my presence as a husky white male in his late

20s appear suspicious, especially at storefronts, and street and park markets. In many instances, caution was essential. But at the same time, being too careful or too paranoid when doing such research could be interpreted as the behavior of a nervous undercover police officer or agent. Being too over-cautious can be detrimental to successful ethnography. It was also important to not get too involved, since I would then increase the risk of my being arrested or detained. Photographs of cannabis users, different amounts of cannabis, and the procedures of sale in New York could only be gathered after an extremely high level of trust was achieved between myself and my informants.

In Holland, besides the occasional language barrier, problems in the field were less typical than in New York City. Since most young adults speak English quite well, as well as German and French, communication problems were minimal, or were easily overcome with the use of an impromptu on-site interpreter.

After living in Holland for a year and studying Dutch at Erasmus University, my proficiency in the language was limited but proved extremely useful. I concentrated on mastering simple exchanges, which in most cases allowed me to order coffee and observe without being immediately perceived as a foreigner. My limited knowledge in Nederlands (Dutch) allowed me at times to assume the position of the truly immersed ethnographer, becoming "part of the furniture," letting day to

day occurrences, including deviant ones, unfold for naturalistic observation.

Beyond the point of the simple exchange, I was of course perceived as a foreigner, at which point I would generally proceed to explain the intent and purpose of my research. Practically all of the Dutch cannabis users and sellers were extremely cooperative in sharing information concerning their own drug use, perceptions of coffeeshops, and drug scenes in particular cities. However, this was not true of the marijuana growers I encountered during the course of my research. In Holland, the large-scale growing of cannabis does not share the same pseudo-legal status as the retail sale of cannabis, and most growers are very reluctant to discuss or show the cannabis which they are cultivating.

CHAPTER 3

Cannabis Policy:

Semi-Criminalized Enforcement & Pseudo-Legal Regulation

Modern society attempts to regulate certain types of behavior with various forms of social apparatus. A government may choose to prohibit a behavior all together. This, however, is an ideal which can never be actualized. Accepting that prohibition is never absolute, a government may also choose to criminalize a behavior, punishing the actors who engage in that behavior. This is the current state of the American drug control policy with respect to the illicit use of certain psychoactive substances. Taxation is also a societal apparatus which attempts to regulate behavior. Taxation, however, assumes legalization, and with the case of the legal social drugs, tobacco and alcohol, users must pay a tax, sometimes known as "sin taxes," on their pleasure seeking consumptive behaviors (Johansson & Roumasset 1995). Civil sanctions, or what the Dutch refer to as "bestuurlijke" measures, are yet another way in which a state attempts to regulate the behavior of its citizens. With the unique case of Dutch cannabis policy, legal, or criminal ("strafrechtelijke") and administrative, or civil ("bestuurlijke") measures are combined in order to regulate the "pseudo-legal" retail markets for cannabis products.

The following chapter will compare the way in which two

societies have developed policies which attempt to regulate the behavior of using and selling cannabis, which on the surface may seem radically disparate. The common perception that cannabis is legal in the Netherlands, and prohibited in the United States is far from the truth, and clouds the understanding of how each policy actually operates. Upon closer examination, we will see that these differences are the result of subtleties involved in the enforcement of laws against cannabis and the different social apparatuses which are employed in attempt to regulate the use and sale of cannabis.

Semi-Criminalized Enforcement in New York City

New York State is one of twelve states in the U.S.A. which "decriminalized" possession of small amounts of cannabis in the mid 1970s. In New York State, the limit was set at 25 grams, or slightly less than one full ounce (28 grams). Personal possession of 25 grams or less, without intent to sell, is equivalent to an infraction. An infraction is a category of crime which is less serious than a misdemeanor, and comparable to a traffic violation. Article 221.05 of the New York State penal code states that the penalty for unlawful possession of up to 25 grams of marijuana "is a violation punishable only by a fine of not more than one hundred dollars."

After marijuana was "semi-decriminalized" in New York

State in 1975, the laws prohibiting use and small sales were enforced in a far more lenient fashion. During the late 1970s into the early 1980s, street dealers, brazenly sold "loose joints" (e.g., single marijuana cigarettes) "treys" (e.g., \$3 bags), "nickels" (e.g., \$5 bags) and ounces, throughout the city without the fear of arrest (Warner 1986). From 1977 to 1981, a marijuana club operated in downtown Manhattan. Another marijuana club was also established in 1977 in San Francisco by activist Dennis Perone, known as "The Supermarket." Both clubs resembled a Dutch coffeeshop (e.g., retail cannabis selling establishment) in many ways; in design and the dynamics involved in its toleration. In the case of New York City's "Number 10," police were aware of its existence, and tolerated it "as long as things did not get that big." The following fieldnote describes the club known as "Number 10" in detail:

The club was located in an old warehoused loft space on a thoroughfare in the heart of Greenwich village. The place operated like a social club, which charged a three dollar admission that entitled each patron "to all free pot he wanted, of course what we were giving away was the shake (i.e., loose marijuana, not in bud format) which we spread out on the tops of the bar counter. If someone wanted buds they would have to come and see me." boasts one of the founders of the club. Inside beer was served from a keg for free, while bottles of Heineken were sold for one dollar a piece. Local bands and disc jockeys were featured at night.

The proprietors of Number 10 never technically sold marijuana, but covered the operating marijuana supply costs through a cover charge (e.g., entry fee), thereby

circumventing the law. The influx of hard drugs into the scene at "Number 10" lead to its demise in 1981, which eventually caught the attention of the police. Some of the club members began using cocaine, which they shortly began selling to other members. Soon, the scene at Number 10, which was once very manageable, became unmanageable, and was forced to shut down.

When the personal possession of small amounts of marijuana was decriminalized in 1975, the sale of small amounts of marijuana remained a misdemeanor, while sales of larger amounts constituted a felony. This important exclusion has given much discretion to the police in determining whether or not to enforce laws prohibiting cannabis possession and sales. This discretion of whether or not to enforce laws is very often based on what will be termed "enforcement directives." Enforcement directives, meaning agendas of political actors which directly affect police behavior in enforcing laws which are often overlooked (i.e., drug possession, prostitution, unlicensed sidewalk vending). Examples of these enforcement directives include ex-Mayor Dinkins' last minute re-election shuffle to prove to the public that he too (like his opponent Rudolph Giuliani) was tough on crime, as well as Mayor Giuliani's current enforcement campaign of "Quality of Life Crimes." Both agendas involved directives from the Mayor's office to the police force, which had a direct effect on cannabis policy

enforcement.

Presently, when someone is caught selling marijuana in New York City, an arrest usually ensues. However, if a user is simply caught possessing an amount under 25 grams, and can produce legitimate identification, the person is routinely issued a desk appearance ticket (DAT). The following fieldnote describes the scene at a courtroom at 100 Center Street in Manhattan, where desk appearance tickets for marijuana possession are handled, early one morning in December of 1993:

It's 10:30 am and the courtroom is packed. The judge is an old balding white man, with quite an attitude. In the words of a courtroom observer "He's taking no shit." Within ten minutes there are two cases of marijuana possession; one a black male, the other a Hispanic male, both around 30 years of age. They both plead guilty, and the judge tells them to pay a 10 dollar fine outside at the cashier. The patrons of the court today are very representative of New York's gorgeous mosaic. The 2 following infractions heard by the judge include urinating in public, and possession of an open alcoholic beverage in public. After the first possession case was announced, a middle-aged, cocky-with-knowledge, African-American woman says with fervor "Marijuana!??? I could see if it was cocaine--that's ridiculous. Let him keep the shit!" Three more marijuana possession cases follow: a Black male with dreadlocks, a white college-aged woman, and a Latino male around 40 years. The next case involves a middle-aged yuppie, three piece suit inclusive. The crime? Smoking. Not smoking marijuana, but smoking a cigarette in the wrong place. The fine is also 10 dollars. The two cases after that are again for marijuana possession. First, by a butch Lesbian clad in biker leathers. Second, a white male college student in his mid 20s. Both plead guilty and pay the ten dollar fine.

The preceding fieldnote describes eight infractions which were

brought before the judge during forty-five minutes inside the courtroom, six of which were for marijuana possession. The other infractions brought before the judge included urinating in public and possession of an open alcoholic beverage--both infractions covered under Mayor Guiliani's rubric of "Quality of Life" crimes. In all the possession cases heard, violators were always issued a ten dollar fine. One could safely assume that the minor fine these users were forced to pay will have little effect on their choice to use cannabis. The atmosphere inside the courtroom also lacks the seriousness one would expect, and the revenue produced by the ten dollar fine hardly covers the cost of issuing and hearing these desk appearance tickets.

In the semi-decriminalized cannabis policy context of New York City, cannabis users and retail sellers maintain a precarious existence. Both have to keep constant watch to make sure their actions are not detected. This is accomplished through management strategies, and in the case of dealers, subtle operating procedures. The infraction committed by users who possess small amounts, seemingly has little affect in preventing such behavior. Cannabis policy as it is actualized in New York City is laden with ambivalence and equivocation. Users and retail dealers are never really sure when the laws prohibiting use and sales will be enforced. Enforcement is very often based on external directives; be it from the Mayor's Office or a local community board. So users

and sellers simply roll with these punches. Cannabis dealers assume the product lost and the fine imposed during a bust as part of a operating cost. Users, caught buying or using a small amount, consider the desk appearance ticket issued as an inconvenience much like a speeding ticket.

The Quality of Life and New Cannabis Policy Enforcement Practices

In March of 1996 Mayor Guiliani's "Quality of Life" crimes crackdown profoundly affected the way in which the laws against the use of marijuana are enforced in New York City. Instead of users being issued a desk appearance ticket (DAT,) offenders were being forced through central booking, which entails being held from anywhere from 24 to 48 hours in a holding cell. At first, this procedure was implemented whether offenders could produce legitimate identification or not. On March 9, 1996, an "OP-ED" (e.g., opposed to the editor) piece appeared in the New York Times by a corporate executive who was held in central booking for 41 hours (for smoking marijuana) under this new policy. The executive's diatribe prompted a debate which manifested itself on the pages of the New York Times as well as the streets of the city. Ultimately, the New York Police Department (NYPD) was forced to amend its new policy, and presently the only persons who get put through central booking for a marijuana "infraction" are those who cannot produce legitimate

identification. In terms of marijuana selling, it seems the "Quality of Life" crimes campaign has produced increased enforcement against street and park marijuana dealers, while excluding storefronts which sell marijuana in indoor locations.

Pseudo-Legal Regulation in the Netherlands

Dutch cannabis policy evolved out of number of political and social circumstances, rather than being created solely through legislation. De Kort (1994) has concluded "that the de facto decriminalization of soft drugs in the Netherlands was more the result of the absence of policy, and of a belated adaptation to already existing circumstances, than of any rational, well-considered action." In 1972, the Baan Committee, composed of members of the Ministry of Public Health and Environmental Sanitation, the Ministry of Justice, and the Ministry of Culture, Recreation and Welfare, issued policy recommendations calling for a partial decriminalization of the sale and use of soft drugs. The members had varied backgrounds from the fields of medicine, pharmacology and law. The Ministry of Culture, Recreation and Welfare expanded the commission's perspective arguing that the drug problem "was not only medical and judicial in nature, but also psychological, sociological and cultural" (De Kort 1994). By 1976, the Dutch amended their Opium Act, which separated "soft drugs" (i.e., cannabis products including marijuana and

hashish) from "hard drugs" (i.e. heroin, cocaine, amphetamine, LSD) (Leuw 1991). The express aim of this policy was to separate the markets of drugs presenting "acceptable risks" (soft drugs) from those presenting "unacceptable risks" meaning "hard drugs." The intention of this policy was to prevent young cannabis users in experimenting with harder drugs (De Kort 1994). Even though psychedelic drugs such as LSD and psilocybin, and MDMA (e.g., "ecstasy") and its related derivatives (i.e. MDA, "Eve," "Adam,") officially fall within the category of "hard drugs," within the Dutch cannabis scene these drugs are perceived as acceptable and therefore within the "soft" category (Castro 1995).

The amendments made to the Opium Act formalized the "expediency principle" with respect to drug policy empowering "the Public Prosecutions to refrain from instituting criminal proceedings on grounds derived from public interest" (De Kort 1995). The use and small sales of cannabis constituted a "low enforcement priority," while trafficking in cannabis remained a punishable crime. Evidence of the illegal nature of cannabis trafficking in the Netherlands is exemplified by the seizure of over 30,000 kilos of cannabis products by Dutch police in 1993 (Lapp & Drucker 1994). The amendment of the Opium Act in 1976, led to the emergence of the coffeeshop phenomenon. Coffeeshops are cafe type establishments where cannabis is sold on a retail level and used publicly. In the early 1970s, before amendments to the Opium Act and the

emergence of the coffeeshops, however, the sale of cannabis was tolerated in youth centers by a designated "house dealer" (see chapter 4). The evolution of cannabis policy in the Netherlands continued through the 1980s and 1990s, and is still redefining itself to this day.

Cannabis in the Netherlands is not legal in the way that alcohol and tobacco are. Rather its status has been termed "pseudo-legal," meaning that the retail sales of under 30 grams to adults, and the public use of cannabis is tolerated inside establishments known as coffeeshops (Jansen 1989). The term "de facto legalization" has also been used to describe Dutch cannabis policy (Leuw 1991). Meaning, that in actuality cannabis for all intensive purposes is legal in the Netherlands, and perceived as such. However, both terms "pseudo-legal" and "de facto legal" do not adequately describe the complex way in which the sale and use of cannabis is regulated in the Netherlands.

Hard drugs in the Netherlands do not share cannabis' pseudo-legal status and are strictly prohibited inside coffeeshops and cafes where cannabis is sold and used. Hard drug users, however, are normally not prosecuted by the criminal courts for personal possession, and the police refrain from using repressive tactics against users and small-time dealers (Leuw 1991). Places where hard drugs are used and sold are tolerated, albeit with a great deal of scrutiny, by the police. The separation of these locales from the

retail cannabis establishments is rigorously maintained. In Rotterdam, these locations included two "open-drug" scenes: Perron-Nul (translates to "Platform Zero") which is presently closed, and a scene inside a church operated by Reverend Visser (Lap 1995). Hard drugs are also sold in Rotterdam inside a number of private residences known as "addresses."

Throughout the 1980s, cannabis policy in the Netherlands constantly refined itself. Much of this refinement involved local officials responding to the coffeeshops which existed in Amsterdam. One issue which emerged was the use of advertisements. Coffeeshops were only allowed to advertise their particular establishment, and not the soft drugs that were sold. This led to a ban on the use of marijuana leaves in many coffeeshop signs--which was concluded to be a direct reference to the sale of soft drugs. Also, many shops which possessed names with direct references to cannabis changed their names to more subtle forms. For instance "High Times" became "Easy Times" and "High Noon" became "the Noon" (Jansen 1989).

In December of 1991, the "AHOJ-G" regulations were put into effect by the State Attorney, which further defined the rules in which coffeeshops must abide by. These five regulations are as follows:

1. (A) coffeeshops are forbidden to **advertise** the sale of soft drugs.
2. (H) coffeeshops are forbidden to sell **hard** drugs
3. (O) coffeeshops must not cause nuisance ("**overlast**" in

Dutch)

4. (J) coffeeshops must not sell soft drugs to minors ("jongens" in Dutch)
5. (G) coffeeshops must not trade in quantities of soft drugs totaling more than 30 **grams**

This set of regulations made it very clear to coffeeshop proprietors how they must operate their establishments, so that their existence would be tolerated. The decentralized nature of the local Dutch governments also gave much of the power about whether to even tolerate the existence of coffeeshops, or to limit the number coffeeshops in a given municipality, to local government. For instance, while all the big cities located in the center of the Netherlands (i.e., Amsterdam, Rotterdam, Den Haag and Utrecht--known as the "Randstad") have tolerated the existence of coffeeshops for many years, many smaller towns and cities in the northern and southern reaches of the Netherlands, have never tolerated coffeeshops. This is known as the "zero option." In a sample of 116 municipalities, 38% of the sampled municipalities were found not to have coffeeshops (Bieleman et. al. 1995).

In the instance that any of the AHOJ-G regulations are broken, the burgermeister (mayor) can order that a location be closed and boarded shut for up to one year. Very often the coffeeshop proprietor leasing the property, must assume the lost revenue. This is illustrative of how civil measures play a powerful role in determining Dutch cannabis policy. The potential of losing one year's revenue, is far more dissuasive

than the fine or probationary sentence which an arrested cannabis dealer in New York City might face, and is one reason why most Dutch coffeeshop proprietors adhere to the regulations.

New Developments in Dutch Cannabis Policy

Recent debate regarding the future of Dutch cannabis policy is focused around a number of issues. The most important is the 30 gram limit presently imposed on any one individual retail sale. This limit may be reduced to 5 grams, due to concerns that visiting "drug tourists" from other European countries and the United States may be purchasing 30 gram amounts for export to their home countries (Borst-Ellers, Sorgdrager & Kohnstamm 1995). Although this may be a problem, it has yet to be seen whether reducing the amount to 5 grams will hinder this practice. The change in the 30 gram rule will not have much affect on Dutch cannabis consumers, since most Dutch users purchase cannabis in amounts usually ranging from 1 to 3 grams. The fieldnote below describes the small amount routinely purchased by Dutch cannabis users.

After entering the coffeeshop the customer walks past the action which is taking place in the front of the shop, to the house dealer who is located in the back of the shop. When the dealer is not busy with customers, he can often be found playing pool. The dealer proceeds to open a converted tool chest which has the different varieties of hashish and marijuana pre-packaged in bags, hanging from hooks inside the chest. The customer takes only a moment to decide on 12.50 guilders (approximately 7 U.S. dollars) worth of "Crystal Bud" which only amounts to .9 of a gram.

Another development in Dutch cannabis policy may be the elimination of cafe-coffeeshops, places where soft drugs and alcohol are sold simultaneously. These establishments are discussed extensively in chapter 4, and their effects on drug use patterns and environments in chapters 5 and 6. It seems complaints about possible "nuisance" coffeeshops almost always involve cafe-coffeeshops (Bieleman et. al. 1995). This suggests that cannabis is hardly the culprit. Patrons intoxicated with alcohol or a combination of cannabis and alcohol seem to be at a greater risk of causing a nuisance. During fieldwork observations, this seemed especially true when these patrons were from Germany or the United States.

There has been an initiative to make the sale of cannabis legal and to license coffeeshops the way in which alcohol serving cafes are licensed. The proposal attempts to regulate:

1. the cultivation and commercial production of cannabis products;
2. the licensing of the premisses where cannabis is sold;
3. the packaging and labeling (concerning potency and quality) of cannabis products.

(Lapp & Drucker 1994).

This plan, however, has been officially rejected at the present time (Borst-Ellers, Sordrager & Kohnstamm 1995). One issue which has caught the attention of the Dutch officials is the potency question. There is concern that the hydroponically produced potent "Nederweed" (translates Netherlands' Weed) which is being cultivated often has a THC

content which exceeds 20%. Officials believe that samples of Nederweed need to be tested and labeled as such in order to protect inexperienced users from panic attacks sometimes associated with ingestion of such potent cannabis.

The state of Dutch Cannabis policy today is still evolving. To the traveling tourist, cannabis seems to be legal in the Netherlands. The tourist can step off the train in Amsterdam's Central station, walk a few hundred meters into a coffeeshop, and order from an array of high quality marijuana and hashish from across the globe. S/he can consume the cannabis as if sipping a beer at a bar. This however is only "the front region" of a dramaturgic social reality (Goffman 1959). In the "back region," where cannabis is traded on the wholesale level, actors must perform discreetly-keeping their activities hidden from the eyes of the law. It is also at this level where problems may occur: such as the influence of organized crime, violence, and smuggling. Although the influence of organized crime on coffeeshop operations seems quite limited, by U.S. criteria, this influence is prominent in the large-scale trafficking of both hard and soft drugs, and could threaten the security of separating the markets of hard and soft drugs on the retail level.

CHAPTER 4

The Retail Markets of Cannabis: Diverse Marginal Markets & the Commercialized Coffeeshop Model

New York City's Marginal Cannabis Markets

In the twenty years since marijuana has been decriminalized in New York State, a diverse and intricate network of retail urban markets has developed. Street and Park Dealers, Storefronts, Delivery Services and Private Networks of distribution are some of the many ways in which cannabis gets bought and sold in New York City. The sellers and buyers involved in these different modes of retail sale are a diverse population in terms of race, ethnicity, age and socio-economic status. They also are reflective of a number of subcultures where cannabis use is prominent.

Street and Park Markets

Numerous neighborhood locations exist throughout New York City's five boroughs where marijuana can be purchased easily and on a consistent basis. These dealing spots are often isolated from the hard drug street markets for cocaine/crack and heroin. Many of the "spots" (i.e., street-based retail drug franchises) have operated in the same locations for many years; the sellers and buyers may change, but the locations do not. Occasionally, very often for arbitrary reasons, the

police do make arrests or hassle the dealers, but within hours the spot is back to business as usual.

Marijuana is sold in five, ten, and twenty dollar quantities, known respectively in the street market as "nickels," "dimes," and "twenties." Often, particular dealing spots will "specialize" in one quantity. This keeps verbal bargaining to a minimum, as can be seen in the following dialogue sample, taken from a typical street deal on the Upper West Side of Manhattan:

Seller: Smoke?
Buyer: Yeah.
Seller: How many?
Buyer: Two.
[Exchange of bills and bags]
Buyer: Take care man... later.

The opening of this conversation is simple: "smoke?" which tells the potential buyer that marijuana is being sold, rather than crack, cocaine or heroin. The word "smoke" may be replaced by "sense" (short for "sinsemilla," a variety of marijuana without seeds), "skunk," (which refers to *cannabis indica*, a variety with potent smell and effects) or even "hapah" a Japanese slang term; generally speaking, these words are recognizable only to potential buyers and other persons "in the know." After the buyer's acknowledgement the seller asks, "how many?" which assumes that the buyer knows the location's usual quantity, in this case "dimes" (ten dollar amounts). "Nickels" or five dollar amounts are usually only available in the outer borough neighborhoods of Brooklyn, Queens, the Bronx and Harlem. The exchange of the product and

the money is concealed in the actors' palms. The discreet manner in which the transaction takes place serves to shield the act from possible surveillance by the police. Basing the prices around the five, ten, or twenty dollar system also serves to reduce the number of bills exchanged; most actors at the street market avoid the use of one dollar bills.

