

IV A History of Cannabis

Written by Richard Blum

Marijuana, "pot," "grass," "bhang," "hashish," "charis," "ganja," and "kif" are among the names given to the plant *Cannabis sativa* or to preparations made from it.ⁱ Growing wild in a great variety of soils and climates, it is also especially cultivated as a cash crop in India, Nepal, Ceylon, Afghanistan, Mexico, and parts of Africa. It is also illicitly cultivated in the United States and elsewhere.

There is a tendency for writers to accept very early dates for the use of psychoactive substances—opium, cannabis, amanita mushrooms, and, as we have seen earlier, alcohol. One often reads that cannabis was known in ancient China, as, for example, "the liberator of sin" in the Emperor Shen Nung's 2737 B.C. pharmacopeia. Unfortunately, Shen Nung is only a legend and few Chinese dates before 1000 B.C. can be accepted with confidence (Encyclopaedia Britannica, 1962; also Sullivan, 1967). There is archaeological evidence for Chinese hemp cultivation at an early date, perhaps 3000 B.C. (Kwang-Chih-Chang, 1963), and Bretschneider (1895) reviews references to hemp during the early period, but whether it was ever used in ancient China as a psychoactive substance is an open question.

There is a similar uncertainty about the earliest dates for cannabis in India, although there is general agreement upon knowledge of its potency prior to the time of Christ. Spellman (1967) states that "bhanga appears in the Atharva Veda in the sense of cannabis about 1300 B.C."—a date in agreement with Grierson writing in the Indian Hemp Commission Report (1893-1894), although he suggests that no mention of its intoxicating qualities appears until the tenth century A.D. Ingalls (1967) comments that "bhanga" does appear meaning "cannabis" in the *Sus'ruta* at a date somewhat before Christ. Rosevear (1967) claims dates between 2000 and 1400 B.C. for the Indian mention of cannabis and claims that its use was taught to Indian priests by Iranians. His proposal that early yogis smoked it is dubious in view of the very recent dates for smoking of any sort except in the Western hemisphere.

A verified mid-Asian date for cannabis is based on both written and archaeological evidence. Herodotus in his *Histories*, published circa 430 B.C., describes how the Scythians used wild hemp ("kannabis" is Greek for hemp) in a purification rite which followed the elaborate ceremonies upon burial of a king. Hot stones were placed in a cauldron within a tent, seeds were thrown on the stones, and the bathing Scythians (it is likely water was added to the stone-heated cauldron in a practice not unlike the Finnish sauna of today) inhaled the vapor and "howled for joy." Rice (1957) describes an archaeological find at Pazrik (Rudenko, 1953) confirming Herodotus' writing; a cauldron of stones and hemp seeds was found along with tent poles. Rice doubts whether inhalation was purificatory; she proposes relaxation instead but offers no evidence. It is likely that the Scythians were using cannabis before Herodotus, perhaps even before their settlement circa 700 B.C. in South Russia. These dates for mid-Asian

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use of cannabis conform to those which ascribed its use to Persia circa 700-600 B.c. (inferred from the Zendavesta) and to Ashurbanipal's Assyrian reign (669-626 n.c.) based on cuneiform-tablet interpretation. It has also been proposed that cannabis was the grass that Nebuchadnezzar ate when he was described as being mad—a tenuous deduction but amusing in view of today's slang, "grass" for marijuana. Fort (1965a) gives a date of 800 B.c. for its introduction into India; however, Dwarakanath (1965) gives its earliest Indian date as circa 400 B.c.

