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REEFER MADNESS CARIBBEAN STYLE

–HYMIE RUBENSTEIN

"Reefer madness," a spurious psychiatric affliction that was widely promulgated in the United States during the 1930s, is rarely mentioned today as a possible sequela of acute cannabis consumption. Because reefer madness (RM) was questioned and generally dismissed in the West by the 1940s, I was surprised to find that it was still widely accepted as a genuine psycho-pharmacological affliction in the Eastern Caribbean country of St. Vincent and the Grenadines in the 1990s. This paper describes and analyzes the reasons for this discontinuity between the West and the Rest by referring to the multiplicity of factors supporting the Vincentian RM syndrome: a generalized tropical "intellectual backwardness" and associated moral apathy; the real and alleged behavioral-psychological effects of acute cannabis ingestion; the peculiarly Caribbean character of Vincentian RM and the way it differs from its American counterpart; the types of people promoting the affliction; the larger anti-marijuana context that includes opposition to any involvement with the substance; and, most importantly, the national system of racial and class stratification.

INTRODUCTION

"I felt I could stand out if I did *crazy* things," says [Kevin] West, of Little Rock. That's why he agreed when a friend suggested a game of Russian roulette. West removed all the bullets except one from his mother's .38. Then 17, he'd spent the earlier part of the evening moving from friend's house to friend's house, smoking joints, "getting high on top of high." He put the gun to his head. Had he been in the *right mind*, he says, he simply would have taken his finger off the trigger. "But on weed you *can't think straight*." Next thing he knew, he was on the ground in a puddle of blood, a hole in his head the size of a golf ball.

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> After three operations and months of therapy, West, now 19, remains paralyzed on his left side and takes a daily regimen of anti-seizure and other medications. "I only smoked for a few months. Now I'm on drugs[1] for the rest of my life. I thought marijuana is no big deal (emphasis added).

Former members of the 1960s American Counterculture or those familiar with either marijuana's cultural history or the latest research findings about the substance (Hall and Solowij, 1998; Zimmer and Morgan, 1997) might guess that this anecdote comes from a 1930s "reefer madness" (RM) print media story. They would be wrong. The two-part report appeared in *USA Weekend* in February 1996 (Guttman, 1996). Like its 1930s counterparts, the story makes no mention of West's prior emotional well being.[2] Nor does it show any awareness that there has never been any credible scientific evidence to support the idea that acute marijuana intoxication can produce the kind of irrationality and loss of self control that could drive a normal person to try to enhance his self esteem and reputation by playing a suicidal game of Russian roulette.[3]

The anomalous story of Kevin West[4] appears quaint by today's Western behavioral norms and clinical findings: smoking marijuana is, indeed, no big deal for most ordinary citizens[5] and professional drug researchers.[6] To be sure, no drug is (or possibly could be) completely harmless, but marijuana seems far more benign than most other drugs, including most legal ones.

Because RM has been questioned and repeatedly dismissed in the West since at least the 1940s (Abel, 1980; Grinspoon, 1977; Himmelstein, 1983), and because stories like the USA Weekend one appear so disingenuous, I was surprised to find that cannabis insanity was still widely accepted as a genuine psycho-pharmacological affliction in the small (388 sq. km.) Eastern Caribbean country of St. Vincent and the Grenadines (hereafter referred to by its local acronym SVG) in the 1990s.[7] A former British colony (1763-1979) containing 120,000 people, most of them descended from the thousands of African slaves forcibly transported to the colony between the early 18th and early 19th centuries to labor on the country's sugar plantations (Rubenstein, 1987), SVG has long been considered one of the poorest countries with one of the highest un(der)employment rates in the Caribbean archipelago (Potter, 1992; Rubenstein, 1987). Together with its vast and rugged forested interior, inadequately patrolled coastal waters, and proximity to marijuana-hungry neighbors like Barbados, Grenada, St. Lucia, and Martinique, the destitution of its people has helped propel SVG to become the second highest Caribbean marijuana producer after Jamaica (Bureau for International Narcotics and Law Enforcement Affairs, 1995), a country where cannabis has been cultivated and consumed for nearly 150 years (Rubin and Comitas, 1975).

I first heard that marijuana smoking could precipitate mental illness in 1986 when a close informant told me that:

> I learn that the people does grow crazy with it [marijuana] if you *burn* [smoke] and don't eat. Because doctor prove that it have 125 persons mental [confined to the country's mental health center], and out of all of them is only 35 really mental. The rest are sick from *ganja* [the common name for cannabis in the region]. We have a discussion at the hospital [where she is employed] about it.

The same woman went on to support this with a personal anecdote:

> I have an aunt's son [who] the doctor prove he go crazy from drugs.[8] It is marijuana he does smoke. He was working at the bank. He had to stop work. The mother had him home for months, nearly a year.

It may be easy to dismiss the folk position of my confidant as coming from a poor, uneducated woman taught to uncritically accept hegemonic pronouncements from the country's elite medical establishment.[9] Moreover, SVG has been called the "Third World's Third World" (Starbird, 1979), an appellation that, among other things, points to its intellectual and cultural 'backwardness.' It is far more difficult, however, to account for the scores of editorials, reports, and letters-to-the-editor, many from trained professionals, mimicking my informant's position that have appeared over the years in *The Vincentian*, the oldest weekly newspaper (circulation 4,500) in the country (Rubenstein, 1995).[10]

Like most of its regional counterparts, SVG has always been part of a larger geo-political and economic order that has included other Caribbean territories, the United States, and Western Europe. Accordingly, the very first report relevant to local marijuana use preceded ganja's widespread local availability by several years. A news item dated September 28, 1968 describing the arrest and conviction in nearby Trinidad of two vacationing Vincentian-based American male Peace Corps workers for the possession of marijuana cigarettes purchased from an urban Port-of-Spain pusher, caused a chronic letter-to-the-editor writer with the pen name "Franko" to 'deconstruct' its RM implications:

> .... [T]hese marijuana stuff ... are very destructive to mankind and community .... The ganja is a dope and a destroyer, it causes people to do things unconsciously, wreck life, limb, property or company (*The Vincentian*, October 19, 1968).

In the years since Franko's initial assault on ganja, many prominent Vincentians have put forward similar RM indictments against ganja. In his August 16, 1985 weekly column, Dr. Kenneth John, an influential member of the national ruling elite and holder of a Ph.D. in political studies, stated that:

> ... [I]t does seem to me that the drug [ganja] has led to many blighted lives, a waste in human resources and a spiralling growth in crime.[11] A casual walk around town and a peep into the prison and mental hospital will produce the evidence.

What appears curious about Dr. John's assertion that ganja smoking leads either to mental illness or criminal behavior is that it comes from a former Black Power leader who had been educated in both Jamaica and England at a time—the early to mid-1970s—when marijuana was beginning to gain popularity among radical university students and other young middle-class and elite individuals in both countries. Moreover:

> The predominant [American lay and scientific] opinion in the 1964-1976 period held that the dangers of marihuana had been greatly exaggerated in previous years and that the drug was generally a mild "hallucinogen," "intoxicant," or "euphoriant," not a dangerous narcotic (Himmelstein, 1983:100-101).