There are two varieties of street markets, indigenous and commuter. Indigenous street markets only exist in poorer neighborhoods (i.e. Lower East Side, Harlem, Bushwick) where the customers and the street dealers are residents of the neighborhood. Indigenous street markets are stable and economical. Marijuana is usually offered in 5 dollar amounts, and customers are less likely to experience "a bum deal," one in which fake or extremely low quality marijuana is misrepresented as a quality product. Commuter street markets, on the other hand, exist in neighborhoods where large numbers of people work in office buildings or where commuters congregate during and after work hours. The smallest amount offered in the commuter street market is "a dime" (i.e., ten dollars worth). Business is liveliest during lunch time and after 4:00 PM, where potential customers working in surrounding buildings easily find street dealers at established spots, which are proximate and convenient.

The following field note is an example of a street dealer in a park market, which is similar to the more anonymous street markets. In the park markets, however, dealing is more

open, and less is assumed to be understood between the seller and customer, who tend to speak more freely than their counterparts in the street markets.

"Don't wait, It's never too late. Why drink and drive when you can smoke and fly?!..Buds and trips here!" Pedro, a 25-year-old Puerto Rican male, also known as "sunshine," goes prancing through "the meadow" hawking his wares like a hot dog seller at a baseball game. The Meadow is an active place for public marijuana smoking, as well as a vibrant retail park market for cannabis and often for psychedelic drugs like LSD and psilocybin. Pedro works alongside the unlicensed beverage hawkers, selling 16-ounce cans of Budweiser beer and Snapple ice tea, two of New York's most popular beverages in the sweltering heat. His customers are a diverse clientele on this sunny summer weekend afternoon, ranging from upper middle class 30-something professionals to the high school students from the surrounding neighborhoods. A customer signals, and Pedro crouches down very nonchalantly next to the sprawled out blanket and pulls out a zipped-lock sandwich baggy filled with about a quarter of an ounce of green-brownish colored marijuana. "So how can I help ya, buddy?" Pedro says with a Cheshire cat grin.

The scenario transpiring inside the meadow is exemplary of how a New York City park market is usually part of a larger public drug use scene. Pedro's ability to remain unnoticed by the New York City Police (NYPD) and by the Park Police (often referred to as "greenies" because of their hunter green colored uniform) is enhanced by the very public use of cannabis which surrounds his illegal sales. At this location, as a rule, police are very reluctant to write a desk appearance ticket for smoking marijuana in public, since they know (as do many of the perpetrators) that the usual fine of 10-50 dollars does little to discourage people.

Delivery Services

Another type of cannabis franchise found in New York City is the delivery service. These services are run like take-out restaurants: the customer phones in his or her order, and within an hour the product arrives. Perhaps the most famous of these services was run by Michael "the Pope of Pot" Cesar. It featured a toll free number (1-800-I-WANT-POT). Cesar reportedly had six phones operating which received 360 calls per hour. Deliveries are made not only to apartments, but to offices, studios, and galleries as well. One must be referred to a service by a customer in good standing. The marijuana and hashish sold is usually over-priced, ranging from \$50 to \$80 for an eighth of an ounce, but the service is very convenient for the artists, private university students, lawyers, doctors, professors, brokers and other professionals who can afford it.

There are a number of delivery services operated within Manhattan, most being located downtown. Many of these services had their origins in the "smoke-ins" and "pot-parades" of the 1970s, where cards with delivery service phone numbers were distributed throughout the crowds of participants. These early protests drew thousands from inside and outside the metropolitan area, and were obviously ideal for the development of such marginal sales networks. Some used creative names (i.e., "Weed Deliver") and marketing strategies such as offering diverse varieties and occasionally

selling psilocybin (psychedelic mushrooms). One common characteristic of a delivery service is its subtle operation. Since deliveries by bicycle messenger are so common in New York City, an outside observer is very unlikely to ever notice that cannabis is being delivered, rather than a letter or document.

Jerry parks his beat up, road worthy mountain bicycle in front of the brownstone, locking it up carefully with two locks. He buzzes apartment #G11 and waits for a response. "Hello" a voice yells down from the intercom. "Delivery," Jerry yells back simply; being intentionally vague about what is being delivered is part of his operation. After ascending 3 flights of stairs, he is met by the smiling face of Susan, a 22 year-old white female attending a neighboring university, and her roommate, a post-art school graduate of the same age, working as a photographer's assistant. "What do you have today?" Susan asks, "Well three different kinds" Jerry replies.

Private Distribution Networks

Another, less formal mode of retail sale manifests itself in private networks of distribution. Users of marijuana usually know someone who sells the drug, who in turn has connections with someone selling larger quantities, and so on. At the lower level, the transactions are informal and involve a fairly low profit margin. They are made behind doors in homes, offices, and rented apartments, often assuming a clandestine facade. The following fieldnote describes a formal private distribution franchise known as "East 70":

"East 70," a name derived from an address, has been in operation for over fifteen years, and is owned and managed by a white, 35-year-old, female native of Manhattan, whose legitimate occupation is the

owner and instructor at an aerobics studio in Tribeca. Transactions take place in a rented apartment, between 5:00 PM and 7:00 PM, four days a week. 'Tracy' offers an array of different types of marijuana from around the world, which she displays on her 'menu,' a chalkboard with the assorted varieties and corresponding prices displayed front and center. (This word is also used in the Dutch coffeeshops to indicate a list of available types of cannabis and hashish.) "Humboldt," from the Northern Californian county of the same name, is the best available and is appropriately priced at \$600 per ounce. Other types include: "California Sense" (sinsemilla) at \$375 per ounce; "Mexican" at \$250 per ounce; "Thai" (a variety originating in Thailand) at \$400 per ounce; and Jamaican \$300 per ounce. The smallest amount one can buy is one eighth of an ounce. Marijuana is weighed on a triple beam balance, and always in front of the customer. Tracy's customers are comprised of students and faculty from a neighboring performing arts school and other young and middle-aged professionals who live and work in the city. Her supplier is a matured hippie from upstate New York who has turned his recreation into a successful enterprise as a mid-level dealer.

Amounts purchased by buyers at a private distribution franchise are commonly above 50 dollars. In fact, at "East 70" a minimum is set at 50 dollars for each customer, per visit. This is quite a difference from the smaller retail units (i.e., \$5, \$10, \$20) routinely purchased by buyers at street and park markets and storefronts.

Many regular and chronic users of marijuana become involved in distribution networks because marijuana prices are highly inflated and difficult for many users to afford. Informal sellers and larger scale distributors are differentiated by the amounts and the profit margins which are involved in their sales. Wood (1988) makes a distinction between "sellers" and "dealers," based on the dollar amounts

involved in similar private sales, but differences within private sales networks observed in New York City are more subtle, and less clear-cut. In most networks, the profit margins remain low at each level of distribution, but the cumulative effect for the final "retail" consumer is inevitably an inflated price. Receiving marijuana "on credit," or consignment, is very common in such networks. The following fieldnote provides an example of an informal distribution network:

Bill buys a "Q-P" or a 1/4 of a pound of marijuana (equivalent to 4 ounces or 112 grams) from Dave for 500 dollars. The marijuana is a middle grade sinsemilla from Mexico. Bill does not pay Dave and receives the 4 ounces "fronted," (i.e., on credit.) Bill first splits the four ounce bag into individual ounce bags. He then sells two ounces to Lisa, for 175 dollars an ounce, a total of 350 dollars. Lisa is buying one ounce for herself, and the other one for her brother-in-law, "an older yuppie with no more connections." Bill sells the third ounce to George, a friend he made in college, for 175 dollars, the same per ounce price he charged Lisa, but since George is better friend, which figures into this equation, he will be charged the same bulk rate as Lisa. At this point, Bill has "moved" or sold 3 of the 4 ounces paying off the whole quarter pound, leaving a 25 dollar profit. Bill's friend Bob calls asking "if you could break me off a piece of that ounce." Bill sells Bob a quarter of an ounce to Bob for 45 dollars. Bill's final profit is 70 dollars and 3/4 of an ounce (21 grams) of marijuana. Bill is a "regular smoker... pretty much everyday, but not necessarily everyday" smoker. The 3/4 of an ounce will last him approximately 2-3 weeks. Bill comments on his role as a casual seller: "My friends are happy since the prices I offer them are the best around, I don't have to pay for the weed I smoke, and maybe I get a little extra money for the weekend."

Because the amount that the Bill deals involves ounces,

or "z's," some might consider him to be a regular marijuana dealer. But the fact is that he is only involved in such intricate deals, involving a total of four ounces to three different people in different amounts, once every 3-4 weeks. Essentially, Bill deals to support his habit, and he does not seem to be inclined to increase his profits substantially. Bill is one of the many user/dealers or "subsistence dealers" of marijuana in New York City.

Private distribution networks often develop in collegiate fraternities, formal or otherwise, and workplace and political milieus. Very often the exchange is informal and includes socializing.

In a leased apartment off 5th Avenue in the heart of Manhattan's Greenwich Village, two recently graduated Columbia University fraternity members have set up a informal distribution network. Their customers include other frat members and some new friends made at their new jobs. The partners sell marijuana and "shrooms" (psilocybin mushrooms). Amounts available range from 1/8 of an ounce to an occasional order for a couple of ounces. Today a frat member comes over to "score" an eighth of an ounce of pot, which sells for 25 dollars. "Hey, you dudes, want to smoke one up?" Sean agrees, offering some pot of his own. "Are ya going to the party tonight?" "Yeah, I think so," Sean replies.

In the preceding exchange one can see the friendly nature of the transaction. The amount purchased is very small (1/8 of an ounce or 3.5 grams), and the sale is attended by socializing between old friends. This exemplifies the social bonds that often precede the business relationships within private cannabis distribution networks. Many of the frat boys' customers are friends, and in this case the sale

includes "hang out time" to smoke a joint and catch up with each others' lives.

Storefronts

Storefronts -- newsstands, candy stores, boutiques, record shops, video rental outlets and carry-out restaurants - - which also sell marijuana, and occasionally hashish, are to be found throughout New York City's five boroughs. In some neighborhoods these businesses are as common as pizza parlors. The New York Free Press, a free weekly newspaper, actually listed their favorite storefront, "the Record Store," located in Astoria, Queens, in their annual "Best of New York" issue. In every neighborhood with an active hard drug street market one can find a cannabis-exclusive storefront. The storefront is the most prominent emerging marketplace for marijuana in New York and other American cities. One reason for the renewed popularity of storefronts in New York City is that Tactical Narcotics Teams (TNT) have displaced many street drug dealers, forcing them to seek other means of distribution (Curtis 1994). While for hard drugs this has meant a mere shift from the sidewalk to a hallway, for the cannabis market it has resulted in a more elaborate transition to storefronts. A recent example is provided by the renovation of Tompkins Square Park in 1991. The retail park market was disrupted and displaced by the renovation at first, and then by the stepped up enforcement by park and city police after the park

reopened. In the two years following the renovation, about a dozen new storefronts set up shop along the side streets from 7th Street to 11th Street, adjacent to the park's eastern and western borders (avenue A and avenue B). This proved to be a lucrative area, where a street market also developed, since customers coming to the park or the greater neighborhood would undoubtedly enter the area through these thoroughfares.

The following fieldnote describes the setting and operation of a storefront on the Lower East Side.

The boutique is the busiest business on this downtown block. The front window display includes Malcolm X hats, t-shirts, Rastafarian flags and hats, and incense. One shirt reads "Nelson Mandela! From Prisoner to President!" The facade has much in common with other boutiques which do not sell marijuana. Customers must ring the doorbell to enter the always-locked front door. Then the eyes of a African-Caribbean male in his late 20s peer out, checking to see a familiar face and not "five-O," a slang term for the police. After the security glance, the customer is buzzed in. Inside the small street level shop is a glass display case filled with Rastafarian style wares. On the back wall hang a number of t-shirts. The customers must slide the shirt furthest to the left to the side, where they find a small hole in the wall. Here a ten or twenty dollar bill is inserted, and a "dime" or a "twenty," respectively, is pushed out from the other side of wall. "Dats some good shit for ya, my broda," the male behind the wall says with a thick island accent. The customer, a white male student in his early 20s, quickly puts away the small sealed pillow-shaped ziplock bag without examining it, and leaves the store. The whole transaction takes less than thirty seconds.

Many advantages are offered to customer and seller by this storefront market. Rarely does the customer get "burned" or "taken," since the reputation of the storefront is at stake

with each customer. Unlike the street market, where dealers rotate in and out, and customers are more likely to get taken, the storefronts tend to be manned by familiar faces. Inside the storefront described above, a number of security precautions are taken to guard against: 1) being robbed; and 2) police raids. When a customer is buzzed in, potential "rippers" and cops do not gain entry. In case there is a raid, which occurs rarely for a number of reasons, there is a brick wall and a steel door between the customer or cop and the person selling the marijuana. If police were to gain entry through the front door, which is locked and opened electronically, the seller(s) can escape through the back door behind the security wall.

Do storefronts experience pressure from the police? Only very infrequently. The neighborhoods where storefronts are located, in Lower East Side, Harlem, the Bronx and parts of Brooklyn and Queens, are neighborhoods where hard drugs are abundant. When cocaine, heroin and crack are sold on practically every block, the officer on the beat, in the cruiser, or in the narcotics team van is very likely to ignore the marijuana storefront. Sometimes, if storefronts get too busy, neighbors, or even the local community board, might complain, causing it to be closed. An amendment made to the 1977 Nuisance Abatement Law reduces the number of gambling, drinking and drug violations which are required before a building can be padlocked from five to three. Initiated by

Community Board 4 and the Dinkins administration, this law has been a tool allowing the police to shut down persistent soft and hard drug storefronts. After such a storefront is closed, a bright orange sticker is placed on the window stating the violation which caused its closing.

Are the soft and hard drug markets in New York City clearly separated? To some degree, they are. It is in the storefront markets that one finds the sharpest delineation between hard and soft drugs. This may be a result of marijuana's semi-decriminalized status, which dictates that persons caught with small amounts will receive only a small or modest fine. Aware of this, many storefront dealers, often pragmatic entrepreneurs from the Caribbean, perceive dealing solely in soft drugs as a less risky venture. Rastafarian ideology also plays a role in a zealous separation of cannabis from harder drugs. Delivery services observed also delineate between cocaine and heroin on the one hand, and cannabis and psychedelic drugs on the other, which is a separation often found within the neo-hippie subculture. Sales of hard and soft drugs are not clearly distinguished in the street and park markets. These are the least stable markets, where customers may be offered marijuana and cocaine in the same breath or greeted by two different dealers sporting different wares. At the street market on First Avenue, if a passerby does not respond to the mumbled word, "smoke" (meaning

marijuana), "half grams" (indicating cocaine) is the second sales pitch. Street markets in Harlem also see little separation between hard and soft drug sellers. Kenya, a 22-year-old African American male college student, comments on an East Harlem street corner market where there is no separation between hard and soft drug sales: "One dude might have the boom [marijuana] and another might have rocks [crack]."

Cannabis Products and Prices

The diverse cannabis markets of New York City are largely marijuana based. Hashish is available, but is usually limited to varieties black and dark brown in color, originating from Afghanistan. Much of the marijuana available in the market is domestically grown in the United States (much of it in California), while other varieties are imported from Mexico. Other imports come from Columbia and Jamaica. Different types of retail outlets may specialize in marijuana imported from a particular state or country. Jamaican-run storefronts are likely to sell imported Jamaican marijuana, while "dead heads" (Grateful Dead fans) living and distributing privately in Greenwich Village might have friends in Northern California who ship pounds at a time via the United Parcel Service.

Amounts of cannabis sold at the retail level vary depending on the market involved. Nickels (\$5) and dimes (\$10), the smallest amounts available, are only available at street and park markets, and storefronts. "Loose joints" and

"treys" (three dollar amounts of cannabis), once available, have not existed in New York City retail markets for many years. The smallest amount of cannabis which can be purchased from a private network or delivery service is generally 1/8 of an ounce, which may cost anywhere from 20 to 75 dollars. More formal private distributors might set minimum amounts for purchase, say at 50 dollars. Users are often inclined to buy more than 1/8 of an ounce at a private distributor, because the purchase usually involves setting up an appointment.

Orally ingested cannabis products (i.e. cookies, cakes or teas made with cannabis) are not normally available in New York City on the retail level. There are some exceptions, however. A Jamaican storefront in the East Village was observed selling marijuana brownies at 10 dollars apiece, before it was closed when neighbors joined forces with the local community board and complained to the police that the place was getting too busy. In fact, it was creating a constant flurry of pedestrian traffic on the block. Cannabis brownies and cookies are also prepared for private parties and film and art openings, where they are served, not sold, in a nonchalant, discreet manner.

The price of cannabis in New York City has increased during the period from 1982-1992, but there has been a decrease in the price over the last two years. The increase of cannabis prices through 1992 coincided with a decrease in the price of hard drugs like heroin and cocaine over the same

10-year period (Rhodes, Hyatt & Scheiman 1994). Prices for psychedelics such as LSD, MDMA and psilocybin seem to have remained stable over the past ten years. Even for the casual user, the cost of cannabis can amount to significant part of a weekly budget. A "dime" (a ten dollar amount) from a storefront or street market will typically consist of approximately 1 gram of commercial grade marijuana, which might yield 2-3 averaged sized "joints" (marijuana cigarettes). New York City's retail cannabis prices average approximately three times higher than the prices in the Dutch retail market. The highly potent "skunk weed," a.k.a. "the chronic" (cannabis indica) can easily fetch 70 dollars per eighth of an ounce (20 dollars per gram) in New York City. Marijuana of equivalent quality averages 10 Dutch guilders (\$6.50) per gram in coffeeshops in Rotterdam.

The Dutch Commercialized Coffeeshop Model

Since the Dutch policy makers amended the Opium Act in 1976, the unique coffeeshop phenomenon has emerged. "The Coffeeshop" was a simple idea: provide non-alcoholic beverages in a cafe setting which also includes a house dealer who sells different varieties of hashish and marijuana. The first "coffeeshops" evolved out of youth centers (jongen centrums) in Amsterdam and Den Haag (the Hague) where a "house dealer" was permitted to sell soft drugs to members. The first house dealers in the youth centers appeared in the early

1970s before the official Opium Act revisions, which were seen by the Dutch government as a pragmatic move to control the drug use of youth center patrons, limiting it to cannabis and, on occasion, beer.

After the passage of the Opium Act amendments, an abundance of coffeeshops opened in Amsterdam in the late 1970s and early 1980s. The coffeeshops were consistent about the "house rules" which restricted the behavior of the patrons. There were four general rules:

- 1) No entrance for persons under 16 years of age, and no cannabis sales to persons under 18 years of age;
- 2) No aggression or illegal activity (i.e., fencing stolen goods) will be tolerated;
- 3) Everything to do with the use and sale of hard drugs is forbidden;
- 4) No sales of amounts more than 30 grams;

Traditional Coffeeshops

The first coffeeshops might have set the prototype for the rules regarding behavior, but the environments which later manifested themselves spanned a diverse spectrum. The "traditional" coffeeshops were founded initially in Amsterdam, where they flourished into a scene, but soon opened in other Dutch cities of the Randstad area, Rotterdam, Amsterdam, and Den Haag. Growing out of the youth center history these founding coffeeshops enjoyed a youthful clientele and atmosphere. They did not serve alcohol, even though some of the early shops were granted the permission to serve beer, a

right they refused. Sometimes light food and lunches would accompany the non-alcoholic beverage fare. Table games like chess, checkers and cards were very popular, and some shops turned into quasi-art galleries where local artists could hang their work on the walls. These founding shops would usually have an early closing time, somewhere between 9:00 and 11:00 PM.

This traditional coffeeshop is located just outside the center of Groningen, a modest-sized city in North Holland, not far from the German boarder. The patrons of the Groningen coffeeshops are largely local, many from the city's state university (rijksuniversiteit), but there is a smattering of German "drug tourists" whose trip to Groningen is usually not more than a couple of hours.

The best word to describe the feeling of this place is the Dutch word "gezellig" which means a combination of cozy and comfortable. The morning sunlight gently cascades over a room filled with different sized tables, chairs and large house plants. Newspapers and magazines are neatly stacked on the larger table. The artwork of a local psychedelic style artist hangs on the walls. The patrons of the coffeeshop sit around the counter eating "broodjes" (small sandwiches) and "tostis" (toast with cheese). Many are consuming their hearty "ontbijt" (breakfast) before a day at work or the university. The house dealer takes care of business, proffering small amounts of high quality marijuana and hashish to customers as they walk in, gathering his wares from a room in back of the counter. No one sitting at the counter is smoking cannabis. It is the morning, most patrons seem more concerned with breakfast and a cup of coffee. Those purchasing cannabis this early seem to be buying for consumption later in the day. An asian female university student comments, "Yeah, I got class in twenty minutes. It's not a good idea to get stoned now."

Cannabis Cafe-Coffeeshops and Club-Coffeeshops

After the establishment of these traditional coffeeshops, new clientele -- older Dutch, middle aged cannabis users and tourists, many from the United States, but also from all over Europe -- started to frequent the coffeeshops. It was necessary to provide for the needs of the new clientele. The "brown cafe," the traditional alcohol-serving "bar" in Dutch society, was recognized as a potential new market for cannabis. Many of these cafes simply adopted a house dealer to work inside the cafe next to the bar. The following fieldnote describes the front and inside of a cannabis cafe. What defines a cannabis-cafe-coffeeshop, and differentiates it from a traditional coffeeshop, is the fact that alcohol is served along with cannabis.

