CHAPTER 5

HISTORICAL TRENDS IN DRUG CONSUMPTION

Did alcohol consumption increase during Prohibition? No, actually, it decreased (though when I ask this question in a true-false quiz, most of the students in my classes think otherwise).

Is alcohol consumption in the United States at an all-time high? In fact, it is at a fairly low level compared with most other periods of history. Did drug use increase during the 1980s? No, it decreased dramatically during that decade. Was LSD consumption at an all-time high during the 1960s? No, data show it was quite low during the first half of the 1960s. As a scholar and professor, it's discouraging to discover that most people hold an inaccurate picture of a topic I have spent so much time studying, writing about, and teaching about. Aside from simple ignorance, there are psychological and cognitive reasons people reason about the world in mistaken and inaccurate ways. Many people have a difficult time thinking clearly and accurately about drug use. In their thinking, they exhibit a great many errors, and it would require an entire library to discuss them all.

The members of at least four social categories make incorrect inferences about social phenomena, including rates of drug use and criminal behavior: the media, politicians, social activists and advocates, and the general public. In Chapter 3, we looked at how the media report the drug beat. And I discuss the mistaken views of the public, politicians, and activists throughout this book. Clearly, certain social constructions of the reality of drugs, as well as the actions based on them, have had undesirable—even disastrous—consequences, yet they have guided public opinion and drug policy for more than a century.

The public bases its notion of the frequency of a given behavior not on logic or systematic evidence but on "rules of thumb" that are both commonsensical and illusory. Cognitive psychologists, who study how people think, refer to these rules of thumb as **judgmental heuristics.** They have located and documented several distinctly different sources of bias in the way most of us reason about rates of occurrence of various phenomena. For the sociologist of drug use and the criminologist, perhaps the most relevant of the judgmental heuristics that distort our reasoning ability is the **availability heuristic** (Kahneman, Slovic, and Tversky, 1982, pp. 163ff).

"Availability" is a mental process that mistakenly tells us that what sticks in our minds is more common than something that takes more effort to recall; people tend to exaggerate the frequency of phenomena that come readily to mind. Because things that do not readily pop into our heads are easily forgotten, most of us underestimate their frequency. Our minds work in almost precisely the opposite way from the way the world works. The mundane, the everyday, and the ordinary—what is usually very common—are taken for granted and so are conveniently forgotten, while the spectacular, the vivid, and the unusual—because they are so easily recalled—are frequently mistakenly thought of as more common than they actually are.

Vividness is an especially powerful factor in the availability heuristic: People tend to recall what's vivid and dramatic, and they usually mistakenly believe it to be more common than it actually is. For instance, as study after study have shown, people tend to overestimate the likelihood of dramatic, memorable events, such as a shark attack (versus drowning), contamination from a nuclear plant (versus natural radon contamination from the soil), interracial crime—crime that crosses racial categories—(versus *intra*racial crime, or crime in which the offender and the victim share the same race), murder (versus more ordinary causes of death, such as pneumonia), and drug overdoses (versus chronic death due to tobacco- or alcohol-related causes). In each case, the principle is the same: Events that are dramatic and vivid tend to stick in one's mind and thus be "available" for recall, and as a consequence, their frequency or likelihood of occurrence tends to be exaggerated. Whenever we think about vivid, dramatic phenomena such as drug use and crime, we should keep the availability heuristic in mind. Doing so will help keep our observations on track.

RATES AND PATTERNS OF DRUG USE: THE BASICS

Here are four concepts or ideas essential to understanding rates and patterns of drug use: overall prevalence rates, continuance or "loyalty" rates, consumption levels, and life-cycle rates.

Overall Prevalence Rates

It is important to distinguish between and among usage rates of different drugs and drug types. Many commentators discuss illicit drugs as if the use of each and every one were precisely equivalent. But the number of users that different drugs attract varies considerably. The **prevalence rate**— the number and percentage of people in the population who use a given drug during a designated period—is crucial; we must never lose sight of the *size* of a given drug's user population. Hence, when the 2008 National Survey on Drug Use and Health (NSDUH) reports that 10.3 percent of the population used marijuana at least once during the past year, while 2.1 percent did so for cocaine, these are *prevalence* rates for that year for these two drugs. Prevalence rates could be measured by lifetime, past-year, or past-month (or 30-day) use.

Journalists have been known to exaggerate the shifts use from one decade to another, claiming that a particular drug is the "drug of choice" during each period. Supposedly, LSD was *the* drug of the 1960s—the implication being that it was the most frequently used drug during that decade. The same was said of cocaine during the 1980s (the so-called me or greed decade). We need to distinguish between the drug that commentators *say* is typical, characteristic, or paradigmatic of a period and the drug that *evidence* says is actually used most frequently.

The first observation about overall prevalence rates of drug use in America—one that hits one like an avalanche—is the huge difference in the prevalence of the use of *legal* versus *illegal* drugs. In 2008, only 20.1 million Americans age 12 and older were "current" users of any illicit drug—they took one or more illegal drugs one or more times in the 30 days prior to the survey. But in that same year, there were 129 million current users of alcohol and 60 million cigarette smokers. Alcohol and cigarettes—the legal drugs—are used by vastly more people than all the illicit drugs added together.

Alcohol, then, is by far the most popular of all psychoactive substances. This has been true for at least a century, is true now, and, in all likelihood, will remain true a century from now. Half the American population age 12 or older (52 percent) took at least one alcoholic drink in the past month; 8 in 10 (roughly 80 percent) have consumed alcohol one or more times during their lives. The sheer number and percentage of people who use alcohol means that this drug's entanglement in activities of all kinds, including criminal behavior, is likely to be considerable.

Of all *illicit* drugs, marijuana is the one used by the greatest number of people—and by a considerable margin. In 2008, 4 out of 10 Americans (41 percent) said that they had used marijuana at least once in their lives; 1 in 10 (10 percent) did so in the previous year; and 1 in 16 (6 percent) did so during the prior month. Cocaine, the illicit drug with the *next*-highest incidence rate, racked up figures of only 15, 2, and 1 percent, respectively. Marijuana is the illicit drug that attracts the largest number of users—by far. There is no close competitor. This has been true for decades, and in all likelihood, it will remain true for decades to come.

However, the fact that some drugs that are used by relatively few people can generate an enormous volume of social and personal disruption, including a great deal of criminal behavior. Two such drugs are heroin and crack cocaine. In the NSDUH, heroin ranks last in popularity, having ever been used by only 1.5 percent of the population and during the past month by a minuscule one-tenth of 1 percent. Crack cocaine is also used by a very small proportion of respondents—3.4 percent ever and 0.3 percent during the past month. If the NSDUH had access to prison and homeless populations, and if we had a sure-fire way of obtaining completely honest answers, the heroin and cocaine figures certainly would be substantially higher. But no matter what information we manage to obtain, compared with other drugs, some substances are used by relatively few people, yet have huge repercussions in terms of criminal activity and the criminal justice system—and heroin and crack are two such drugs. In an examination of drugs and crime, we have to make a sharp distinction between patterns of use and social impact.

Continuance or "Loyalty" Rates

The number of people who have used a given drug is less important than the number and proportion that use it *regularly*. **Continuance rate** is one of the most important features of a drug's pattern of use. Drugs vary with respect to user "loyalty," as users stick with some drugs longer than others. People tend to give some drugs up after experimental use; other drugs are used over a long period of time but episodically, sporadically, on a once-in-a-while basis, while a few are more often used regularly, even frequently.

Of all drugs, licit and illicit, alcohol generates the strongest user loyalty. Of all *illegal* drugs, marijuana—the most frequently used and the least associated with a "deviant" image—generates the strongest user loyalty. Of the many factors that determine a drug's continuance rate, perhaps the legal-illegal distinction is most influential. As a general rule, *legal drugs have higher continuance rates than illegal drugs*. In spite of some observers' claims, illegal drugs are not as easy to obtain as alcohol and cigarettes. There is a certain "hassle factor" involved in obtaining them; they are considerably more expensive, and obtaining them entails the risk of arrest. As a result of the hassle—coming up with the money, locating a dealer, and risking arrest—illegal drugs are much more likely to be given up or used much more infrequently and sporadically than is true of legal drugs.

How are rates of drug use continuance measured? One way is to compare lifetime use with use in the past month. Picture a large circle representing all the people who have ever used a given drug, even once, during their lifetimes. Then picture a smaller circle within the larger one that represents the number of people who have used that drug within the past month. If the smaller circle is a substantial proportion of the larger circle—if most of the people who have ever used a given drug are still using it—then that drug generates a *high* continuance rate; its users are relatively loyal to it. On the other hand, if the inner circle is much smaller than the outer circle—if most of the people who have ever used a given drug are no longer using it, or used it the last time a long time ago—then the drug's continuance rate is *low*; that is, its users are not very loyal to it.

Let's look at the actual loyalty or continuance rates (see Table 5-1). Of all at-least one-time users of alcohol, slightly less than two-thirds (64 percent) drank in the past

TABLE 5-1 Continuance or "Loyalty" Rates, Selected Drugs, 1998 and 2008

	Past Month to Lifetime		Past Month to Past Year	
	1998	2008	1998	2008
Alcohol	63.6%	62.7%	80.7%	78.1%
Cigarettes	39.7	36.7	90.5	85.4
Marijuana	15.3	14.8	58.9	59.0
Pain relievers	14.7	13.6	42.0	39.9
Tranquilizers	8.5	8.4	33.8	35.3
Crack	9.8	4.3	45.0	32.4
Cocaine	7.6	5.0	45.9	35.3
Stimulants	6.6	4.3	42.5	32.4
Methamphetamine	*	2.5	*	36.9
Ecstasy	*	4.3	*	25.9
Heroin	5.5	5.6	51.4	47.0
Sedatives	4.5	2.6	40.2	37.7
PCP	*	0.4	*	24.2
LSD	*	0.7	*	19.2

*Data not presented.

Sources: SAMHSA, *National Household Survey on Drug Abuse: Main Findings, 1998*, 2000; SAMHSA, *2008 National Survey on Drug Use and Health*, 2009.

month. Slightly more than a third of the people who smoked cigarettes once or more in their lives (37 percent) smoked them within the past month. Of the illegal drugs asked about in the 2008 NSDUH, marijuana—as we saw, considered the least "illicit," least deviant, and least criminal of the illegal drugs—generated a 15 percent continuance rate. (Keep in mind not only the drug but also the route of administration: Cigarettes and marijuana are smoked, while alcohol is taken orally.) In 2008, heroin and crack cocaine, the most serious and the least popular—although in principle the most dependency-producing—of the illegal drugs, manifested continuance rates of 4 and 6 percent, respectively. LSD, a drug of very sporadic or episodic use, generated a continuance rate of less than 1 percent; PCP, associated with multiple media horror stories, had a loyalty rate of four-tenths of 1 percent. This same pattern—the legal drugs displaying much higher continuance rates than illicit substances—prevails in the Netherlands (Sandwijk, Cohen, and Musterd, 1991, pp. 20–21, 25) and, as far as drug researchers are able to determine, everywhere else as well.