There are some ready explanations of this ideological discontinuity between the West and the Rest. First, the idea of a generalized tropical intellectual backwardness, as Eurocentric as it sounds, does account for part of the gap between First World and Third World scientific understanding of and attitudes towards marijuana if only because few Vincentians, even educated ones, have ready access to Western marijuana research findings. Second, SVG, like many migration-oriented impoverished societies, has long exported many of its most gifted and progressive citizens—those who might have been bold or 'enlightened' enough to challenge the preeminence of established ideology—leaving behind those "... with vested interests, or dependents, or the apathetic" (University of the West Indies Development Mission, 1969:106). Third, SVG is a small country with a tiny face-to-face intelligentsia, and there are social and other risks attached to challenging established positions on illegal drugs: it is far better to remain silent and "apathetic" than to be charged with encouraging, if not personally engaging in or profiting from, illicit and deviant behavior. Fourth, in the absence of obvious physical evidence of the adverse effects of marijuana smoking, it has been necessary for its opponents to resort to evidence of a mental kind, a process that has seen RM offered repeatedly in other places and other times to condemn marijuana and its users (Abel, 1980; Grinspoon, 1977; Himmelstein, 1983). Finally, since contemporary marijuana use in SVG goes back no further than the late 1960s, decades later than its introduction to the United States (Abel, 1980; Himmelstein, 1983), it would be expected that this would be reflected in a 'culture lag' between the West and the Rest.

But these factors offer only a partial and somewhat superficial explanation of Vincentian RM. First, being an intellectual backwater is not sufficient to account for the five-decade gap between American and Vincentian ideas about RM. Marijuana is an exemplar of transnationalism, not to mention "multi-sited ethnography" (Marcus, 1995), and there was a widespread awareness of and desire to share in the mood-altering sensations of its First World use at least as early as the late 1960s (Rubenstein, 1998). Second, marijuana use in the United States was not pervasive before the late 1950s (Abel, 1980; Himmelstein, 1983), only 15 years before it began to spread throughout SVG. Third, none of these five factors accounts for the peculiarly Caribbean character of RM in SVG: the assumed causes and content of RM; the alleged high rates of RM in the country; the social position of those promulgating RM; and the reaction to this promulgation by marijuana smokers themselves. Fourth, these factors also fail to recognize the way Vincentian RM is part of a larger national and international anti-marijuana campaign that includes not only opposition to smoking weed but to financial dependence on producing and peddling an illegal commodity.

REEFER MADNESS: FOLK PERSPECTIVES

As the early letter from Franko suggests, ganja's (re-)introduction[12] to SVG during the late 1960s and early 1970s, was met by much public opposition. Over the years, scores of letters-to-the-editor have claimed that Vincentians have been "mentally destroyed" by their "addiction to marijuana," that marijuana use "... inevitably destroys, maims, and permanently distorts the intellect," that "A large number of gruesome crimes committed are drug-linked in some way," and that "marijuana ... can lead to ... the committing of criminal acts-theft, robbery, and murder."

The views of ordinary citizens have been paralleled by letters, editorials, and reports of addresses by influential members of the elite or near elite. Using incendiary theological rhetoric during a 1986 drug abuse rally, Pastor Figuhr Fabien:

> ... alluded to the Bible's charge that we present our bodies as a living sacrifice, Holy, Acceptable, unto God. But instead we give God an abused stomach, a burnt out pair of lungs, jagged nerves and an unfunctional brain. We are part of a war between the two opposing forces, the Prince of Darkness, the Devil, and the Prince of Peace, JESUS CHRIST (*The Vincentian*, December 28, 1986).

The position of Dr. John, Pastor Fabien, and other respected and seemingly knowledgeable Vincentians helped form, affirm, and strengthen the position of the ordinary literate Vincentians who are the readers of the country's newspapers. One letter-to-the-editor in a rival paper argued that :

> People under the influence of marijuana often commit crimes and add to the increasingly over crowded facilities in our prison, and also the mental asylum.... Look at the crimes that are being committed by people under the influence of marijuana: child abuse, suicide, rape, stealing and homicide (*The News*, November 12, 1991).

The inexorable association between ganja, insanity, and criminality has been a recurrent newspaper theme. One prize-winning high school essay, in a contest sponsored by an anti-drug school alumni group, related the fictional account of:

> ... a boy who started smoking ganja in secondary school, began coming to school late, and experiencing falling grades until he was the last in the class. He also began to keep "bad company," became "depressed" and developed a "mental disorder." He was then caught stealing and sent to the mental asylum. He ended up in prison and died the next year" (*The Vincentian*, February 10, 1989).

The occasional personal confession helped legitimize these fictive accounts. Reputedly[13] written by an ex-ganja using "Concerned Teenager," one such letter stated that:

> I did research work on marijuana—its usage and its effects on the user. In order to find out how the user of the drug actually feels when he uses it, I myself had to use the drug. I must say that my experience during that time was quite frightening. The drug makes you feel nervous, and your [sic] quite inaccurate in your judgement.
>
> The drug has very serious effects on the user. I asked one user how he feels after smoking the drug and this is what his reply was, "Marijuana makes me feel very stupid after I finish using it." ... The drug slowly destroys the brain cells, and sometimes it can make you go mad (*The Vincentian*, February 8, 1991).

To assess the representativeness of these views, I administered an open-ended questionnaire in 1988 to 269 senior students in three secondary schools and in the country's technical college.

When asked to name "good things" about ganja, 38% of students said there was nothing good about marijuana while 44% said they were unaware of anything good about it. Thirteen percent claimed that ganja had medical use(s) and 3% that it was a source of cash revenue.

When asked to name "bad things" about ganja, 31% said that it caused brain damage; 20% that it caused mental illness; 19% that it caused physical damage or illness. Only 14 claimed that they were unaware of any "bad things" about marijuana.

The main "physical effects" of smoking ganja were said to be major organic damage (23%) or brain damage (20%). Other effects, totaling 25%, included *red eye* (bloodshot eyes), mental illness, minor physical damage, and weight loss. Only 11% claimed that the substance caused no physical effects.

The main "mental effects" of smoking ganja were said to be brain damage (43%), mental illness (15%), dimwittedness and forgetfulness (12%). Only 5% claimed that cannabis had no effect on the mind or brain.

REEFER MADNESS: (PSEUDO-)SCIENTIFIC PERSPECTIVES

The RM notion was not confined to the lay community. Psychiatric nurse and resolute anti-drug crusader, Patrick Boman, "... noted that drugs can *shatter the brain* ..." (*The Vincentian*, December 28, 1986; emphasis added). Though this assertion differed from the professional position of the country's lone psychiatrist,[14] it received strong support from several local 'analyses' of mental hospital records. The administrator of the SVG Family Planning Programme is quoted as attributing 247, or nearly 70%, of the 358 admissions to the mental facility in 1986 to "marijuana abuse"[15] (*The Vincentian*, April 15, 1988). Louise Boman, a woman with no connection to the center, even compiled some statistics for 1988 showing that 142, or 84%, of 169 mental patients who "abused marijuana" were males between 13-30 years of age (*The Vincentian*, July 14, 1989). Likewise, Burton Williams, Minister of Health, "... stated that 70% of all admissions to the mental facility in 1991 showed signs of drug abuse of cocaine and marijuana, and alcohol abuse" (*The Vincentian*, January 5, 1992).

Though my scrutiny of these findings showed them to be a methodological mirage,[16] their folk-level authenticity has been enhanced by the writings of general surgeon, Dr. A. Cecil Cyrus, the most respected member of the Vincentian medical establishment. Based on a handful of speculative, methodologically flawed, unreplicated, or long debunked studies sent to him by the British Medical Society (Rubenstein, 1995), Dr. Cyrus wrote a four-article 1982 anti-marijuana series in *The Vincentian* followed four years later by a specially-commissioned Lions Club booklet (Cyrus, 1986) that is still in circulation. Calling marijuana and other drugs "that monster that entices to kill," Dr. Cyrus alluded to several alleged marijuana-related murders committed by Rastafarians, marijuana's most conspicuous and unapologetic supporters, in a public address launching the booklet (*The Vincentian*, February 21, 1986), a speech prefaced by the assertion that:

> You accept the authority of doctors, of the entire medical profession, on all matters of medical illness.... Yet there is a

> vulgar reluctance to accept the unequivocal, categorical, and incontrovertible evidence attesting to the destructive effects of certain drugs, especially marijuana.