The facade of the establishment is typical of the traditional Dutch "bruin cafe" (brown cafe), which always exclusively sells the brand of beer indicated on a large sign outside. In this case, it is the familiar Heineken beer company logo which is displayed on both sides of the front door and on the bicycle racks in front of the entrance. Inside to the right is a bar which stretches the length of the room; the female bartender sets up four draft beers or "piljes." At the end of the bar a "house dealer" takes care of business, selling marijuana and hashish to patrons of the cafe, including those entering the cafe solely to purchase cannabis. There is also a table soccer game next to the bar, occupied by four enthusiastic male players. To the back of room is an unoccupied pool table. The felt is faded and torn slightly. Brown cafes commonly have this faded look and feel to them.

Cafe-coffeeshops only exist in the larger Dutch cities (i.e., Amsterdam, Rotterdam, Den Haag, Groningen and

Maastricht), where there is viable market for them, and a local government which tolerates their existence. Many of the smaller Dutch towns (i.e., Delft, Venlo, Tilburg) only allow traditional coffeeshops, and not cafe-coffeeshops which sell cannabis and alcohol simultaneously. Club-coffeeshops, found predominantly in Amsterdam, expanded because of the needs of the "drug tourist" clientele, which included many American tourists. These environments resembled big city clubs, including multiple levels, dance floors, and disco lighting. The primary differentiating factor that distinguishes the club-coffeeshop or the cafe-coffeeshop from the traditional coffeeshop is fact that alcohol is served. In club-coffeeshops, not only is alcohol served, but drinks are offered which are atypical of traditional Dutch bars. American tourists in Amsterdam seem to crave a frozen margarita to accompany their hydroponically more-potent-than-usual Dutch marijuana. At the club-coffeeshop, this and an array of other blender drinks are available, although the price will be at least three times higher than that of a beer.

This three-story building is located directly across from Amsterdam's Central Station. It is only about a ten-minute walk from tourists who stumble off the many trains which pull into this international port. "The coffeeshop" is located on the basement level. Here marijuana and hashish are sold from a booth that looks something like a ticket booth at a movie theater, the dealer sitting comfortably behind the glass wall. At the counter, coffee, tea, soft drinks and fresh-squeezed juices are served. Alcohol is not offered. The clientele is comprised entirely of tourists, some from the United States, others from Europe. On the second floor is a cocktail bar, complete with an American

menu offering "margaritas" and "blue whales." There are club lights, and loud disco/house music being played on both the first and second floors.

Club-coffeeshops are affected most by the surges and lulls generated by a tourist driven market. During summer months and holidays (i.e., New Years, Queen's Day) tourists from Europe and the United States flock to Amsterdam. This is when the club-coffeeshop will be crowded with international patrons.

Ethnic Coffeeshops

An "ethnic" coffeeshop is one which is both owned and frequented by one of Holland's many immigrant groups. Most of these coffeeshops are owned and operated by Turkish and Moroccan immigrants. Since both countries are predominantly Islamic, alcohol is forbidden in these shops not by any rule set by the local authorities, but by the holy Koran itself. The atmosphere inside these places is very much like a social club. According to the random observations of coffeeshops in 5 cities, 16% were found to be of this ethnic variety. Almost all of these shops were found in the larger cities (i.e., Amsterdam, Rotterdam, Den Haag). The following fieldnote provides a description of the atmosphere.

This coffeeshop is located on the Nieuwe Binnenweg (the New Inside Way) which is a vibrant thoroughfare of commerce in West Rotterdam. The facade of the shop is not very different from the 40 or so other cannabis outlets located on the strip. There are no beer signs, which indicates that alcohol is not served. Inside, the loud music being played is not the common high tech house or

reggae music played in the other shops, but very upbeat Arabic pop music. The patrons enjoy the music as they tap their fingers on the bar. There is no marijuana sold here, only hashish. The dealer prepares a 15-guilder order of hashish like a deli man slicing cold cuts. He cuts about a 3 gram piece of "Donker Maroc" (Dark Moroccan) from a brick shaped piece weighing half of a kilo (1.1 pounds). The clientele is comprised solely of Moroccan males between the ages of about 25-50. Most are drinking coffee, many are smoking cigarettes. Only one of the eight patrons is smoking cannabis. He rolls a very modest joint of hashish and tobacco, using the smaller more traditional cigarette papers as opposed to the extra-large papers used for bloated Dutch "blowtjes."

The Turkish and Moroccan coffeeshops specialize in selling hashish, much of which is imported directly from both countries. According to officials at the Dutch Ministry of Justice, many of these ethnic proprietors have trouble perceiving retail sale of cannabis as a trade which is officially tolerated (Leuw 1993). This perception is undoubtedly due to their experience with corrupt law enforcement officials in Turkey and Morocco, where arbitrary arrests are very common and systemic. This somewhat marginal, closed atmosphere which permeates the ethnic shop sets the stage for hard drug involvement. The fact that cannabis is being sold does not really affect the situation, since these complex hard drug smuggling networks already exist. The ethnic coffeeshop becomes an appropriate setting in which to take care of the business of the hard drug trade. In a police sweep in Amsterdam, about 20 ethnic shops were closed due to involvement with hard drugs and illegal weapons possession.

Ethnic coffeeshops were the type of coffeeshop most likely to break the house rule forbidding hard drugs. One must keep in mind, however, that non-ethnic Dutch youth rarely frequent ethnic coffeeshops, and are more likely to patronize traditional coffeeshops and cafe-coffeeshops.

Beyond Coffeeshops and Cafes

The coffeeshops and cafes which sell cannabis in the Netherlands dominate the retail market. There are, however, two other, less common ways in which cannabis gets bought and sold on the retail level: Delivery Services; and "Home Dealers" (Jansen 1989). Delivery Services in the Netherlands work very much like those which exist in New York City. These services are utilized by cannabis users on an occasional basis, when purchasing at a coffeeshop or cafe would be inconvenient or inopportune. It has been reported in Dutch newspapers that business is liveliest for these delivery services on nights when football (soccer) matches are televised and fans traditionally gather in residences. The marijuana and hashish sold by Dutch delivery services is generally higher priced than in local coffeeshops and cannabis cafes.

The home dealer in the Netherlands is more common in the outer towns than the larger cities. Some of these smaller towns, especially in the south of Holland, forbid the existence of coffeeshops, a right specifically vested in the

local governments of Holland, which creates a profitable situation for a home dealer. The home dealer operates much like a private network distributor in New York City. Amounts of cannabis sold are generally much larger than those purchased in a coffeeshop, commonly weighing 30, 50 or 100 grams instead of the usual 2 or 3 grams purchased in a coffeeshop. Home dealers are also less likely to have the diverse varieties offered by a coffeeshop, and may themselves be closely connected with a marijuana grower.

Cannabis Products and Prices

The cannabis products sold on the Dutch market include a diverse spectrum of domestic and imported varieties of marijuana and hashish. Most of the marijuana in the Netherlands is grown hydroponically, indoors and inside greenhouses. Growing marijuana has become an industry in itself, resulting in the emergence of many "Home Grow Shops," which sell the necessary equipment (i.e., seeds, halogen lamps, watering, fertilizers and carbon dioxide systems) for indoor growing. Many exotic varieties of marijuana grown in the Netherlands are sold in the coffeeshops with names like: Skunk, Super Skunk, Haze, Orangebud, Crystalbud, Whitebud, Purple Sense, B52, Bio-Skunk, Citral, Garlic. Hashish made from "Skunk" plants grown in the Netherlands is also produced and sold under different names including Skuff (a combination of the words "skunk" and "stuff," Dutch slang for hashish),

and Nederhasj. A number of imported varieties of marijuana from Jamaica, Columbia, Thailand and South Africa are also available on the retail market. The imported varieties of marijuana are generally less potent than the domestic cannabis, and they seem to occupy a segment of the user market who wish to limit their high.

The hashish available on the Dutch retail market also spans a diverse spectrum of varieties and potencies. Imported varieties from Morocco, Turkey, Afghanistan, Nepal, Pakistan, India, Lebanon and China can be chosen from a coffeeshop menu where they might sell under descriptive names indicating that the hashish was made with ideal plants, such as the variety Pollum (Dutch for pollen, a hashish made only with plants that are flowering) or Zero (a variety of hashish whose name is derived from a screen used in a filtering process used to insure purity). The following fieldnote provides a detailed description of a common menu.

The menu is displayed inside a plastic stand on the lime green formica counter of this coffeeshop. The upper left side of the menu lists the types of marijuana presently being sold: "Skunk, Congo, and Super Thai." Pre-rolled joints or "blowtjes" are also advertised as selling for 5 Dutch guilders (\$2.75). The lower right side of the menu lists the types hashish available: "Maroc Blonde" (Moroccan blond); "Super Blonde" (premium Moroccan blond); "Polm" (made from the pollen of flowering plants); "Zero Polm" (a purer pollen made hashish filtered through a screen); "Manali" (from the Himalayan mountains); and "Afghaan" (from Afghanistan). This particular shop offers a discounted bulk special, in which the buyer is offered an extra 12.50 guilders (\$7) worth of marijuana or hashish with the purchase of 75 guilders (\$40) worth and a bonus of 25 guilders

(\$14) worth for a purchase of 100 guilders (\$55). The marijuana and hashish is sold in 12.50 guilder and 25 guilder labeled and pre-weighed bags.

The cannabis offered inside the coffeeshops and cannabis cafes is sold in relatively small amounts. Practically all places offer amounts of 10 or 12.50 guilders (\$6.50 and \$7.75, respectively). Amounts of 25 guilders are also standard. Occasionally, shops and cafes located in cities with a tourist driven market (i.e. Amsterdam, Maastricht, Groningen) are likely to offer 30-gram amounts (the largest amount officially tolerated) to "drug-tourists" whose intention is to bring some cannabis back to their home countries. Most Dutch users purchase in small amounts, generally ranging from one to three grams. The sale of single joints is also very popular. "Blowtjes" are Dutch-style joints, where cannabis is mixed with tobacco and rolled with a longer-than-usual rolling paper and a cardboard filter, are sold for 4 or 5 guilders.

Orally ingestible cannabis is sold in many of the coffeeshops. Cakes, candies and teas made with marijuana are offered. Ingesting cannabis orally entails a different high for the user. Coffeeshops in Amsterdam with an abundance of foreign patrons provide advice concerning the delayed onset of the effects of orally ingested cannabis. The onset of the high produced by a piece of "space cake" might occur only after more than 45 minutes, whereas the high experienced by the smoking user is immediate. Another crucial difference

between smoked and eaten cannabis lies in the relative degrees of the health risk they pose for the user: Orally ingested cannabis eliminates the risks posed by inhaling smoke into the lungs.

As discussed previously, the prices of cannabis (marijuana and hashish) are about 3 times less than prices of cannabis in the New York City markets. The price differentiation varies depending on whether the cannabis is domestic or imported. The domestically grown, high-quality cannabis of the Netherlands (Nederwiet) is generally perceived as the best bargain on the Dutch market, since its potency is much higher than cannabis purchased in other international markets.

CHAPTER 5

The Environments and Practices of Cannabis Use

The importance of the role that the "setting," or the environment, plays in the overall experience and eventual outcome of the drug user has become an important readjusted focus of drug research in the last decade (Zinberg 1984; Grund, Kaplan & De Vries 1993; Sifaneck & Kaplan 1995). Ethnographic research methods are useful tools in exploring these often hidden contexts. Thus, ethnographic research has contributed much to the understanding of the complex environments where illegal drug use takes place, and the relationship of the drug user to these respective environments (Preble & Casey 1969; Johnson et. al. 1985; Williams 1989, 1992). Although much of this ethnographic drug research has focused on the context of hard drugs and users, such methodologies are also useful in defining the contexts and microenvironments where cannabis use occurs.

Another important factor in understanding cannabis use in different cultural settings is the specific use practices which are employed by each respective population of users. These practices are by no means fixed, but rather evolve and develop with different generations of users. The drug use of these different generations are influenced by subcultures, as well as the market conditions in which drugs must be purchased. The following chapter describes and explores the

different use practices employed by cannabis users in New York City and the Netherlands (Rotterdam,) and the diverse environments in which this use takes place.

When analyzing current cannabis use practices it is important to examine such distinct drug taking behaviors from a contemporary historical perspective. Since these practices evolve and change with different generations, the age of the cannabis user is often determinant of their most commonly employed use practice. In both cultural contexts, not only are different and distinct use practices described, but their recent historical roots have been extracted from testimonies of key informants.

Environments of Cannabis Use in New York City: Outdoor Public Spaces, Bars, Clubs and Private Places

In New York City, where commercial public spaces for cannabis use are not officially tolerated, although some spaces may exist precariously, the average cannabis user must search for a place where use is difficult to detect. As a result of this pressure, very often these spaces are found outdoors and include: parks, urban plazas, stoops and sidewalks, as well as indoor spaces located in private residences and workplaces. In the New York City context, the issue of where people use cannabis is very often determined by the age of the user. Younger users, who live with their parents, are most often forced outdoors. Exceptions to this

are children with permissive parents, who may or may not be users themselves. Many young cannabis users in New York find themselves outside on stoops, and in parks, playgrounds, and schoolyards. College students find their dormitory rooms comfortable places to smoke cannabis alone or in a small group. Older adult users commonly use in private spaces within offices and households. Here, use may or may not occur in a clandestine manner.

"Let's step out to smoke a joint." The intention of such a statement is simple: leave this indoor space dominated by non-users, and relocate to an outdoor space where cannabis use is much harder to detect. Such an intention leads many urban users to outdoor public spaces including parks, urban plazas, schoolyards, stoops, and sidewalks where the pungent smell of burning cannabis exudes into an urban barrage of sensations for the olfactory. The smell of marijuana cannot only be detected in inner-city neighborhoods and schoolyards, but also amidst the plethora of walking dark "suits" (NYC slang for a businessmen wearing three-piece suits) which populate the downtown financial district.

Along with functioning as places where retail cannabis markets exist, city parks are also very popular outdoor locations for public cannabis use. One of the most vibrant cannabis smoking scenes in the Sheep's Meadow in Manhattan's Central Park. Here, one can find a spectrum of different cannabis users, especially on a sunny summer weekend: from the

30-something professional to high-school kids in flannel and tie-dyed shirts, to the homeless folks who use the park as their residence. The following fieldnote describes two users in Sheep's Meadow, and their relationship to the use environment:

Peter and John, two college students in their twenty's, move far into the middle of the field before they begin their cannabis smoking. They want to be in the middle of the field so that they blend in to the rest of the crowd using the area. The cops which circle around the Meadow will have a difficult time distinguishing them from the other park users. After smoking a joint Peter and John engage themselves in a friendly toss of a frisbee.

Urban corporate plazas have become increasingly abundant in New York City. Generally they are found in New York's two central business districts: Midtown and the downtown Financial District. These plazas are built and maintained with corporate funds, and are open to the public. Even though rules are posted which always prohibit alcohol consumption, they rarely include an explicit rule prohibiting drug use. The rules of the plaza, however, are only enforced if the corporate sponsor of the plaza has provided private security. Most of these plazas are too small to warrant such full-time security, thus these "rules" get overlooked. So besides finding that chairs and benches in the plazas are utilized by persons reading newspapers, munching street vendor food, or waiting to meet someone, these free seats are very convenient, and often shielded places from wind and rain, to construct and smoke marijuana joints and blunts.

Hanging out on stoops is tradition with a long history in New York City. In New York's older inner-city neighborhoods where brownstones and tenement buildings are more common than housing projects and high rises, many young cannabis users who are discouraged from smoking at home, find the stoops, or the front steps, which abut these traditional buildings very convenient places for consuming cannabis and socializing. A common piece of drug use archeology on the streets of New York today, are small piles of cigar tobacco emptied out of cigar shells which are used to construct blunts (e.g., hollowed-out cigar shell filled with marijuana). These piles of fillings are often found on sidewalks located at the foot of these stoops, where use often takes place.

"Give me a hit off that "L" (e.g., blunt) B! (e.g., peer)" Rudy demands that Jason passes the blunt he has just assembled, and is now smoking. Jason and his friends meet on this particular stoop in their neighborhood after every schoolday at approximately 2:30 pm. This group of four boys, from 15 to 18 years of age, consider themselves a "crew" (e.g., small informal group). Besides smoking blunts, the boys converse about school and their favorite topic "the honnies" (e.g., girls).

Generally, in New York City nightclubs, where during the 1970s throughout the 1990s hard drug use has been prevalent and an accepted behavior, cannabis smoking is tolerated and perceived as a normal "club" activity. These claims, first reported in interviews and focus groups, were further tested and reinforced through ethnomethodological field experiments where respondents were recruited to "light up" inside various nightclubs, and observe the subsequent response of the club

security. In all eight experiments, only one involved the reaction of the security, and this was limited to telling the users to relocate to a less populated area of the club. Other recent evidence of the abundant drug use and selling taking place inside Manhattan nightclubs is the Drug Enforcement Agency's (DEA) undercover sting operation of the Limelight in October of 1995. Over twenty dealers, including employees and patrons, were arrested selling a pharmacopeia of illicit substances including cannabis, cocaine, heroin, LSD, MDMA, ketamine and benzodiazepines (i.e., valium, rohypnol). These drug micro-markets located inside the nightclubs are perhaps the most diverse in New York. Users may fancy a particular drug in this illicit barrage, but this is a likely place to find dynamic poly-drug users who mix cannabis with various illicit drugs, as well as alcohol.

"Young girls and old men with lots of cash---that's somewhere to make mad money" boasts Tom. Tom, a 27 year-old white male, is a "club dealer" who works a number of nightclubs in Manhattan's downtown scene. His biggest selling drugs are MDMA and LSD, but he also sells twenty dollar bags of marijuana and powdered cocaine. Very often people inside the clubs will approach Tom for a drug that he does not have, and in that case he works as a liaison, connecting the buyer with the appropriate wares. Tom comments on drug use inside the clubs "Hell yeah people smoke weed all over, but if there using any type of powder (i.e., heroin, speed, and cocaine) they usually take it to bathroom. The other week some chick 'O.D.ed' (overdosed) in the bathroom."

Alcohol serving bars in Manhattan, where owners may turn a blind eye to cannabis smoking are generally located in the downtown neighborhoods: East and West Greenwich Village

(including Lower East Side,) Soho and Tribeca. This is also where most of the smaller bars feature live music, and artistic (gallery and performance) spaces. Cannabis use inside these bars, is by no means officially sanctioned, but tolerated in a nonchalant manner.

Jeanine, a 32 year old African-American professional, rolls a joint furtively in the back corner of the bar on the top of a free weekly newspaper. "I'm glad you guys are smoking cigarettes" she says to her two friends sitting across from her.

Even though Jeanine is sure about smoking a joint in this familiar local bar, she takes two precautions. First, she makes sure that the bartender cannot see her rolling the joint. Secondly, she is comforted by the fact that her friends are smoking cigarettes, which will serve the purpose of making the smell of burning marijuana harder to detect.

Most cannabis use which takes place among adults generally takes place behind closed doors. This was an issue which emerged repeatedly in interviews with adult users in New York City. This is in contrast to young users whose use is very likely to take place in outdoor public spaces. Workspaces are also indoor private and semi-private places where cannabis use also takes place. These workspaces are not limited to offices and factories, but include the numerous music (recording and rehearsal), artistic (fine and commercial art) and entertainment (movie and television) studios which are abundant in Manhattan.

Environments for Cannabis Use in the Dutch Context: Coffeeshops and Cafe-Coffeeshops

The outdoor public use of cannabis in the Netherlands, was observed far less in the field, than in the New York City context. This is undoubtedly contrary to widely held (mis)perception of Amsterdam, and other Dutch cities, as the modern Sodom and Gomorrah, where everyone acts out their carnal desires and deviant instincts. The lack of observed public use of cannabis in the Netherlands is a direct result of the normalization which has occurred inside of Dutch society over the last two decades. Just as most alcohol consumers in New York City (and other contexts where alcohol is normalized,) choose not to swig their hops and spirits from a brown paper bag, although many unconventional alcohol users may, most Dutch cannabis users choose to use inside the appropriate indoor public spaces: coffeeshops and cafe-coffeeshops.

In the Dutch situation the microenvironments for cannabis use are provided inside the establishments where the retail sales of marijuana and hashish take place. The express intention of this policy is to combine the environments for retail sales and social use, illustrating the relationship between the two functions in a normalized setting. In these environments, users must follow a strict, yet simple, protocol regarding their behavior. These rules known as the "House Rules" are consistent and enforced inside the coffeeshops. As

discussed in chapter 4, two types of commercial environments where cannabis is sold in small amounts and used which exist in the Netherlands: cafe-coffeeshops where alcohol is available, and the traditional and ethnic coffeeshops where only cannabis is provided. Users often choose either type of environment based on whether they (and/or their peers) consume their cannabis with alcohol or not.

"de Poel" (translates "the Pool") is a very busy cafe-coffeeshop located in the center of Rotterdam. During the afternoon the place serves the function of a traditional coffeeshop where users come in to purchase small amounts of marijuana and hashish, and usually take the time to roll and smoke a blowtje, perhaps while sipping a coffee. In the center of the second floor cafe is large reading table covered with current newspapers and periodicals. All the chairs around the table are occupied. As nighttime approaches the crowd changes, and patrons who enter are more likely to purchase and consume alcohol. By 10 pm the place is full with young males and females. Even though beer seems to be the most popular drink at this hour, some patrons still choose from the many non-alcoholic drinks offered.

Another reason Dutch cannabis policy encourages public use, is so that novice cannabis users can learn from experienced users (Lap 1996). Advice on rolling skills, when not to use cannabis, and about over-use, is some of the information which gets transferred from older experienced users to younger novices. Advice on practical cannabis use is not only provided by the older coffeeshop veterans, but often by information sheets. The following "Advice on Hash and Weed" was developed and distributed by a predominant drug treatment provider:

ADVICE ON HASH AND WEED

Throughout the world and through the centuries, HASH and WEED have been used by people from different cultures. But like with other stimulants, using HASH and WEED is not without risk. This is why we have compiled a few hints for:

Sensible use.

HASH and WEED originate from the cannabis plant (cannabis sativa). The effective substance is called Tetra-Hydro Cannabinol (THC). Its effect, lasts 2 to 4 hours. HASH and WEED affect our consciousness, so that one starts feeling comfortable. Some people become talkative, others reserved. Some become active, others relaxed, one does not know in advance how it will affect one; it may work out differently every time. Use HASH for your pleasure, but not to smoke away stress and uncertainty. You do not solve problems by lighting a joint.