A somewhat different continuance rate can be obtained by comparing the use of a given drug in the past *year* with use in the past *month*. As measured by this particular indicator, the drug with the highest continuance rate is the nicotine in tobacco cigarettes; in the year 2008, 85 percent of all people who smoked during the past year also smoked during the past month. Measured this way, 78 percent of alcohol drinkers continued to take their drug of choice, as did 59 percent of marijuana users and 35 percent of cocaine users. For LSD, the comparable figure was 19 percent. While many more people drink alcohol than smoke tobacco, the people who do smoke, smoke cigarettes a great deal more

often than drinkers consume alcoholic beverages. The typical pattern of cigarette smoking is *chronic* use, whereas for current drinkers, the most typical pattern is *moderate* use.

For illicit drugs, lifetime users divide into quitters, sporadic or less-than-monthly, and monthly-or-more users. For most illicit drugs, daily use tends to be extremely atypical. But for alcohol, it is common, and for cigarettes, it is the rule. While *most* persons who try an illicit drug give it up after experimentation, a substantial minority continues using right up to the present time—but a minority nonetheless. Marijuana is the only illicit substance a majority of whose past-year users continue use to the present—as we saw, nearly 6 users in 10 (59 percent). But to repeat, for the legal drugs, a *majority* of past-year users have also taken the substance within the past 30 days. In short, *the more deviant, unacceptable, illicit, and illegal the drug, the more that its use is discontinued or it is used sporadically; the more conventional, acceptable, licit, and legal the drug, the more its use is continued and it is used regularly.*

Consumption Levels

Continuance rates lead us into another measure of use: **consumption level.** A given drug may be widely used (prevalence rate) but not necessarily heavily used by those who take it (consumption level). During a particular year, there may be many casual, recreational users (prevalence rate) and very few heavy, chronic users (consumption level). For instance, from the late 1970s to the early 1990s, prevalence rates declined sharply but consumption levels remained high, because the number of heavy, chronic users remained fairly stable, and most of the total quantity of drugs consumed was taken by the small minority of the very heaviest users. It is important to make this distinction because many observers who comment on potential policy changes (such as legalization) confuse prevalence rates with consumption levels. As we'll see, legalization is more likely to influence consumption levels (the quantity of drugs consumed, mostly by the heaviest users) than prevalence rates (the number of individuals who use drugs).

Here's a good example of the difference between prevalence rates and consumption levels. In the United States, as we've seen, far more people drink alcohol than smoke tobacco cigarettes; the 30-day prevalence rate for alcohol is more than 20 percentage points higher than it is for cigarettes—63 versus 37 percent. But the total consumption of cigarettes is much higher than it is for alcohol: More individual cigarettes (or "doses") are consumed than alcoholic drinks. The U.S. Department of Agriculture estimates that during 2006, the 46 million smokers in the United States consumed 18.5 cigarettes per day for a total consumption level of 371 billion cigarettes (or doses). In contrast, over 150 million drinkers consumed an average of 1.5 alcoholic drinks per day for a total consumption level of only 82 billion drinks (or doses): the sporadic or less-than-monthly drinkers add another 4–5 billion drinks, for a total of about 87 billion drinks. While alcohol is the drug that is consumed by the far greatest number of people, tobacco (which contains nicotine) is the drug that is used the greatest number of times.

Consider, too, the difference between cocaine and heroin in terms of prevalence rates versus consumption levels. Cocaine is a widely used intoxicant; during 2008, according to the NSDUH, 5.25 million Americans used cocaine. In contrast, only 213,000 used heroin during that year. However, again, remember that the NSDUH does not include

the homeless or the prison population. A research organization, Abt Associates, in an attempt to get around the homeless and prison population problem, estimated 900,000 chronic heroin users in the United States. Either way, cocaine has significantly higher prevalence rates than heroin. But far more striking is the difference between the consumption levels of cocaine and heroin. In terms of the *total amount consumed*, according to the Abt Associate's report, *What America's Users Spend on Illegal Drugs*, cocaine is used *19-fold more times* more than cocaine—259 tons versus 13.3 tons. Thus, the regular cocaine user consumes a greater volume of his or her drug than the regular heroin user does. In sum, an understanding of total consumption levels is crucial to getting a sense of levels of drug use. *How much* of a given drug is used is not the same thing as *how many* people use it.

Life-Cycle Rates

From time to time, the media report that levels of drug use have become uncharacteristically high among an age segment of the population not typically given to high rates of use. For example, we read or hear that drug use is "common," "rampant," or "epidemic" among 11- or 12-year-olds, or the middle-aged, or even the elderly. If true, this would be news. Apparently, however, even when it is not true, it becomes news.

In spite of slight variations, wrinkles, and wiggles in this picture, for at least three decades, rates of drug use have been relatively low among youths (age 12–17), extremely high among young adults (age 18–25), even lower for those in the older adult years (age 26–34), and lower still for those older than 35. (Of course, drug abuse among the very young is far more problematic, harmful, and disruptive than it is among young adults and the middle-aged sectors of the population.) Practically no study has found a higher rate of recreational drug use among young adolescents than among older adolescents and young adults. In all likelihood, this will remain true for a number of decades to come. (An obvious exception: During the 1990s, those in older categories—for instance, the 26- to 34-year-old age group—had higher rates of lifetime drug use than those in slightly younger ones, such as the 18- to 25-year-old age group, simply because their lifetime rates reflected use when they were younger. But their current rates of use—use in the past year and month—remained significantly lower.) Drug use is an expression of lifestyle, and lifestyle is a reflection of age-related life-cycle patterns—and these **life-cycle rates** are not likely to change on a whim.

As we can see from Table 5-2, in 2008, only 3.1 percent of 12-year-olds had used at least one illicit drug, any illicit drug, during the previous month. This percentage rose fairly rapidly in the early, middle, and late teen years; reached a peak at age 19 (22 percent); and, with a couple of tiny wrinkles, declined year by year and decade by decade after that. About 1 in 10 people in their early thirties and 8.6 percent in their late thirties used one or more illegal drugs during the month prior to the survey. For those in their early and late forties, it was 6.3 and 7.0 percent, respectively; for those in their fifties, it was 4.3 and 5.0 percent, respectively; and for those in their late sixties, it fell to 1 percent. Illegal drug use is *strongly* related to one's age or position in the life cycle. Drug use begins at a low point, rises in early adulthood, and declines fairly steeply after that. After the age of 35, drug use falls to a point less than half of what it was during the peak years, and after the age of 65, to less than one-twentieth.

TABLE 5-2 Illicit Drug and Alcohol Consumption by Age, 2008

Age	Use in Past Month	
	Any Illicit Drug	Alcohol
12	3.1%	2.1%
13	3.4	4.6
14	6.7	10.6
15	10.5	15.5
16	13.5	22.2
17	17.0	30.3
18	20.3	41.5
19	22.2	50.5
20	22.3	55.5
21	20.9	70.6
22	20.7	70.4
23	17.3	69.0
24	17.4	69.8
25	15.4	67.8
26–29	13.0	67.4
30–34	9.6	59.9
35–39	8.6	59.4
40–44	6.3	60.3
45–49	7.0	59.6
50–54	4.3	54.9
55–59	5.0	54.6
60–64	3.0	50.3
65+	1.0	39.7
Total	8.0	51.6

Source: SAMHSA, *2008 National Survey on Drug Use and Health*, 2009.

A somewhat different pattern prevails for alcohol consumption; there is a steep rise during and after the teenage years, but the decline after its peak year is extremely gradual—almost flat—until the fifties. For instance, in 2008, alcohol use in the past month was 55 percent for 20-year-olds, 70 percent for 21- and 22-year-olds, 68 percent for 25-year-olds, 67 percent for those in their late twenties, 59 percent for 35- to 39-year-olds, 60 percent for those in their forties, and 55 percent for those in their fifties. Alcohol consumption does not show a substantial downturn until the individual is past the age of 65. Unlike illicit drug use, which plummets in the older adult years, alcohol consumption is almost flat between its peak and later middle age, significantly (though modestly) declining only in the elderly years.

As with continuance or loyalty rates, *licit* drug use tends to be spread more evenly throughout the life cycle; in contrast, *illicit* drug use tends to peak sharply in late adolescence and decline just as sharply into mature adulthood. It is entirely likely that the illegality of the currently illicit drugs operates as a strong disincentive to use, *especially* among

mature adults. This pattern is causally related to a range of sociological forces, including the aging process itself, life-cycle involvements, the conventionality-unconventionality dimension, and the influence of generational cohorts.

TRENDS OVER TIME: AN INTRODUCTION

One of the most interesting issues a sociologist or criminologist addresses is *trends* in drug use over time. The media express this concern about trends when television news and newspaper headlines announce that drug use is "up" or "down" over the past year or decade, that it has "risen" or "declined." What tells them that?

To make statements about changes in human behavior over time, we need data; moreover, we need valid, reliable, and *systematic* data. "Systematic" means that the data were gathered in a planned fashion and that they represent an accurate, cross-sectional view of the phenomenon under study. If the data are truly systematic, we have confidence that what's being described for a given year can be meaningfully compared with what's being described for another year. What systematic, valid, and reliable evidence do we have that bears on the matter of changes in drug use over historical time?

ALCOHOL CONSUMPTION, 1700s–1919

Because the sale of alcohol was legal from colonial times to 1919—the year before Prohibition—historians have an excellent and uninterrupted record of trends over a stretch of several centuries. Alcohol *sales* are not exactly the same thing as alcohol *consumption*. That's why researchers who investigate the matter refer to alcohol sales during a given period of time as "apparent" consumption. Most experts feel that the discrepancy between sales and consumption is likely to be small and that, for all practical purposes, the sale of alcohol can be used to measure its consumption. In addition, researchers feel that the total production—and therefore consumption—of homebrew and "moonshine" or illegal alcohol does not alter the picture a great deal. In any case, the total volume of unrecorded alcohol production (and, presumably, again, consumption) diminishes the closer we move toward the present time.

Alcohol consumption is measured in a variety of ways, and one major way is the *volume* of alcohol purchased. Volume is expressed in the total number of gallons of absolute alcohol consumed per person per year, usually tabulated in the population over the age of 12, or 14, or 15, depending on the study. **Absolute alcohol** refers to the volume of ethanol or "absolute" alcohol that is contained in a given alcoholic beverage. The alcohol a beverage contains varies considerably from one beverage to another.

Beer contains about 5 percent alcohol, wine contains 13 percent, and distilled spirits such as whiskey, vodka, gin, and tequila contain 40–50 percent. Thus, if 100 ounces of each of these beverages were poured into a separate bucket, the one containing the beer would hold only 5 ounces of absolute alcohol, the one with the wine would hold 13 ounces of alcohol, and the one with the distilled spirit would hold about 40–50 ounces. Therefore, in terms of sales, each of these beverages has to be converted into the total amount of alcohol each contains to make comparisons meaningful. For instance, the per capita consumption of 2 gallons of alcohol for the nation during a given year would represent drinking more than 40 gallons of beer, *or* 15 gallons of wine, *or* nearly 4.5 gallons of distilled spirits.