Apart from the fact that Cyrus was (disingenuously?) wrong, this statement is a good example of what has been termed "psychopharmacological McCarthyism" (Grinspoon, 1973; Grinspoon and Bakalar, 1993), the deliberate misuse of science to serve dogmatic moral and political positions. On the one hand, most Vincentian ganja abstainers have uncritically accepted the totalizing medical meta-narratives of the day; on the other, the understanding of "certain drugs, especially marijuana," by the most cautious and/or morally motivated of researchers at the time Dr. Cyrus wrote these words could not have been more ambiguous, qualified, and disputable.[17] Hegemonic pronouncements, inflammatory rhetoric, and imperious assertions were Cyrus's stock-in-trade, as they have been for the scores of influential Vincentian commentators who have hidden their moral and socio-political opposition to ganja behind a veil of pseudo-modernist/pseudo-positivist assertions.[18]

Like the 1982 newspaper articles, the material in the booklet claimed that marijuana causes "chronic brain damage," "acute psychosis," "schizophrenia," a "permanent loss in mental ability," and "disinhibition" leading to criminal behavior–claims that allowed Dr. Cyrus to ruminate on his own observations, perceptions that curiously mimicked in certainty, tone, content, and superficiality those of his social class equal, Dr. Kenneth John–concerning the devastating effects of marijuana smoking:

> Daily as one walks the streets or visits certain regions of Kingstown [SVG's small capital], there is striking evidence of the mental or psychotic disturbances that the drug causes: those weird, unkempt creatures that line the side-path, in a state of semi-consciousness, unable to do the simplest job without pain and effort, victims of marijuana; staring into space, lost, pathetic.... [I]n retrospect, I am now able to identify many victims whom I saw over the years, but whom I did not diagnose because of ignorance about the serious nature of marijuana smoking. Now that I have read extensively [sic!] on the subject, I can readily identify these poor sufferers who are everywhere in our area. A look inside our mental hospital will tell the tale of the number of psychotics, the victims of this heinous indulgence (Cyrus, 1986:11-13).

REEFER MADNESS AND GANJA MEN

The idea that cannabis smoking is a "heinous indulgence" is rejected by SVG's *ganja men*, as those thousands of men, most of them between their late teens and mid thirties,[19] involved with growing, selling, or smoking marijuana are called. But even most of these committed devotees of weed were warned by family and friends about RM:

> A lot a people used to say, "Boy, you too young for that, you too young to be smoking." They used to say, "Boy, you go go crazy." Enough people used to tell me that.[20]

> Most of the time what she [his girlfriend] really used to show me [is that] I go go crazy one of these times by smoking weed.

These ganja men strongly deny such assertions. Indeed, their cannabis-related lifestyle and world views are so contrary to the mainstream anti-marijuana position that they deserve to be called a ganja contra-culture.[21] Influenced by the pro-Rastafarian/pro-ganja reggae lyrics of the late Bob Marley and other Jamaican Rastafarian artists and the ideology of SVG's small traditional religious Rastafarian population,[22] the beliefs about the mental effects of cannabis use held by ganja men could hardly differ more from the mainstream Vincentian position:

On sociability:

> It [ganja] teach you about how to live between your neighbor. Sometimes your neighbor might be come and just harassing you. I just go and burn a *spliff* [marijuana cigarillo] on she. And while she cursing, me just meditate."

> Me is a ganja smoker and me and my old man and *old queen* [mother] get down well. I never curse them. I never lash them raise me hand to lash them. And then I have a brother and when you hear he drink [rum] and he come home, man, he tell my old man anything, my old queen anything. My old man put he a door for that, put him out of the house for that. "Who the fuck is you? You drinking like me too. Nobody can put me out of this house." Rum! The next day now he say he not been a say them thing there. So my old man had to throw him out. And right now he there begging back that if my old man can take him back."

On criminality:

> It's not a habit where you have to kill a man or you have to break [into] somebody's house to get money to buy it. *Herb*

> [ganja] is not leading you into other habits so as to break people house to get money to buy it, or to break a bank or something.
>
> Sometimes people do other people things, killing one another. People put the blame on drugs. But sometimes drugs stay far from that. Just because they know drugs are in [i.e., popular].

On mental effects:

> Herb put you on more meditation, make you a more serious person, make you see life.
>
> It make I think plenty wise. The first time I burn weed, it start to make I-man think plenty thing about life. Think plenty, real meditation.
>
> You think more faster, more positive. Weed does build up your mentality.

On insanity:

> Since I ever dwelling with it, I never feel it could make me crazy. It more make me feel more conscious about life. It make me feel ready for any action at any time.
>
> Even man who mad he maybe smoke weed and will tell you when they take a two pull a weed, they feel more relax.
>
> If you check the majority of people in the mental hospital, this madness have to come from them roots. It were there from creation.

In short, according to the ganja men, rather than precipitating anti-social behavior or violence, ganja encourages passivity and sociability; rather than provoking criminality, ganja enhances thoughtful introspection; rather than leading to insanity, smoking weed may actually reduce the symptoms associated with mental illness.

This is not to say that there is no ideological or other diversity among ganja men. Though none of the men I spoke to could actually name anyone who had fallen victim to RM, a few admitted that, under certain circumstances – a poor diet, a congenitally "weak brain," excessive consumption by inexperienced smokers—ganja could cause brain damage or precipitate RM:

> This is why a lot of people go crazy and say that marijuana make them crazy: you use up more mental power when you smoke marijuana, so it tires you out so you supposed to be a

> person when you smoke to supply yourself with proper protein. If you don't get the right food, don't smoke.
>
> Some people say it send you crazy but it make me meditate further over things. Some people brains cannot take it. Some people have the brains. The brains are strong enough to take the smoke and the meditation what it give.
>
> If you use it rapidly, it going to show a bad effect on you, like kind of damage your brain or some other kind of thing.

REEFER MADNESS AND STRATIFICATION

Just as the occasional ganja man was out of step with his peers, there was the odd discordant voice in *The Vincentian*. Such iconoclasm, however, was quickly silenced as coming from people who were socially irresponsible, immoral, Godless, themselves addicted to drugs, or living off the drug trade (Rubenstein, 1995). One anonymous writer called "Peter," for example, disputed the assertions made by Dr. Cyrus in a radio interview the week before that "of all three drugs (alcohol, cigarettes and marijuana) the latter is considered to be the most dangerous ... and where there is an increase in the smoking of marijuana one can anticipate the increase in the crime rate" (*The Vincentian*, March 26, 1982) by arguing that "... Dr. Cyrus has either not done sufficient research or is making assertions which are not supported by facts." "Peter" based this charge on contemporaneous medical studies, including an Institute of Medicine report (Relman, 1982) and a comprehensive state-of-the-art work on marijuana by respected marijuana researcher Lester Grinspoon (1977) by citing or paraphrasing some of their main findings: "... the harm resulting from the use of marijuana is of far lower magnitude than the harm caused by narcotics, alcohol, and other drugs"; "marijuana is not criminogenic"; and "... there is no convincing evidence that it causes personality deterioration." "Peter" was also critical of the "... ongoing unfair education campaign against marijuana" based on "... a large body of alarming exaggerations, distortions, and intellectual dishonesty" (*The Vincentian*, March 26, 1982).

A scurrilous *ad hominem* attack from another anonymous writer, "Frank," quickly followed:

> [W]e know Dr. Cyrus: we know his qualifications and we know his right to express himself on a subject such as drug abuse; since "Peter" has chosen to hide under a pseudonym, we are unable to assess his qualifications or his right to express himself on a technical subject; however, the tendentious tone of his letter leads me to speculate either that he is an addict attempting to justify his own behavior in his own eyes or that he is a pusher protesting vigorously against

> any attempt to interfere with his livelihood (*The Vincentian*, April 2, 1982).

