Cultural Variations in the Use of Alcohol and Drugs

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The study of consciousness has a long-standing tradition in psychology. Topics like attention and attentiveness, sleep, hypnosis, self-awareness, and biological rhythms typically are explored and discussed as evidence of our conscious and unconscious behavior. Philosophers and theologians, too, have discussed and debated the topic for centuries. In some philosophical circles, the debate continues about the meaning, source, location, and the influence of consciousness and conscious thought and action.

Psychologists and psychiatrists also are keenly interested in exploring phenomena and elements that alter and change consciousness. Sleep patterns and states of reverie consume much of their interest. For decades, researchers have been examining a multitude of conditions, circumstances, and classes of things that specifically alter sleep and biological or circadian rhythms. And we now know that sleep patterns, a significant form of consciousness, can be altered by such things as stress, fatigue, anxiety, depression, warm baths, one’s developmental stage, and boring lectures. We also know quite conclusively that psychoactive drugs can drastically alter sleep and, for that matter, all forms of consciousness.

Altering or changing consciousness through the use of psychoactive drugs such as alcohol, cocaine, and marijuana has become a major concern in recent decades. For a variety of reasons, more and more people, particularly youth, are experimenting with and using drugs than ever before. Although the rates of drug and alcohol use vary among different groups of people, most use the substances to change their levels of consciousness. Some use such substances to feel good, get a “high” or a “buzz,” to ward off or deaden depressive experiences, or to heighten one’s sense of belonging to an admired group. There are other reasons, yet no matter what they are, the underlying motive for using psychoactive drugs and alcohol is to alter, however temporarily, one’s sense of awareness.

PSYCHOACTIVE AND NONPSYCHOACTIVE DRUGS

Not all drugs and natural substances can alter consciousness. Drug researchers, therefore, prefer to
draw a distinction between psychoactive and nonpsychoactive or medicinal drugs. Psychoactive drugs are those natural or synthetic substances that produce changes in emotion, thought, and behavior because they change the function and operation of the brain’s nervous system. Certain psychoactive drugs are often referred to as psychotomimetic drugs because they produce hallucinations and an altered sense of reality—that is, the drugs allow individuals to “see into their minds” in a vivid, almost nonordinary manner. Often psychotomimetic drugs are classified as psychedelic (literally “mind sense”) because the individual may have a psychotic-like experience while under the influence of drugs such as psilocybin (psilocybe mexicana, a cactus indigenous to Mexico), mescaline (the primary active agent in peyote), and morning glory seeds (especially the plant, Rivea corymbosa), and the Datura plant species. Synthetic psychedelics or hallucinogens such as LSD-25 (d-lysergic acid diethylamide), DOM (2, 5-dimethoxy-4-methylamphetamine), and PCP (phencyclidine) produce effects similar to their natural counterparts; use of certain synthetic psychedelics have been shown to create irreparable tissue damage along with the short-lived euphoric experience.

ETHNOPHARMACOLOGISTS, PSYCHOPHARMACOLOGISTS, AND ETHNOBOTANISTS

Psychoactive drugs can be roughly ordered between a natural to a synthetic or human produced category. At one level, ethnopharmacologists study our use of natural intoxicating compounds and psychopharmacologists study all agents that have intoxicating properties. Drugs also can be categorized as either licit (lawful) and illicit (unlawful). Caffeine, nicotine, and alcohol are lawful and therefore federally regulated whereas marijuana, cocaine, heroin, and LSD-25 are illicit drugs principally because the public is prevented from possessing and consuming them. And finally, drugs can be classified into categories that represent the effect they have on the human body: narcotics, antipsychotics, and hallucinogens.

Ethnobotanists tell us that psychotomimetic drugs found in certain flora worldwide have been in existence for millions of years; human use and consumption of narcotics and hallucinogenic plants undoubtedly can be traced to our beginnings. No one is really certain when homosapiens first used drugs. Nonetheless, there is evidence to suggest that they were used frequently and abundantly by many cultures. The Chinese as early as 2700 B.C. used cannabis sativa (marijuana) to treat many illnesses. Native populations in present-day Guatemala cultivated mushrooms some 4,000 years ago for use in cult-like ceremonies. Ancient Sumerians in the Mesopotamia region used the narcotic residue of the opium poppy for a variety of purposes about 7,000 years ago. South American Indians have chewed the leaves of the coca plant for as long as they lived in the region. And we find evidence of warriors described in the Greek classics, the Iliad and the Odyssey, using plant concoctions for poisons and intoxicants.