More advice

Your concentration will diminish when using HASH and WEED. Sometimes you even forget, what you said a moment before. So do not use at school, at your work or if you still have to study.

Your reactions will also diminish under the influence of HASH, so do not drive!

EATING HASH or WEED, like SPACE CAKE, should be advised against. Especially in the case of inexperienced users it could have a totally adverse effect.

HASH and WEED often do not mix with alcohol.

Sometimes you can become quite sick after using HASH and WEED; if this happens, find a quiet spot and eat or drink something sweet. After an hour the worst will have passed.

WHO SHOULD NOT...?

Do not use HASH or WEED if you take medicines. This also applies to diabetics and epileptics. And do not smoke when you are pregnant.

Do not buy HASH and WEED in the street. Find a

cozy HASH COFFEE SHOP, and let people inform you about what to buy.

Avoid problems, do not carry HASH or WEED with you when you cross borders.

This document, which provides fairly accurate and useful information, is evidence of the disparate ideology held by Dutch drug educators and counselors. For these practitioners, there is such a thing as sensible cannabis use. They do not rely on the abstinence-only model espoused by their American counterparts. Just as the situation with alcohol in both cultural contexts, an alcohol user can be a "social drinker," and is not immediately labeled an "alcoholic." This primary document is also illustrative of how cannabis is perceived as a social drug, in the same category as alcohol, and not in the same category as cocaine and heroin.

The Dutch policy of tolerating the existence of coffeeshops and cafe-coffeeshops has effected the ways in which cannabis users consume marijuana and hashish. By putting cannabis in a normalized environment, the self-regulation of cannabis use is encouraged. Another added benefit of controlled public use, is chronic users are easy to identify for intervention and treatment. The Jellinek Center in Amsterdam is one of the many drug treatment providers which has used the public context of the coffeeshop to facilitate outreach efforts to troubled youths who may use cannabis chronically throughout the day. Secondary prevention efforts of keeping youth away from cocaine and heroin, is reinforced

by the separation of hard and soft drug markets through the coffeeshop system, which encourages users to use in an environment where hard drug use is strictly forbidden.

New York City Smoking Practices: Joints, Pot Pipes, Bongs and Blunts

There are four ways in which cannabis (predominantly, but not exclusively marijuana) is smoked in the New York City context: joints, pot pipes, bongs and blunts. Older users are likely to employ the first the first three smoking methods, while younger users are attracted to the newer smoking practice: the blunt.

The sale of loose joints has a long history in New York City. In the 1930s the infamous Mezz Mezzro sold his high quality joints known as "reefers" to the many jazz musicians who comprised the vibrant Harlem jazz scene (Kornblum 1991). From the middle 1970s to the early 1980s the retail sale of loose joints, for \$1 or less, by street and park dealers was a very common phenomenon (Johnson 1995). Presently, single joint sales have not been observed on the New York City retail market. In fact, the smallest retail purchase generally made is a "dime" (e.g., ten dollar amount). Joints, however, still remain the most popular use practice employed by older users.

Over the last twenty years, the practice of rolling joints has gone through a number of technical developments and

changes. The most noticeable has been a change in the size and brands of the most commonly used rolling papers. In the late 1970s, when marijuana use was reported to be most prevalent in the United States, the rolling paper brand "E-Z Wider" dominated the market. Offering papers with widths of 100% and 50% wider-than-normal, "For a easier roll and slower burn" became the company's boasted motto. Also on the New York City rolling paper market, were a number of smaller companies often marketing rolling novelties, such as including a wire roach clip, fruit flavorings, and decorative colors and designs.

Today, the most commonly purchased brand of rolling paper is "Bambu" which offers two sizes. "Regular" which is the length and width of a standard rolling paper, and "Big Bambu" which is double the width and length. It is not uncommon to see both sizes of Bambu papers sitting next to a box of Philly Blunt cigars (used to make blunts) in a newsstand or smokeshop. The Philly Blunts being a far more popular purchase with the Hip-Hop youth, while the rolling papers are preferred by older adult users.

"Pot pipes" (e.g., small pipes with screens designed specifically to smoke marijuana or hashish) and bongs (e.g., Syrian water pipes) were far more common smoking practices when "Head Shops" (e.g., stores which legally sell drug paraphernalia for illicit drugs) were more prevalent in New York City. Many of these head shops were closed down not for

selling cannabis paraphernalia, but for selling vials and glassine envelopes used to package crack-cocaine, powdered cocaine, and heroin. One such police sweep shut down a number of head shops in the Greenwich Village neighborhood in the winter of 1994.

"Bongs," more formally known as Syrian water pipes, were most commonly observed being used by college students and young adults living on their own or in a dormitory. Since bongs need to be filled with water for proper use, they are not portable, and usually need to be placed on a table. Bongs are almost always used indoors, which makes them unpopular with young users who prefer more portable blunts, as well as middle-aged working users who find pre-rolled joints convenient and transportable for a lunchtime or after-work smoke.

"Blunts" explicitly emerged as a phenomenon in New York City during the mid 1980s, where small groups (3-5) of youth would pool their limited resources to purchase generally a "dime" (\$10) or "nickel" (\$5) bag of marijuana (James 1992). In New York City's inner-city markets, these were relatively small amounts: a nickel consisting of approximately .75 of 1 gram, and a dime averaging slightly more than 1.5 grams. When rolling a traditional marijuana joint, 1 gram may be used to construct 2-3 joints. Joints of this size, however, are meant to be consumed by one or two persons. Blunts are generally shared among larger groups of users.

For the original blunt smokers, the blunt smoking phenomenon was born out of the scarce conditions of New York's cannabis market in the mid 1980s. Today, single "joints" and "trey" (\$3) bags of marijuana which were the major retail units of sale in the late 1970s, are no longer available in New York's retail market. Cannabis prices are presently averaging about four times higher than in the late 1970s (Small 1995; Hamid 1995; NYPD Narcotics Division 1995). Throughout the 1980s marijuana prices gradually inflated, and peaked around 1989, while cocaine prices concomitantly plummeted (Rhodes, Hyatt & Scheiman 1994). This unique market condition of abundant and inexpensive cocaine reinforced the functionality of the shared purchase and subsequent consumption of expensive and often scarce marijuana.

When making a blunt, the user must first purchase an inexpensive, low-quality cigar. "Philly Blunts" from which the blunt label is derived, is the most popular brand, but other cheap cigars (i.e., "White Owls," "Dutch Masters," and "Optimos") represent a fair section of the market. There exists some street mythology concerning the effects of the highs, as well as the burning duration of the different brands. The tobacco inside the cheap cigar is then hollowed-out leaving the empty shell. Since the production of these particular cigar brands is low-cost, the shell is not pure broad leaf tobacco, but a tobacco/paper composite. By contrast, the "fronto" leaf, used in the traditional Jamaican

spliff making process, is pure broad leaf tobacco. The cigar is split length-wise down the center, and the tobacco inside is emptied out. The shell is then reduced or shortened to about two-thirds of the original cigar's length. The cigar-shell is then re-filled with marijuana and rolled-up like a large cigarette. Generally, the contents of a whole "dime" or "nickel" bag is used in the construction, and the blunt is shared among a group of three or more users. Since "blunts" have come into fashion, however, personal blunt smoking among wealthier individuals is not uncommon. The original blunt smokers, were predominantly African-Caribbean, African-American, and Latino youth residing in the inner-city. In the mid 1980s, such youths saw their new method of preparation as an economical way to consume expensive marijuana, and also a ritual of a group market transaction and preparation process.

The use of blunts is an integral element within the "Hip-Hop" youth subculture which has emerged in most American inner-cities. Other elements of this subculture include rap music, dance styles, a continuously evolving argot (including unique terms for marijuana,) graffiti art, and styles of dress which include baggy pants, sport team jackets and caps, and a changing array of accessories. Hats and shirts with the "Philly Blunt" logo--a brand name of an inexpensive cigar used to make blunts--and other references to blunts and marijuana smoking are common icons which are displayed prominently on "street gear" or the fashions of Hip-Hop youth. The argot of

the Hip-Hop subculture includes many novel and innovative terms for marijuana (i.e., "the kind," "the chronic," "ism," "boom," "live," etc.), making obsolete previous slang for marijuana (i.e., "pot," "grass," "reefer".) The new argot serves the function of keeping conversations about marijuana only recognizable to members of the subculture (Kaplan, Kampe & Farfan 1990). In short, the social meanings and rituals of marijuana use (i.e., blunts) have changed from previous American generations, as a result of changing sentiments, attitudes, and ideologies regarding drug use of youth subcultures (i.e., Hip-Hop, Rastafarianism).

For example, there are rap songs about how to roll blunts and smoking them. Phallic-shaped blunts are also an expression of "phatness," an important concept of the Hip-Hop subculture. "Phat" or "fat" is a term connoting excellence, and the blunt is one expression of many, including "forties" (40-ounce bottles of beer or malt-liquor), and oversized baggy pants and sweatshirts. "Phat" also means healthy, where the most overly- thin persons in the inner-city are perceived either as crack smokers (often referred to as "chicken heads") or people with AIDS.

The widespread use of blunts also seems to be associated with a "stepping off" pattern from using hard drugs (i.e., heroin, cocaine, crack) to only using marijuana. Blunts also are illustrative of a "keeping off" pattern of abstaining from hard drug use altogether (Sifaneck & Kaplan 1995). While rap

music lyrics embrace marijuana use and blunt smoking, they are also being critical of cocaine and crack-cocaine use. A special type of blunt termed a "wulla" emerged during the height of the crack epidemic in the late 1980s. The "wulla" not only contained marijuana, but also crack and/or cocaine. Regular "wulla" smokers were predominantly crack smokers who previously consumed their crack primarily from a "pipe" or a "stem," where a whole "hit" would be smoked at one time. Crack or cocaine in the wulla is crushed and spread on top of the marijuana throughout the blunt shell, and then smoked in a gradual manner, thus, self-titrating the cocaine dose. Peer pressures within Hip-Hop milieus encouraged wulla smokers eventually to abstain from adding crack and cocaine to their blunts. In New York City, a low prevalence of wulla use was observed, while blunt use seems very popular. A recent development in blunt construction is evidence to the fact that blunts attempt to replicate the look of "spliffs." A few blunt smokers were observed to roll rolling paper around the blunt shell, to give it more of the appearance of a spliff (Richardson 1995). The extra paper does not serve a technical function, rather it is simply stylistic.

Cannabis Use Practices in the Netherlands: The Evolving Modern Dutch Blowtje and Orally Ingested Cannabis

Although some cannabis users in the Netherlands employ traditional smoking practices (i.e., joints, pipes and bongs)

the "blowtje" has emerged as clearly the most prominent smoking practice. A blowtje (pronounced bloat-ya) is a modern Dutch style joint where cannabis is mixed with tobacco, and rolled into a large rolling paper with a cardboard filter "tip" located at the end meant to be inhaled. Many imported and indigenous subcultures affected the ultimate design of the modern blowtje.

In contrast to the developments in New York, the Caribbean influence on the cannabis smoking practices in the Netherlands seem more limited, despite a relatively large population of immigrants from the Antilles, the former Dutch colonies in the Caribbean. Some Jamaican influence on the Dutch cannabis culture did occur in the 1970s with Bob Marley and the worldwide reggae movement. However, well before that time there was already an active cannabis smoking culture in the Netherlands. In the 1960s an active psychedelic culture sprung up around Jasper Grootveld and the "Magic Center." Grootveld implanted an electrode in his brain to effect self-stimulation, and in general, experiments in drugs and consciousness expansion continued. Amsterdam was seen as a cosmic center, possessing geodesic conditions, including the ability to contact extra-terrestrials (Kaplan 1995). Grootveld prophesied that "Klaas" was coming, which came true when Princess Beatrix married Prince Klaus ("Klaas" in Dutch) from Germany causing much national rumbling, since Dutch-German relations were still rather cool at the time. The Provos,

another radical group of the 1960s, threatened to put LSD in the water of the horses of the coronation carriage. Other subcultural groups included the "Pleiners" who hung around the Leidsplein (an urban square) in Amsterdam and were the audience for the new Paradiso and Melkweg youth culture projects. The Paradiso and the Melkweg (translates to Milky Way) were the first environments where the retail sale of cannabis was tolerated by "house dealers" (Jansen 1989).

A considerable migration of Moroccan workers to the Netherlands in the 1950s provided a bridge for contact with hashish sources, which still provide the most prominent supply in present day coffeeshops. Tangier and Marrakesh were popular destinations for international beatnik and hippie travelers in the late 1950s and 1960s, and a stopover in Amsterdam was often on the itinerary. In the late 1960s, hashish, not marijuana, was the most prominent form of cannabis available in the Netherlands. Only later in the 1970s did the substantial Surinam and Antillian migration occur, which would augment the cannabis scene with marijuana (ganja) and Caribbean influences.

The origin of the blowtje was also influenced by the indigenous tobacco smoking subcultures. In the late 1960s a trend emerged among youthful tobacco smokers who wished to distinguish themselves from conventional cigarette smokers by rolling their own cigarettes with long-cut "shag" tobacco. This was an old Dutch working class practice, which could also

be observed in England, where high tobacco taxes made pre-rolled cigarettes too expensive. Youth subcultures with leftist politics and sympathies, perceived the practice of rolling shag tobacco as a symbolic and practical identification with the working class. In the 1970s the practice of rolling shag tobacco was common in the Dutch and German critical intellectual scene. Colorful designer Drum and Samson tobacco cans (shag tobacco brands) were subcultural status symbols.

In the 1960s a hashish-tobacco cigarette made with one paper was called a "stickje" (translates small stick). If two small papers were used in the construction it was called a "joint," also referred to as "American hippie style." This linguistic evidence shows the American influence in the Dutch cannabis culture transplanted by traveling hippies from the United States. As cannabis smoking became more socialized and more public, larger group smoking became a trend among hippies throughout the world. In the Netherlands, the hippie-style joint made with two papers was replaced by the blowtje, originally made with three cigarette rolling papers.

When making a blowtje the user must procure a number of things, all of which are available at the "coffeeshop" where the retail sale of small amounts (30 grams or less) of hashish and marijuana to persons over 16 years of age is tolerated. The collection of essentials to construct a blowtje include:

- 1) a small amount of marijuana or hashish (usually .25 of a

gram), 2) a large rolling paper (equivalent to the size of 3 shag tobacco cigarette rolling papers,) 3) tobacco (shag or from an American cigarette--approximately two-thirds of one cigarette) 4) a cardboard filter tip ("tipje" in Dutch). The construction process is somewhat elaborate. First, the cardboard tip is placed at the end of the large rolling paper--which is not folded in a perpendicular fashion, but at an angle. Then, the tobacco is spread out carefully inside the paper, creating "a bed" where the cannabis will be placed. The user then adds a small amount of marijuana or hashish, placing slightly more in the end opposite the filter. When the blowtje is rolled, the end which is lit is larger in girth than the end with the filter; creating a joint which is shaped liked a baseball bat, and also resembles the shape of a spliff.

As the blowtje became rooted as the predominant smoking mode, changes in the cannabis subculture were taking place. As the hippie-style joints lost popularity, the social roots for group smoking of the blowtje became weaker. This was reinforced by the emergence of the coffeeshops which provided a social context and a form of consumption that encouraged each patron to order, prepare, and smoke their own cannabis without sharing it. Nevertheless, "joint" smokers kept being initiated to blowtje smoking, even though the practice within the youth subculture became more individualistic and "selfish." Smoking alone in the coffeeshop has become the

norm. This individualistic consumption, is supported by the emergence of a new smoking style and argot in the cannabis subculture, the "blowtje." Dutch smokers inhale or "blow" (a term reserved for cocaine in American drug argot) their cannabis in a casual manner like a tobacco cigarette. Unlike American cannabis smokers, who are likely to inhale deeply and hold the cannabis smoke in their lungs, Dutch smokers literally "blow" the smoke in and out of their lungs, avoiding deep inhalation.

Thus, the blowtje (and the Dutch cannabis smoking subculture in general) has important roots in tobacco-smoking styles as well as international and indigenous subcultural influences. Dutch cannabis smokers distinguish among themselves by the amount and kind of tobacco (shag or American) and cannabis (marijuana or hashish) they prefer. Light processed American tobacco and the darker and heavier unprocessed Dutch shag tobacco were both observed to be utilized by users. A small minority of smokers, however, do not mix their cannabis with tobacco. Some of these cannabis smokers reject tobacco, simply because they do not like the taste and/or the effect. Others may also be concerned about the increased health risks posed by smoking both substances simultaneously. Very often these cannabis-only smokers will use a small Moroccan hashish pipe, and avoid the rolling process altogether.

A recently emerged smoking phenomenon in the Dutch

cannabis culture is the "Blowtje Gezond," a name derived from the popular Dutch bakery sandwich known as the "Broodje Gezond," which literally translates to "Healthy Sandwich." This small bakery bun is filled with cheese, a boiled egg and vegetables--not exactly fat or cholesterol free, but its vegetable laden appearance is its claim of healthfulness. A "Blowtje Gezond" is simply a Dutch blowtje constructed without the tobacco, and is being sold by a few coffeeshops in Rotterdam and Amsterdam. Although a limited development, the blowtje gezond may be an indication that the Dutch cannabis culture realizes the increased health risks posed by using cannabis and tobacco simultaneously. This may also be an indication of a marketing strategy to encourage smoking without tobacco, which is reinforced by the national campaigns against tobacco use in the Netherlands. Despite these campaigns, most Dutch cannabis users rarely smoke marijuana and hashish without the tobacco, and when they do, they label the joint as "puur" (pure). "I only smoke pure joints when I am in the sunshine" a young male Rotterdammer commented. "If see someone smoking a pure joint I say either he is an American or an old time hippie," responded a young female user in her twenties.

Orally ingested cannabis in the form of cakes, candies, cookies, milk shakes and teas, have become increasingly popular in the Dutch coffeeshops. These products are either made from hashish or marijuana, and are sold often as "space

cake" and "space teas." The effect of orally ingested cannabis differs in the sense, that the onset of the high can take 45 minutes, and typically the high is reported as more intense, than with cannabis which is smoked. Most foreign drug tourists are warned about the differences in the highs between smoked and eaten cannabis by the coffeeshop dealers, and often by information sheets provided by the coffeeshops. An example provided earlier in this chapter. Cannabis users who normally consume orally ingested cannabis are usually concerned about the health risks associated with smoking. The following fieldnote describes two typical orally ingested cannabis products offered by a local coffeeshop in Amsterdam.

The coffeeshop menu includes two types of orally ingested cannabis: "space cake" and "space bonbons." The space cake sells for 10 guilders a slice, and its appearance does not differ from an a slice of ordinary pound cake. The bonbons also look seemingly benign, and sell for 5 guilders a piece. The coffeeshop dealer explains the difference in the potency of each product: "eat a bonbon if you want to get a little high, and a piece of cake if you want to be really stoned."

The diverse orally-ingested cannabis offered on the Dutch market serves to provide the user with a choice of forms and flavors, as well as a choice of potencies.

CHAPTER 6

The Prevalence and Patterns of Cannabis Use

Since the overall focus of this investigation is to explore the relationship between cannabis control policies and their respective retail markets, and the effect that these market conditions have on the use of the drug, a number of important questions can be posed regarding prevalence and patterns of use. Four general research questions will be addressed in this chapter:

1. What effect does normalized commercially available cannabis have on the prevalence of cannabis, cocaine and heroin?
2. What are the differences and similarities in the types of cannabis use patterns observed in each setting?
3. Is the Dutch policy of separating hard and soft drug markets successful in preventing cannabis users from using harder drugs?
4. Are there any new patterns related to "the steppingstone hypothesis" or "gateway theory" which have not been previously identified?

Comparing the Prevalence of Cannabis and other Drugs

Traditional ethnographic methods in the field of drug research are inadequate in attempting to determine prevalence. This is one way in which the unconventional methodological approach of "fortified ethnography," which utilizes secondary analysis of available survey data, employed by this study, becomes invaluable. This ultimately augments the largely ethnographic approach employed through the previous chapters.

In the United States and the Netherlands, drug use prevalence surveys are conducted on a regular basis with household and school (secondary and college) populations. In the United States, the Monitoring the Future Study has been conducted since 1975, and the National Household Survey since 1973, and annually since 1990. It is likely that the household prevalence survey conducted in the United States suffers from the methodological problem of under-reporting, because the ideological climate of the drug war has led active (non-criminal) drug users to be reluctant to reveal use--even if the interviewer assures confidentiality and anonymity. This comparative secondary analysis will utilize the Monitoring the Future survey, which is conducted anonymously with large groups of students, and its equivalent in the Netherlands: the Sentinel Station Survey. The Sentinel Station Survey has been conducted by the Netherlands Institute on Alcohol and Drugs (NAIAD) since 1984, and surveys student populations 10 years and older. Household drug prevalence surveys have also been conducted in Amsterdam in 1987, 1990 and 1994. It is more important to examine drug use prevalence rates among students rather than general populations, since these populations are the best harbingers of current and future use trends.

The data gathered by the household and school surveys are only one of the epidemiologic indicators available in the United States. The household survey is inadequate in measuring young inner-city drug use for a number of

methodological reasons. For this reason among others, additional measures are employed. The Drug Use Forecasting (DUF) system collects drug use data on arrestees, and the Drug Abuse Warning Network (DAWN) collects prevalence data from hospital emergency room admissions in major U.S. cities. Data from the DUF center in Manhattan, show an increase in marijuana detected, especially in young birth cohorts, since 1991 (Johnson 1996). These data reinforce the following trends indicated by the Monitoring the Future survey (Johnston, O'Malley & Bachman 1994). The important epidemiologic indicators collected by the DUF and DAWN systems augment the data gathered by the household and school surveys. These measures, however, are not available in the Netherlands. Therefore, the following secondary analysis was performed using the only measure available in both cultural settings.