Given the nature of its color-class hierarchy and the history of the treatment of cannabis and its users in other times and places (Abel, 1980; Carter, 1980; Dreher, 1982; Elwood, 1994; Grinspoon, 1977; Himmelstein, 1983; Ranger, 1989; Rubin and Comitas, 1975), accounting for the reinterpretations or distortions of First World marijuana research by local experts is not difficult. As elsewhere, it is social and racial stratification, not the alleged health dangers of smoking ganja, that accounts for its denigration[23] by most members of the Vincentian medical community.

SVG has been stratified since the early 18th century by race and color, wealth and property, occupation and education, respectability and honor, and privilege and power (Fraser, 1975; Rubenstein, 1987). As in colonial times, a disproportionate number of the largest businesses (such as supermarkets and the biggest department stores) are in the hands of White and Mulatto Vincentians and European and Middle Eastern immigrants. Prime Minister Sir James F. Mitchell, the country's (be)(k)nighted anti-drug crusader, is a near white member of an old elite family while the newly elected (December 1998) opposition leader is a wealthy man (with a Ph.D. in political studies) of unmixed Portuguese descent. Conversely, most Black Vincentians (three-quarters of the population) are poor, and most poor Vincentians (at least two-thirds of the population) are Black.[24]

The lowest ranked and most destitute Blacks are young rural males between their late teens and mid thirties. Sometimes feared for their alleged predilection for lawless or unruly behavior, often reviled for appearing to flout societal norms of respectability, these youths and young men are the most visible and ardent marijuana growers, sellers, and smokers. Cannabis use and the social position of these individuals reinforce each other. On the one hand, since ganja is clearly associated with people whose behavior has traditionally been viewed as disreputable, aberrant, and dangerous, then smoking weed is seen as disreputable, aberrant, and dangerous; on the other, being a ganja (ab)user serves as a convenient label for and explanation of low or deviant status.

Classism, racism, and scapegoating also help explain why RM and associated cognitive afflictions–addiction, chronic brain damage, a permanent loss in mental ability, and disinhibition causing criminal behavior–rather than other alleged adverse sequelae of marijuana use[25] have been singled out for special treatment. In SVG, members of the poorer classes who appear to reject the country's European-derived mainstream norms are habitually also totalized and depersonalized as *they*, *them*, or *those people* by all other status groups (including the 'respectable poor') to objectify and essentialize their actual or alleged inability or unwillingness to act in a *decent* or *respectable* manner. *They* are said to be rowdy, uncouth, blasphemous, lazy, dishonest, ignorant,

and violent. *Their* ignorance (marked such traits as illiteracy, pugnacity, and profanity) is often attributed to a lack of self control, either to an inability to repress anti-social impulses or an unwillingness to behave in a socially responsible and culturally respectable manner. Though poor school performance (resulting in ignorance and illiteracy) is not essential to outcaste (as opposed to poor class) status, *do[l]tishness* [mental defectiveness] and *dunciness* [N. dunce] are also said to characterize many ignoble people. Laziness, which even many Black Vincentians themselves view as an acquired trait associated with negritude, simply reinforces inborn dullardness.

Ganja, a substance viewed as capable of unleashing the basest of human instincts and exaggerating the worst of inborn propensities, is a meta-trope for these negative human traits, a totalizing metaphor for what are seen by most Vincentians, rich and poor alike, as the worst features of lower-class negritude—disinhibition, hedonism, impiety, miscreance, vulgarity, indolence, and ignorance (see also Lowenthal, 1972). Linked as it is with uninformed assumptions about Rasta rebelliousness, alienation, self-indulgence, and laziness, allegiance to or approval of the ganja contra-culture is seen as an immoral (and unlawful) repudiation of the extant socio-economic hierarchy, a class pyramid based on the ideological hegemony of SVG's European-derived socio-cultural system (Young, 1993). For elites and near elites, stigmatizing ganja's devotees is a convenient combined legitimizing/scapegoating mechanism: on the one hand, castigating ganja use(rs), in general, and Rastafarians, in particular, serves to reaffirm the superiority of and allegiance to proper (that is, European-based) ways of thinking and acting; on the other, it is a facile way to further blame all sorts of complex socio-economic and societal ills (crime, violence, insanity, school failure, poverty, and unemployment) on the shameless and uncivilized behavior of those who used to be referred to by the old slave-society *worthless nay)gger* [nigger] pejorative but can now be branded and explained away in a more politically correct (but equally totalizing) fashion as "mentally ill" "drug addicts."

This dual process is abetted by the mind-altering properties of marijuana. The usual psychoactive effects of *getting a bad head* [getting high]—the alteration of everyday perception, feeling, and consciousness—combined with the frightening hallucinations experienced by many first-time users (which they relish repeating to others for years to come) and the temporary personality changes readily seen among many seasoned smokers (volubility among those normally laconic; repose among those habitually hyperactive; uncontrollable laughter among those ordinarily taciturn; etc.) are perceived as extra-normal by smokers and non-smokers alike. It is this feature, and the drug's association with poor Black males, that allowed Prime Minister Mitchell to employ damning theological rhetoric and fiery medical metaphors to argue that the "drug problem" (which at the time consisted almost

exclusively of the "marijuana problem") "... is another cancer that is eating into our human society very rapidly," is "more serious than AIDS" and that:

> [H]e with drugs has a lot of problems. He laughs when he should be solemn, he does everything the wrong way, because while he is still a human being in terms of the soul, put into him by God, the body is no longer his own. He dies a slow and painful death (*The Vincentian*, September 2, 1988).

For Sir James and others, it is one small and parsimonious step from the extra-normal (the uncontrollable laughter sometimes associated with getting high) to the abnormal ("doing everything the wrong way") and from the abnormal to the subnormal (losing complete personal control): cannabis, such people believe, not only alters consciousness, it alters, even destroys, the ability to be conscious about one's consciousness, a hallmark of many mental illnesses. Those weed smokers whose brains have been most "shattered" by their "addiction to marijuana" are, of course, unaware of this simply "... because their brain cells have been destroyed by it" (*The Vincentian*, March 4, 1988).

Not unexpectedly, some of the severest critics of Vincentian ganja use(rs) are those paragons of respectability themselves not far removed from their rustic lower-class backgrounds. For such individuals, as well as those otherwise insecure about their standing in what they recognize is a tiny and inconsequential Third World society, denouncing ganja use(rs) is more than just the condemnation of involvement with an illegal and "dangerous" substance, it is a new way for them to distance themselves from their *worthless* lower-class brethren. Thus it is his impoverished rural socio-economic background rather than his medical training that allowed Dr. Cyrus, a physician with no psychiatric training, to claim that marijuana smoking is a "heinous indulgence" engaged in by "weird, unkempt creatures," a thinly veiled allusion to the long and thickly platted Rastafarian dreadlocks hairstyle. What these labels and other material in the booklet[26] suggest is that Dr. Cyrus is as much affronted by the Black Rastafarian lifestyle as by the use of marijuana.

REEFER MADNESS AND DIFFERENTIAL DIFFUSION

Although this analysis helps explain the stigmatization of ganja use(rs), it still leaves unexamined the distinctively Vincentian features of RM. To understand these features, one must "follow the metaphor" (Marcus, 1995:108) of RM to one of its other sites. What is particularly intriguing about RM in SVG is the manner in which it has conflated and compressed several serially distributed American marijuana myths: RM itself; disinhibition causing deviant or criminal behavior; hedonism; brain damage; and apathy and lethargy causing school failure (the so-called "amotivational syndrome").