Early Indian use seems to have been religious; it was not until the twelfth century A.D. that medical applications were set forth. Cannabis was a holy plant to some Hindus, with early legends (Fort) indicating that the angel of mankind lived in its leaves. Its later Indian use included traditional medical, religious, and social components; in recent times it has been smoked (in the form of ganja and charas), sometimes mixed with tobacco, datura, or opium, according to Fort, chewed (as bhang), or eaten as a confectionery. In the 1830's, its Indian use was incorporated into modern medicine. The importance of cannabis in religious practice in modern India is not to be overlooked. According to the Indian Hemp Commission (1893-1894) and Chopra and Chopra (1965), it is taken at Hindu and Sikh temples and Mohammedan shrines; bhang from a common bowl is one way it is used. When Mohammedan fakirs congregate they may be joined by other cannabis users; among fakirs, bhang is viewed as the giver of long life and a means of communion with the divine spirit. Ascetics and religious mendicants (sadus) also use cannabis to overcome hunger and thirst, as well as to aid in meditation. High-caste Hindus not allowed alcohol are allowed bhang at religious ceremonials; bhang can also be used at marriage ceremonies and family festivals. In Nepal it is distributed at temples to all Shiva followers on certain feast days. According to Sharma (1967)', certain Buddhist priests in Nepal also use bhang, and there are Shiva sadus, now being studied by Sharma, who use bhang chronically several times a day. Nepalese use (whether bhang or charas)—either by sadus or more intermittently among the poor, and occasionally among the "urban set" socially—is not seen as a social problem nor are there yet reports of adverse medical effects (Sharma).

By the tenth century A.D., cannabis was well known throughout the Mediterranean and Arab worlds. It is of interest that its use was not prohibited by Mohammed (570-632 A.D.)' while that of alcohol was. Even so, some African Moslems have outlawed it on religious grounds whereas most of Islam has not; legal restraints, in the sense of laws promulgated by political authority, have been recent (nineteenth and twentieth centuries), so that in nearly all Moslem countries except Morocco cannabis is not prohibited.

Cannabis was one of the first psychoactive drugs to develop a bad reputation of the sensational sort. The story comes in many versions, the earliest attributed to Marco Polo. Generally agreed is that just prior to the First Crusade, about 1090 A.D., a fanatical Moslem group led by

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Hasan-i-Sabba, the "Old Man of the Mountains," settled near Baghdad and spread from there through Persia and parts of Iraq and Syria, remaining powerful until the last part of the thirteenth century. Descendants of the group are the contemporary Ismaeli sect (now led by Karim Aga Khan)¹. Hasan (from whose name both "hashish" and "assassin" are often said to be derived, comes both from the Arab word for a dry herb or hay—thence the dry leaves of hemp—with "assassin" coming from hashish eater) had vowed to rid the world of false prophets. The legend has it he enlisted young followers to kill those of whom the "old man" disapproved. There is controversy over whether these fanatics killed (1) because they were under the influence of hashish, or (2) because they were promised a reward of paradise induced by hashish (perhaps that vision supplemented by material flesh and pleasantries), or (3) because they were simply a violent and politically dangerous group who came to the attention of the West, including the Crusaders, and who were subject to romantic speculation in the sense that a drug they may well have taken (but which was new to the Westerner) was given a causal role for political behavior not unusual in those (or our own) times in the Middle East, or (4) because they were simply a revolutionary group and were tarred with the hashish label by their conservative rivals (Hodgson, 1955)¹. It has even been suggested (Mandel, 1966) that opium may have been the drug in question. In any event, the importance of the assassins from a social-historical point of view is that they mark the first instance of a widespread attribution of dangerous behavior arising from intentional manipulation of drug effects for a whole group. It is a clear-cut example of drug "abuse" as popularly defined—that is, the damage occurs not so much to the user as to those around him. It is also an early case of a legend publicly accepted without attention's being paid to complicating uncertainties. For example, what was the assassins' behavior when they were not using drugs? According to their political kindred, what other effects did the hashish have? Had a first-hand observer seen the events which were later incorporated into the story?