As cannabis smoking is far less stigmatized in the Dutch situation, one can assume that Dutch cannabis users would be less reluctant to report use than in the United States. Thus, when comparing these prevalence rates one should keep in mind that the Dutch subjects probably reflect the full disclosure of cannabis use than their American counterparts. One also must remember the size of the both samples are adequate by any statistical criterion. In the U.S. student sample, N=over 45,000, and in the Dutch sample, N=10,104. Thus, these larger sample sizes should compensate for any methodological errors incurred through under-reporting.

The most relevant prevalence figures to compare are drug use in the last thirty-days or four-weeks, since these most accurately identify current cannabis (as well as other illicit drug) users. Such four-week prevalence rates are better indicators of current use than lifetime or yearly prevalence which may only indicate isolated experimentation with cannabis. The national school population surveys in the United States and the Netherlands both report on four-week and thirty-day cannabis prevalence rates, making comparisons in similar age cohorts possible. The survey in the Netherlands was conducted less often than the survey in the United States. Thus, it is important to examine the trends that the rates indicate, rather than making exact yearly comparisons.

TABLE 1:

**Cannabis Use in the Past Month in
the United States (U.S.) and the Netherlands (N.L.):
Student Populations**

	population: 12th graders (17-18 year-olds)			
U.S.	1991	1992	1993	1994
	13.8%	11.9%	15.5%	19.0%
	population: students (18 year-olds)			
N.L.	1984	1988	1992	
	8.7%	5.5%	11.6%	

Both sets of prevalence figures in Table 1 show a recent rise in cannabis use in this age cohort. In 1992, the prevalence of cannabis use is slightly lower in the Dutch student cohort (11.6%) than in the equivalent American student

cohort 11.9%. The trends these prevalence rates suggest is that even with a policy which tolerates commercially available cannabis to persons over 16 years-of-age, there is no increase in the number of new regular (in the past month) users. This concomitant increase in cannabis prevalence may be due to subcultural forces working within the populations of young people in each country, which will be discussed later in this chapter. When comparing the lifetime prevalence of cannabis in both samples, the Netherlands sample reports a slightly higher rate. This indicates that while commercially available cannabis might increase experimentation among youth, it ultimately does not have an impact in increasing the number of regular (e.g., past month) users.

Although the cannabis prevalence rates of secondary school students are generally equal in the United States and the Netherlands, the cocaine prevalence (4-week/30 day) rates are alarmingly disparate, amounting to rates five times higher in the American cohort. In the United States, as set forth in Table 2, past 30-day cocaine use prevalence in 1994 ranged from 1.0% (8th grade) to 1.5% (12th grade).

TABLE 2:

Cocaine Use in the Past 30 Days: U.S. Students

U.S.	1991	1992	1993	1994
grade				
12th	1.4%	1.3%	1.3%	1.5%
10th	0.7%	0.7%	0.9%	1.2%
8th	0.5%	0.7%	0.7%	1.0%

In 1994, the equivalent student Dutch cohorts (ages 14/15 years, ages 16-17 years, ages over 18 years) reported an average prevalence of 0.3%. The reported prevalence of 0.3% in 1994 is three to five times lower than the U.S. rates which range from 1.0% to 1.5% during the same year. In fact, past thirty-day cocaine prevalence rates for 12th graders from 1991 to 1994 consistently range from 1.3% to 1.5% in the U.S. sample.

Heroin use prevalence rates, like rates for cocaine, remain lower in the Dutch than the U.S. student cohorts. The prevalence rate for heroin use in the past 30-days prevalence in the U.S. cohorts (8th, 10th and 12th graders) range from 0.3% to 0.6%. It is important to note that all three grades show a slight increase, (from 0.1% to 0.2%) in 1993 and 1994, which may indicate the beginning of a trend researchers have not observed in years: a rise in youthful heroin use. The average 30-day prevalence for heroin in the Dutch student cohorts is 0.2%, and no increase in use has been reported in recent years.

Overall, some general conclusions can be made regarding the secondary comparative analysis of this survey data. First, it appears from this limited analysis, that normalized commercially available cannabis has little effect on its prevalence. Secondly, and perhaps more importantly, the regular use of hard drugs (i.e., cocaine, heroin) is much lower in the Dutch context. Two market factors may be partly

responsible: 1) the separation of hard and soft drug markets in the Netherlands has been largely successful, and 2) hard drugs, through proximate markets and dealers, are more available to students in the United States.

General Cannabis Use Patterns

Three general types of use patterns have been identified in cannabis users in New York City and Rotterdam: self-regulated, chronic and sporadic. These three categories represent "ideal types" of cannabis users in a Weberian (1946) sense, but they are also representative of the spectrum of the frequency of use observed by particular users in both settings.

The spectrum is as follows:

(infrequent use)	(regular/social)	(very frequent use)
Sporadic -----	Self-Regulated -----	Chronic

Self-Regulated Use

A self-regulated cannabis user is one who has successfully integrated the use of the drug into her/his other daily activities. Such users generally, with the exception of week-ends and holidays, do not use during daytime hours, and only after work or study. A self-regulated user's habit is

also affordable based on disposable income. Most self-regulated cannabis users consumption patterns are typical of social alcohol users. Dutch drug policy has attempted to promote self-regulated or "responsible drug use where an individual makes a personally and socially responsible choice with respect to use, varying from non-use, delay of use, to use under certain conditions" (Marshall & Marshall 1994). The following fieldnote provides an example of a self-regulated cannabis user in New York City.

Steve is a 29-year-old, professional photographer, originally from Long Island, who owns his own studio in Soho. He specializes in high quality still life photographs for advertisements, like the fifty dollar, age reversing, face creams found in the New York Times Sunday magazine. He buys his marijuana one ounce (\$225) at a time, from a small-scale private delivery service. His cannabis use is determined by his work schedule. During a full day of shooting large format photographs, with his own equipment which costs "many thousands of dollars," cannabis is not a part of his routine. With some exceptions, however. Occasionally, Steve will roll a "half-joint" with a portion of a regular sized rolling paper. He shares this very small joint with his friend and hired assistant, a woman of the same age. On the weekends during the summer months Steve escapes to Cape Cod to his rented beach Bungalow for surfing with his girlfriend and another couple. During these weekend getaways Steve's cannabis use takes place throughout the day; during the drive up, after surfing, and before the beachside barbecues.

Much has been said about the a-motivational syndrome which occurs in some cannabis users (Hendin et. al. 1988). Self-regulated users do not fall victim to this "manana" (e.g., "tomorrow") phenomenon, where everyday responsibilities are skirted until tomorrow, and may even use

cannabis as part of an artistic and creative process, as witnessed by Steve the commercial photographer, and Lisa, a political fine artist in the following fieldnote.

After earning a living as a substitute art teacher in a local elementary school Lisa prepares herself a simple vegetarian dinner and thinks about the evening's agenda for creating her own politically oriented art. Before she begins her artistic process she takes two "tokes" off a small inexpensive pipe filled with commercial grade marijuana purchased at a local storefront. "A couple of hits allow me to generate ideas for my work, and also to relax from a tense day in the classroom."

It is important to note that the two illustrations of self-regulated use provided by Steve and Lisa, involve both users controlling or "self-titrating" their own doses so that they regulate the intensity of the high. The desired effect is a mild high which allows both users to carry out their artistic work.

Self-regulated users are much easier to identify in the Dutch context. Since the coffeeshops constitute the most prominent microenvironment for use, one encounters self-regulated cannabis users quite frequently. Self-regulated cannabis users in Holland can be found on both sides of the counter at the coffeeshop.

"Mr. Ed," as he likes to be called, works at one of the busiest coffeeshops in Rotterdam. His shift begins at 11 am and lasts to 11 pm. He is very busy most of the day making espresso coffees and providing exotic bags of Dutch grown marijuana to the largely local clientele. Mr. Ed, makes it a strict rule not to use cannabis during the first 11 hours of his shift, even though the best stuff in town passes through his hands constantly. Any use on the job takes place during his shift's final

hour.

The normalized microenvironment of the coffeeshop is intended to promote self-regulated or "responsible" use. In many ways it seems to be successful in this intent. One Dutch official was recently quoted as saying "We have succeeded in making cannabis boring" (Nadelmann 1995). The truth of this statement is reinforced by the very nonchalant attitudes expressed by many Dutch cannabis users. "We have everything here in Holland; cannabis is just one of the joys." a young user boasts. Since cannabis is used and sold normally in the Netherlands it lacks the "forbidden fruit" allure attached to the cannabis in the New York City context. This may actually have an effect on attracting young users, as illustrated by evaluations of drug education strategies (Botvin 1990).

Chronic Use: "Pot-Heads" and "Shop-Flys"

Chronic users essentially use cannabis whenever they have it. Cannabis becomes a central part of the person's life. Use takes place throughout the day (i.e., before work, during school hours, at lunch breaks). If a chronic user abstains from use during a particular day it is usually because her/his supply is depleted. In both New York City and Rotterdam chronic use was observed and users were identified during the focus groups and ethnographic fieldwork. In the American drug culture a chronic user is most often known as a "pot-head" (other equivalents include "buddha-head," and "stoner") (Ratner

1993). In the Netherlands, chronic users are easily identified. They can be seen hanging out inside the coffeeshops for the better part of the day, much like a local drunk who spends most of his time and cash belly-up to the bar. Hence, the name "shop-fly" derived from the proverbial American label, and film by the same name, "bar-fly." This however, is label invented by the researcher, and is not part of the normal Dutch drug argot ("drugstaalje" in Dutch.)

A relationship was observed between dealers (small- and large-scale) and chronic use in the New York City setting. A constant supply often results in situations and patterns where an ample amount encourages dealers to constantly light up samples with customers. While some chronic users become chronic only after engaging in dealing, some cannabis users become chronic first and are compelled into dealing in order to support their own habit. This relationship does not exist in the normal Dutch context, where providing samples is unnecessary, and virtually unheard of. Consumers have a great deal of confidence in the products they are purchasing, as they would in other normal consumer markets (i.e., bar, butcher, deli). Also, the number of "subsistence dealers," cannabis users who deal to support their habit--who seem to be at risk for chronic use in the New York context, reduces drastically inside the normalized Dutch market. Only so many coffeeshops can exist in a given municipality before the retail market is saturated. This has happened to some extent

in Amsterdam over the past three years (1993-1996), where a considerable number of coffeeshops were forced to close due to inadequate business. Dippy provides an example of long a term dealer and chronic cannabis user in New York City.

Dippy is a career marijuana dealer. As a 47-year old from the midwest, Dippy has been dealing in pot ever since he arrived to New York City in the late 1960s. Dippy is also a marijuana wholesale seller and a small-time domestic smuggler. He buys his marijuana in amounts ranging from 30 to 40 pounds at a time. Dippy has a network of sellers and domestic smugglers who move the marijuana originally purchased in Mexico to different parts of the United States on commercial airlines. "It's easy, as long as you make sure the suitcase is not too heavy--they never have dogs sniffing the luggage on domestic flights." Dippy boasts. As a result of his role as a small-scale smuggler, Dippy always has a huge supply of marijuana on hand. He lights his first joint about 10 o'clock in the morning, and then continues light up throughout the day as he sells amounts of marijuana ranging from 1/4 of an ounce to 4 pounds. Using large rolling papers, he smokes huge joints with practically every customer.

Shop-flys, or chronic users in the Netherlands, were observed to constitute approximately the same proportion as cannabis users in the New York City context, somewhere between 10-15%. Chronic users in the Rotterdam context were far easier to identify during the ethnographic fieldwork than their New York City counterparts. Renee is illustrative of shop-fly with a chronic pattern of use:

After a large billowing cloud of smoke is released from Renee's mouth, he giggles hysterically and then falls into a deep empty stare. "I smoke a bag of Skunk (25 guilder amount, approximately 2.7 grams) a day." he says nonchalantly without shame. Now 18-years-old, Renee left school at 16, and has not really done much since. He wakes up late in

the morning , usually arriving at his favorite coffeeshop downtown by noon. Here he spends the whole day, returns home for a dinner prepared by his mother, and then returns to the coffeeshop until about midnight.

Even though 2.7 grams might not seem excessive compared to the use of American chronic users, (for instance, Dippy in the preceding fieldnote may average around 7 grams a day, albeit this amount is shared with his customers), one must remember the potency or THC percentage averages much higher with the hydroponically grown varieties of "Nederwiet," which translates to Netherlands' Weed in English, and is really a generic term for the many of potent varieties of cannabis-indica and cannabis-sativa grown domestically in the Netherlands.

As chronic users of cannabis exist in both settings, it seems a more prohibitive cannabis policy has little effect on reducing the number of chronic users, and in fact might even foster conditions where chronic use may become more evident as illustrated by Dippy and the many other "subsistence dealers" working to support their own habit in New York City. In New York City, chronic cannabis users remain a truly hidden population of problematic drug users. The most important conclusion regarding chronic cannabis users in the Netherlands is that they are very easy to identify. This ability to identify allows problematic cannabis users to be more easily reached through prevention and treatment interventions.

Sporadic Use

A sporadic user of cannabis is one who uses on an irregular and infrequent basis. Sporadic use typically takes place within a social context, like a party or get-together, where cannabis is often supplied through other users who are part of this social context. Very often sporadic users are former self-regulated or chronic users. Rarely do sporadic users identify themselves as a cannabis user, and therefore may also be a hidden population of users rarely recorded by use surveys. If they do consider themselves a cannabis user, it is always with strict qualification. Statements such as "I only smoke once in a blue moon" and "I used to smoke all the time in college when I was younger, now its just when someone else has some stuff." are some examples of these qualifications.

In the New York City context, sporadic cannabis users constitute an extremely hard population to identify. One reason for this is sporadic users generally do not purchase cannabis, as do self-regulated and chronic users. They are only observable after extensive fieldwork. Sporadic users in the Netherlands were more commonly observed. This, however, may be due to a number of conditions: 1) since use in the coffeeshops is public, sporadic use will openly take place with other regular users, 2) since the stigma of using cannabis has been virtually neutralized, and few fear any repercussions for admitted use, former (regular) cannabis

users do not feel reluctant to use with other regular users they may be socializing with inside or outside the coffeeshop setting.

Patterns Related to the Steppingstone Hypothesis:

Subcultures, Dealing and Shifting Gateways

The persistent question of whether cannabis use leads to heroin use has been the most common background theme for researchers, politicians and parents alike, both in the United States and in Europe. To cite another example, the Partnership for a Drug Free America, an influential media-based interest group, includes marijuana with other drugs in its advertisements, communicating the message that marijuana in fact is a "gateway" to more dangerous drugs. An international example of the importance of the steppingstone hypothesis for conceptualizing drug policy is the Swedish National Institute of Public Health's (1993) conclusion regarding the country's experience with both restrictive and liberal approaches: "Swedish drug policy is based on the assumption that people trying and using cannabis during their school years constitute a recruiting base for those who become later heavy drug abusers."

Initially articulated in a pamphlet printed by the Bureau of Narcotics in 1965, the fundamental axiom of the orthodox steppingstone theory, that drug users who begin with cannabis increase their risk of involvement with LSD, cocaine and

heroin, has been tested and explored by a broad spectrum of researchers. Johnson (1973) was among the first to recognize the central importance of being involved in a specific drug subculture and the role of drug dealing as intervening variables in the progression from soft to hard drug use. Others have also concluded that the intervening variable in the progression is related to a policy and market factor: involvement in illegal drug dealing (Clayton & Voss 1981; Single & Kandel 1977; Jacobson & Zinberg 1975; Wood 1988). It was the act of selling cannabis in a determined "black" market, rather than the patterns of consumptive behavior that had the greatest influence in the progression from soft to hard drugs. Recent research further underlines the critical importance of drug dealing as a factor in the progression to hard drugs. Dealing in cannabis is not only a antecedent to the use of hard drugs, it is also associated with a whole range of "hard" activities in juveniles, including the possession of firearms (Sheley 1994). Furthermore, it has been recently observed that marijuana use within a criminalized context can increase its importance as a gateway substance in the pathway to more serious drug abuse (Golub & Johnson 1994).

In this comparative investigation one can pose the following questions regarding the steppingstone hypothesis: 1) Is the Dutch model of separating hard and soft drug markets successful in preventing cannabis users from progressing to

the use of harder drugs? 2) How common is it for cannabis users in New York City to progress to hard drugs? If so, under what conditions does the progression occur? 3) Are there any new patterns observed which differ from the classic, uni-directional pattern described by the steppingstone hypothesis?

When comparing the results of the focus groups of cannabis users in both settings, they are disturbingly disparate. Less than 10% of the cannabis users in Rotterdam admitted to ever trying hard drugs, compared to over 70% in the New York City sample. Both samples do not claim to be scientifically random, since they were gathered through the employment of a snowball sampling technique, but they were purposefully representative to reflect the cross-sections of users in each setting. What is even more revealing is the qualitative differences in the descriptions of the progression from the soft to hard drugs, and the nature of the different hard drug experiences. It seemed unnatural for Dutch users to admit to hard drug use, and initiation to hard drug use only occurred under special conditions (i.e., drug dealing, drug tourism). On the other hand it seemed quite natural for New York City cannabis users to admit to at least some experimentation with hard drugs, if not sporadic or chronic use. In both New York City and the Netherlands focus groups, cocaine was observed to first drug used in the progression to harder drugs. The hard drugs category excluded MDMA, LSD and

psilocybin. Both cannabis using subcultures considered this group of psychedelics to be closer to the category of soft rather than hard drugs, although not officially sanctioned by the revisions to the Dutch Opium Act (Castro 1995). In addition to the pattern of stepping on to harder drugs, two other patterns related to the stepping stone theory were identified in both Dutch and U.S. cohorts.

Three distinct patterns related to the steppingstone hypothesis were identified in both U.S. and Dutch cohorts, although in different proportions: 1) keeping off hard drugs, 2) stepping on to hard drugs, and 3) stepping off of hard drugs.

Keeping Off

The pattern of keeping off hard drugs was demonstrated by the majority of Dutch cannabis users encountered. Most Dutch cannabis users want nothing to do with hard drugs. They perceive hard drug users as "junks" ("junkies"), a stigmatized group among Dutch youth. Cannabis use is viewed as a normal part of daily life and as something completely different from the use of substances like cocaine, speed and heroin. Through the commercialized coffeeshop system, these cannabis users are given a place in society which is isolated from a hard drug environment. "Everything to do with the sale and use of hard drugs is forbidden," is the most fundamental house rule. Posted prominently in the coffeeshops, the rule is consistent

with the policy of vigorously separating hard and soft drug markets. Many coffeeshops provide literature and display posters discussing the dangers of heroin and cocaine; these provide further reinforcement of the separation of markets policy. Cannabis users have come to see themselves involved in a socially acceptable, normal behavior and do not have to hide from a stigmatizing attitude imposed by the larger society. Hard and soft drugs are placed in distinct and separate microsettings of use as indicated in the following fieldnote.

"In Holland when you're addicted to a hard drug, you're really an outcast." Bas, 21-year-old art college student comments, "In Rotterdam when you look at the real junks at central station, you say that's what I'll become if I use a hard drug. So I don't use it, no I never used a hard drug." Hak, 28-year-old music student replies. "Unless you're sick I cannot see the point." Hak takes a pull off his joint, exhales pointing to the lit joint in his hand. "You see, this [cannabis] is very different from hard drugs. Many normal people smoke in Holland. The people who use heroin and cocaine are people with problems, they are sick."

The remarks of the two coffeeshop patrons express the negative attitudes towards hard drug use commonly held by Dutch cannabis users. Bas compares being a "junk" to being an outcast, while Hak views hard drug users as "sick" and "people with problems." Both are regular cannabis users who express no inclination for other drugs. They even recognize that the microsetting provided for problematic hard drug users in the "open scene" in Rotterdam is there to remind them of the possible outcome of using hard drugs.

Young cannabis users in New York City who manage to keep off hard drugs do so facing many obstacles. This is largely due to the fact that the hard and soft drug markets are very often not separated, and even if they are, they remain proximate.

Oscar, a 32-year-old 2nd generation Puerto-Rican and lifetime resident of the Lower East Side, takes his usual walk to his regular storefront to purchase a "dime" of marijuana. As he walks across the street from where the housing projects are located, he passes the crowds of heroin hawkers who mumble the brand names they sport at the moment. "Poison, Big Apple, Body Bag" "You hear some fucked-up downright depressing names down here" Oscar comments. He passes a storefront in the format of a music shop "This guy use to have the best thai weed around bro. Niggaz (non-racial use) be linin up for that shit. Now he sells dope [heroin]." Oscar often refers to his neighborhood of the Lower East Side as the "Black Hole," "...because once you're caught down here bro, you never get out." He passes by a street heroin dealer he went to school with, and has a quick exchange in Spanish.

Oscar can be considered a chronic cannabis user since his use takes place everyday, and generally throughout the day. Most of disposable income after rent and food is spent on marijuana. He considers himself lucky, though, that he has managed to stay away from the using and selling of the abundant cocaine and heroin that surrounds the housing projects in which he has lived the entire 32-years of his life. Oscar also refrains from using alcohol, and has many friends he considers alcoholics or are "in recovery." Most of Oscar's friends are either dead from AIDS and drug trade violence, work as street drug dealers, or are in jail.

Cannabis users in New York City who refrain from using hard drugs very often do so as a result of ideological reasons or personal experiences which are not related to official policy or educational efforts. Oscar's reasons for refraining from hard drug (as well as alcohol) use are a direct result of the negative experiences of his peers. The ideological separation between hard and soft drug use is an emerging phenomenon with urban youth in New York City. These attitudes, however, have far reaching sub- and counter-cultural roots.

The subcultures of Rastafarianism and Hip-Hop have also fostered an ideological separation between soft and hard drug use. Rastafarian icons, dread-locked hair styles, and reggae music are popular in the Dutch coffeeshops. These styles are equally as popular in clubs and bars, and private and college parties in New York City. Although many youth have adopted "the rasta-style" they may not embrace all of the religious and socio-political beliefs of the movement (i.e., Hali Selassie as the Savior), but they generally have come to realize that part of being a "dread" (short for dreadlock, meaning Rastafarian) is to limit their drug use to cannabis. Fewer seem concerned about consuming a correct Rastafarian diet, which is kosher based and excludes eating pork and shellfish.