REEFER MADNESS AMERICAN STYLE

In America, the first marijuana-smoking minority and immigrant groups included poor Blacks, jazz musicians (many of them also Black), Mexican migrant workers, and Asian immigrants. During the 1920s and 1930s, anti-Mexican sentiment in the Southwest, partly based on deliberately falsified or distorted print media stories of crimes committed by Mexican "marijuana addicts," and political pressure by state and other officials prodded the fledgling Federal Bureau of Narcotics (FBN), a forerunner of the United States Drug Enforcement Agency [USDEA], to feed bogus "killer weed" and "reefer madness" anecdotes to a press that was more than willing to print lurid accounts of grisly sexual and other crimes allegedly committed by people while under marijuana's pernicious hold (Abel, 1980:207-247; Grinspoon, 1977:19; Himmelstein, 1983). The FBN was also responsible for helping produce the film "Reefer Madness" in the mid-1930s, today celebrated as a hilarious caricature of the effects of marijuana smoking.

When scientific investigations during the 1940s concluded that marijuana was not addictive, did not seriously damage mental or physical well being, and did not precipitate violence (Grinspoon, 1977; Sloman, 1979; Solomon, 1966), the killer weed/reefer madness syndrome was slowly replaced in official and public circles by the equally invalid claim that cannabis was a stepping stone to harder drugs like cocaine and heroin (Himmelstein, 1983; Schuckit, 1995; Sloman, 1979).

The diffusion of cannabis from the jazz subculture and other fringe sources to bohemians and beatniks in the late 1940s, to American soldiers both before and after World War II, from the beats and veterans of the American invasions of Korea and Vietnam to Counterculture[27] youths and ordinary young Americans between the mid 1950s and late 1960s (Grinspoon, 1977; Sloman, 1979) caused yet another shift in bureaucratic and public ideology. By 1970, most marijuana smokers were mainstream Americans, particularly middle-class college students, many of them influenced by anti-establishment ideology and lifestyle. The fact that most real or alleged potheads were from the respectable and educated sectors of society rather than from socially marginal groups, on the one hand, but were still earning lengthy underclass-like jail sentences for the possession of small amounts of cannabis, on the other, led to a reevaluation of both the dangers of marijuana and the laws against it (Abel, 1980; Himmelstein, 1983). The result was that "Marihuana use did not become wholly socially acceptable, but it was at least partially domesticated" (Himmelstein, 1983).

The actual experience with marijuana by millions of young people also contradicted the established view—psyches were not destroyed; the violent crimes allegedly committed by 1930s "addicts" were not duplicated by their 1960s peers; and few potheads went on to harder drugs—and helped produce a softening of mainstream opposition to cannabis. Not everyone was willing

to accept that the dangers of marijuana had been overstated, and for those who continued to fret about it, a new concern emerged:

> Today [the mid-1960s] a great part of the objection to marihuana use is not based upon any effect of the drug, but rather upon the entire life-style that many associate with it. The public mind often conceives of the marijuana-user as a long-haired hippie, and even those sophisticated enough to realize the over simplicity of this view often associate marijuana use with a life-style and set of values very different from their own (Kaplan, 1970).

These well known counterculture values included hedonism, a distrust of authorities, sexual and other permissiveness, and political radicalism.

As its use began to spread during the early 1970s to young and not-so-young people with little or no commitment to these anti-establishment values,[28] the dissident ideological and lifestyle elements of this image were reformulated to focus on the dangers of cannabis itself: marijuana now became not just a counterculture symbol but "... a 'drop-out drug' that sapped users' wills, destroying their motivation, and turning them into passive drop-outs from reality and society" (Himmelstein, 1983:4).

American public opinion against marijuana has waned since the early 1980s partly because substances that seem to be more dangerous (for example, alcohol, tobacco, cocaine, and heroin) have taken center stage in research and civil debate and partly because the most serious of cannabis' alleged psychological and physical adverse effects have either been disproved or remain unproven. Nonetheless, a lingering stigmatization of both the substance and its aficionados continues to be set in earlier moral-political and pseudo-scientific underpinnings: there is a small but firmly entrenched residue of the "tune in, turn on, drop out" amotivational ethos and "reefer madness" syndromes—as the opening story from Guttman suggests—despite the repeated medical debunking of these notions (Schuckit, 1995). This stigmatization, still spearheaded by the U.S. government and its anti-drug NGO allies, is increasingly being questioned: whether through experience or observation, Americans have become increasingly skeptical about the alleged dangers of smoking marijuana. Whether as cause or effect, this skepticism is characterized by the fact that:

> More than seventy million Americans—35% of those aged twenty-six and over—have now used marijuana; one-fifth still smoke marijuana, at least occasionally. Marijuana is the most widely used illicit drug in America. Indeed, it is the only illicit drug used widely. Its use occurs in all regions of the country, among people of all social classes, all ethnicities, all

> occupations, all religions, and all political persuasions. In an important sense, marijuana is already a "normal" part of the culture. What makes marijuana deviant is its continued criminalization (Zimmer and Morgan, 1997:163).

REEFER MADNESS VINCENTIAN STYLE

Zealous American anti-marijuana crusaders (Mann, 1985a, 1985b; Nahas, 1973, 1979; Wilkerson, 1983) can take some solace from the fact that though their moral crusade against marijuana may have been lost at home, spurious cannabis myths are still the received wisdom in SVG.[29] Among other things, this shows that although substances like marijuana are exemplars of the rapid globalization of illegal drugs during the second half of the 20th century, this worldwide diffusion has been selective and uneven in both practice and ideology. As if to make up for its late introduction to cannabis use and antipodal to the American pattern, ganja has been hyper-mystified in SVG: several historically successive myths, promulgated in the United States and elsewhere (Abel, 1980)—RM, violence, depravity, brain damage, and amotivation—have been combined, condensed, and muddled in a multi-media campaign to marginalize and punish ganja use(rs).[30]

Anecdotal and case-study material suggest that, unlike the 20th century American situation, the first ganja smokers in SVG were urban middle-class and elite males, some of whom embraced marijuana smoking while working or studying overseas. Like their First World peers, most of these men stopped toking up when they entered their late twenties or when police crackdowns accelerated during the late 1970s. Likewise, most of the first big ganja dealers and growers were middle-aged Kingstown businessmen and the sons of the white planter elite. Again, most of these men ceased their involvement with ganja by the early 1980s because of accelerated police interdiction efforts.

As hundreds of poor Black males were sent to prison during the 1970s for involvement with ganja—usually possession of a small personal-use portion—and as cannabis' relatively few middle-class and elite devotees stopped smoking or became even more cautious in their behavior, cannabis and socio-economic position began to mirror one other. Within the lower class itself, there have always been relatively few female or middle-aged smokers. In short, within 10 years of its introduction to SVG, cannabis became a combined age-class-race-gender marker linked—in both belief and practice—to the most ignoble of Vincentians: young, poor, uneducated, Black men.

The diffusion of ganja growing, selling, and pushing by the early 1980s from the top to the bottom of the socio-economic hierarchy, from the educated and/or wealthy urban classes to the rural and urban poor and near poor, is significant because it highlights the differential effects of the pattern of drug diffusion: when marijuana use spreads from low status to high status groups, as occurred in the United States, the substance becomes demystified and its

devotees partially domesticated; where the opposite happens, as in SVG, marijuana becomes hyper-mystified and its users troglodytized (Abel, 1980; Carter, 1980; Grinspoon, 1977; Himmelstein, 1983).[31]

For *those people*, individuals who are sometimes viewed as having been born with less than normal intelligence and self control, on the one hand, and a racially-ascribed predisposition for idleness and lawlessness, on the other, the effects of smoking ganja are seen as devastating: they become easily addicted; their brain cells are soon destroyed resulting in either RM (and a quick trip to the mental hospital, sometimes after an alleged ganja-induced violent outburst) or a permanent loss of mental ability; too passive, lazy, or brain-damaged to continue in school or engage in lawful employment, they sink into vagrancy on Kingstown's streets or fall into a life of crime to support their "heinous indulgence":

> These harmful drugs [marijuana and cocaine] destroy your brain cells among other things.... The user is not able to make sensible judgements, he or she develops a short memory, becomes lazy, restless and self certain and cannot function properly on the job or at school.[32] Users of drugs, especially marijuana, become paranoid.
>
> Once addicted to a drug and this happens without us realizing it, it is also impossible to live without it. As a result the victim has to spend large sums of money to keep up the habit. If he is not working he does unlawful things such as stealing, in order to get the money. A woman often prostitutes herself .... Drug users eventually end up with no homes, they loiter on the streets and cause violence. They become wrecked (and do not bathe)(*The Vincentian*, January 20, 1989).