What about alcohol consumption in the past? To put the matter plainly, during colonial times, drinking "constituted a central fact of . . . life," and most people "drank often and abundantly" (Lender and Martin, 1987, p. 9). Beer and cider were common at mealtime, with children often partaking. Collective tasks, such as clearing a field, were usually accompanied by the tapping of a cask of brew, and farmers typically took a jug with them into the fields each morning. Employers often gave their workers liquor on the job. Political candidates usually "treated" the voters to alcoholic beverages—including at polling places on Election Day. The Continental Army supplied its troops with a daily ration of 4 ounces of rum or whiskey. In short, drinking was extremely common in seventeenth- and eighteenth-century America—strikingly more so than it is today (Lender and Martin, 1987, pp. 2–3). Estimates put the per capita alcohol consumption for all Americans age 15 and older in 1790 (the year of the first U.S. census) at 5.8 gallons of absolute alcohol per year, more than twice its current level (pp. 9–10, 20, 205).

As extensive as the consumption of alcohol was at the turn of the 1700s, it actually rose in the early 1800s—from 5.8 gallons per person per year in 1790 to 7.1 gallons in 1830. Moreover, over time, a high proportion shifted from beer to wine to the vastly more potent distilled spirits, which, as we saw, were 40–50 percent alcohol. In 1790, 40 percent of the alcohol consumed in America was in the form of distilled spirits; by 1830, this figure had climbed to 60 percent. Not only were more people drinking in the late 1700s and early 1800s, they were also drinking more potent beverages.

Said one observer, in 1814, "the quantity of ardent spirits" consumed in the United States at that time "surpasses belief." Drinking "had reached unparalleled levels." The notion that alcohol "was necessary for health remained firmly fixed. It was common to down a glass of whiskey or other spirits before breakfast . . . instead of taking coffee or tea breaks." Americans customarily took work breaks at 11 A.M. and 4 P.M. for a few pulls at the jug. "Even school children took their sip of whiskey, the morning and afternoon glasses being considered 'absolutely indispensable to man and boy.'" Distilled spirits "were a basic part of the diet—most people thought that whiskey was as essential as bread" (Lender and Martin, 1987, pp. 205, 246).

Records indicate that 1830 was the high point in the nation's alcohol consumption; after that, drinking declined. The cause? The temperance movement. Actually, the seeds of temperance were planted nearly a half-century before with the publication of Benjamin Rush's treatise *An Inquiry into the Effects of Ardent Spirits on the Human Mind and Body*, in 1784. At the time, Rush, a prominent physician, was something of a "voice in the wilderness." He condemned not drinking per se but the heavy, uncontrolled consumption of distilled spirits. "Consumed in quantity over the years," he wrote, distilled spirits "could destroy a person's health and even cause death." Rush was the first medical figure to argue that what we now refer to as *alcoholism* is a disease and an addiction.

Rush had friends who were influential in religious affairs and who heeded his call. The first local temperance society was founded in 1808, and in 1826, a national organization, the American Temperance Society, was founded. Like Rush, it preached the gospel of moderation rather than prohibition. It "helped organize local units, sent lecturers into the field, distributed literature (including Rush's *Inquiry*), and served as a clearinghouse for movement information." By 1830, more than 200 local antiliquor chapters had formed, and temperance had become "a burgeoning national movement." By the 1830s, the movement boasted more than 1.5 million members, and its efforts began to have a real-world impact.

Employers stopped supplying liquor on the job, politicians ceased "treating" their constituents with alcohol, and local taverns—notorious locales for heavy, uncontrolled drinking—were denied licenses (Lender and Martin, 1987, p. 68). As a result of these and other efforts, alcohol consumption in the United States plummeted between 1830 (7.1 gallons of alcohol per person per year) and 1840 (3.1 gallons). In 1867, the Prohibition Party was formed, which ran political candidates on an antiliquor platform. Interestingly, many of the party's planks were extremely progressive for their time; they included women's rights, prison reform, and universal public education.

Rates of drinking between 1850 and the dawn of Prohibition fluctuated moderately on either side of 2 gallons per person per year for the population above the age of 15, reaching a low in the late 1870s (1877–1880, at 1.72 gallons) and a high in the late oughts (1906–1910, at 2.6 gallons). Between 1916 and 1919, alcohol consumption declined again, to below 2 gallons just prior to Prohibition (between 1916 and 1919), in large part because even before national alcohol prohibition took effect, roughly two-thirds of the American population lived in "dry" states, those with their own alcohol prohibition laws. Nationwide, between 1908 and 1917, over 100,000 licensed bars had been closed down.

Alcohol Consumption during Prohibition

In 1920, the Eighteenth Amendment to the Constitution, or **Volstead Act,** went into effect, making it illegal to manufacture or sell alcoholic beverages anywhere in the United States. Everyone agrees that enforcement of **Prohibition** was difficult and problematic. But what impact, if any, did Prohibition have? Did drinking rise, decline, or remain the same when it was prohibited? What other effects did it have?

What is your mental image of drinking during Prohibition? If you are like most people, chances are, you imagine that Americans drank *more* alcohol during Prohibition than when its sale was legal. As I said, I've distributed questionnaires asking the students in my classes whether they thought that alcohol consumption *increased* or *decreased* during Prohibition. The majority—the last time I asked this question, roughly 85 percent!—said they thought it increased. In the public imagination, making alcohol illegal actually stimulated its consumption.

Images of bathtub gin, silver hip flasks, speakeasies, hole-in-the-wall jazz night spots, gang warfare, night convoys of trucks crossing the border weighed down with heavy loads of Canadian whiskey—all are part of American historical lore. *Of course* the consumption of alcohol increased during Prohibition, most of us think. It makes a good story, doesn't it—dramatic and vivid? Imagining most Americans staying home and sipping Coca-Cola, root beer, or Dr. Pepper is just too boring for words.

The fact is, alcohol consumption *declined* during Prohibition—and by quite a bit. True, many Americans did drink alcohol—but how many? Saying that "many" Americans drank says nothing about the *number* or the *proportion*. It's a very vague and highly impressionistic statement. Compared with the decade or so before and after Prohibition, was the consumption of alcohol higher or lower? How much higher or lower? And how do we know?

Scholars estimate that the amount of alcohol consumption was more than twice as high in the decade or so before Prohibition as during (Lender and Martin, 1987, pp. 205–206). And in the years after Prohibition, it began at a low point—largely because it took a few years for most imbibers to get back into the habit of drinking—and climbed

during the 1940s. The per capita consumption of absolute alcohol for all Americans age 15 and older plummeted from the years immediately before Prohibition (1916–1919—1.96 gallons), declined even further during Prohibition (1920–1930—0.90 gallons), and rose slowly in the year following Prohibition (1934—0.97 gallons), the year after that (1935—1.20 gallons), and more substantially during the late thirties. By the forties (1942–1946), it stood at 2.06 gallons per person per year.

The consumption figures for the pre- and post-Prohibition eras are robust, "hard," or incontrovertible data, based on the taxable sales of beer, wine, and distilled spirits. In contrast, consumption during the Prohibition years is based on *indirect* alcohol-related indicators such as rates of cirrhosis of the liver, hospital admissions for alcohol-related dementia, drunk driving citations, automobile fatalities, and arrests for drunk and disorderly conduct. For instance, the death rate from cirrhosis of the liver declined from the 1900–1919 era, when it was 12–17 per 100,000 population, to the 1920s and early 1930s, when it was 7–9 per 100,000 (Grant, Noble, and Malin, 1986). Epidemiologists regard cirrhosis as a very reliable measure of the percentage of heavy drinkers in the population.

Although the history of Prohibition is indeed very vivid and colorful, the available evidence does not point to an increase in drinking during that era. The picture is a great deal more mundane and less dramatic than hip flasks and jazz clubs, which existed but were not as common as the stereotype has it. Many Americans who drank *before* Prohibition stopped drinking *during* Prohibition and *remained* abstemious; they did not take up drinking again until several years afterwards. Boring as it may seem, Prohibition actually discouraged alcohol consumption.

REPEAL: ALCOHOL CONSUMPTION, 1933–PRESENT

As we saw, the first year of the repeal of the Eighteenth Amendment witnessed a slight increase in alcohol consumption, to just under a gallon per person age 15 and older—about half the pre-Prohibition level. The use of alcoholic beverages climbed throughout the 1930s and early 1940s; jumped significantly during the World War II years;, and leveled off, with slight year-to-year fluctuations, until the late 1960s, when it began to rise again. As we'll see, during the second half of the 1960s, illicit drug use increased as well, suggesting that the use of legal and illegal psychoactive substances are related to each other.

Alcohol consumption reached a post-Prohibition peak somewhere between the late 1970s and early 1980s (as it did for illicit drug use as well), and (except for a few one- or two-year wrinkles) declined steadily throughout the 1980s and 1990s. Interestingly, as we'll find out in more detail momentarily, property crime victimization also reached a peak in the late 1970s and declined after that, and violent crime declined throughout the 1990s. It is entirely possible that in important ways, these three developments—the decline in alcohol consumption, illicit drug use, and criminal behavior, including property and violent crime—are interrelated. Just as interesting: After 1998 and into the twenty-first century, the consumption of alcohol began to inch upward. In 1998, Americans consumed an average of 2.14 gallons of absolute alcohol. The per capita volume of purchased alcohol increased almost imperceptibly year by year, to 2.31 in 2007, the latest figure at this time. In any case, the historical corelationships between alcohol use and crime, and alcohol use and illicit drug use, are well documented. Per capita rates of alcohol consumption for selected years are depicted in Table 5-3.

TABLE 5-3 Apparent per Capita Consumption of Absolute Alcohol, 1790–2007 (population age 15 and older, 1790–1970, 14 and older, 1971–2007)

Selected Years	Gallons of Absolute Alcohol per Year, per Capita
1790	5.80
1830	7.10
1840	3.10
1850	2.10
1860	2.53
1870	2.07
1871–1880	1.72
1881–1890	1.99
1891–1895	2.23
1896–1900	2.06
1901–1905	2.39
1906–1910	2.60
1911–1915	2.56
1916–1919	1.96
1920–1930	0.90*
1934	0.97
1935	1.20
1936–1941	1.54
1942–1946	2.06
1951–1955	2.00
1961–1965	2.16
1966–1970	2.45
1975	2.69
1980	2.76
1985	2.62
1990	2.45
1995	2.23
1996	2.16
1997	2.14
1998	2.14
1999	2.16
2000	2.18
2001	2.18
2002	2.20
2003	2.22
2004	2.23
2005	2.23
2006	2.27
2007	2.31

*Estimate based on rates of cirrhosis of the liver, admissions to mental hospitals for alcohol-induced dementia, drunk driving citations, and so on.