In summary, the pattern of "keeping off" is one in which many cannabis users do not progress to harder drug use because

of ideological reasons has been observed in the Netherlands as well as in New York City. The coffeeshop microenvironment in the Dutch context reinforces this attitude in several ways. First, the house rules clearly post the social undesirability of hard drug use, and signal the separation of markets policy. Secondly, cannabis is placed in the context of normal recreational activities. In the coffeeshops, cannabis is strongly associated with alternative non-drug use activities, and in a manner that can be compared to alcohol. Thus, the microsetting of the coffeeshop can provide a barrier to the tendency to progress to more potent drugs. Certain subcultural beliefs reinforce the separation between soft and hard drugs in the New York City context, although microenvironments of drug use (i.e. bars, clubs, parks) which foster this separation are rare, and are generally places where soft and hard drug use (and often sales) take place simultaneously.

Stepping On

As discussed beforehand, the tendency for New York City cannabis users to progress, or "step on," to hard drug use was reported by over 70% of the participants in the focus groups. This is also indicated by the higher prevalence of cocaine and heroin use reported by U.S. student cohorts in the Monitoring the Future survey compared to the equivalent Dutch student cohort in the Sentinel Station Survey. The initiation to hard

drugs for cannabis users in New York City occurred under a spectrum of different conditions, but the two conditions which were most common for initiation were 1) through a peer group, and 2) by cannabis dealers who also sold other drugs simultaneously. Adolescents and young adults dealing in drugs (soft and hard) were far more common in New York City. As the separation of hard and soft drugs in New York City is only a reality in some of the retail markets, consumers are very likely to be offered hard drugs from the same seller they buy cannabis from, or by a dealer in the location, which is illustrated by Oscar's situation in the previous fieldnote. A career cannabis smoker and dealer offers some insight from his own experiences regarding cannabis dealers shifting to cocaine sales in New York City in the late 1970s:

"Since there were not too many people dealing in pot, those who were got rich. Their supply of pot was endless, and they had lots of extra cash. With these huge profits they bought cocaine. Then they turned their friends and customers on. After a few times pot customers became coke customers. That's if they could afford it. These people became the so-called 'elite users.'"

Even with the barrier of the coffeeshops, some users do indeed "step on" to harder drugs in the Netherlands. Cannabis users with hard drug experience accounted for less than 10 percent of the participants in the Rotterdam focus groups. Cocaine was the drug most likely to succeed cannabis among users who demonstrated the stepping on pattern. Cocaine is used by two distinct and separate groups in Rotterdam and New York City: in the club and cafe scene where partying young

adults like to dance and socialize within intimate friendship circles; and within the chronically addicted population where cocaine is smoked and injected and is often used in conjunction with heroin (Bieleman et al. 1993). For cannabis users who do step on to harder drugs, cocaine sniffing or snorting was observed to be the "intermediary step."

Mohammed, an 18-year-old Moroccan second generation immigrant to Holland, is representative of the role that hard drug dealing has in making the progression from soft to hard drugs.

"I need to make money, man. In this world you need to make money. I make it selling white [cocaine]." Two years ago, Mohammed was attending school, and smoking hashish with his friends after school in a local shop. "I would smoke with friends, play football, and talk about girls. That's when I was young...When you are young you don't think as much about money. The older you get, the more important money becomes." Mohammed has since quit school, and works as part of a loosely structured street level dealership, selling powdered cocaine to furtive tourists and addicts. "Runners" approach Mohammed at regular intervals procuring small amounts of cocaine at a time for themselves, and acting as liaisons for people from other parts of Holland and from other countries, including Belgium, Germany, France, Spain and Italy. These customers wait anxiously in their cars on the avenue, foreign plates abound. M's boss sits a block away inside a cafe, in case he needs to procure more wares. "People know me in Rotterdam. They know my shit is good."

It was not the use of cannabis, but the profits which could be made by selling cocaine which attracted Mohammed to the hard drug scene. Mohammed's drug dealing must be seen in the context of a larger and more complex problem in the

Netherlands: the integration of second generation immigrants into the larger Dutch society (Van de Wijngaart 1988). This is especially problematic in schools and in the workplace. After quitting school and searching for a job, Mohammed found a niche of employment in the hard drug market. His earlier activities in the coffeeshop were no barrier to the lure of money in a situation of blocked opportunity.

Illegal drug dealing is another way that market forces may influence the dynamics of "stepping on" to harder drugs. Well documented in the literature, this effect was discerned in a context where hard and soft drug markets were separated. In the United States, Williams (1989, 1992) observed that the lure of quick money for a youth with limited economic opportunities is a temptation difficult to resist. When Williams studied the teenage cocaine ring in Washington Heights, Manhattan, he found talented and enterprising young people who became involved in the cocaine trade because other legitimate opportunities were scarce. This pathway to hard drugs also exists in the Netherlands as indicated by the case of Mohammed.

When Gerrit, a 35-year-old native Rotterdammer, began smoking cannabis, the hard and soft drug markets were not separated. He is a member of a previous generation of poly/hard drug users, a group whose mean age has increased steadily over the past ten years (Leuw 1991). In the following fieldnote, a drug use career more common to older

Dutch drug users is described.

"I don't know how I became a shooter, but I did start with grass," Gerrit mumbles, coughs, and continues to answer my question about his drug history. "When I started to smoke back in the 70s, we also did all kinds of drugs. Whenever someone had them. We were like the Freak Brothers man; popping pills, smoking joints, snorting powder." Gerrit was 20 when he injected heroin for the first time. "Then one day I tried dope, and that was it. I've been hooked ever since. Most kids I meet in Holland these days are very much afraid of dope--and for good reason." Presently Gerrit takes methadone during the day, but by most evenings he has the urge to inject heroin.

Gerrit is a drug user of a past generation, one which used all types of drugs, soft and hard, without making a distinction between the two categories. When Gerrit began his heroin use, hard drugs were not separated or "partitioned" from either soft drugs or the rest of society, in the way the walls of Platform Zero (e.g., the "open-drug scene at Rotterdam's central station) separate it from the rest of the city. Gerrit brings up "the Freak Brothers" when describing his drug career. The Freak Brothers are a 1960s/70s comic strip about a hippie group of so-called "garbage heads," drug users who will take any type of drug, grass, cocaine, pills, heroin, glue, and alcohol. This was the dominant ideology of many drug using subcultures of the late 1960s and early 1970s. Gerrit began his drug using career in much the same way. In his reference to the Freak Brothers, Gerrit is indicating his membership in an aging generation of drug users.

Initiation to illicit drugs is usually through other users (Brook, Lukoff & Whiteman 1980). In many instances the

users of hard and soft drugs are not distinct nor separate. Cannabis users in the New York City context were very often first offered hard drugs by polydrug using friends or peers. Paul, a 20 year old college student provides an example with a piece of his drug career life-history:

"Throughout high school I basically drank beer, and smoked pot. Smoked a lot of pot. Then my first night at college my new roommate arrived and laid down a line of cocaine on a mirror and said "Do you do blow?" I pretended as if I had, and did the line. A day later I find out he's a cocaine dealer. Two months later I'm working for him. Somewhere around this time he introduced me, and half my fuckin dorm, to heroin."

The case of Paul shows the importance of peers in the development of drug use patterns. Paul's roommate not only introduced him to cocaine, but to heroin and hard drug dealing.

In summary, the pattern of stepping on to hard drugs in the Netherlands was most prevalent with users who began their drug careers before the separation of the hard and soft markets was realized in the Netherlands. Stepping on was also observed to occur under two other special conditions. The first is through tourists and foreign workers who come from countries where soft and hard drug markets are not separated. The second condition involves drug dealing. Hard drug dealing in the Netherlands remains particularly attractive to children of immigrants whose opportunities may be limited.

Drug dealing is also one way in which cannabis users in New York City may be attracted to the use and sale of hard

drugs. This is true for the middle class private distribution dealer as well as the inner city street dealer. Another way in which cannabis users are introduced to hard drugs are through peers who used hard drugs, dealers who sold hard drugs along with cannabis, and hard drug dealers who were in proximate inner-city locations where soft drugs were sold.

Stepping Off

"Stepping off" from hard or polydrug use back to using cannabis exclusively is a pattern largely obscured by the steppingstone theory. Conventionally, the steppingstone theory is invoked to explain the pathways to addiction. But, as has been emphasized in the literature of natural recovery, there are pathways out of hard drug addiction that do not involve institutionalized treatment programs (Granfield & Cloud 1994; Biernacki 1986; Winick 1963). A number of former hard drug users were encountered during the fieldwork and focus groups who consume marijuana and hashish in the context of cannabis exclusive environments. For these hard drug users, cannabis served as a means of breaking the cycle of hard drug use and addiction. Cannabis use was not only a precursor to hard drugs, but also an epilogue. It was a means of stepping off.

Brief or sporadic experiences with cocaine use prior to abstaining from it is one variation of the stepping off. Anko, a 24-year-old coffeeshop dealer, explains his brief

experience with cocaine sniffing, his present attitudes towards it, and his reasons for refraining.

"Yeah, I've tried cocaine, but after a few nights of sniffing, and sniffing, maybe 200 guilders worth in one night, I'd say for what? When I did sniff, I sniffed a lot and drank more..The next day I feel like shit..Now I'm satisfied with just smoking. Cannabis and a little beer, those are the only drugs for me now."

Aside from not enjoying the hangover the next day, part of Anko's motivation for stopping cocaine was economic: His habit was costing him too much money. This is not true of his cannabis use. Cocaine in Rotterdam costs an average of 100 Dutch guilders (approximately \$60 US) per gram, which is higher than the price of a gram (\$25-40 US) in New York City. The cost of cannabis, in contrast, averages 300% higher in New York City than in Rotterdam, depending on the variety. These price differences reflect trends in the U.S. and New York City markets, which since 1981 has seen a steady decline in the price of hard drugs with a concomitant rise in cannabis prices (Rhodes, Hyatt & Scheiman 1994; NYPD Narcotics Division 1995). The Dutch market shows exactly the opposite trend.

Jenny, a 30-year-old Swedish woman, came to Holland over six years ago, already experienced with cocaine and heroin use. Her initiation to heroin was in Stockholm, the city in which she was born. Her case, described in the following fieldnote, provides an example of how drug tourism and "maturing out" can lead to a favorable outcome through the coffeeshop environment (Winick 1963).

"One day I said 'enough of this,' stopped drinking, stopped coke, stopped dope. Today I relax with a joint and a coffee." By the age of 21 Jenny was snorting cocaine and heroin simultaneously. "I liked that speedball effect; it made me feel completely numb. I would make a cross on the mirror, snort the coke first, then the heroin, and just fall backwards. At that point nothing in my life mattered." Today Jenny works in a coffeeshop in Amsterdam, and chooses to use cannabis exclusively. "When I used to work at the bar, I'd be taking drugs and drinking. Now you see what I'm drinking." Jenny lifts up a glass of mineral water. Jenny works in a coffeeshop/art gallery which features "smart drinks" and a "brain machine." "Yeah I speak Dutch 'een klein beetje' (a little bit) but most people who come in here are tourists either from the States or other European countries--everyone usually speaks English to me...I like working here--I meet many far out people from all over."

Jenny has "matured out" of her previous pattern of drug use, no longer desiring her former lifestyle. Even though she never felt physically addicted, she got to the point where she found her drug using routine problematic. Today Jenny only uses cannabis, while refraining from both hard drugs and alcohol, and works in coffeeshop-gallery, allowing her to stay in touch with the music and art scene with which she once associated with her previous Swedish drug routine. The difference today is that her work environment and reference group are Dutch and tourist cannabis smokers and artists, and not the users of cocaine and heroin she associated with inside artistic circles in Stockholm.

Assan, a Black Muslim since the late 1960s and director of a community center on the Lower East Side, comments on the effects of hard drugs on his neighborhood. In the following

statement he infers that cannabis has not been part of the "drug problem." Assan, is an ex-heroin addict of twenty-five years, and used cannabis and acupuncture to recover from his addiction.

"Drugs have killed this neighborhood many times. The worst part is when it effects our young people. The American child, black or white, is the best kept slave to this." Assan pronounces with zeal as he holds a lit joint, ready to pass it to a fellow musician who teaches at the community center.

When Assan uses the word "drugs" he implicitly means hard drugs, specifically heroin, cocaine and crack. These are the drugs which he considers a problem not only for the youth of the neighborhood, but for the many of his fellow jazz musicians he has witnessed fall victim to heroin addiction.

Addicts in the Netherlands apprehended for non-violent crimes such as burglary are very often offered drug treatment instead of a jail sentence. According to the Dutch Ministry of Justice, one third of the imprisoned population were identified as problem users of hard drugs before they were incarcerated (Leuw 1991). Ron, a 36-year-old native Rotterdammer, was formerly into heavy drinking, and smoking cocaine and heroin. His habit for hard drugs was supported through criminal activity, usually breaking into parked cars. In the following fieldnote, the role of cannabis in the transition away from a criminal hard drug lifestyle is illustrated.

"I used to be a criminal ya know, the hard stuff leads you that way." Drinking jenever (Dutch gin) would accompany his cocaine and heroin smoking.

Ron has been in jail several times, usually caught selling stolen goods to support his habit. "Ya know the jails in Holland aren't so bad. The last time I was in they offered me treatment instead of time in jail. That turned out to be a very good decision...Now I just smoke a little and drink beer." Ron spends much of his time hanging out inside the coffeeshops, and sees himself at a transition point in his life. "Now that I've kicked my addiction, I'll be starting my own business soon with a loan from my family--they're happy to see me on a different path."

Ron's recovery is an example of the success of the integration of law enforcement with treatment programs. However, the role of cannabis use in the coffeeshop context in the social reintegration of the criminal hard drug user is seldom recognized. For Ron, the environment of the coffeeshop serves as a place of transition, after treatment and before his complete integration into the larger society, a way station before embarking on a different path.

There are recent indications that the phenomenon of "stepping off" to a cannabis-exclusive drug use pattern is being demonstrated by urban youth who comprise the Hip-Hop subculture. Rap musicians, who have become the cultural spokespersons for a forgotten generation of urban youth that has suffered the ravages of both the crack epidemic and the drug war, have filled their latest albums with messages which specifically attack cocaine use while embracing the use of cannabis. For example, "Hey man, get the fuck off the caine, brown!" is a line from a song on Cypress Hill's debut album. The sentiment expressed by this particular piece of street vernacular is one which is critical of cocaine use ("caine"

meaning cocaine, "get the fuck off--" stop using, and "brown" a term for a Latino cohort of the street). This advice seems largely derived from these youths' experience of the effects of hard drugs on peoples' lives, and not from any official policy or educational efforts. Could it be that the urban youth culture in the United States has matured to a point at which it can make the rational distinction between hard and soft drugs? Fergusson (1993) reports on Ilchuck, a 32-year-old Latino, lifetime resident of Manhattan's Lower East Side and former six year crack addict: "Just about nobody in hip hop circles smokes crack or cocaine anymore. In the last two years, I've seen ganja make a big difference in terms of less kids smoking crack, angel dust, and all other dangerous drugs."

The stepping off pattern observed to be demonstrated by cannabis users in Netherlands and New York City show that the progression of actual drug use patterns do not necessarily take the form of a uni-directional, linear movement. The steppingstone hypothesis is usually employed to conceptualize the pathway to hard drugs through cannabis use by teenagers, without taking into account situations where cannabis may play an important function in the pathway away from hard drugs for older users.

The "stepping off" pattern, identified by this and other data, seems to suggest that cannabis may have a specific function as a sort of a folk medicine to help hard drug

addicts recover in the absence of suitable alternative medications (Grinspoon & Bakalar 1993). In a nationwide evaluation of the effectiveness of community-based drug abuse treatment programs in the United States during the 1970s, the percentage of post-treatment marijuana use was shown to increase steadily from 13% in the pre-treatment period, growing incrementally to 27% in the 4th year of post-treatment (Simpson & Tims 1981).

Cannabis and Alcohol

For some cannabis users in the Netherlands, the drug is an alternative to alcohol. Alcohol is often viewed as a "harder" drug, with more harmful consequences than cannabis. Cannabis is both sold in coffeeshops where alcohol is not served, and in cafe-coffeeshops where a full bar is usually available. The following fieldnote begins with a description of a cafe-coffeeshop which offers a full alcohol bar.

"A few years ago I use to drink 30 glasses of beer, and think nothing of it," remarks Otto. Alongside him to the far side of the old wooden bar sit three Dutch males. The first, about 25 years of age, drinks a "pilsje" -- a small (25 cc) draft beer; the second, an athletic looking school boy, drinks a glass of fresh squeezed orange juice; his friend of the same age drinks a coffee. They both have rolled and are smoking their own joints. They drink slowly, while talking. They finish their drinks and joints in about 25 minutes, and then head to the back of the cafe for a game of table soccer. When Otto, a 28-year-old music student, enters the shop the bartender/dealer greets him with a cappuccino and a pre-rolled joint of "skunk." "I don't smoke when I'm working on my music, only afterwards... Smoking for me is relaxing and I don't feel terrible the next day,

like I did when I was drinking." Otto's friend Mark also prefers cannabis to alcohol. He explains, "I come from the south of Holland where drinking is big, but I'm not a drinker. I preferred smoking and I'm still not a drinker."

The preceding fieldnote provides an example of how Dutch youth recognize the dangers of alcohol, through comparing its consequences with those of cannabis. Of the five patrons observed in this cafe-coffeeshop, which provides a full bar, only one chooses alcohol, and the choice is beer. The conversation between the two smokers includes anti-alcohol sentiments. Mark comments on how cannabis is a socially acceptable alternative to alcohol, while Otto explains how he uses cannabis after a full day of music practice. He finds that cannabis interferes less with his music career than his former heavy beer drinking did.

An unanticipated effect of the Dutch cannabis policy on steppingstone phenomena may be a result of the modifications in the environments of adolescent alcohol use. Varying the microsettings of both alcohol and cannabis, both recognized as gateway drugs, may increase the possibilities of the promotion of both self-regulated cannabis and alcohol use. Cannabis is sold in both commercial coffeeshops where there is an express policy that alcohol is not served, or "cafe-coffeeshops" which, on the other hand, usually offer a complete alcohol bar and sometimes food. In a sample of 115 Amsterdam coffeeshops, 45% were found to serve alcohol (De Loor 1993). The environments inside these establishments are markedly

disparate, with alcohol being the differentiating factor. Youth can choose from alcohol or alcohol-free cannabis environments. Even with a full bar available in cannabis cafes, beer is clearly the most popular beverage and many patrons also freely choose non-alcoholic beverages, including coffee, tea, soft drinks and fruit juice. A new generation of cannabis smokers has grown out of this environment that radically differs from previous generations of "garbage heads" whose cannabis use became embedded in a polydrug using lifestyle. The new generation is likely to use cannabis instead of alcohol, and often to have attitudes derived from religious and/or sub-cultural sources (i.e., Islamic beliefs, Rastafarianism, vegetarianism, Hip-Hop) which reinforce a pattern of drug use tied to diet and health. De Loor (1993) terms this new generation of coffeeshop customers as the "blauwe knopers" which translates literally to "blue knobs" and is similar to the term, "teetotalers."

In New York City, religious and subcultural forces are also operative in determining cannabis as an alternative to alcohol. One is the Islamic faith, specifically the Nation of Islam (a.k.a., the Black Muslims). While many African-Americans have converted to Islam while in prison, and elsewhere, over the past forty years, the conversion has required them to put restrictions on their diets (i.e., no pork) and their drug use (i.e., no alcohol). This has led many African-American Muslims to choose cannabis as their

primary social drug. Some neo-hippie niches of the youth subculture also articulate anti-alcohol sentiments, advocating that cannabis and other psychedelic drugs offer an alternative experience to the type that alcohol produces."

It is important to determine whether cannabis is being used as an alternative to alcohol, or as an adjunct to alcohol use as it has been observed used in both settings. If cannabis is being used as an adjunct to alcohol, do alcohol users temper or increase their use of alcohol when using simultaneously with cannabis? Problematic alcohol use has been consistently found to be a pharmacological steppingstone to hard drugs in many U.S. studies. For example, Greene (1980) found that problematic alcohol use preceded heroin use in 94% of his study population, compared to 30% who used marijuana as a precursor to heroin. A sequential model for stages in adolescent involvement in drug use, tested in two cohorts a generation apart, has shown that the first two stages of use involved the legal drugs, alcohol and tobacco, before cannabis use appears as the third, "gateway" stage. (Kandel 1975; Kandel & Yamaguchi 1993). Further evidence of the decisive influence of alcohol in the steppingstone sequence is found in the epidemiological literature (Anthony 1991). In the National Institute of Mental Health Epidemiologic Catchment Area survey program, 85% of those respondents who qualified for a current cocaine dependency diagnosis also qualified for an earlier alcohol dependency

diagnosis. Furthermore, the current prevalence of alcohol dependency was lowest in the cannabis group (46%), compared, for example, to the amphetamine (62%), opiate (69%) and cocaine (85%) groups.

The pattern of "keeping off" hard drugs signifies a specific way of controlling availability of drugs to youth that blends legality with pseudo-legality to create a new environment based on controlled use and self-regulation of both alcohol and cannabis. Availability has been shown to be critical in the formation of harmful use patterns. In the Netherlands, the sale and use of cannabis has been transferred to a new market, one in which the morality of a socially acceptable drug like alcohol, as opposed to the "immorality" of heroin and cocaine, is characteristic. This moral ordering is consistent with the norms of Dutch society: If sobriety is kept, cannabis users (and dealers) are perceived as "no problem."

The critical role of markets and availability on the sequence of the steppingstone theory is further illustrated by the follow-up assessment of the heroin use by American soldiers in Viet Nam (Robins 1993). Heavy alcohol use, not marijuana, preceded heroin use before combat. In Viet Nam, strict rules existed against selling alcohol to soldiers under twenty one years of age. This lack of availability of alcohol for these young soldiers, who already had begun their careers of heavy drinking, virtually guaranteed that they would

constitute a ready market of heroin consumers. In Viet Nam, because of specific market restrictions and the reinforcing moral context known as "the Nam," things were tolerated which were not permitted in "the World" (America). A new moral context had been created which shifted the pathways of the stepping stone progression (Ingraham 1974). These shifts in the relationship between use patterns and market availability also occurred in the United States, as a result of the government's interdiction policy of 1969, which created a shortage of marijuana resulting in many users switching to heroin and LSD (Gooberman 1974).