By increasing fears about ganja and its users, the invention and promulgation of these marijuana myths also serve to strengthen broad public support for state efforts to control and punish involvement with cannabis. The hysterical claims about ganja, assertions that have legitimized the arbitrary harassment, unlawful detention, and unjust imprisonment of thousands of young poor Vincentian black men, have usually been met by silence, if not assent, even from those who did know or should have known better. Though my research in Leeward Village and elsewhere suggests that there are still hundreds of secret elite and middle-class smokers, they form a much smaller class-segment than their *bad boy* lower-class counterparts. As in the developed world, few of these invisible smokers, nearly all of them men, would be willing to openly admit their fondness for ganja or the absence of perceived adverse mental effects of smoking because this would repudiate their class position and lifestyle: it is one thing to enjoy a solitary high in the privacy of

one's home; it is quite another to openly and unselfconsciously share a spliff with *them* on a village side-path.

EPILOGUE: "TALKING BACK"

> Moving from silence into speech is for the oppressed, the colonized, the exploited, and those who struggle side by side a gesture of defiance that heals, that makes new life and new growth possible. It is that act of speech, of "talking back," that is no mere gesture of empty words, that is the expression of moving from object to subject—the liberated voice (hooks, 1997:549).

There are signs that these pernicious marijuana myths are now under attack and that SVG's ganja men, the Other's Other, are beginning to actively campaign against the local and international war against ganja. First, there has been a small increase in letters-to-the-editor by literate ganja devotees in recent years questioning the accuracy of mainstream anti-ganja views.[33] Second, more young Vincentians returning from overseas study or for a short holiday home are bringing their First World understanding of and fondness for ganja back with them together with the moral, intellectual, and cultural authority that lengthy overseas residence confers.

Third, Vincentian RM is part of a larger national and international anti-marijuana framework, a setting that includes debate not only about smoking weed but about the economic and other implications of growing and selling an illegal commodity. It has been known since at least 1992 that SVG is the second highest marijuana producer in the Caribbean. This fact, together with threats of financial and other sanctions, has been used to pressure the SVG government to increase its local interdiction efforts, on the one hand, and willingly accede to massive annual U.S. DEA-sponsored weed eradication efforts, on the other. The latest of these efforts, "Operation Weedeater," a 12-day affair in December 1998 involving 120 troops from six Caribbean countries under the command of a U.S. Marine Lieutenant Colonel, resulted in the destruction of nearly one million mature ganja plants representing thousands of hours of backbreaking labor by scores of ganja farmers (Rubenstein, n.d.).

Though the troops encountered no physical resistance during the raids, this was the first operation to be met by organized public opposition in the form of an *ad hoc* group claiming a membership of 800 and calling itself the "Committee of Concerned Citizens and Marijuana Growers." Their opposition to this latest example of American narco-imperialism consisted of "moving from object to subject" by meeting with and writing to government officials, holding public demonstrations, and sending a strident letter to President Bill ("I-never-inhaled") Clinton stating that, "We strongly detest your interference

in our internal affairs, you have always stood against the interests of developing nations like ours" (Graham, 1998:A13).

Like a growing number of researchers and lay persons in the First World and the many Vincentian ganja men I have spoken to over the years, Committee members[34] probably also recognized that most of the real or alleged problems associated with ganja are rooted not in the plant's intrinsic mind-altering properties or biochemical sequelae but in the simple fact that involvement with it has been criminalized. More particularly, they were probably aware that the war against marijuana—a fundamentally irrational, futile, anti-democratic, and anti-liberal moral crusade that has used spurious data and false assumptions about addiction, crime, and drug-related violence to wage battle against the values and lifestyles of despised individuals and groups (Brownstein, 1992)—has created far more ethical, legal, social, political, and economic problems than it has solved (Alexander, 1990; Auld, 1981; Beauchesne, 1991; Elwood, 1994; Grinspoon, 1977; Grinspoon and Bakalar, 1993; Himmelstein, 1983; Kleiman, 1989; Nadelmann, 1989; Zinberg, 1976).

Days before the fall 1998 United Nations announcement of its most ambitious—and costly—anti-drug program ever, hundreds of influential scientists and politicians, including former UN Secretary General Javier Perez de Cuellar and former U.S. Secretary of State George Shultz, presented a grounded-breaking petition to the UN General Assembly in which they stated that:

> We believe that the global war on drugs is causing more harm than drug abuse itself.... Human rights are violated, environmental assaults perpetuated and prisons inundated with hundreds of thousands of drug law violators. Scarce resources better expended on health, education and economic development are squandered on ever more expensive interdiction efforts (*Winnipeg Free Press* 1998:A1-A2).

With so many individuals and institutions (legal and illegal) benefiting socially, politically, and economically from its continuity, the ideological convergence between these global elites and the unlettered Vincentian ganja men will produce no quick truce in the war on drugs. Still, it is worth noting that as these usually silenced ganja men begin to speak out, to adopt bell hooks' "liberated voice," they can take some solace from the fact that their message has a growing global legitimacy that promises to resonate for years to come.

NOTES

[1] Except where otherwise indicated, a close reading of the various rich "drug" metaphors referred to in this paper are beyond its scope.

[2] In his authoritative clinical guide to drug abuse diagnosis and treatment, psychiatrist Marc Schuckit (1995:178) argues that:

> ... I have seen a number of people who had clear evidence of prior depressions or demonstrated a prior psychotic picture but complained that their present symptoms were caused by marijuana. In taking a history from the individuals and relatives, the preexisting illness became obvious, and in some instances the history of drug ingestion was a delusion.

What this means is that even self-proclaimed high dosage marijuana smokers may use the substance as a scapegoat for deviant behavior whose etiology lies elsewhere.

[3] In their comprehensive recent review of the literature, Zimmer and Morgan (1997:86) argue that:

> Marijuana temporarily alters mood, thought, emotions, and perceptions, sometimes quite dramatically. None of marijuana's effects cause people to behave in any particular manner. In the midst of a toxic psychosis [a rare and temporary condition caused by acute cannabis consumption], people may become agitated and frightened. In response to acute panic, people may become withdrawn and inactive. Neither of these states eliminates the social and moral constraints that guide human behavior. Marijuana does not cause people to become crazed or violent.

To be sure, there are still some Western medical personnel and drug researchers who continue to uncritically link a so-called "cannabis psychosis" and other alleged psychological/psychiatric pathologies to past or present acute (that is, high level) and or chronic (that is, long-term) marijuana use (Ranger, 1989), but their numbers and credibility are both low.