Caffeine found in numerous plants remains to this day one of the most frequently consumed psychoactive substances. Alcohol, however, tops the list of most used drugs both today and in days gone by. Alcohol is produced when yeasts, molds, and certain bacteria interact with glucose found in legumes and fruits. Historical records suggest that fruit wines were available in Asia and the Mideast about 7,000 B.C. Ancient Egyptians produced beer and wine-type beverages over 5,500 years ago. Probably the oldest known alcoholic beverage is mead, a sweet drink made from fermented honey and water. Historical records suggest that it was used about 8,000 B.C. Most likely all cultures had access to drugs and alcohol substances in some form. The substances were used for nourishment, ceremonies, healing psychological and physical problems, and relieving the pressures of daily living. Undoubtedly, along with positive effects produced by the drugs, all cultures had to deal with the negative side effects.

Ethnobotanists estimate that there may be over 800,000 different plant species. Of this number, about 5,000 species are known to contain alkaloids which are nitrogen-containing bases found in most psychotomimetic drugs. About 20 of these species are the ones most frequently used because of their intoxicating properties. Four of these—coca, opium poppy, tobacco, and hemp—are cultivated commercially largely because they are in greatest demand worldwide. In the Americas, particularly in the Central and South American regions, ethnobotanists claim that about 120 plants can be found that induce psychotomimetic states. However, only 20 or so can be found anywhere else in the world. Along with the availability of naturally present narcotic-containing plants, humans are cultivating drugs resulting from the hybridization of species—
As near as we can determine, most cultural groups indigenous to the Americas used many psychoactive drugs for religious and ceremonial purposes. Tribal groups developed strict codes regulating and restricting the use and possession of drugs. In almost all groups, the more powerful psychoactive drugs were used by shamans and religious leaders. Recall that psychoactive drugs directly affect the brain's behavior thereby altering consciousness. Because of the effect indigenous peoples ascribed and attributed spiritual powers to the drugs—the more potent the plant or a concoction of narcotic-like plants the greater the power attributed to them. Because of the potency of some drugs, many groups actually feared and worshipped certain plants. In addition, consumption of a drug often produced bizarre behavior in the user. For example, the Mojo Indians from eastern Bolivia use marari to assist healers in interviewing helpers from the spirit world. The user would be thrust into a 24-hour state of hyperactivity accompanied by extreme pain and sleeplessness. Consequently, Mojo shamans were reluctant to use marari because of the side effects yet respected it because it permitted communication with spiritual authorities.

Often aboriginal peoples classified hallucinogenic species according to the effects they produced—the weaker the effect the lower the plant's status and thus the more tolerant for greater, widespread use. Peyote or Lophophora Williamsii is one such plant, the common name for which is a variation of the Aztec word, peyotl. The Tarahumara from the northwestern region of Mexico identified and revered five varieties of the cactus plant. Mulato enabled the user to see sorcerers along with actually enlarging the size of the eye; hence, the plant served to protect one against evil spells and practices because the sorcerer could be identified only when one was in an altered state of consciousness. Hikuli walula salami is extremely rare among the Tarahumaras, thus it is attributed the greatest power and authority. Use of the hikuli variation grants one extreme spiritual powers.

Because there are numerous psychoactive drugs and hundreds of aboriginal groups in the Americas, the study and discussion of the use patterns would be exceedingly complex. Indeed, the topic is rich with unique accounts of the way indigenous people incorporated drug use in their daily lifestyles and religious practices. But what is equally important is the finding that most indigenous peoples did not have to deal with the problems associated with drug abuse. There are, sadly, certain drugs that were once tightly controlled and regulated by indigenous peoples that are now being used and abused for recreational and self-serving purposes. Kava (Piper methysticum) is a relatively unknown psychoactive substance in the Americas, yet kava is deeply tied to the traditions and customs of South Pacific Islanders. Kava use is undergoing changes where abuse and all its attendant problems are causing great concern.