Sources: Lender and Martin, 1987, pp. 205–206; Nephew et al., 2003; LaVallee, Williams, and Yi, 2009.

DRUG USE TRENDS OVER TIME: 1960s–1979

Systematic surveys on illicit drug use were not conducted until the early 1970s. Statements about use before that time are, for the most part, based on guesses, anecdotes, information, and, as with alcohol consumption during Prohibition, indirect indicators and measures. So it makes a great deal of sense to begin our discussion of illicit drug use with the early 1970s—with one crucial qualification.

The 1979 National Household Survey on Drug Abuse made use of **retrospective estimates**—projections backwards in time, based on the respondent's age and the age at which he or she began using one or more drugs—to estimate drug use patterns as far back as 1960 (Miller and Cisin, 1980). Hence, rates of drug use during the 1960–1971 era can be "reconstructed" from the 1979 survey data. Rates of drug use during 1972 and afterwards can be calculated from the data in household surveys that were conducted in the appropriate years.

The dominant stereotype of the 1960s is that it was a decade of extremely extensive drug use. Nowadays, when the 1960s are depicted, no representation is complete without portrayals of long-haired young people smoking marijuana, "dropping acid," wearing clothes with the appropriate psychedelic designs, and engaging in political demonstrations. In addition, aside from marijuana, LSD is often depicted as the drug of choice in the "psychedelic sixties." The idea that LSD use was widespread during the 1960s is even enshrined in some drug textbooks. Say three psychopharmacologists (without supplying evidence), "LSD [use] appears to have peaked in 1967 and 1968, after which it tapered off" (Ksir, Hart, and Ray, 2008, p. 341). All these "psychedelic sixties" elements tell a colorful story, they stick in the mind, and they seem to belong together.

During the sixties, the stereotype of extraordinarily widespread use of drugs generally and LSD specifically is one of those vivid, colorful stories that remains lodged in our minds (remember our old friend the "availability heuristic"?) but has very little basis in fact. The true story of drug use during the 1960s, as told by the 1979 National Household Survey's retrospective estimates, is quite different. In fact, LSD use was at an extremely low level in 1960, rose slowly during the early to mid-1960s, and rose more rapidly in the late 1960s and 1970s.

The 1960 estimates for lifetime use (a measure that obviously encompasses the largest number of users) for young adults, a segment of the population that is most likely to use illicit drugs, are extremely low. In 1960, according to the 1979 survey's retrospective estimates, only 4 percent of young adults age 18–25 had ever used marijuana, even once. By 1967, this had risen to 14 percent. For the "stronger" drugs—cocaine and the hallucinogens—a category that includes LSD, these figures were much, much lower. In 1960, the "ever used" statistic was 1 percent for cocaine and 1 percent for the hallucinogens; by 1967, these figures had risen to 2 percent for cocaine and 3 percent for the hallucinogens. These figures do not paint a picture consistent with extensive drug use during the 1960s. The available evidence suggests that the 1960s were psychedelic only for a very small proportion of the population (Miller and Cisin, 1980, pp. 13–18).

What *is* true, however, is that the 1960s initiated the modern era of drug use. In a significant sense, the decade provided the launching pad for the patterns of illicit drug use in today's society. As we can see from Table 5-4, illicit drug use—as measured by lifetime use among young adults age 18–25, for three representative drugs or drug

TABLE 5-4 Lifetime Use of Selected Drugs by Young Adults (18–25), Selected Years, 1960–1979 (1960 and 1967 figures based on retrospective estimates)

	1960	1967	1974	1979
Marijuana	4%	14%	53%	68%
Cocaine	1	2	13	28
Hallucinogens	1	3	17	25

Sources: Miller and Cisin, 1980, pp. 13–18; Fishburne, Abelson, and Cisin, 1980, pp. 26–32.

types—rose significantly from the early to the late 1960s, *skyrocketed* from the late sixties to the mid-1970s, and continued to rise into the late 1970s. The 1967–1974 increase is especially dramatic and striking. It was in the 1970s—and not the 1960s—that the recreational use of illicit drugs was most widespread.

As we know from Chapter 4, triangulation and multiple confirmation give us confidence that an observation is true. Unfortunately, the Monitoring the Future (MTF) survey on high school seniors did not begin until 1975, so it can't confirm the National Household Survey's huge increase in drug use from the 1960s to the 1970s. But it does document that 1979 (or 1980, or 1981, depending on the specific drug or measure) was the high point in recreational drug use in the United States.

Attitudes and behaviors are not always perfectly correlated with one another. Very often, what people *say* and what they *do* are very different. Nonetheless, if attitudes and behaviors are in agreement with one another, the researcher can feel more confident that the observed tendency is actually taking place. And according to the MTF study of high school seniors, trends in illicit drug use during the 1970s were paralleled by attitudes toward drug use during that period. Between the mid-to-late 1970s, when drug use *increased*, the percent of high school seniors saying that drug use is harmful *decreased*—two observations that are consistent with each other. For instance, between 1975 and 1979, the percentage of high school seniors saying that taking LSD "once or twice" was harmful decreased from 49 to 42 percent. The comparable figures for cocaine were from 43 to 32 percent.

The MFT survey also asked high school seniors about whether they "disapprove of people" 18 or older engaging in illicit drug use. For smoking marijuana "once or twice," the percentage declined between 1975 (43 percent) and 1979 (34 percent). For nearly every drug category and level of use, the percentage of twelfth graders disapproving of the consumption of the illicit substance declined.

In addition, over the course of the 1970s, trends in high school seniors' attitudes regarding the use of illicit drugs also became more relaxed, tolerant, and laissez-faire. Correspondingly, the proportion supporting the current criminalization of drugs shrank. Between 1975 and 1979, the percentage saying that marijuana use "should be a crime" declined from 31 to 24 percent. In these same years, rates of approval for legalizing the sale of marijuana to adults increased from a bit more than a third (37 percent) to a majority (53 percent). During the 1970s, attitudes toward illicit drug use—as measured by perception of harmfulness, degree of disapproval, and support for legalization—became increasingly tolerant.

The 1970s represented a kind of high point of tolerance toward use, an attitude that was translated into legal policy. During that decade, 12 states decriminalized the possession

of small quantities of marijuana, indicating that legislators sensed a more accepting public attitude toward at least one illicit drug and turned that sense into legal policy. We will look at the criminalization and decriminalization of marijuana and the other currently illicit drugs in more detail in Chapters 15 and 16.

DRUG USE: 1980s–PRESENT

Two remarkable things happened in the world of drug use on its way to the twenty-first century: First, in the decade or so after its high point, which occurred roughly 1978–1980, drug use experienced a dramatic decline; and second, during the early 1990s, it looked very much as if it was on the rise once again.

Comparing the figures for illicit drug use from 1979 with those from 1991, the decline of the 1980s seems more than simply remarkable—it is almost astounding. In many ways, the 1970s represented the fulfillment of the hedonistic 1960s. By the end of the 1970s, America was using illicit drugs in unprecedented numbers. As Table 5-4 shows, among 18- to 25-year-olds, between 1960 and 1979, lifetime marijuana use shot up more than 15-fold and the use of cocaine more than 25-fold. But the decline of the 1980s seemed to represent the dawning of an age of moderation, a turnaround in use that can be compared with the sharp decline in alcohol consumption that swept the country after 1830 (or, for that matter, during Prohibition). For the first time in many decades, we seemed to be doing something right.

But along came the 1990s, and everything seemed to change. The rise in illicit drug use during the last decade of the twentieth century seems surprising because the country seemed to have its drug use under control. Things were going right—but then suddenly, they weren't. The increase was problematic, troubling, very much in need of an explanation. But the rise in illicit drug use in the first half of the 1990s was peculiar, because it was extremely selective, partial, and piecemeal.

Let's look at the 1979–1991 national household figures, as depicted in Table 5-5. In 1979, 17 percent of youths age 12–17 said that they had used marijuana once or more in the past month; in 1991, only 4 percent had—a decline of four-fifths. In 1979, an almost astounding one-third of young adults age 18–25 (35 percent) had used marijuana

TABLE 5-5 Drug Use in America, Selected Years, 1974–2008: National Household Survey (past month only)

	Youths (12–17)					Young Adults (18–25)				
	1974	1979	1991	2005	2008	1974	1979	1991	2005	2008
Marijuana	12	17	4	7	7	25	35	13	17	17
Cocaine	1	1	*	1	1	3	9	2	3	2
Stimulants	1	1	1	1	1	4	4	1	1	1
Hallucinogens	1	2	1	1	1	3	4	1	2	2
Alcohol	34	37	20	17	14	69	76	64	61	59

Sources: Fishburne, Abelson, and Cisin, 1980, pp. 26–32; NIDA, 1991; SAMHSA, 2002, 2003, 2006, 2009.

Note: These drugs were selected because MTF's data present a continuous time line for them from 1975 to the present and because, year by year, their use was at least one-half of 1 percent.

TABLE 5-6 Thirty-Day Prevalence in Use of Selected Drugs, High School Seniors, Selected Years, 1975–2008

	1975	1979	1985	1991	1996	2002	2005	2008
Marijuana	27%	37%	26%	14%	22%	22%	20%	19%
Cocaine	2	6	7	1	2	2	2	2
Amphetamines	9	10	7	3	4	6	4	3
LSD	2	2	2	2	3	1	1	1
Barbiturates	5	3	2	1	2	3	3	3
Any illicit drug	31	39	30	16	25	25	23	22
Alcohol	68	72	66	54	51	49	47	43
Cigarettes	37	31	30	28	34	27	23	20

Source: Monitoring the Future; Johnston et al., 2009.

in the past 30 days; by 1991, this figure had been cut by two-thirds, to 13 percent. In 1979, an astonishing 1 young adult in 10 had used cocaine in the past month (9 percent); by 1991, only 1 in 50 in this age category had done so (2 percent). For all drugs, for all age categories, and for all categories of use, the consumption of illicit drugs declined between the late 1970s and the early 1990s. Even the use of alcohol declined during this period. In 1979, over a third of youths had consumed an alcoholic beverage during the previous month (37 percent); in 1991, only a fifth (20 percent) had done so. For young adults, the comparable figures were 76 and 64 percent.

The drug use trends for high school seniors from 1979 to 1991, as documented by the MTF survey, were nearly as impressive as those the National Household Survey turned up. As we can see from Table 5-6, the use of any illegal drug during the past month declined from nearly 4 seniors in 10 in 1979 (39 percent) to only 16 percent in 1991. For marijuana, the decline was just as steep—from 37 to 14 percent. In 1991, only one-fourth as many high school seniors had used cocaine in the past month (1.4 percent) as had done so in 1979 (5.7 percent). Once again, even the use of alcohol had become more moderate during this period; monthly use declined by almost a fifth.