[4] The story may actually be fictitious. From the early 19th century to the present, the print media have helped "... foment a series of drug scares, each magnifying drug menaces well beyond their objective dimensions" (Reinarman & Duskin, 1992:8; Himmelstein, 1983). One of the most notorious, but far from isolated examples of media bias and fraud, is the case of Janet Cooke, a middle-class Black *Washington Post* reporter whose widely cited 1980 heart-wrenching feature story about the tragic life of eight-year-old "Jimmy," a third-generation African-American ghetto-dwelling heroin junkie whose mother rationalized the boy's three-year-long addiction by claiming that, "Drugs and black folk been together for a long time," won her a coveted Pulitzer Prize in 1981 (Reinarman &

Duskin, 1992). Three days later, the prize was withdrawn after it was discovered that she had fabricated the story.

[5] More than 70 million Americans have experimented with the substance, and it is by far the most commonly used illegal drug in the world. The high and growing level of marijuana use in the United States has been parallelled by a decrease in the negative attitudes against the substance, as the following review of the survey literature by Zimmer and Morgan (1997:162-163) suggests:

> In one recent survey, half of American adults said criminal penalties for marijuana use and possession should be eliminated. The percentage supporting marijuana's full legalization began rising in 1990, and reached 25% by 1995.... Forty-eight % of high school seniors [a population cohort where marijuana use is especially high] agree that marijuana possession and use should not be criminal offenses, and 30% favor legalization.... With regard to marijuana's use as a medicine, two-thirds of Americans say that physicians and patients should make the decision, without fear of criminal prosecution.... Today's parents ... rank marijuana as less risky than most other drugs, including alcohol and tobacco.

[6] A comprehensive state-of-the-art summary of the scientific literature dealing with marijuana is beyond the scope of this article. Suffice to say that although marijuana is one of the most studied drugs– legal or illegal– in the history of pharmacology, there is still debate about many of its effects, a feature rooted as much in politics and morality as in science (Grinspoon, 1977; Grinspoon and Bakalar, 1993). Though there are several minor and transitory acute effects of smoking grass (for example, temporary psychomotor impairment), the only widely accepted major adverse physical effect of heavy long term use is pulmonary damage. The chronic marijuana smoker *probably* risks contracting bronchitis. Since marijuana smoke contains several known carcinogenic compounds, the chronic cannabis smokers *may* also risk getting lung cancer. But there is no proof that smoking marijuana causes lung or other cancers (Gallagher, 1991; Grinspoon and Bakalar, 1993; Programme on Substance Abuse, 1997). In short, although marijuana is not a completely harmless substance—"No drug can be taken into the body with complete safety" (Schuckit, 1994:181)—it seems to be far less dangerous than either alcohol or tobacco (Hall, Room, & Bondy, 1995; Selden, Clark, & Curry, 1990).

Several researchers have gone beyond the facile comparison of marijuana to these two undeniably dangerous substances:

> More is known about the adverse effects and therapeutic uses of marihuana than about most prescription drugs. Cannabis has been tested by millions of users for thousands of years and studied in hundreds of experiments sponsored by our own [United States] government over the past thirty years. It is one of humanity's oldest medicines, with a remarkable record of both safety and efficacy (Grinspoon and Bakalar, 1993:156-57).

Similarly, long-time marijuana researcher Leo Hollister (1988:116) has argued that:

> Despite widespread use of cannabis in virtually all parts of the world, no catastrophic effects on health have been noted. Indeed, as we learn more about cannabis, it appears increasingly to be relatively safe as compared with current social drugs.

The Lancet (1995:1241), the prestigious British medical journal, is even more forceful in its recent editorial position: "The smoking of cannabis, even long term, is not harmful to health." The latest review article I was able to locate (Hall and Solowij, 1998) concludes that the most *probable* adverse mental and physical effects of heavy, long-term cannabis use are bronchitis, psychological dependence (but not true physical addiction), and minor and transitory cognitive impairment.

[7] Field research for the material described in this paper took place on eight field trips to SVG (one lasting 11 months) between June 1986 and February 1995. Data collection techniques included the study of written records (newspapers, police records, and mental health records); three comprehensive surveys of changing drug involvement in the main rural study community, Leeward Village; tape-recorded open-ended interviews of some 20 marijuana smokers, growers, and peddlers, and informal discussions with dozens of others; visits to several marijuana-growing sites; hundreds of hours of observing involvement with marijuana in public and private settings; the administration of a drug-use questionnaire to senior secondary school students (see below); meetings with medical and law enforcement personnel; and informal discussions with dozens of ordinary Vincentians not directly involved with marijuana.

[8] Though it is a polysemic term *par excellence*, in SVG, as in most other countries, the usual mainstream folk meaning of "drug" is any illegal substance (and thus excludes tobacco and alcohol), an illegal drug is always a "dangerous drug," and a "drug addict" is anyone who uses an illegal substance.

[9] Throughout history, RM has repeatedly been attributed to the chronic and/or acute use of marijuana in societies all over the (Third) world (Abel

1980). In the circum-Caribbean area, the affliction has been reported for Costa Rica (Carter, 1980) and Jamaica (Rubin and Comitas, 1975).

[10] Between 1966 and 1992, *The Vincentian*, until recently the most widely read and distributed newspaper in the country, printed 367 news reports, editorials, and letters-to-the-editor that dealt directly or indirectly with marijuana, all but five of which were negative in tone, substance, or intent (Rubenstein, 1995). This heavy negative coverage – more than one item per month in a weekly newspaper for the entire 26-year period, and nearly one per week between 1987-92 alone – served to both reflect and create public opinion against ganja (see also Carter, 1980). A careful (but non-random) perusal of other Vincentian newspapers, including *The News*, an upstart that successfully pushed *The Vincentian* to second place in circulation by the mid-1980s, showed the same near-weekly preoccupation with marijuana and other illegal substances.

[11] Dr. John was only one of many influential commentators who proclaimed a causal relation between smoking marijuana and engaging in criminal behavior. Zimmer and Morgan summarize what is actually know about this causal association as follows:

> Every serious scholar and government commission examining the relationship between marijuana use and crime has reached the same conclusion: marijuana does not cause crime. The vast majority of marijuana users do not commit crimes other than the crime of possessing marijuana. Among marijuana users who do commit crimes, marijuana plays no causal role. Almost all human and animal studies show that marijuana decreases rather than *increases* aggression (1997:88).

[12] Anecdotal evidence suggests that, as elsewhere in the Caribbean (Rubin and Comitas, 1975:15-16), the East Indian indentured sugar cane laborers who were brought to SVG between 1861 and 1880 (Burns, 1954:662; Byrne 1969:159) carried ganja seeds with them. Unlike Jamaica, where ganja use "... diffused to the Black cane cutters through association with indentured workers on the sugar plantations and incorporated into working-class life styles" (Rubin and Comitas, 1975:16), East Indian marijuana consumption in SVG died out by the 1940s.

[13] I say "reputedly" because the content of the letter seems anomalous. Still, first- or one-time users, as the writer seems to be, often do report an unpleasant experience with cannabis (Grinspoon, 1977).

[14] When I interviewed him, Dr. M.K. Debnath expressed surprise that anyone would assert that smoking marijuana could lead to mental illness.

[15] As in most other countries, the mainstream folk meaning of "drug abuse" in SVG is any use of any illegal substance.

[16] My review of the Centre's admission process, testing procedures, record keeping, and patient histories showed that there was no credible support

for these statistics and that the allegations of marijuana-induced mental illness were unfounded (Rubenstein, 1995). Records from which the "statistics" were derived came from the hospital's log books, which list only the name, age, address, diagnosed illness, and type of *any* past or present drug use. Accordingly, persons who stopped smoking marijuana years before their illness or who had always been occasional recreational users were still tabulated as having contracted their mental illness because of their ganja smoking. The various interpretations of the data collected at the Centre also ignored the fact that correlation is not the same as causation and that an infinitesimal number of long-term acute marijuana users end up in mental hospitals.

My review of the scholarly literature, including comprehensive studies of heavy ganja smokers in Jamaica and Costa Rica (Carter, 1980; Rubin and Comitas, 1975), showed that there is no scientific basis for RM (Glantz, 1984; Grinspoon, 1977; Himmelstein, 1983; Maykut, 1984).