Kava or kava-kava can be found in most island groups in the South Pacific. Essentially, Kava (also kawa, ava, or awa) is a beverage prepared from a perennial shrub (Piper methysticum Forst) that has non-alcoholic intoxicating properties; fresh roots are preferred in the preparation process. Kava preparation varies from one island or atoll group to the next. In the main, the roots of the pepper-like shrub are cut into small pieces, chewed or pulverized in stone mortars (galvanized buckets are often used today). After the root chips are pounded into a powder, water is slowly added. Periodically the mixture is poured through a mesh-like strainer to remove the root's fibers. Eventually a liquid of varying levels of concentration is produced; kava is then considered ready for use. The beverage produces a tingling sensation in the mouth and a brief numbness of the tongue; consumption rates and potency levels can bring about variations in the overall effect.

Reports vary all over the South Pacific about kava's intoxicating properties. Some claim that the numbness experienced initially in the mouth eventually spreads throughout the body to the point that users have difficulty walking. Most users, however dramatic the effect they experience, claim that kava does not produce the infamous hangover common to alcohol use. Prolonged kava use does reportedly produce some negative side effects—habitual users typically are known to have bleary eyes, dull skin tones, and scaly-like skin.

For centuries, use of kava among Hawaiians, Tahitians, Tongans, and Samoans, for example, was governed by very strict codes of behavior. Paramount chiefs and shamans regulated its use following highly stylized rituals. Ceremonies where kava was used were major social events involving village
and community members. Rituals varied from one island group to the next. Essentially, kava preparation and consumption took center stage. The reverence and respect given to kava underscored its importance in the island cultures. Abuse of the plant and the beverage was not tolerated and, in some instances, resulted in the abuser being banished from the village or stoned to death.

Today some of the ceremonies persist in the Pacific, however, the content, activity, and reverence have changed considerably from pre-colonial times. Early missionaries did their best to eliminate kava ceremonies and practices and were successful on some islands. Kava use now is on the increase to the extent that it is being abused largely by youth. For them the ancient ceremonies are meaningless and irrelevant. Getting “high” and feeling numb are more important. Kava use today is emerging as a major drug problem in certain Pacific Island groups. Habitual users are becoming psychologically addicted to kava’s effects. The addiction leads to other social and psychological problems that are disruptive to families and communities.

INVARIANT BIOLOGICAL REACTIONS TO DRUGS

While customs surrounding the use of psychoactive drugs vary from one cultural group to the next, the action of drugs on the human body is fairly consistent. Cultural customs influence the way drugs are used. However, the customs have little influence on drug action in the brain. Mescaline, the main active ingredient in peyote cactus, is rapidly and completely absorbed in the brain within 30 minutes after consumption. Both the autonomic and central nervous systems are affected, suggesting that mescaline acts much like certain neurotransmitters. Regardless of one’s cultural background, mescaline will affect everyone in a fairly predictably manner. Variations in the drug’s effectiveness can occur through constant use and that can occur through a cultural medium such as a religious group.

At present there is no substantial evidence that supports the notion that certain cultural groups have biologically-based weaknesses or strong tolerances for particular psychoactive drugs. Contrary to pockets of common belief, American Indians and Alaska Natives are no more genetically inclined towards alcohol intoxication than any other ethnic group. The Chinese are not likely to become opium addicts because they are Chinese; and the French are not likely to become wine addicts merely because they drink a lot of wine. People become addicted to drugs because they misuse and abuse them not because of their biological heritage (see Trimble, in press).

WHAT ACCOUNTS FOR PATTERNS OF DRUG ABUSE IN NORTH AMERICA

Biological factors alone, as stated above, have not been able to account for patterns in the use of psychoactive drugs. Yet when we view the growing numbers of people in North America who are using and abusing drugs we do notice differences between ethnic and religious groups. The differences in use rates cannot solely be attributed to one’s ethnic background. Nonetheless, there are social and psychological factors that can contribute to use levels. Some of these factors may be more present among certain subgroups within ethnic and religious groups than others. Hence, customs can and do influence drug use rates. They always have.

The use of psychoactive drugs occurs in all 50 of the United States. Because of population distribution patterns use levels are higher in areas with dense populations; thus, one finds drug use to be greater in U.S. metropolitan areas than in rural areas. Metropolitan areas such as Detroit, Washington-Baltimore, New York City, and Miami tend to show greater drug use patterns among ethnic-minorities (Johnson et al., 1990). In these cities ethnic-minorities collectively are in the majority so the finding is not an exaggeration. The findings do not support the notion that ethnic-minorities have greater problems with drugs than the dominant culture even though many try to do so.