Many observers saw extremely good news in these figures. Although the country's drug use was still extremely high—rates and levels of drug use in the early 1990s were vastly higher than in the early 1960s—it seemed to be moving in the right direction. But the year 1991 represented another turning point in the country's drug use trends: After the early 1990s, a significant rise in illicit drug consumption was in the works. Indeed, the increases in drug use after 1991 in some population categories were quite dramatic.

The biggest increases in drug use after the early 1990s took place among the very young—segments of the population whose use was recorded for the first time in that year. In 1991, the MTF survey began to include eighth and tenth graders in its sample. And, for the first time, a substantial proportion of the students in those grades began using illegal drugs. Initiation into the use of illicit substance was beginning to take place at earlier and earlier ages. And these increases were not only substantial but practically unprecedented.

Let's look at the 1991–2008 period in two chunks—between 1991 and 1996 and between 1996 and 2008. As we can see in Table 5-7, in 1991, 5.7 percent of eighth graders and 11.6 percent of tenth graders said that they had used any illicit drug during

TABLE 5-7 Trends in 30-Day Prevalence of Use of Various Drugs, Selected Years, 1991–2008

	1991	1996	2002	2005	2008
Marijuana					
8th grade	3.2%	11.3%	8.3%	6.6%	5.8%
10th grade	8.7	20.4	17.8	15.2	13.6
12th grade	13.8	21.9	21.5	19.8	19.4
Cocaine					
8th grade	0.5	1.3	1.1	1.0	3.0
10th grade	0.7	1.7	1.6	1.5	4.5
12th grade	1.4	2.0	2.3	2.3	7.2
Amphetamines					
8th grade	2.6	4.6	2.8	2.3	6.8
10th grade	3.3	5.5	5.2	3.7	9.0
12th grade	3.2	4.1	5.5	3.9	10.5
LSD					
8th grade	0.6	1.5	0.7	0.5	0.5
10th grade	1.5	2.4	0.7	0.6	0.7
12th grade	1.9	2.5	0.7	0.6	1.1
Any Illicit Drug					
8th grade	5.7	14.6	10.4	8.5	7.8
10th grade	11.6	23.2	20.8	17.3	15.8
12th grade	16.4	24.6	25.4	23.1	22.3
Any Illicit Drug Other Than Marijuana					
8th grade	3.8	6.9	4.7	4.1	3.8
10th grade	5.5	8.9	8.1	6.4	5.3
12th grade	7.1	9.5	11.3	10.3	9.3
Alcohol					
8th grade	25.1	26.2	19.6	17.1	15.9
10th grade	42.8	40.4	35.4	33.2	28.8
12th grade	54.0	50.8	48.6	47.0	43.1
Been Drunk					
8th grade	7.6	8.3	6.7	6.0	5.4
10th grade	20.5	20.8	18.3	17.6	14.4
12th grade	31.6	33.2	30.3	30.2	27.6
Cigarettes					
8th grade	14.3	21.0	10.7	9.3	6.8
10th grade	20.8	30.4	17.7	14.9	12.3
12th grade	28.3	34.0	26.7	23.2	20.4

Source: Johnston et al., 2009.

the past 30 days. By 1996, 14.6 percent of eighth graders and 23.2 percent of tenth graders had used marijuana in the previous 30 days. In the brief span of just five years between the early-to-mid-1990s, recent or current illicit drug use had more than *doubled* among an extremely vulnerable adolescent segment of the population. (Correspondingly, among high school seniors, this figure increased from 16.4 to 24.6 percent, a substantial increase—but much less than a doubling.) After the early 1990s, a disturbing trend in drug use among the young was in the works, and no one knew what to do about it.

Interestingly, most of this increase in illegal drug use involved marijuana alone. While the 1991–1996 eighth- and tenth-grade increases for illicit drugs *other than* marijuana represented substantially less than a doubling, those for marijuana were substantially more than double. In 1991, 3.8 percent of eighth graders and 5.5 percent of tenth graders had used any illicit drug other than marijuana during the past month; in 1996, these figures were 6.9 and 8.9 percent, respectively—again, less than double. But for marijuana specifically, in 1991, this was true of 3.2 percent of eighth graders and 8.7 percent of tenth graders, and in 1996, it was 11.3 and 20.4 percent, respectively. The bulk of the eighth- and tenth-grade increases in illicit drug use that took place during the 1990s came about as a result of expanded marijuana use.

However, as with nearly all the trends we've examined so far, there is no unidirectional pattern. The expansion of drug use, especially of marijuana, that began to skyrocket during the early-to-mid-1990s fizzled out in the late 1990s and early twenty-first century. Between 1997 and 2008, illegal drug use among schoolchildren remained flat—indeed, even dipped slightly. In 1997, 12.9 percent of eighth graders and 23.0 percent of tenth graders had used one or more illicit drugs in the past 30 days; in 2008, the figures were 7.8 and 15.8 percent, respectively. Even for marijuana, the percentage dropped. In 1997, it was 10.2 percent for eighth graders and 20.5 percent for tenth graders; in 2008, these figures were 14 and 19 percent, respectively. The young adolescent drug use "boom" that began in the early 1990s was incapable of sustaining itself; the explosion in adolescent drug use that some feared had petered out. Between 2001 and 2008, past-month illicit drug use for eighth, tenth, and twelfth graders combined edged down from 19 to 17 percent. While the percentage decline might seem small, it represents abstinence for nearly half a million more schoolchildren who five years before had been using one or more illegal drugs—encouraging news for public health experts.

There is a category of chemically and pharmacologically miscellaneous substances whose use boomed in the twentieth century but declined into the twenty-first. In the short run, consumption of these substances grew from nearly zero to significant levels. In 1996, MTF began asking respondents about their use of MDMA (or Ecstasy) and Rohypnol, and in 2000, GHB and ketamine were added to the list. These drugs began to be used with a fair degree of frequency among teenagers and young adults in clubs and "raves" where all-night dancing to throbbing, hypnotic, techno music takes place. In 2001, among high school seniors, lifetime Ecstasy use was over 1 in 10 (11.7 percent), and the figure for use in the previous month was more than 1 in 40 (2.8 percent). But by 2008, these figures had declined to 6.2 and 1.8 percent, respectively. And the rate for high school senior use of Rohypnol was less than one-half of 1 percent. Currently, the chance that schoolchildren are using club drugs remains practically negligible; except for Ecstasy, these drugs seem to have dropped off the map. After 2005, MTF's tabulations did not include ketamine or GHB.

SUMMARY

When we examine prevalence rates—the percentage of the population that used specific drugs during a specific time period—whether during their lifetimes, the past year, or the past month—we see that the *legal* drugs (that is, alcohol and cigarettes) are used by many more people than the *illegal* drugs. According to the National Survey on Drug Use and Health (NSDUH), in 2009, only 8 percent of the American public, a total of 20 million people, used one or more illicit drugs at least once during the past month; in contrast for alcohol, this was true of 52 percent, or 126 million people, and for cigarettes, 25 percent, or 60 million people. Alcohol and cigarettes are used by *vastly* more people than are illicit drugs. Heroin and crack cocaine are used monthly or more by a very small proportion of the population—considerably less than 1 percent. (Recall that the NSDUH cannot locate homeless people, whose use of heroin and crack is likely to be greater than that of people who live in households.) Nonetheless, a small number of people can commit a great deal of crime and cost society an enormous amount of money in social services.

Sociologists and criminologists are also interested in continuance or "loyalty" rates for various drugs. Users tend to "stick with" legal drugs more than illicit drugs, which are more likely to be given up or used infrequently. If we compare lifetime with monthly prevalence rates, we see that drinkers are more loyal to alcohol than users are to any specific drug. On the other hand, if we compare yearly with monthly prevalence rates, we see that tobacco cigarettes—which contain the drug nicotine—generate the highest user loyalty rate. Tobacco is actually used vastly *more often* than alcohol, since, on average, each of those 60 million smokers takes 18.5 "doses" of their drug (over a billion cigarettes) per day, whereas consumers of alcohol average only one or two drinks per day (one if a "double," two if a regular drink)—only about 150 million daily "doses" of this drug.

Drugs tend to be used over the life cycle in specific and identifiable patterns. The rate of illicit use is very low among 11- and 12-year-olds; it rises sharply in the mid-to-late teens, reaches a peak at age 19 or 20, and declines thereafter, at first slowly, then more sharply. Illicit drug use becomes fairly rare after the age of 35. Some observers believe that this pattern is closely related to similar rises and declines in criminal and deviant behavior (Gottfredson and Hirschi, 1990). In contrast, alcohol consumption plateaus at its peak, then declines fairly slowly after the fifties and sixties.

Drug use trends over time are important to any understanding of historical and cultural changes. Rates of alcohol consumption were extremely high in colonial, eighteenth-, and early-nineteenth-century America; in 1790, Americans drank a yearly average of 5.8 gallons per person above the age of 15; in 1830, this figure actually grew, reaching an all-time high of 7.1 gallons. But beginning in the early nineteenth century, the temperance movement began exerting an influence, and drinking declined after 1830, reaching an annual average of just over 2 gallons per person in the years before Prohibition. Between 1900 and 1919, alcohol consumption had begun to decline again as a result of state alcohol prohibitions. During Prohibition (1920–1933), according to indirect measures such as cirrhosis of the liver, drunk driving citations, and alcohol dementia mental hospital intakes, alcohol consumption declined sharply, to roughly half of its pre-Prohibition level—just under a gallon per person per year. After 1934, the first year of national legal alcohol distribution, it began to rise, from roughly 1 gallon to a post-Prohibition-level

high of 2.8 gallons in 1978. Since then, it declined more or less yearly, to just a shade over 2 gallons per year (2.14 in 1998), but rose again after that (2.31 in 2007).

In the second half of the twentieth century, illicit drug use both reflected and departed from rates of alcohol consumption. Retrospective estimates indicate that the rate of illegal drug use was extremely low in the early 1960s, rose throughout that decade, and continued to rise in the 1970s, reaching a late-twentieth-century high in 1979. During this decade, liberal, tolerant attitudes toward drug use grew as well. Trends in drug use were consistently downward during the 1980s. But beginning in 1991, though adult rates were more or less stable, usage rates among eighth graders especially, and tenth and twelfth graders as well, began to rise sharply, especially for marijuana. Although this rise stalled sometime between the mid-1990s and the present, an extremely high proportion of young adolescents now still use illegal drugs.

In addition, in the 1990s, a number of "club" drugs—Ecstasy, Rohypnol, GHB, and ketamine—were either introduced or revived and became at least modestly popular among young people. Since the late 1990s, however, use of these drugs has declined. For Ecstasy, use has been cut in half; for the others, use has nearly vaporized.

ACCOUNTS: From the 1960s to the 2000s

This chapter discusses historical changes in rates and patterns of drug use, including illicit drug use, over the past four or more decades. Accordingly, the personal accounts that follow were gathered by me (or, in one case, another researcher, Marsha Rosenbaum) between the early 1970s and the early years of the twenty-first century.