CHAPTER 7

Conclusion:

Comparing Results and Implications for Policy

The preceding comparative ethnographic analysis raises a number of important issues regarding cannabis policy. It has been demonstrated that the divergent cannabis control policies of the United States and the Netherlands have engendered different types of retail markets for cannabis. These disparate retail markets, in turn, affect the ways in which people use cannabis. The main focus of this ethnographic analysis can be summarized in a single, yet complex question: **In what ways do these disparate market conditions, which have been created by divergent cannabis policies, affect cannabis use practices, use patterns, environments for use, and the prevalence of cannabis and other illicit drugs (e.g., cocaine, heroin)?**

A number of specific comparative issues which have emerged through the preceding analysis will be discussed in this concluding chapter:

- a) Retail Cannabis Market Conditions: Intervening Variables Affecting Use**
- b) The Environments of Cannabis Use**
- c) Cannabis Use Practices and Forms of Self-Regulation**
- d) The Sale and Use of Hard Drugs Alcohol**

e) Cannabis Use Patterns and Prevalence

A supplementary diagram of this analysis illustrating how these variables are correlated in each cultural setting, is provided in Appendix C. Ultimately, the implications of the analysis will be considered, and the discussion will proceed to the possibility of importing the Dutch cannabis experiment to a place like New York City.

a) Retail Market Conditions: Intervening Variables Affecting Use

The most striking difference between the retail markets of cannabis in New York City and Rotterdam is the overall perception of the actors involved in each of these milieus. In the New York City context, buyers and sellers of cannabis are made to feel that their actions must be hidden from the critical eye of many members of the society. In the Rotterdam context, users and retail sellers of cannabis conduct business as would any other citizens engaged in a completely legal transaction. Beyond this fundamental difference in self and societal perception, many other differences exist in market conditions for cannabis including prices, retail unit sizes, potency, quality control, product diversity and availability. As conceptualized in the introductory chapter, these market conditions are the intervening variables between drug control policy and effects on the user.

An underlying difference in the conditions of the Dutch

and U.S. retail markets is dictated by the cannabis products normally available to consumers. Normally, diverse varieties of high quality marijuana and hashish, are available to the coffeeshop consumer. These diverse varieties encompass a wide range of potencies. Although the varieties of hydroponically grown "Nederwiet" dominate the market, other far less potent varieties of cannabis are also offered simultaneously on the coffeeshop menu. Some of these less potent varieties include marijuana from Jamaica, Columbia, Africa and Thailand, and hashish from Morocco, Turkey and Nepal. The New York City market is dominated by marijuana grown outdoors, largely in the United States and Mexico. Hydroponically indoor grown marijuana, like the popular Nederwiet varieties, are rare and extremely expensive, fetching retail prices of anywhere from 400 to 700 dollars per ounce. Hashish on the New York city market is rare, and is always limited to mediocre varieties (i.e., black Afghanistan, brown Moroccan). As well as an ever developing array of hybrid marijuana varieties, hashish varieties that include the world's best from Nepal and Manali (Northern India), are always available on the Dutch retail market.

It has been erroneously stated that the prices for cannabis on the Dutch market are equivalent to those on the American market (Harrison, Backenheimer & Inciardi 1995). This comparison did not take into account the disparate potencies available to the respective consumers. Based on

prices recorded throughout the fieldwork period from 1990 to 1995, prices for equivalent high-grade varieties of cannabis in New York City average approximately 300% higher than those prices on the Rotterdam retail cannabis market. This 300% price differential means that cannabis users in New York City must spend three times more of their disposable income on cannabis than their Dutch counterparts. The inflated price of cannabis in New York City helps to explain why New York users get enticed into dealing even if this only involves selling inside private networks of distribution (see chapter 4). This involvement in drug dealing for cannabis users in New York City, may increase the chances of being involved with harder drugs; a relationship demonstrated by a number of studies (Johnson 1973; Single & Kandel 1977; Jacobson & Zinberg 1975; Clayton & Voss 1981; Wood 1988). The inflated retail price for cannabis in New York City, also sets the appropriate context for use practices such as smoking blunts--which is an attempt at sharing an expensive commodity in a relatively scarce market (see chapter 5).

Another more subtle difference in the American and Dutch retail cannabis markets is represented by the retail units of sale offered to the consumer. In the New York City market context the smallest unit available to the consumer is a "nickel" (e.g., five dollar amount) or a "dime" (e.g. ten dollar amount). Nickels are generally only available in the poorer inner city neighborhoods of Harlem, the Bronx and

Brooklyn; while in the rest of Manhattan, and the more middle-class outer boroughs a "dime" is the smallest retail unit available. Single joints and "treys" (e.g., three dollar bags) of marijuana, once a staple of the New York City market, are no longer available. Dimes and nickels of marijuana, however, are only available at street and park markets, and storefronts. Users who procure cannabis from delivery services or private distribution networks, usually must purchase cannabis in amounts ranging from \$25 to \$200 (see chapter 4). Unlike the New York City context, single joint sales are very popular on the Dutch retail market, as are bags of cannabis which are approximately equivalent in price to the New York City nickel. Amounts of 10 or 12.50 Dutch guilders of marijuana and hashish are normally sold to consumers in every coffeeshop in Rotterdam. In fact, it is not uncommon for Dutch coffeeshop patrons to possess a number of small amounts of different cannabis varieties. Users who follow this poly-cannabis product use pattern, might choose to smoke a joint of "skunk" after lunch, while preferring some Moroccan hashish in the evening.

What effect does the retail unit usually purchased by consumers have on use? In New York City, users who purchase cannabis in amounts ranging from 1/8 of an ounce to a whole ounce, are always likely to have a supply of cannabis on hand. With the case of chronic users (see chapter 6), this often leads to an increase in the frequency of use, and hinders the

process of self-regulation. Users with larger supplies on hand at all times were also more likely to engage in problematic use practices such as morning use (a.k.a., "wake and bake"), and use during worktime hours. It seems that the smaller the retail unit typically purchased, the more likely a user is to self-regulate her/his use.

Cannabis users in the Netherlands are far more likely to resemble "the social drinker" in a normalized alcohol context. Social drinkers in a normalized market have no need for a "supply." Their drug of choice is consumed in a public place (i.e., a bar) with other people. Within the context of the bar, the other patrons, and the bartender, social drinkers find a number of normalizing social controls which act to regulate their consumptive behavior. In contrast, the cannabis user in New York City hides his actions to everyone except other cannabis users and other sympathetic individuals.

Cannabis users are more common in some milieus than in others. Cannabis use outside a social context, or alone, was observed far more often in New York City, than in Rotterdam. Many New York City cannabis users must also keep a supply on hand, due to the unpredictable nature of the market. Considerable time and effort, as well as capital, are required by New York users to maintain such a supply. This is especially true of the middle-class users who purchases cannabis through private networks of distribution (see chapter 4). The need to keep a supply, and the social pressure to

keep all use hidden, often leaves New York City cannabis users using alone and without the social controls which would surround their use inside a coffeeshop context.

Quality control of cannabis products is also quite different inside these two retail markets. Cannabis of substandard quality, contaminated with adulterants, molds or fungi, hardly ever makes it to the Dutch retail market. The reputation of the coffeeshop is at stake with each and every purchase. Selling substandard cannabis would be a guarantee for failure in such a normalized market. Just as adulterated alcohol (e.g., bathtub gin) became a characteristic of alcohol prohibition, adulterated cannabis routinely shows up in New York City's retail markets. One observation involved a storefront on the Lower East Side selling marijuana laced with PCP (phencyclidine). Many modern cannabis users thought this was a problem of the past, but the fact may be that adulterants are far from uncommon. Very often adulterated cannabis shows up during "dry spells" (e.g., periods when marijuana is more scarce than usual) at the end of summer and early fall, just before marijuana which is grown outdoors is harvested. Marijuana available during dry spells is often the lowest quality, and sellers or growers may adulterate it in an attempt to increase the high it produces. Since most of the Dutch grown "Nederwiet" is grown inside, the Dutch market is far less effected by such seasonal supply shortages. The fact that Dutch marijuana is grown indoors under controlled

conditions, insures a consistent high-quality supply, and prices which rarely fluctuate.

Another important issue concerning the quality control of cannabis products involves the many persons who use cannabis to combat the wasting syndrome associated with AIDS. These persons, with compromised immune systems, must insure the safest way to consume the drug. Anecdotal reports by members of the New York City Medical Marijuana Buyer's Club, a local group of patients (i.e., AIDS, cancer, glaucoma) collectively buying cannabis at a wholesale rate, is that marijuana which starts to develop mold spores is particularly dangerous to persons living with AIDS who are using marijuana medically (Moore 1995). The quality of cannabis is an important issue for sick users, as well as healthy ones. Besides letting the laws of supply and demand insure that the cannabis on the Dutch market is potent and unadulterated, there are other measures that coffeeshops take to guarantee the quality control of the cannabis products sold.

One innovation is pre-packaging the cannabis in vacuum sealed baggies ("zakjes" in Dutch). When cannabis is packaged correctly in such a way, it is impossible for molds and fungi to develop. It also keeps the product "fresh"; maintaining the vibrant colors and aromatic fragrances which are trademarks for many marijuana plant hybrids grown in the Netherlands. Another quality control innovation, observed being practiced by a limited number of coffeeshops is a rating

system for the different varieties of cannabis sold. Coffeeshops following this rating system are found throughout the Netherlands--in Amsterdam, Rotterdam, Groningen, Den Haag and Maastricht. The most elaborate system observed involved a two-dimensional rating which considered aesthetic qualities and potencies. Other simpler rating systems are based on potency alone. For a familiar, savvy, coffeeshop consumer, such one-dimensional rating systems are unnecessary, since the weight given for a particular price varies according to the potency of the cannabis. That is if three types of marijuana were offered for 12.50 guilders, the most potent variety would contain the least amount by weight.

b) The Environments of Cannabis Use

The most prominent difference between where people generally choose to use cannabis revolves around the indoor/outdoor issue. In Rotterdam, much cannabis use takes place where it is sold: in the coffeeshop. Even though it is not uncommon, especially for older users, to take cannabis out of the coffeeshop for use at home, users are encouraged to smoke their marijuana and hashish in the confines of the coffeeshop. The intention of encouraging use inside the coffeeshop is based on a number of different reasons: 1) keeping users away from hard drug markets, 2) promoting the sharing of cannabis use information between older and younger users, 3) restricting the use of cannabis to a place where

non-users are not bothered and 4) placing cannabis use in a normal context, de-emphasizing its importance (Lapp 1995).

One way in which the coffeeshop environment de-emphasizes cannabis, is by providing recreational activities such as pool, billiards, darts, table soccer, chess and other table games. These activities commonly accompany cannabis smoking in the coffeeshop context. This blend of recreational activities serves to normalize cannabis smoking by placing it within the context of other normal "non-drug" activities. These other activities de-emphasize the drug taking behavior, by encouraging other simultaneous behaviors. These alternate activities function to guard against over-use and binging; behaviors observed far more often in the New York City context.

The microenvironment of the coffeeshop also affects user behavior by fostering anti-hard drug attitudes, by displaying anti-hard drug information and posters (see chapter 6), and by providing information about how to use cannabis sensibly (see chapter 5). Both important dimensions of the coffeeshop context function to reinforce sensible use patterns, and to guard against the progression to hard drugs and chronic use.

Since spaces for cannabis use do not exist legitimately in the New York City context, users very often find themselves forced outdoors. The biggest problem this creates is caused by the disapproval of non-users who are offended by cannabis smoking. This is the crux of the "nuisance" issue created by

offenders of "quality of life" crimes, of which cannabis smoking in public is included. Users are not using outdoors because they prefer it to using indoors. They are simply forced outside by a city where public spaces for tobacco smoking are also diminishing. Observations from various field encounters indicate that cannabis users feel embarrassed about using in front of children and infants. One observation, typical of others, involved a group of seemingly tough and belligerent high school boys sharing a blunt on a neighborhood stoop. As a mother with a child in a stroller pass on the sidewalk, the youngsters shield their blunt from their view. Essentially these youths were concerned with the age-appropriateness of displaying their behavior. The abundance of outdoor public cannabis smoking in the New York City, is a direct result of the lack of indoor public space which exists for cannabis smoking.

The most obvious differences regarding where users choose to use cannabis are direct results of how the cannabis control policies are actualized in both contexts. People in both contexts use cannabis in their private residences, but only in the Dutch context is cannabis smoking permitted publicly indoors. There are some exceptions in New York City where cannabis use is tolerated indoors in certain nightclubs and bars (see chapter 5). Smoking a joint in Holland is very much like enjoying an espresso at a cafe. Cannabis users in New York City, however, find themselves facing the stigma a

tobacco user faces, plus a higher level of stigma attached to using an illegal drug.

c) Cannabis Use Practices and Forms of Self-Regulation

Both cultural settings share many of the practices employed in ingesting cannabis, but in each setting, use practices have developed which are unique to that particular setting. The blowtje is the modern Dutch joint, which has become the predominant mode of smoking cannabis in the Netherlands. The blunt is the most popular new way in which cannabis is being consumed in New York City. The history and evolution of these use practices are discussed extensively in chapter 5, but the implications of such practices will be discussed here. Both practices represent attempts of cannabis users at self-regulating their use.

Subcultural drug use practices must adapt themselves to specific market conditions; the subculture and the market reinforce each other in affecting the individual conduct and self-conception of the user. Cannabis users often develop a conception of "self" by expressing membership in a various subcultures (i.e., Rastafarianism, Hip-Hop, Islam, neo-Hippie). The conception of self helps to determine an individual user's relationships with her/his subcultural peers. This process involves critical interactions and behaviors with significant others who express similar subcultural values. The self can be seen as the critical link

between the subculture and the regulation of individual behavior.

Blunts and blowtjes represent two distinct emerging cannabis use practices that serve different self-regulatory functions for the user than their common antecedent the Jamaican spliff. The blunt is an attempt at economizing an expensive product in a relatively scarce market. The blowtje is the result of the opposite market condition: an abundance of high quality, moderately priced cannabis. In the first market, sharing the drug is part of the ritual, but in the Dutch market sharing is unnecessary. They are both, however, attempts at self-regulation. In the case of blunts, self regulation takes place inside a group. This also was the case for the prior hippie generation who "could not help but get stoned" through a ritual of sitting in a circle and passing a joint around with each individual taking a turn. However, one essential difference is the self in the group process. The self in the blunt era is characterized by the process of trying to deal with threats and insecurity in the environment, be it crack or law enforcement. This kind of self is evidenced by the rich repertoire of argot terms. A drug argot has been demonstrated to indicate a form of intense social control that maintains in-group cohesion by hiding the practices that the terms refer to from normal language (Kaplan, Kampe & Flores 1990a). The language acts as a means of strengthening the security of the self inside the subculture, and also helps to

conceal the identity of users from non-users. For more examples of Dutch and American drug argot see appendices A and B.

With blowtje smokers, self-regulation is part of an individual process which takes place in the cozy confines of the coffeeshop. New cannabis preparations are continually offered in the coffeeshop much like new beers and other alcohol is done inside a bar. The individual experiences smoking from the normalized perspective of the connoisseur: not seeking new sensation, but refinements of tried and true products. The lack of drug argot terms is striking when compared to the New York City context. Old "drug language" ("drugstaalje" in Dutch) of the 1960s is maintained with modest addition of innovation. This indicates that the cannabis subculture is being increasingly integrated into normal Dutch society. Dutch users have no real survival need to hide and promote in-group cohesion in any form other than a cannabis user's association, an interest group protecting the connoisseur consumer self.

Part of the preparation ritual in the U.S. context is the "scoring" of the marijuana which is not necessary in the coffeeshop setting. Since a five or ten dollar amount is generally the least one can purchase on the regular retail market, it makes the phenomenon of "going in on" (e.g., willing to contribute money towards the purchase of,) a function of the ritual. In this sense, the sharing of the

cost becomes an integral part of a collective action. The sharing which ensues when the blunt is smoked, is an extension of this functionality. This is a process of group self-regulation, much like the type observed by Grund in his extensive field research with Dutch heroin users, where market scarcity was a determining factor in the sharing process (Grund, Kaplan & De Vries 1993). In the American context, scarcity of injection equipment has demonstrated itself as the most important factor affecting needle sharing among injection drug users (Des Jarlais 1988).

The self-regulation practiced by Dutch cannabis users, through the employment of the blowtje, is oriented in individual behavior rather than collective action that can be observed by American blunt smokers. This is a result of the normalized or "pseudo-legal" market which provides the context for cannabis use (Jansen 1989). In such a normalized market, the cannabis offered is high quality, relatively low-priced, and includes a diverse array of types of marijuana and hashish from across the globe. Today's modern Dutch cannabis users do not share joints. Such a practice is perceived by them as anachronistic and subsequently labeled as "hippie-style." "Blowtjes" are truly personal joints, and contain a surprisingly small amount (less than 1/3 of a gram) of cannabis (marijuana or hashish) mixed with about 2/3s of the tobacco in an average cigarette. Blowtjes are not passed in circles, but held personally by each user in the coffeeshop.

The potency of cannabis also affects regulation and consumption. The disparities in the potencies of cannabis available to the average consumer are an indirect result of the market conditions surrounding its use. In the Netherlands, where cultivating marijuana is tolerated, although not officially sanctioned, the most popular marijuana presently sold and consumed is "Skunk"--more formally known as a variety of cannabis-indica. This type of cannabis is generally grown hydroponically indoors throughout the Netherlands, under extremely controlled conditions. The "Nederweit" (translates Netherlands' Weed) produced possess a THC (cannabis' main psychoactive ingredient) content which often approaches 20%. This widely available, high potency cannabis, which most Dutch users choose to consume, allow them to use a very small amount (about .25 of a gram) in their blowtje construction. The self-titrating behavior of using more potent cannabis in lesser amounts, observed extensively during the fieldwork with Dutch users, and to a lesser extent with users in New York City, has also been observed in controlled laboratory settings with American users (Heishman, Stitzer & Yingling 1989).

In the New York City blunt smoking context, the cannabis most widely available is imported from Mexico, and to a lesser extent from Jamaica. These varieties of cannabis, which are grown outdoors, have a considerably lower THC content than the Dutch grown Nederweit. This helps to explain why blunt smokers use a relatively large amount of cannabis (from 1-1.5

grams) in the construction of their blunts. It is also evidence to the fact that differences in the criminality of the market (e.g., semi-decriminalized vs. pseudo-legal) seem to effect the potency and quality of cannabis normally available on the retail market. This in turn, has an effect on how and why users choose to self-regulate their use.

In the Netherlands, courses are being given to problematic cannabis users in order to adjust their use towards a less harmful direction (Dupont 1995; Bourghuis 1994). These secondary prevention efforts are largely non-existent and discouraged by drug educators in the United States. However, there is documentation that similar functions are being initiated by organized groups that promote cannabis and psychedelic drugs (Jenks 1995). These groups do not promote an indiscriminate use of cannabis, but instead offer users social support and accurate information on how to use cannabis responsibly. Both the Dutch courses and the American organizations rely on the experiences of cannabis users. The future development of preventive cannabis education can benefit from the factual input of ethnographic studies. For example, Dutch blowtje smokers do not hold smoke in their lungs as long as their American counterparts. American cannabis users generally "hold the hit" in an attempt to economize the smoke. These parameters are in need of future elaboration in natural setting research. The results of this research provide a basis for looking in more detail at

these behavioral parameters.

Clearly more research is needed in understanding how processes such as cultural diffusion apply to the situation of diverse cannabis smoking lifestyles. In the literature on health behavior, there is ample evidence that healthy lifestyles can diffuse over national, class and ethnic boundaries. The same processes can apply for unhealthy lifestyles. Future ethno-historical research should not only search for "common predecessors" of lifestyles and subcultures, but also look for how current smoking behaviors are anchored in the specific development of regional subcultural practices. A "cross-fertilization" of tobacco and cannabis styles, as documented in the Netherlands may prove to be a useful hypothesis guiding future research in other settings as well.

Recent evidence has suggested that smokers of both cannabis and tobacco have increased risks of lung and other cancers, compared with smokers of tobacco (Sridhar et. al. 1994). If this is correct, it should call for a dissemination of accurate information regarding the risks posed by the different methods of consuming the drug. This information should avoid the scare tactics common to American prevention strategies, and attempt to emulate the campaigns in Great Britain to educate MDMA users about potential side-effects of the drug (Mc Dermott et. al. 1993).

Some Dutch coffeeshops have taken the lead in providing

such information to their consumers. Other coffeeshops, particularly in Maastricht, are offering the use of bongs (e.g., Syrian water pipes) and water vaporizers to their customers. Previous and ongoing research has determined carcinogens and tars are filtered out through a water vaporizer, making it a safer smoking method (Doblin 1995). This is a particularly important issue for persons with AIDS (PWAs) who are using cannabis to combat the wasting syndrome.

Their compromised immune system has to insure that the safest and most effective way is used to ingest marijuana. Harm reduction measures must include cannabis users in their efforts; and the medicinal use of cannabis might provide the basis for self-regulatory intervention in the future. Just as a generation has observed the devastating effect of crack-cocaine on many users, another generation could learn an experience based lesson in self-regulating and modifying its drug consumption. While persons who smoke only cannabis seem to experience lung-related health problems infrequently, there may be an increase of health problems among persons who simultaneously smoke cannabis and tobacco. In the light of President Clinton's new campaign against the use of tobacco by young people, similar efforts could educate youth about the harm posed by the different ways of consuming cannabis.

d) The Sale and Use of Hard Drugs

The separation of cannabis from hard polydrug markets is

an express aim of Dutch cannabis policy. Although an absolute separation of these markets does not exist, the policy has been successful in its general objective, as demonstrated by this ethnographic investigation as well as by others (Sifaneck & Kaplan 1995; Castro 1995; Jansen 1989). This study has also demonstrated that Dutch cannabis policy has affected cannabis use patterns formerly described by the steppingstone hypothesis. Specifically, the pattern described previously in chapter 6, as "keeping off" hard drugs, was reported by 90% of the Dutch cannabis users who participated in the focus groups. In similar focus groups conducted with New York city cannabis users, over 50% reported having experience with hard drugs. This leads us to the question: What relationships exist between the hard and soft markets in New York City? Before addressing this issue, a discussion of how a policy specifically designed to separate the markets of hard and soft drugs affects the drug using behavior of cannabis consumers.