Although the assassins were the first group said to have killed because of hashish, they were by no means the last for whom some relationship between that drug and violence was set forth. Walton (1938) notes that some believed Genghis Khan induced the fury of his Mongols, the Golden Horde, by encouraging hashish use. Although the nomad hordes did drink alcohol heavily, the hashish devil need not be invoked to account for the periodic fierce sweeps of Mongol nomads west and south. One of these has given us an autobiography in which hemp use is indeed described, but nowhere mentioned as the cause of his violence. Babur, the first of the Moguls (Lamb, 1961) and a descendant both of Tamerlane and Genghis Khan, described how he would sometimes mix tincture of hemp and opium, too (beginning in his mid-twenties, the date about 1505 A.D.). He also ate hemp sweetmeats and, when taking hemp, abjured alcohol. He reports no ill or violent effects from either hemp or opium, but was sorely distressed by wine—his "death-in-life."

The route of introduction is not known. Given its use in the Scythian and South Russian area, it may have moved through Eastern Europe or, equally possible, it could have been introduced via the Balkans or Spain during the expansion of Islam or the later Ottoman Empire. Moreau (1845), author of one of the first works on cannabis, believes that hemp itself was introduced via Russian Asia but that its adoption by Europeans as a psychoactive substance was subsequent to European contact in the eighteenth and nineteenth centuries with the Arabs. Ibn al-Baitar

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(1197-1248Y, cited by Laufer, Hambly, and Linton (1930), was an earlier Moslem traveler to Egypt. A botanist, he discussed the cultivation of hemp and its use—either eaten or drunk in tincture—primarily by religious mendicants, the Mohammedan fakirs. Their use, al-Baitar said, led to excitement, hilarity, and fits of folly.

Ibn Battuta was another Moslem botanist and merchant who traveled from Persia to East Africa and provided detailed descriptions of custom and trade in much of the Arab world. In *Travels A.D. 1325–1354* (published in 1959), he describes alcoholism as a serious condition among the upper classes (compare Babur). He notes that the betel nut was a more esteemed gift than gold or silver in South Arabia, being symbolic of friendship and valued as an aphrodisiac, and he describes hashish (dry grass) as being made either of hemp or henbane.

The latter contains hyoscyamine and scopolamine, both of which have strong effects on the central nervous system.¹ Battuta says that the henbane hashish was common in Turkey, Persia, and India and was also known as *bhanga* (an Indian term now reserved for cannabis). Battuta does not describe any traditional ritual use of hashish (religious—as in al-Baitar's fakirs—medical, or sociopolitical) but does speak of its being widely eaten. Mosques were one of the public places where it was taken, but he offers no indication about special motivation for its use there.

Information on the spread of cannabis to Africa and to Europe is meager. It is indigenous in locales on both continents, but there is no evidence that simply because a plant is native or even cultivated as hemp for fiber that there will be knowledge of its psychoactive properties. It is likely that Africans in contact with the Arab world learned of cannabis use during the spread of Islam (ninth through eleventh centuries) and its resultant conversions, acculturation, and trade (including the slave trade). It did not appear to reach South Africa until the Dutch brought it in 1852 (Laufer et al., 1930; Walton, 1938, gives a later date). As for its introduction to Europe, it is not possible to date the plant origins. Helbaek (1965) on paleoethnobotanical grounds does not believe it was introduced into Europe until after the fall of Rome (circa 450 A.D.). It is reported (Reininger in Andrews, 1967) that Busse opened a fifth-century B.c. tomb in Germany in which a funerary urn containing cannabis-plant remnants was found. Its documented use as a psychoactive is a considerably later phenomenon.

The most important event in the next stage of the cannabis sequence was, curiously, unrelated to cannabis itself. It was the introduction of tobacco and the technique of tobacco smoking into Europe. We shall present that history separately. Suffice it to say here that the plant was introduced to England in 1565 and by 1614 it was in wide-spread use there. The technique of smoking dried materials spread rapidly throughout the world, and it was this technique which, once learned, provided a new method for ingesting cannabis. Subsequent to this, cannabis use changed and spread and is, in fact, still spreading.