Heroin Abuse (1971)

I'll . . . talk about what happened to me in the heroin scene I was in. It may be typical, but I don't really think it is. It started for me in the summer of 1968. There are no intricate sociological or psychological explanations needed for my involvement. . . . I didn't even think twice about the dangers or morality of turning on to heroin. . . . At the time, all of us were deeply involved in the underground post—high school drug subculture in an affluent suburban community. . . . Most of the primary group was in college, and ranged from 18 to around 21 years of age. . . . I didn't know much more about heroin at the time than the average ignorant law enforcement officer, and I think I shared at least partially the conventional negative stereotype of the junkie—not putting heroin down completely because of my own drug orientation, but saying things like "I can't see myself *injecting* something into my body," or "I'm afraid of needles," and so on. As long as all the others felt the same way, this was not considered a cowardly position. Anyway, around the beginning of July, I took my hash-filled body away on a trip with my family, returning three weeks later.

When I got back, my boyfriend, Edward . . . , said he had shot heroin. . . . Heroin was not only accepted, it was cool. . . . I was taken over to the house of a friend who had recently dived head first into heroin without a backward glance, after a youth of similar experiences with alcohol. . . . I went to his house, and he cooked up shots for Edward, himself, and me. I've since been told that we were either very brave or very foolish to put ourselves in his hands like that, and since it was only my first shot, I know it wasn't bravery. Eddie got his shot first. His previous experience had been very pleasant, a mild, warm feeling, and probably

a pretty weak shot. This one was not so weak. . . . [Then] our friend . . . gave me my shot.

The needle went in quickly, with one light tap and no pain. That boy gave me a better injection than I've had from doctors! I watched, fascinated, as he squeezed the clear solution out of the dropper and then gave me a "boot"—letting blood run back into the dropper and then shooting it back into my arm. I doubt there was any greater physiological effect as a result of booting, but it prolonged the shot. My "doctor" enjoyed booting so much that he often did it as many as 10 or more times on each shot, but that night I said a couple would be plenty, thanks.

I've had better and more powerful rushes than the one I got that first night, but maybe I don't remember it as the best because I didn't know what to expect. . . . And so it began. I am extremely fortunate for the many circumstances which intervened to keep me from setting off on the junkie trait right from the start. There were almost as many circumstances militating in just that direction. . . . Soon, heroin became the only thing [in my life] to look forward to. The weekend became synonymous with "getting off." Eddie was living with me at the time, and his psychological need for the escape and deadening of pain which heroin provided was the major reason for our continuing use. I can't say what my individual reaction to heroin would have been [without Eddie's taking the initiative], because I was simply following his lead. The winter was long and cold, Eddie was depressed constantly, only occasionally holding a job. Heroin was the only warm spot in the week. We were careful to avoid shooting up more than four days in a row because we knew that addiction would destroy all of the great "therapeutic" value which we attributed to heroin. Also, we just couldn't afford it. . . .

Eddie and I continued shooting up until April 1969 without getting a habit. We were always aware of how much we were doing and marked an "X" on the calendar for each shot. While we managed to avoid physical dependence, psychologically we were hooked good. We turned to heroin whenever we were depressed, or when we wanted to reward ourselves. Because of its capacity for alleviating tension and depression, because it enabled us both to overcome our anxiety in social interactions, and because it seemed to fill up the holes in our empty lives (something we couldn't do for each other), heroin acquired a great deal of power [over us]. I think this psychological addiction is far more enduring and resistant to cure than any physiological addiction, and it is for this reason that addicts will usually relapse. It took a near-fatal overdose for Eddie (and three days of waiting to hear if he was alive or dead for me) to make us realize where we were at. Death was a price we were not willing to pay, even for all the benefits we thought we had been receiving. We went completely straight, not even smoking grass, for three months. . . .

It was not until later in June, just before we were about to split on a camping trip . . . , that we began dropping in on our [heroin-using] friends again to say good-bye. Naturally we were offered hash and grass . . . , and we accepted. But the memory of the O.D. was too clear for us to be tempted by the smack they were doing, and we told them were off [heroin] for good. . . . The power that heroin had over us, however, did not dissipate. We returned from our camping trip only to experience a massive postvacation letdown. We were home. The trip had only changed our lives for a little while. School didn't start for another month, and same with Eddie's new job. . . . To make matters worse, our friends had developed real, honest-to-goodness habits over the summer, and now when we went to see them there wasn't any grass or hash. All they were interested in was heroin and morphine, a new discovery they had made. I guess it was inevitable, wasn't it? The brush with death had been so long ago, and if we just had a little bit . . . and we *had* to try that morphine . . . and we'll only do it till school and the job start . . . and we *deserve* some fun before getting back to the rat race . . . , and God am I bored. . . .

We began to shoot more dope than ever before. This time no "X" marks went on the calendar, though we still tried to control it and avoid getting hooked. We did, but it was harder now because

everyone else was hooked. . . . I was shooting several times a week, sometimes daily for four or five days, waiting for school to begin. I really liked morphine, which was much cheaper than heroin and seemed to give a better rush. . . . The quality of the morphine was much more consistent than that of heroin. . . . I still wasn't addicted, not physically anyway, but something else was beginning to happen. I began to get nauseous after I shot up, not immediately . . . , but much later, sometimes as much as several hours. . . . It was a weird kind of sickness, too, because I didn't even mind throwing up. . . .

It got to the point where I wasn't even enjoying my shots that much because I would already be feeling nauseous before the needle was in my arm. . . . The rush coming on top of that just made me feel worse. Eddie was displaying similar sensitivity, which also seemed to be getting progressively more pronounced. We didn't like what was happening. We were spending good money for a bag of dope and then getting sick from it! We might as well have been buying bottles of Ipecac, that stuff that makes you throw up. Who needs that? Friction was also springing up between us. Getting sick made Eddie afraid that he would O.D. again, so he would say, no more dope. But as soon as he became depressed, which was often, I would sooner or later suggest getting some. In the past this had always worked, at least for a while. But now it didn't help any more. It only made us both sick as well as depressed, and made Eddie's fears of overdosing return. Then he would turn on me and condemn me for suggesting it. He felt that since he was so unable to resist, I should be the strong one and keep us off dope. When he began to realize that I was pretty weak myself, he really got scared.

Finally, just a day or two before school was to start, we reached the turning point. . . . I decided to treat myself to a really big shot. . . . I got what I wanted: a super rush. But then it went beyond my control and I fell back on the bed . . . , my eyes wide open. Eddie was slapping me, trying to get me to talk, do anything! But I couldn't move my lips and I just lay there, mouth hanging open, eyes staring, hearing him and not being able to answer. I couldn't believe what was happening to me. . . . Eddie . . . just kept shaking me until at last I had become able to speak. We were both *really* scared—we had never been that stoned before and we thought we might die. I had always prided myself on being able to control myself on drugs. . . . But not that night. . . . We went outside and staggered up and down the driveway . . . , retching and hanging onto each other like a couple of drunks. Somehow, I made coffee but we couldn't drink it. We put ice cubes on our faces and wrists, trying to keep ourselves from passing out. . . .

Somehow, we came out of it. But the real hell was just beginning. We began to argue violently, blaming each other. Eddie said he would leave me if I ever got dope again. . . . I realized that many of Eddie's accusations were true, and many of my proud illusions were false. I continued to retch my insides out halfway through the next day . . . in a state of total self-disgust. I never wanted to see another needle again. That afternoon, I called the mental health clinic and asked for psychiatric help.

So, you say to yourself, after all *that*, she finally got off drugs. Well, yes . . . , for another three months. . . . I continued smoking marijuana every day, but only when I was alone. . . . Eddie and I . . . didn't see our friends for months. Then Eddie lost his job just before Christmas, and there we were again. It was winter again. The exuberance and gaiety of the holiday season seemed mocking and artificial. Like all good Americans, we made holiday visits to our friends, and what were they doing? You know. . . . We got on the merry-go-round again, only the music wasn't quite the way we remembered it. The expense was still a problem, and the hassles involved in coping had seemed to increase until they were almost intolerable. Luckily, it was no longer feeling good enough to us to make it worth waiting hours for, like our junkie friends did, or to risk getting busted for, as many were.

Even worse, we discovered that when a person becomes a junkie, he often ceases to be a person. There was so much ugliness, lying, cheating, and stealing, even among guys who were supposed to

be the best of friends, that we finally decided it wasn't worth it. At last the power of the group was broken, but what about that other power? It drove us to the city, looking for a better connection. It almost turned out to be Eddie's connection to the Great Beyond, because after shooting only a relatively small amount of heroin, IT HAPPENED AGAIN. An overdose isn't pretty, especially if it's someone who you don't want to die. And all the poor guy wanted was just a little relief, a little time out from misery. A friend and I managed to bring him out of the coma without sending him to the hospital, but it was many minutes before he could breathe on his own. I knew it was the end of heroin for Eddie, because he wouldn't come back a third time. He knew it too, and was glad it had happened to let him know where heroin was at for him.

And what about me? As soon as I got Eddie home and in bed, I shot one of the two remaining bags we had. Insane? Probably, but I could tell from the rush I got (weak) and the time I stayed high (short) that heroin had lost its immense power over me, too. I shot the last bag with the same results. It simply wasn't worth it. The hassle to get it, the money it costs, the risk of dying—which in Eddie's case was now almost a certainty—it's all not worth some weak little sensation in your head and a high that lasts 10 minutes. Maybe those last two bags were just extra-weak, maybe it would have been different with good dope, but I chose to think not. The weakness of the dope served perfectly to point out the absurdity of trying to fool oneself.

You see, for a lot of people, it *is* worth the tremendous price because of the power to do magic, even if, in my case, the magic ceased to happen long ago. There's only the memory, and the hope to get it back again like it was. For me, other things like my plans for graduate school and my growing self-awareness have helped me to start filling in a lot of the empty holes in my life that heroin only appeared to fill. I still think about it [heroin], especially when things are going badly for me. But then I think of how much I would be gambling for 10 minutes of an uneasy peace which is no peace at all. I finally have something to lose! That makes all the difference in the world. When I think about the reward I've promised myself for graduation, right now I'd rather go out for a good dinner than shoot a bag of heroin. And even if I ever do shoot again, I don't think heroin will ever exert the power over me that it once did.

Ecstasy (1988)

The following interview was conducted by Marsha Rosenbaum. The interviewee is a physician; at the time of the interview, she was in her early forties.

Q: Do you remember the first time you heard about it [MDMA]?

A: No, not clearly. Not directly. I have a vague memory of getting this description of a drug, the way that I describe it, a designer drug, that is not psychedelic and very, very light and enjoyable and great to do in a beautiful place. . . .

Q: Do you remember the first trip?

A: I think so. I could be wrong, but what I remember of the first trip was one of the times [when we went on vacation]. . . . It was a whole group of people, good people, dear people. And we took it after breakfast and went down to the . . . creek. And you come to a place where there's natural rocks at the waterside. And people don't have to wear clothes there, so we just sort of hanged out on a rock facing the water. Oh, and it was beautiful! It is just incredibly beautiful and [we] took the stuff.