Evidence of the success of Dutch cannabis policy in preventing the stepwise progression described by the steppingstone hypothesis is supported by the low prevalence of heroin (0.2%) and cocaine (0.3%) use during the last four weeks, reported by Dutch students over the last 4 years, and similarly low monthly prevalence of heroin (0.1%) and cocaine (0.7%) use reported by the household survey conducted in Amsterdam in 1994 (De Zwart, Mensink & Kuipers 1994; Cohen 1994). As demonstrated in chapter 6, the equivalent American

student cohorts report past 30-day prevalence rates for cocaine and heroin use which are 3 to 5 times higher.

The pattern of "keeping off" hard drugs signifies a specific way of controlling availability of drugs to youth that blends legality with pseudo-legality to create a new environment based on controlled use and self-regulation of both alcohol and cannabis. Availability has been shown to be critical in the formation of harmful use patterns and subsequent epidemics (Hamid 1992). In the Netherlands, the sale and use of cannabis has been transferred to a new market, where it is placed in the context of socially acceptable drugs, and meant to be consumed in a social, self-regulated manner.

Illegal drug dealing is another major market force that influences the dynamics of "stepping on" to harder drugs (Johnson 1973; Jacobson & Zinberg 1975; Single & Kandel 1977; Clayton & Voss 1981; Wood 1988). Well documented in the literature, we were also able to discern this effect in a context where hard and soft drug markets were separated. In the United States, Williams (1989, 1992) observed that the lure of quick money for youths with limited economic opportunities is a temptation difficult to resist. When Williams studied the teenage cocaine ring in Washington Heights, Manhattan, he found talented and enterprising young people who became involved in the cocaine trade because other legitimate opportunities were scarce. This pathway to hard

drugs also exists in the Netherlands, as indicated by the case of Mohammed described in chapter 6.

The "stepping off" pattern, of going from hard or poly-drug use to only using cannabis, seems to suggest that cannabis may have a specific function as a sort of a folk medicine to help hard drug addicts recover in the absence of suitable alternative medications (Grinspoon & Bakalar 1993). In a nationwide evaluation of the effectiveness of community-based drug abuse treatment programs in the United States during the 1970s, the percentage of post-treatment marijuana use was shown to increase steadily from 13% in the pre-treatment period, growing incrementally to 27% in the 4th year of post-treatment (Simpson & Tims 1981). This suggests that the "stepping off" pattern among former hard drug users first observed in the Netherlands may also be operative under other conditions and contexts in the United States.

Whether or not a separation exists between hard and soft drug markets in New York City depends largely on what type of retail market is considered (for a complete discussion of retail markets see chapter 4). Storefronts and delivery services selling cannabis seem to have effectively separated themselves from the more prominent hard drug markets which have a parallel existence in the same inner-city neighborhoods. Street and park markets for cannabis in New York City are sometimes isolated from the street markets for hard drugs, but very often they overlap. This is especially

true for commuter street markets (see chapter 4) where the offer to sell hard drugs is usually an invitation for a street hustle. Within indigenous inner-city street markets, hard and soft drugs are sometimes sold simultaneously on a single city block, sometimes by the same person. New Yorkers who sell cannabis through private networks, are likely to sell only drugs which the persons in their buying network are likely to use. In these networks, dealers generally sell the drugs which their peers use.

There are other more disturbing and precarious overlaps between hard and soft drugs in the New York City context. On the Lower East Side of Manhattan, blunt smoking Hip-Hop youths hawk bundles (e.g., counts of ten) of heroin which they innocently call "materials." Peer norms against hard drug use are currently prevalent within these Hip-Hop milieus. But some may deviate from this norm. If these youth use heroin on the "down low" (e.g., not in front of peers), it might not take long for a new heroin epidemic among young inner city youths. Heroin is a chic drug inside the "grunge music" scene, and just as the popularity of cocaine spread from the privileged to the impoverished, the same trend might repeat itself with heroin in the 1990s. These are youth at high risk who are desperately in need of the type of secondary prevention strategy offered by the coffeeshop system.

The rise in youthful cannabis use, in the United States and the Netherlands, might be interpreted as a sign of a

positive change toward healthier lifestyles in contemporary youth and as an indicator of a "keeping off" response to an environment in which hard drugs are widely available. Cannabis is being perceived internationally by many young people as the healthiest choice, often alcohol inclusive, within the options of recreational drugs. If this is the case, the rise is more an occasion for attention than for alarm. Strategies need to be developed to protect the youth of the present generation from the stepping stone progression to hard drugs. Understanding whether young people in both the United States and the Netherlands are really saying "yes" to cannabis while at the same time saying "no" to hard drugs is important because it is a distinction that their parents could never effectively make.

e) Cannabis Use Patterns and Prevalence

The most striking difference between the patterns of drug use demonstrated by the New York City and Rotterdam user samples, revolved around patterns described by the steppingstone hypothesis. Young Dutch cannabis users were far less likely than their young counterparts in New York to experiment with hard drugs. In both contexts, the pattern described as "stepping off," or going from hard or polydrug use to only using cannabis, was demonstrated by both user samples. Users who demonstrated this pattern in the Netherlands were generally older than the American sample,

where users who "stepped off" of hard drugs were 15 years and older. In the similar Dutch cohort, the youngest respondent to report hard drug experimentation was 24 years old. Although this disparity could be a result of a sampling bias, it does suggest that one effect of Dutch cannabis policy is keeping most young persons away from hard drugs, if not indefinitely, at least until a latter age.

Besides the patterns described by the steppingstone hypothesis, three general patterns of use, based on the frequency of use, were demonstrated by users in each cultural context: sporadic, self-regulated, and chronic. Characteristics and examples of this user typology is explained in depth in chapter 6. In both cultural contexts, self-regulated or "social" cannabis users were the predominant type. In the Dutch context, social or self-regulated cannabis users are easily identified inside the coffeeshop. The social control exhibited by the coffeeshop context promotes social use. Dutch users often avoid "getting too stoned" and prefer "to get a little high." Just as it is not "cool" to be drunk in a bar, even though it is the appropriate context for alcohol consumption, it is equally unacceptable to get "too high" in a coffeeshop. Although this social norm is exhibited by many Dutch users, it is rarely demonstrated by coffeeshop tourists from the United States, Germany, France and elsewhere. The criminalized context in which cannabis is placed in these countries, leads tourist users to perceive

themselves as rebels on a deviant mission. This deviant self-perception among cannabis users in the Netherlands is extremely rare.

Chronic users seemed more common in New York City, especially among user/dealers. The problematic use of cannabis by "pot heads" in New York City occurred most often among users who smoked marijuana alone. When cannabis was used inside a peer group the process of self-regulation engendered through sharing the drug seemed to protect from the over or misuse of cannabis. Since chronic use was likely to occur in solitude, very often this was not self-realized by the user. This would suggest intervention efforts with these chronic cannabis users would be futile if not impossible inside the present criminalized context, since the user himself may not even be aware of his problem. Negative perceptions of chronic cannabis use were reported by young American users in focus groups conducted by the Center for Substance Abuse Prevention (CSAP); where young inner city cannabis users perceived chronic users as "busters," a term with derogatory overtones like "crack head" (CSAP 1995).

Chronic users, however, were far easier to identify in the Dutch context. "Shop flies" can be observed spending the better part of their day and evening smoking cannabis in the coffeeshop (see Chapter 6). Recently a course has been developed by Amsterdam's premier drug treatment and prevention agency, the Jellinek Center, for chronic cannabis users to

learn how to sensibly adjust their use. Users first keep a journal, recording the frequency of their use and the amounts used. After analysis of a user's daily pattern, an assessment is made, and a reformed schedule is prescribed. This harm-reduction oriented intervention is not geared towards abstinence, but moderation and self-regulated use. Thus far, this form of secondary intervention has shown success. The principal guiding this type of treatment is very much like the "rational recovery" model for the treatment of alcoholism; where alcoholics (re-)learn how to drink sensibly, instead of completely abstaining.

Sporadic users are very often former regular (e.g., self-regulated) cannabis users who regress to their old ways of participating in the occasional joint, were observed far more frequently in the Rotterdam context. This may be a result of the de-stigmatization of cannabis by much of the population, which leaves former users willing to occasionally repeat a behavior which was more common to their past. Although less common in New York City, sporadic cannabis use would often be encountered within the social context of a party where marijuana was being used and shared by others. Such parties are the closest environments in New York City to a coffeeshop. Such sporadic use was observed most often in Rotterdam.

Although a comparison of the prevalence of cannabis use in New York City and Rotterdam is not possible, since annual use surveys are not conducted in Rotterdam, it is possible to

compare the results of national use surveys (see chapter 6). The results of both surveys show a modest rise in cannabis among young people over the last 5 years. These results suggest that policy has very little effect on the prevalence of cannabis. These data also suggest that other forces may be at work to affect prevalence of use. One explanation could be the various sectors of the youth culture embracing cannabis use. Parts of this youth culture are truly international, and are transmitted through MTV (Music Television) which is very popular in Europe, as well as through popular music, films and television shows.

The most revealing difference about drugs among Dutch and American youth is the disparity in the prevalence of cocaine, heroin and other commonly abused drugs (i.e., inhalants, prescription pills). As reported in chapter 6, the prevalence of cocaine and heroin are 3 to 5 times higher in the American cohort, than the equivalent Dutch cohort. The misuse of prescription drugs like valium and rohypnol, and the abuse of inhalants (i.e., glue, paint, gasoline) are always reported by significant minority of the student cohort surveyed annually by the Monitoring the Future Study (Johnston, O'Malley & Bachman 1994). The abuse of inhalants and prescription drugs is virtually unheard of in the Netherlands (Leuw 1991). These results may suggest that while policy may have little effect on the prevalence of cannabis, the availability of cannabis in the context of a liberalized policy might function to control

the prevalence of other drugs including heroin, cocaine, inhalants and prescription drugs. Conversely, a lack of available cannabis may lead to an increase in the experimentation with these other drugs. Most of these drugs obviously presenting health and social consequences far greater than cannabis.

Importing the Dutch Cannabis Experiment to New York City

One implication of this cross-cultural ethnographic investigation is whether or not the Dutch model of cannabis control would be feasible in a place such as New York City. This analysis has shown that there are many advantages for a policy which attempts to regulate the retail sale and public use of cannabis. Many of these advantages are a result of the normalized retail market which is possible under such a policy. As this study has demonstrated, a normal retail market for cannabis allows users to better regulate their consumption. Consumers no longer have to deal with the instabilities of an illegal black market where shortages are common, harmful adulterated products become available, prices are inflated, and the simple transaction for a small amount of cannabis is embedded in an uncertain and potentially harmful criminalized context.

Before discussing the possibilities of importing the Dutch model of cannabis control to a place like New York City, it is important to realize the profound differences which

exist between these two cultural contexts. These differences can have an impact on the complex behaviors associated with drug use. Enormous differences exist between the philosophies and systems of local and federal government, the social welfare systems, the racial and cultural histories, and the history and influence of organized crime. These social factors can affect individual experiences with drugs, as well as defining the political dimensions of "the drug problem." Therefore any discussion of illicit drug control reform emerging from this comparative analysis must be strictly qualified. It is important to stress the policy implications of this analysis are provisional and explorative.

There are various advantages to a cannabis control policy where cannabis is "pseudo-legal" or "de facto legal" instead of outright legal. First, a legislative change in the laws is not necessary. Instead, directives from prominent political actors (i.e., mayor, police commissioner, district attorney) can alter the enforcement behavior of the police, and the prosecution efforts of the district attorney's office. Second, no attempts are made to emulate the failed "legal" control policy for tobacco, wherein corporations undertake aggressive advertisement campaigns to encourage tobacco use among young persons. The policy for controlling the sale of tobacco has been unsuccessful in keeping the drug out of the hands of minors. An appropriate cannabis control policy must seriously and realistically consider an "appropriate" time to

allow cannabis use among young people. If such an age was set at 21 years, such a policy would essentially be ineffective, since it has been repeatedly demonstrated the experimentation with marijuana is likely to occur at a much younger age. Another important aspect of Dutch cannabis policy, and the pseudo-legal status of cannabis products inside a "gray" market, involves the ban on advertisements. The issue has been raised in the popular press about the rap music, and icons on clothing which promote the use marijuana, inappropriately affecting the behavior of pre-teens (Levine 1996). This problem of displaying icons which embrace the use of cannabis does not exist in the Netherlands, which is a direct result of cannabis' normalization. Dutch cannabis users do not find the need to subculturally denote their drug of choice through icons and subtle references. Control of publicly displayed cannabis symbols and signs (i.e., blunt logos, marijuana leaves) would speak to the concerned parents who believe this is enticing young people to start using cannabis. Similar bans on tobacco and alcohol advertising (i.e., Camel Joe, Spuds McKeanzie), especially targeted at young people, should logically follow.

Finally, another advantage the Dutch model offers for cannabis control reform is the localized nature in the implementation of such a policy. Since different states have disparate laws regarding cannabis, any policy reform is likely to take place on a local level. The advantages of a pseudo-

legal or tolerant policy regarding cannabis sales in a place like New York City, would allow police and local officials to slowly fine tune a policy which insured all the advantages the Dutch system offers. If such a policy, or "experiment in policy," turned out to be a failure, legislation would not be needed to repeal the policy, like the case with alcohol prohibition. In chapter 3 the gradual evolution of Dutch cannabis policy was illustrated. The policy was not simply invented, but developed in stages. The one tenant which guided the development of Dutch cannabis policy was the notion to protect Dutch youth who start experimenting with cannabis from beginning problematic drug careers which ultimately end up with addiction. This should be the concern of American parents who have children presently using marijuana. Even after a decade long bombardment of scare-tactic laden prevention efforts, this generation of cannabis using youth have not heeded the warnings about cannabis. Why should anyone expect them to listen to similar prevention efforts concerning heroin and cocaine?

The obstacles facing cannabis policy reform in New York City are numerous. From re-training the police force, to over-hauling the drug education programs in the schools, none of these steps will occur without opposition. The ultimate question concerning cannabis policy reform in a place like New York City is: Where does this reform start? The best place seems to be place where cannabis is presently somewhat

tolerated: storefronts. Storefronts--seemingly legitimate businesses like newsstands, record shops, boutiques, and video rental outlets-- but whose main income is derived from sales of marijuana, are the most popular type of retail sale outlet presently tolerated by the New York City Police Department (NYPD). Storefronts seem to have effectively separated themselves from the more prominent hard drug (i.e., crack-cocaine, powdered cocaine, and heroin) markets which exist in the same inner-city neighborhoods. The reasons why marijuana storefronts are tolerated to some extent by law enforcement may include: 1) the role of storefronts in keeping marijuana dealing in an indoor location, and off the streets, 2) the absence of hard drug sales at these locations, and 3) the attempts storefronts make in maintaining the facade and actual operations of a legitimate business.

One very important advantage the Dutch system offers a place like New York City, are the possible expanded economic opportunities offered by selling cannabis through coffeeshops. Since coffeeshops sell more than cannabis (i.e., coffee, food, service, games, etc.), the people employed in such a industry would also increase. The storefronts which are currently tolerated in New York City, lack an important dimension that the Dutch coffeeshop provides. This is a space to use cannabis. This is an extremely important part of Dutch cannabis policy, because it is here where "secondary prevention" efforts to keep cannabis-using youths away from

hard drugs can be actualized. Not only do the points of soft and hard drug sales need to be separated, but so do the environments where people use drugs. In New York City, these public use environments, found largely outside, are not separate.

Cannabis-selling storefronts in New York City could be encouraged to change their business formats to cafes, or coffeeshops, where persons who met the age requirements would be allowed to use cannabis. As long as the proprietors were only providing non-alcoholic drinks, liquor and cabaret licenses would not be necessary. Local police could easily drop in on such cafes, to insure the proprietors and the patrons were obeying the rules (i.e., no minors, no hard drugs, no aggression or petty crime). If the storefronts did not abide by these rule the police could use the nuisance law to board the place up. This is a simple way of adopting a new local cannabis policy in New York City, which could first be attempted as an experiment. This experimental plan would represent a fair compromise between the staunch drug policy prohibitionists and the reformers who call for all out legalization of presently illicit drugs. Such a pragmatic compromise in policy reform would also be more likely to gain support from parents groups, community boards, and political leaders.

Appendix A:**Drug Argot in New York City**

BLUNT: a hollowed out cigar wrapper filled with marijuana

BLUNTED: stoned, under the influence of cannabis

BONG: Syrian water pipe

BONG-HIT: one pull off a bong

BOOM: marijuana

BUDS: marijuana, usually suggesting its still in bud form as opposed to shake

BUDDHA: term for high quality marijuana

CAINE: cocaine

CHRONIC: high quality marijuana, west-coast slang

COPPING: obtaining cannabis or other drugs

CROPS: marijuana plants

DEVIL'S DICK: crack pipe

DIME: ten dollar amount of marijuana or hashish

FATTIE: a thick joint

FIVE-O: the police

FORTY: 40 ounce bottle of beer or malt liquor

HUMBOLDT: high quality marijuana grown in Humboldt county, northern California

ISM: marijuana

"L": blunt

MAD ISM: excellent marijuana

NICKEL: 5 dollar amount of marijuana

PHAT: fat, big with positive connotation

PHILLIE: name for a blunt, from cigar brand "Phillies Blunt"

PULL: inhaling cannabis, same as toké or hit

SHAKE: loose marijuana, not in bud form

SKUNK WEED: indica-sativa, marijuana with potent and effect,
same in Dutch

STRAIGHT: not under the influence or not in need of cannabis

STRAIGHT-UP: honest, good deal

TOKE: inhaling a joint

TWENTY: twenty dollar amount of cannabis

UNBLUNTED: not under the influence of cannabis

WHITE-OWL: other brand besides Phillie Blunt used for making
blunts

WHOOOLA: a blunt with crack added

WHOOOLIE: blunt with marijuana and powdered cocaine

Appendix B:**Dutch Drug Slang ("drugstaalje" in Dutch)**

BIO-: marijuana grown organically

BLOW/BLOWTJE: Dutch style joint (marijuana or hashish) mixed with tobacco and constructed with a long rolling paper and filter tip

BROWN: heroin

BUITENWIET: marijuana grown outdoors

DONKER: dark in color, brownish

GEELTJE: 25 guilder (13 \$US) bag of marijuana or hashish

GREENBUD: variety of skunk with an abundance of green leaves

GROWSHOP: store selling equipment to grow cannabis indoors

HALVE: 1/2 or 12.50 fl (7 \$US) worth of marijuana or hash

HASJ: hashish

HAZE: very potent and psychedelic variety of sativa

HEADSHOP: store selling smoking accessories

HIPPIE-STYLE: small joint without tobacco or filter, also to pass the joint in circular direction

JOINTJE: small joint

MAROC: Moroccan hashish

NORTHERN LIGHTS: hybrid variety of indica developed and grown exclusively in the Netherlands

NEDERHASJ: hash made from Dutch plants, usually high quality

NEDERSTUFF: " "

NEDERWIET: marijuana grown in the Netherlands
ORANGEBUD: variety of skunk with an abundance of orange hairs
PURPLE SENSE: purple sinsemilla
PUUR: joint without tobacco, American style
SENSE: short for sensimillia
SHIT: hashish
SKUFF: hashish made from skunk (cannabis indica)
SKUNK: cannabis-indica, potent marijuana with a distinctive pungent aroma
SPACE(CAKE/BONBONS/TEA): cake, candy or tea made with marijuana or hashish
STICK: joint
STICKIE: joint
STUFF: hashish
TIP: filter tip used in a Dutch style joint
4/5-WAY: 4 of 5 types of marijuana cross-bred producing potent and unique qualities
WHITE: cocaine
WIET: weed, grass, marijuana
ZAKJE: a small (12.50 or 25 guilder) sack of marijuana or hashish

Appendix C:**Diagram of Correlations between
Policy, Market and Use Variables**

(see following page)

Use Environments:
 *largely private and outside
 *not legitimately provided, often proximate to hard drugs

Use Practices:
 *blunts
 *joints, pot pipes and bong

Use Patterns:
 *steppingstone/gateway Pattern more common
 *frequency of use similar to Rotterdam sample
 *chronic use / dealing relationship

Drug Prevalence:
 *U.S. and M.L. nearly equivalent (use in past 30-day)
 rates of regular use, heroin and cocaine 3-5 times higher
 in same student sample.

Diverse/Marginal

Retail Markets:

*storefronts
 *street and park markets
 *delivery services
 *private distribution
 networks

"Semi-

New York "Decriminalized"

City

Socio- Cultural Context Cannabis Control Policy

Retail Markets for Cannabis

Use Issues

Use Environments:
 *coffeehouses and cafe-coffeehouses
 *largely indoor and public, separate from hard drug use environments

Commercial

Coffeeeshop Model:

*traditional coffeeeshops
 *cafe-coffeehouses
 *ethnic coffeeeshops
 *some delivery services
 & "home dealers"

Rotterdam "Pseudo-Legal"

Use Practices:

*"blotjes" ("hippie-style" joints uncommon)
 *orally ingested cannabis (i.e., cakes, candies, teas)

Use Patterns:

*steppingstone/gateway pattern less common
 *frequency of use patterns similar to NYC sample
 *chronic users identified easily, no chronic use/dealing relationship

Drug Prevalence:

* rates of cannabis prevalence largely equivalent to comparable U.S. samples
 * rates of heroin and cocaine (past 30-day) prevalence 3-5 times lower in similar U.S. sample

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