Concentrations of ethnic-minorities also occur in rural and remote areas of the country, particu-
Drug use indeed appears to be a problem in these settings, too. Segal (1992) points out that the drug use prevalence rates in certain Alaska Native villages is quite high and in a few instances reach epidemic-like levels. Beauvais (1992) found that American Indian youth in rural areas have higher drug use rates than non-Indian youth for nearly all drugs. Among Hispanic youth, Gilbert and Alcocer (1988) report high incidences of polydrug use. The authors emphasize that alcohol use quite often leads to a progressive use and abuse of hard drugs.

The distribution of ethnic-minority drug use nationwide may give credence to the notion that the groups are inclined to use drugs more frequently than the dominant culture. The notion tends to be reinforced by the generalized news media. It appears that both the electronic and print media tend to focus their drug use stories on the problems that occur in U.S. intercity communities. A cursory review of the drug use stories appearing in the weekly news magazines reveals the frequent use of photos of African-American and Hispanic drug users, crime statistics showing disproportionate numbers of ethnics arrested for drug related crimes, and harrowing tales of drug abuse in public housing projects. What we rarely see in the magazines are stories and photos of drug use and abuse that occur in the affluent suburbs or predominantly non-ethnic minority communities and neighborhoods. Yet we know from the ongoing drug use studies of Johnston, O'Malley, and Bachman (1988) and the National Institute on Drug Abuse (1991) that drug use occurs among almost all groups. Both the accounts in the news media and research reports tend to emphasize minority drug problems and that, in itself, fosters the stereotypic notion that ethnic-minorities, especially African Americans, are more likely to be addicts than whites and Anglos. The notion is an illusion as there is no definitive evidence available to support the contention (Tucker, 1985).

Drug and alcohol use are not problems among ardent members of certain religious groups in the United States. Studies show, for example, that there are few—in some areas no—addicts and alcoholics among the Amish, Mennonites, members of the Church of Latter Day Saints (Mormon), and those who closely follow the tenets of Judaism. For the first three groups, use of psychoactive drugs is forbidden among their followers. In general, traditional Jews have relaxed standards for alcohol use, yet survey results show that they have few problems. Again we can appeal to the general notion that customs can affect the drug and alcohol use practices.

Just as cultural groups set standards for drug use they also set standards for defining abuse, addiction, and deviance. What may be viewed as normal and standard in one culture may be highly deviant in another. For example, several Indian tribes in the Amazon basin in South America use intoxicating snuffs on a regular basis—men from the Yukuna, Tanimuka, Waika tribes among many others, blow snuff into the noses of their partners both in rituals and for recreation. Use of hallucinogenic snuff is illegal in the United States. However, if we saw or knew of someone who used the drug daily we would consider them addicted. Amazonian Indians see these phenomena as part of their daily lives—no one is considered addicted there.

The Irish and Irish-Americans view alcohol use quite differently than most Americans. In Ireland and in Irish-American neighborhoods heavy and frequent use of alcohol is not viewed as deviant or problematic. In part, pub and bar drinking serves to reinforce ethnic group solidarity and ethnic affiliation. If Irish Americans openly refuse to participate in the evening and weekend drinking activities their ethnic identity and allegiance may be challenged.

In some social circles strict distinctions are made between social drinking and binge alcoholic drinking—the first is more acceptable especially in middle and upper class circles. Binge drinking often is associated with lower class status; the two are often interchangeable. Hence, if one is deemed an alcoholic, he or she also must be a member of lower class. Drinking patterns, therefore, are attributable to class and ethnic groups to further stigmatize their status. Members of the elite high status groups engage in social drinking while members of lower class or outgroups drink to excess and therefore are viewed as borderline alcoholics at a minimum. Groups within the United States contrive definitions for deviant behavior such as drug and alcohol use to enhance their status and thereby suppressing the status and acceptability of undesirable groups.

There are a multitude of reasons for using drugs and alcohol. The reasons vary from one cultural group to another. Whatever the reasons may be, they can all be grouped under the basic fact that psychoactive drugs alter consciousness by affecting the brain's activity. Not to be forgotten, however, is the universal finding that all cultures have devised
practices to alter consciousness without relying on psychoactive drugs. Prayer, meditation, exercise, privation of basic necessities, such as food, sleep, and material goods, and biofeedback exercises are general examples. An exploration of nondrug stimulated altered states of consciousness indeed would reveal that cultural groups have developed unique and effective techniques and procedures. Many of these practices are as effective, if not more so, than the states achieved through drug states. And in some instances, the practices are more beneficial to health than the use of certain drugs.

REFERENCES