Q: So tell me about it.

A: I always get this little nervous thing. But once you come down to it, it was—there may have been 10 or 15 minutes where the drug effect was more than I would have wanted, where I felt a little bit like "Which way do you go?" with it. And then after that, then I also felt confident because I was around people who were pretty well obviously interested in doing it. . . . What I remember about that first trip was, first of all, just being so physically in tune . . . , where everything is so crystalline . . . , everything being made sharper . . . , visual,

not hallucinogenic whatsoever, but contrasts are greater, getting in and out of the water . . . , on the rocks. . . . I didn't sit still. . . . I would go from one group of people . . . and I'd sit and hug and talk to them. And I'd get in the water and swim to another group and get involved with them for a while and then take off and go to another one. I really flitted around like a butterfly. . . . It was a perfect drug for that day.

Q: OK, and it was all very positive, and everything that you had been told kind of happened for you. . . . I mean, do you remember what they told you to do, not to do, how it was gonna be?

A: Yeah. Yeah. [It] was definitely a . . . very comfortable, nice drug. And I remember a lovely situation. . . .

Q: OK, and what about sensually? Any body things? Did you and [your husband] have sex while you were on it the first time?

A: Every time. Every time, yeah. It's definitely a sensual drug. It didn't make me erotic the way coke does. But that's also part of it. That's also the setting. . . . It is a very sensuous drug for me, but it's not erotic. It doesn't make me want to have sex. . . .

Q: What about the people that you were with? Did you feel that you were bonding with them? I mean, was your relationship with them different after you all did Ecstasy together?

A: No, but they were all very, very close friends.

Q: To begin with?

A: Yeah.

Q: All right, and so it didn't make any difference one way or the other. It was pretty much the same?

A: Yes.

Q: OK, some people talk about getting into subjects that are difficult. . . .

A: I haven't. It would be interesting to try and do that, but I think that it just hasn't been that situational. When [my husband] and I have done Ecstasy, we haven't had issues that needed to be talked about.

Q: [Is] the M.O. [modus operandi, way of doing things] pretty much always the same?

A: It's always important to be away from the kids. That's real important. . . . I feel like I want to reserve it somewhat, to make it special. . . . [With taking Ecstasy], it just fits into my realm of playing, really playing, playing and not having the responsibility of taking care of my children.

Q: I mean, how often can that happen to a person like you?

A: Yeah, away from work, away from the kids. . . .

Q: So it takes a considerable amount of planning.

A: True.

Q: And organization.

A: Mm . . . , hmmm.

Q: In order to really cut loose.

A: Mm hmmm. It has to be planned. It's always planned. It's never come out of the blue [for me]. . . .

Q: And what about dosage? Is it always the same?

A: I don't know. It's what everybody gives me. . . .

Q: OK, so basically, has MDMA made an impact on your life, positive, negative? Has it been an impact, or was it more like a gift every once in a while?

A: The latter.

Q: Yeah, no major significance.

A: Hm mm.

Q: All right. And how about, would you recommend it to other people?

A: Sure.

A: OK, I mean, you were talking about how you thought it would facilitate working through some stuff. . . . So you must see some potential there, right?

Q: Oh, absolutely.

A: But you don't use it that way?

Q: No.

A: That's interesting, don't you think?

Q: I could use it that way. I mean, I just never—it never has happened.

Multiple Drug Use (1996)

I grew up in the perfect family. Dad came to every soccer game. When I stepped off the bus each day, Mom was always waiting for me with cookies and milk. I went to church every Sunday; I was in the Girl Scouts; I was an honor student. My friends were described as "a nice group of girls," and everyone in town thought I was a sweet, innocent girl. Growing up, the person I was closest with was my grandmother. In 1988, she was diagnosed with cancer, and two years later, she was dead. I was devastated. My perfect world suddenly turned upside down.

The night my grandmother died, I met a guy named Rick. He was one of the "bad seeds" at my school. I was so angry at everyone (God, the doctors, my parents) for taking my grandmother away from me, I did the unthinkable: I got drunk, smoked pot, and had sex. It was truly a night of firsts for me. If she hadn't died, who knows, I'd probably still be a Girl Scout and go to church every Sunday. Her death made me question the way I was living my life for the first time. After that night, I did a complete turn-around. No longer was I dressed in Gap jeans and J. Crew sweaters. I turned into one of those freak alternative people, dressed in strange clothes, hanging out with bad kids, and rejecting any and all authority figures.

I started smoking pot on a regular basis, every night, 7 to 10 times a week. I often smoked before, during, and after high school. I lived in a small town, so there's rarely something fun for us to do there. One night, my friends and I heard about a "rave" that was happening in our area. In case you don't know it, a "rave" is an all-night dance party with loud techno music on records by DJs from all over the world. At raves, you'll find certain types of drugs, mostly acid [LSD] and Ecstasy. You can go to a rave wearing anything from a chicken costume to jeans and a T-shirt, and the people there will welcome you with open arms. Raves are held at locations which change every week. We hopped into my car and headed upstate. Even though I didn't do any drugs that night, the experience changed the next four years of my life. I loved every minute of that party, and from then on, I began to go to raves every weekend.

I had to lie to my parents every weekend so that I could go. At the time, I was a sophomore in high school, and I had a very restrictive midnight curfew. Even though my parents noticed changes in who my friends were and the way I dressed, they trusted me and naively believed I wouldn't lie to them. Every weekend I told them I was sleeping at a different friend's house. One night at the parking lot behind where the party was being held, a friend gave me a hit of acid. That night, I danced as never before. On acid, I was able to actually *feel* the music flowing through my body. The music became a part of me. The visuals were so intense, it was amazing. I felt as if I had been blind my whole life; suddenly, I was able to see the world for the first time.

For the next year or so, I took acid a couple of times a month. It didn't seem to be much of a big deal. At the time, raves weren't about drugs, they were about dancing, music, peace, love, and happiness. Drugs were just taken to bring the dancing, music, peace, love, and happiness to new heights. Some nights, I went to a rave, there would be acid there, and so I'd take it; other nights, there was no acid, and I had a great time anyway.

The summer of 1994, I went to a rave they called Camp Earth in Providence. It was a huge amusement park. I had been thinking about doing Ecstasy for a long time, but I was afraid of it. I had heard that the drug makes you love everything you see. It makes you feel good about yourself and it gives you a sense of self-esteem. I didn't believe it was possible for a drug to do these things. Besides, a hit of Ecstasy sold for $25, and my job at Burger King didn't pay very well. But I decided to try it anyway and find out for myself, so I found a dealer who had some. She told me that "Brooklyn Bombs" were the best, so I bought one from her for $25, and I took it. After a half-hour, all the friends I was taking it with were feeling the effects; I was the only one who still felt nothing. We decided to go on some of the park rides, so we headed for the Cannonball Express. The ride started. All of a sudden, I felt my hands start to tingle. I walked off that ride with a big, cheesy grin that I just couldn't wipe off my face. I never felt so good in my life. All my problems seemed to disappear in a matter of seconds.

I went inside the building to dance, and I didn't stop for the next five hours. I looked at my image in the mirror on the wall and realized that I was the most beautiful girl in the world. Normally, I have very little self-esteem; I even look at the mirror in disgust. But that night, I couldn't stop feeling how beautiful I was. The Brooklyn Bomb made me feel beautiful, popular, smart—GREAT! I loved Ecstasy because it didn't make you hallucinate. It doesn't even make you feel as if you're high on drugs. It just makes you feel great. After that night, Ecstasy became my drug of choice. One way or another, I was able to scrape together $25 each week.

I told myself I would never do cocaine. Commercials on TV made it out to be really horrible. I really thought I would never do it. One night, I drove to Baltimore for a party they called the Emerald Forest. The guy who threw the party was able to rent a state park, so the party was being held outdoors. I bought a hit of Ecstasy, but it didn't seem to be working. I began dancing near the DJ booth; suddenly, I felt a tremendous pain in my leg. My whole right leg had become paralyzed and I was frozen in midair. My friends saw there was something wrong with me and came over to help. They sat me on the ground and called a park ranger. He thought I should be taken to the emergency room; if anything was really wrong, he said, my parents had to be notified. If he did that, I'd be grounded; I definitely didn't want that. My friends told him not to worry, they had something to make the pain go away, and so he left. They gave me a "bump" [a hit] of coke. My pain went away, and suddenly my spirits felt lifted. In small amounts, coke doesn't make you feel screwed up, it just makes you feel good; it wakes you up and makes everything feel better. After I took it and felt better, I kept waiting for all the effects I had heard about to kick in, but they never did. I couldn't believe that there were so many anticoke campaigns when the high doesn't really mess you up.

By this time, I was in my second year of community college. My relationship with my parents had deteriorated to the point where they kicked me out. They didn't accept that I wasn't their good little girl any more, and I didn't accept the fact that they just wanted the best for me. I had saved a couple thousand dollars. I moved in with a couple friends and we shared a two-bedroom apartment. The money didn't last very long, but I was working at two jobs to support myself. Since my pay was so low and the money was so tight, I ran some drugs for a dealer friend. He gave me six hits of Ecstasy for $100, and I'd sell them for $25 or $30. One night, I sold 100 hits for him, and I made over $1,000.

Living on my own was great, but I was completely without parental control. Nobody told me what to do. I went to raves Wednesday nights in Albany, Friday nights in Manhattan, and Saturdays wherever the biggest rave was being held. To do this without getting tired and sleepy, I began doing crystal. Crystal is speed—methamphetamine. It wakes you up and keeps you up for a long time. If I did a bump of crystal when the party started, 11 o'clock one night, I'd stay up until seven the next night.

My biggest problem was tolerance. One hit of Ecstasy was no longer enough. Neither was a bump of crystal. Some weekends I'd do six or eight different drugs. I even felt proud of how many drugs I was doing. My friends were all doing the same quantity of drugs. It almost turned into a contest; we tried to outdo one another. If Jim did one bag of crystal, I did two, then Sally would do three. Afterwards, we sat around and compared how many different drugs we had done.

Most people who end up doing a lot of drugs begin dropping out of society. They quit school or don't work. Not me. Deep down, all along, I knew that the things I was doing weren't really me, so I tried to hang onto the other areas of life which, I felt, were the real me. I went to all my classes. I was in the honors program and maintained a 3.25 GPA. I babysat after school. I worked in a video store, in Burger King, and a movie theater when I had the time. I liked to keep busy because I knew that if I had too much free time, I would start thinking about some of the things I had been doing a little too much.