There is also no good evidence that chronic marijuana use causes physical brain damage. Heath's (1980) research on marijuana-induced brain damage in monkeys referred to by Dr. Greaves, a local general practitioner (*The Vincentian*, August 6, 1993) had already been contradicted by earlier studies among human subjects when it was published and was later dismissed as "methodologically flawed" by the U.S. Institute of Medicine (Relman, 1982).

[17] Time and again, the scientific literature used terms like "inconclusive," "unresolved," "additional work is necessary," "discrepancy in experimental findings," "far from definitive," "much remains to be learned," and "the quality of studies leaves much to be desired" to describe what was known (and not known) about ganja at the time that Cyrus was preparing his booklet.

[18] Though they will surely accept my assumption of the inexorable politicization of science, some post-modernist readers may want to 'rewrite' my allegations of the abuse of positivist science by Dr. Cyrus and others as either an example of the abject failure of modernism to live up to its Enlightenment promise of liberating humanity from ignorance and irrationality because of the 'essential' totalitarian nature of the scientific enterprise and its findings. If they do so, they may also have to reject the entire positivist line of reasoning in this paper.

[19] Extrapolation from data from Leeward Village, the large rural community where I have been studying marijuana since 1986 (Rubenstein, 1988, 1995, 1998), suggests that there are some 12,000 current ganja smokers in SVG, most of whom would accept the ganja man appellation.

[20] Though I risk being charged with fostering inauthenticity, if not ethnocentrism, the quotes from ganja informants have been transposed

from the Vincentian Creole to make them readable to standard English speakers.

[21] Anthropologists have long recognized the presence of either a contra- or dual cultural orientation among many New World Black populations explaining its generation and operation as an adaptation to and means for resisting classism, racism, and destitution (Bryce-Laporte, 1970; Lieber, 1981; Reisman, 1970; Rodman, 1963, 1971; Valentine, 1972; Wilson, 1973; Young, 1974). Though far from homogenous itself, the Vincentian ganja contra-culture emerged, starting in the early to mid-1970s, as a variant of a more generalized but also internally variable lower-class Black Vincentian contra-culture (Rubenstein, 1987). It is most conspicuous as a mode of resistance (to hegemonic European-based Vincentian culture), form of adaptation (to life-chance restrictions), and vehicle for personal and collective expression and fulfillment among those who combine smoking, growing, and selling marijuana.

[22] In SVG, there is little adherence to the foundational tenets and beliefs of religious Rastafarianism (such as a belief in the divinity of former Ethiopian Emperor, Haile Selassie, or a desire for repatriation to Africa) (Smith, Augier, & Nettleford, 1960). Instead, most Vincentian Rastas are either social, political, or "stylistic" Rastas who celebrate their Otherness by affecting a dreadlocks hairstyle, involvement with ganja, alienation from *Babylon* [European-like lifeways and lifespaces], use of Rastafarian argot, and an emphasis–in word if not deed – on generosity, egalitarianism and "peace, love, and harmony."

[23] I deliberately use this term (L. *denigratus*, to completely blacken) to underscore the racial basis of opposition to smoking ganja.

[24] The many examples of Black people, especially those who have returned from years of overseas work and/or education, rising in a single generation from near the bottom to near the top of the class pyramid have blurred rather than erased the main social, racial, and economic cleavages.

[25] For example, although Dr. Cyrus (1986) claimed that marijuana smoking could lead to serious physical harm (bronchitis, asthmatic attacks, cancer, male sterility, immune system and chromosome damage, sexual impotence, and priapism), most of his discussion concerned its alleged negative mental effects. This is partly because there was no ready evidence to support these physical debilities in SVG and partly because it was much easier to simply claim that "... there is striking evidence of the mental or psychotic disturbances that the drug causes .... A look inside our mental hospital will tell the tale of the number of psychotics ...." (Cyrus, 1986:11-13).

[26] Dr. Cyrus's antipathy towards Rastafarianism is suggested by the following anecdote related in the pamphlet:

> A few weeks ago I had a wonderful experience when a smart-looking, tidily dressed young man consulted me. It took me a while to diagnose him as a patient who consulted me regularly before.... In those days he was scruffily dressed, with *long platted untidy hair*. So, in happy alarm I asked "why the transformation?" He replied that he had stopped smoking pot and recovered his personal standards and self-respect, and had *cut his hair*, groomed himself and was now feeling much better.... He admitted to being much happier as he no longer attracted the gaze, unsavoury comments and disdain of *others* (Cyrus, 1986:11-12; emphasis added).

The "others" that Dr. Cyrus has in mind, of course, are people like himself whose "personal standards" and sense of "self-respect" require an abhorrence of Rastafarianism, on the one hand, and a devotion to SVG's British traditions, on the other.

[27] Though "counterculture" and "contra-culture" are near homonymic synonyms, I use the two forms for American and Vincentian oppositional culture, respectively, to stress that while they are both reactions against dominant discourses and practices, they remain fundamentally different in origin, operation, membership, cultural content, etc.

[28] Though the typical marijuana smokers during the 1970s were young, white college students (who often gave up their use of the substance upon graduation), cannabis was also slowly spreading to older middle-class professionals who had never smoked during their youth (Sloman, 1979).

[29] This is not to say that there are no isolated, and hence eccentric, examples of Western clinical researchers attributing "cannabis psychosis" or other RM-like syndromes to marijuana. But even the drug-adverse World Health Organization (Programme on Substance Abuse, 1997:18), in a recent review of the scientific literature, argues that:

> ... [I]t remains true that the phenomenology of 'cannabis psychosis' has not been clearly defined nor have these putative disorders been distinguished from schizophrenia and other [antecedent] psychotic problems that occur among cannabis users.

[30] This 20-year-old campaign has involved both government and non-government organizations and has consisted of hundreds of radio and television clips; scores of speeches, rallies, marches, and workshops; and several poster and pamphlet campaigns.

[31] Abel's (1980:270) detailed history of cannabis shows that:

> There was little concern over the use of the drug [marijuana] until the middle classes across Europe and America began to notice [during the 1920s and 1930s] that minority groups,

immigrants from certain countries, and the unskilled working class (often one and the same) were using the drug. Because these people seemed unmotivated, lazy, prone to criminality, sexual promiscuity, and mental illness, cannabis came to be regarded as a social danger, responsible for these and all other ills characteristic of the lower socioeconomic classes.

[32] My case-study, survey, and questionnaire data show that most ganja men began smoking marijuana *after* they left school.

[33] This does not mean that public attitudes regarding the adverse physical or psychological affects of marijuana use have changed dramatically in recent years. Informal discussions with several non-users during my last visit to SVG (May 1998) suggest that it is still generally believed that the acute and/or chronic use of ganja can precipitate the psychological sequelae thought to be associated with RM. But it would be wrong to claim that most ordinary Vincentians are unequivocally opposed to all aspects of involvement with marijuana. Attitudes towards growing and selling weed are especially ambiguous and variable. Informal discussions with Vincentians from all walks of life suggest that many people who reject marijuana consumption on medical or moral grounds support its production on agrarian or economic grounds – "Grow it but don't smoke it," is how one middle-class man recently expressed this sentiment – because they recognize that planting weed has reduced indigence and un(der)employment in several rural areas, has stimulated commerce at the national level, and has brought in much-needed foreign currency (Rubenstein, n.d.).

[34] Since the formation of the Committee followed my last field trip to SVG, I have only secondhand information that its leadership included a couple of middle-aged and middle-class advocates of the decriminalization of marijuana use. The vast majority of members appeared to be young lower-class marijuana farmers concerned about the annual destruction of their crops.

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