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As with tobacco, the new method for ingesting cannabis was without tradition and was not absorbed into any traditional or ritual usage in any area where it was introduced with smoking. Thus, there is no evidence of any initial religious employment of the smoking method, although we shall see that for some groups a religious mystique —almost always in conjunction with symbolic sociopolitical group activities—later emerged. As with tobacco, there were some initial claims for medical utility, although once smoking was introduced, the private and social uses have predominated over folk-medical applications. What this has meant, depending on class and culture, has been that secular use has not infrequently been associated with sudden and dramatic increases in individual or group use of cannabis. With this non-traditional drug use have come considerable variations in settings and intentions and, subsequently, in drug effects as well. These instances of rapid cannabis adoption—usually by individuals acting as such even though identifiable as members of particular subgroups—have occurred repeatedly since the 1600's. We shall later give some illustrations.

Cannabis smoking was, according to Walton (1938), introduced into South America by the Spaniards in 1545. Its spread in the New World occurred partly through Spanish activities, but also seems to have been introduced—again, always in conjunction with smoking and substitution for tobacco—by the slave trade. West Coast Africans who had first traded slaves among themselves, then with the Arabs, and finally ironically were themselves traded, appear to have introduced it into Brazil and possibly into the West Indies. The events are difficult to disentangle and dates are tenuous. For example, it is also possible that cannabis was not brought into the West Indies until the late eighteenth century with the Asian Indian migration; in Jamaica, for instance, the word for cannabis is "ganja," which is Indian.

The adoption of cannabis by Europeans has been limited, the reasons for which—given their remarkable acceptance of tobacco-- remain a question of great interest to an epidemiologist. Moreau (1845), a French psychiatrist, was one of the first to write a book on cannabis. It contains many important observations, including ones on drug diffusion. In that regard, he dates French interest in the drug around the mid-to-late 1700's and early 1800's. Noting the much earlier presence of hemp in Europe (the great botanist Linnaeus named it *Cannabis sativa* in 1753), he expresses the view that personal experimentation with the drug depended upon (his) contemporary European travelers—writers and scientists—learning its use from Arabs and returning to be the link for its distribution to others with artistic or scientific curiosity. He describes his own observations on its effects and on his endeavors to induce his colleagues at Bicetre to try it as a personal experience. 'The medical community was not receptive but artists and writers were. So it was that Moreau himself introduced its use to Theophile Gautier about the turn of the century, and Gautier in turn organized the Club des Haschischins, whose members included Victor Hugo, Charles Baudelaire, and Honore de Balzac—all of them Romantics dedicated to art for art's sake, individual freedom, and the overthrow of tyranny, patriotic (egalitarian) nationalism, and a sense or rebirth of mankind based on optimism

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following the French Revolution (and ignoring its terror and chaos)'. Importantly, the hashish consumed by the Bohemian elite ("Bohemian" based in the fifteenth century on the French assumption that gypsies came from Bohemia); in Paris was not smoked but was eaten as a sweetmeat ("Dawamesc"), just as Arabs had eaten it for hundreds of years. Interesting, too, in terms of drug-use learning is that Baudelaire, who had prior personal difficulties due to wine and opium (laudanum, a mixture of wine and opium—another Asiatic beverage)', had been to India where he had not learned hashish use, we surmise, because he had no contact with traditional medical or religious use there, but had learned it among his fellow artists in Paris. His hashish use was short lived and replaced by opium. For descriptions of the hashish experience by both writers see their reprinted articles in Ebin (1961). Both accounts emphasize personal experiences (aesthetic, mystical, euphoric, hallucinatory, frightening, psychotic-like, and erotic)' and so, necessarily, the exaltation of inner states. We might paraphrase Baudelaire's remark that "the true hero finds his entertainment by himself" as "finds his entertainment in himself."