At some point, I realized I'd have to get away from my circle of friends. I figured that if I moved

away, I'd get a fresh start. My aunt and uncle own a clothing boutique in the Hamptons; because of their business, they had a lot of contact with gay men. It happens that, one day, they called and offered me a job in the store and a place to live. After I left home, my relationship with my parents improved considerably; we realized that we love each other but we just have different notions about how I ought to live my life. Before I lived in Southampton, I believed that gay men didn't really do drugs. I've never been more wrong in my life! Not only do they do drugs, they even give out free samples. I began doing a lot of coke. I frequented the clubs out there, and many nights, the customers gave me free coke.

A guy who worked for my aunt and uncle was really cute. He was into heroin, I was into coke; we were perfect for one another. Every day, we'd work all day, and at night, we'd go to Manhattan to cop drugs. We did this almost every day all summer. One day, he asked me if I wanted to try heroin. He told me that he does four bags at a time, so I'd better do just one. I snorted a $20 bag and collapsed onto the couch. For the next 24 hours, I threw up. Anytime I moved, I threw up. Whenever I talked, I threw up. If I did anything at all, I threw up. It was the most horrible experience of my entire life. I didn't feel any of the euphoria a lot of people talk about. All I felt was horrible.

After that, I pretty much stuck to coke. I really cut back on the amount I did, though; I only did it a couple of times a week. Then in the fall, I moved into the dorms at the university, once again believing that I had been given a chance to start all over again. But once again, I was wrong. The friends I made were doing drugs. For some reason, I always seemed to gravitate to a circle of friends who are doing drugs. I met a guy, Bill, who seemed perfect for me. He smoked pot once in a while; other than that, he really wasn't into drugs. One day, I got a bad cold; I couldn't seem to shake it. It eventually developed into bronchitis. I was determined to go to a really big rave that weekend. Bill tried to talk me out of it, but he was unsuccessful. We went to a club in the City, the Ritz. I did a couple bumps of crystal. Before long, I realized I had gotten sicker; my bronchitis had developed into pneumonia, and I had to be hospitalized. Lying on my hospital bed, I thought about how foolish I had been; my judgment was so messed up that, even though I was sick, I had to go out and party and do some crystal, which made me sicker. I swore I would never do drugs again. And I haven't.

I can't give you a one-sentence [explanation] of why I did drugs. At first, it helped me escape the pain of losing my grandmother. Once you begin hanging out with people who do drugs, you change, your attitudes, your beliefs, your behavior all change. You start holding the same positive attitudes they have about drugs. And once you're done things you like doing, it's hard after that not to do it. I liked the way I felt when I was high, so I did it. And in a friend's apartment, with everyone bumping, doing something you've done before, and like, it's hard to "just say no." You just do it.

To be honest, I don't regret anything I've done. I consider these experiences another chapter in my book of life. I feel that my experiences have turned me into a much more knowledgeable person. I feel I am able to have a better understanding of a great deal of life because I've been to some of the places I've been. I have a more critical capacity to evaluate many of the issues facing the society today as a result of how I lived until recently. I hear people talking about certain topics and think how fortunate I've been to have done what I've done.

I wonder if I was ever actually a drug addict. I was able to stop using when I decided that the time had come without having to go into a treatment program. I did cocaine to the point of everyday use, yet when I decided to call it quits, I was able to stop, no problem. Not once did I ever experience any form of withdrawal. There's no doubt in my mind that I was psychologically dependent on drugs. It had gotten to the point that I was dependent on drugs to create happiness for me.

I sincerely doubt that I will ever do drugs again. I am at a point in my life where I am happy without drugs, and happy with the way things have worked out for me. Bill has made that possible. Before, it was Ecstasy that made me feel beautiful; now it's Bill. A lot of the people I thought were my

friends are long gone. I've gone straight, and they just disappeared. Once, I would have done anything for these people. I thought they were true friends. When I used to do acid, I felt as if the drug made me able to see the world in a better, clearer way. Now that I've stopped doing drugs, I feel the same way: Now I am able to see the world in a clearer way.

Multiple Drug Use (2003)

About a year ago, my younger brother threw a party at the house where we and our parents were on vacation. That day, my parents, who happen to ride motorcycles, went out to a motorcycle rally. My brother invited a friend of his whom we nicknamed "Horse." He's big and strong, 20 years old, and he uses his size to get what he wants. The absence of my parents allowed my brother, Horse, and me to have the house to ourselves for the day. My parents had bought lots of beer for us so by the time breakfast was over, at ten in the morning, we started drinking. We also had a large supply of liquor which enabled us to mix drinks and do shots of various flavors. By noon, my brother called me upstairs to smoke marijuana with him and Horse. I decided to join them because I was curious. After I got high, I became paranoid, which happens to some people when they smoke marijuana, and I climbed into a wardrobe for no apparent reason.

This experience, however, did not deter me from joining my bother and Horse when they chopped up some "E" [Ecstasy] pills they brought with them. So that each person got the right amount, my brother and Horse chopped the pills into a fine powder on a mirror using a razor blade. We did it in the kitchen, which is the first room you enter from the outside. At about two in the afternoon, we were very tired so we went to the bedroom for a nap, expecting our parents to come home late at night. At 4:30, I heard a noise from downstairs and remembered that the E was still on the kitchen table, chopped up into lines on a mirror with a razor blade still on it.

I knew that if my parents saw the lines, they'd think we were doing cocaine, which to them would be much worse than if they had found a pile of marijuana. My first reaction was to jump off the top bunk of the bunk-bed, run out of the room, and run down the stairs to the kitchen. When I got there, I saw my mother stepping into the house with an armful of trinkets from the motorcycle rally. I instantly realized that if I didn't do something there would be big trouble. Without stopping, I ran square into my mother, knocking her with great force back into the porch area. Angrily, she yelled, "What the hell's going on?" I jumped back in the house and covered the mirror with my arm and replied, "Nothing's going on—I was just startled when the porch door slammed." Still angry, my mother reentered the house, putting her bags down on a counter. "I don't know what's going on here," she said, "but I want it stopped." I moved a cutting board that was resting on the table onto the mirror and took them down to the basement for proper hiding and disposed of the evidence. We only lost about a pill and a half, or the equivalent of $30 in street value. Small price to pay for not getting caught.

The next night, the three of us went into the resort village where our family vacations to walk around the strip of shops and flirt with girls. Stopping along the way, I picked up a pint and a half-pint of Southern Comfort and two bottles of Coke. After we finished the liquor, we walked around, coming upon another liquor store. We decided to buy another bottle. This time, we went to a small park and Horse drank from a bottle wrapped in a brown paper bag. Two police officers walked up to us and began questioning us. Drunk and very scared, I cooperated with the police. They asked for my license, which had expired. I told them that I had just renewed it and the new one hadn't yet arrived in the mail. I showed them the interim license the DMV had given me, but they took that as punishment for drinking so that I couldn't buy any more liquor.

As a result of my experiences with Horse, I became friendly with his group of friends. A couple of weekends ago, Horse, my brother, and I went to a "rave," a party where the main purpose is doing various drugs at the same time. The party was

being held at "Chef's" house. Chef is so named because of the way that "K" (short for ketamine) is prepared. Ketamine is an animal tranquilizer that is used by veterinarians. Ketamine is prepared by heating it until it solidifies, then it's scraped off the surface with a knife. The result is a fine powder that allows the user to sniff it into one or both nostrils. The person who obtained the K is called "Chemist," who is known for having many different kinds of drugs readily available. At the party most of the people were also taking E pills and K at the same time. Horse took E and K within 10 minutes of each other. E does not take effect right away—there is usually a 30- to 40-minute waiting period. Depending on the dose, if it's snorted, K takes effect right away and lasts about 30 to 45 minutes. The effect of K is simply detachment. The user feels as if he is weightless. Everything that happens, like walking, is extremely smooth. This feeling of detachment begins to intensify, and eventually, the user feels that nothing is real. Everything takes place in a dreamlike state. The two major drawbacks of K are the "K drip" and the "K hole." The K drip is postnasal drip. The K hole occurs when one drinks a lot before snorting K, or does too much K, at which point, the brain shuts down all functions except the operation of life-sustaining organs. This can last for hours, putting the user into a comatose state.

Once E takes effect, it can last for three or four hours. The effect it has is similar to euphoria. K and E do not mix. At this party, Horse started to "bug out." Bugging out is when reality no longer seems feasible. While bugging out, the user does things he or she would not ordinarily do, like yelling and screaming gibberish. It seems that partying, drinking, and smoking marijuana are the main pastimes of this group at the party. Colleen, one of the girls who was present, told me about a rave that took place the previous weekend. Colleen was disgusted by the use of drugs at that party. Chef had done too much K and fell into a K hole. After Chef recovered, he went right back to the K and cooked up more to snort. Several people there tried to stop him before he did extensive damage to his body, but to no avail. I felt sick and decided to go home and sleep it off, but the rest of the group there partied and drank into the early hours of the morning.

The next night, my brother and I ran into Horse and two girls. We hung out for a while, sitting in a car on a dead-end street, drinking and smoking. Horse rolled some blunts [large marijuana joints] and polished off a bottle of liquor I had gotten him. Then he drank another. After he had finished the second bottle, he asked me to get him a 40 [a 40-ounce bottle of beer]. His speech was slurred and he became very aggressive. I told him he didn't need another drink, so he punched me in the chest. He recognized through his drunken haze that I meant business and so he apologized. But he kept begging me about the 40. We took off, and whenever my brother stopped the car, Horse got out so that he could walk to a 7-Eleven and steal a 40. At one light, we had to stop, so Horse jumped out of the car and I grabbed him by the collar, but he wrestled free and ran off, but came back and jumped in the car when the light turned green. Finally, my brother told me to get a 40. I bought a 22-ounce bottle of beer instead, figuring he wouldn't know the difference. After I handed him the beer, he became more docile. He never figured it out. At some point, he said he felt cold and tried to put on his jacket. While he was struggling to do this, he knocked the head of my cigarette onto the seat of my brother's car. Then Horse began to pass out. The beer slipped from his hands and spilled all over the floor. My brother got very angry and pulled the car over to the side of the road so the beer would stop spilling. We finally dropped Horse off at his house. This experience taught me that Horse will drink just about anything just because it's there.

There is an entire subsociety that thrives on mischief and deviant activities. Most of these actions are done under the noses of their parents. That an entire subsociety exists just out of reach of parents seems hard to believe. One would think that if a person has good parents growing up they will be good kids and obey the law. When asked if their parents would allow them to use drugs, each member of this group I asked said, "No." Even though these kids are aware of the bad effects drugs have

on them, they continue to use. It all comes back to having a good time. It doesn't matter if one of them gets sick or has to show up at work the next day, they still partake in the huge party atmosphere.

QUESTIONS

Can you find clues as to when these accounts were written? In what way does each bear the stamp of the era in which the behavior being described took place? What is your reaction to the type of drug use each account depicts? To the people engaging in the drug use? What do these accounts tell us about how historical changes influence the use of psychoactive substances? What do you think happened to the people who contributed these accounts? Do you think their fates differed from their nonusing peers? How would you characterize the dominant or modal drug use in each decade since the 1960s? What is it like today? How do past events influence current events?