Moreau himself did more than initiate cannabis use among an artistic, optimistic avant-garde—thereby setting off a chain of events which continues to this day. He also was one of the first psychiatrists to experiment with psychoactive drugs in the treatment of mental illness, applying datura (homeopathically)' to fight hallucinations with hallucinations. He must be regarded as one founder of pharmacology as a science. He also wrote knowledgeably of drug effects, emphasizing hashish variations due to personality, physical condition, motivation and self-control, dosage, settings, admixture with other drugs,⁴ expectations, and the like—in short, an almost complete description of variables now known to be associated with psychoactive-drug outcomes. Moreau's experimentation with drugs on mental patients and his theories about mental states and drug therapy constitute a scientific landmark in psychiatric care, the subject of which is beyond the scope of this chapter.

Writers were also important in introducing knowledge of cannabis into the United States. The extremely popular writer Bayard Taylor (excerpted in Ebin, 1961) tried hashish first in Egypt and then in Damascus. Taylor, too, ate his hashish as was the Damascene custom. His book included his hashish experiences and appeared in 1855. Another American, Fitzhugh Ludlow, took cannabis, not in the mystic East but in his home town of Poughkeepsie, procuring it shortly after his local pharmacist had imported the resin for use in treating lockjaw. Ludlow, a college junior at the time, says his curiosity stemmed from his having read Taylor's work a few months before. Ludlow's own laudatory article followed two years later, in 1857, proclaiming emotional, mystical, and aesthetic merit for the experience. On the other hand, Ludlow soon abandoned hashish eating, this time on the grounds he had read something which was a counterinfluence. That something was the first of the popular "I-was-an-addict" type of article published anonymously in Scribner's magazine in 1856. In it, an American and former Damascus resident and hashish user reports how—when he was shipped a box at his American home and persuaded by his fiancée and a doctor friend to take it—he had the fantasy that he killed his fiancée and afterwards felt that he was indeed close to that act. Ludlow himself, although abandoning drugs, maintained his interest in the problems of addiction and rehabilitation.

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It was some years after Ludlow and Taylor that cannabis use as an identifiable social phenomenon occurred among North Americans. Merchant seamen were said to have introduced it to Costa Rica and, by 1916, first Puerto Rican soldiers and then American soldiers in the Panama Canal Zone were using it—a matter which became subject to official inquiry (Siler, Sheep, Bates, Clark, Cook, and Smith, 1933).⁵ American soldiers had also learned its use when fighting Pancho Villa about 1916 along the Mexican border. Mexican use in turn is difficult to date; Walton (1938)^Y states the first reference in Mexico is 1886 and that by 1898 smoking had spread rapidly. By 1920, it was known in New Orleans, where a newspaper account said it was being sold to school children by vicious elements. Investigations termed it a tempest in a teapot, but journalistic coverage continued. These events of the 1920's appear to be the first widespread sensationalism over the drug and the first in which the exploitation of the innocent (a still-popular view of children^Y in America was a theme. We are unable to learn how that sensationalism took hold—perhaps it was aided by the foreign (Mexican) image of the drug (compare the re-action with opium when brought in by Chinese laborers^Y and perhaps, too, by earlier accounts (Ludlow, Baudelaire, and De Quincey on opium^Y of licentious, drug-using Bohemians. Perhaps, too, the general reform agitation against opium during the preceding years had set the stage for an antidrug reaction which would include marijuana.

We consider none of these as sufficient explanations for the focus—which has continued to this day—of public concern about the exploitation of childish innocence and the emphasis on murderous and sexually aberrant behavior under drug influence. We do not imply that impulses are not released under drug influence; we simply remark on early journalistic preoccupation with these ill-documented possibilities. Becker (1963), facing the same question, attributes American preoccupation with drug control (including the Prohibition experiment) to three values: the Protestant ethic demanding self-control, hard work, and future-oriented planning; pragmatism and utilitarianism, which disapprove of ecstasy or withdrawal from the material world; and humanitarianism, which encourages moral crusades for reform. In *Utopias* (1964)^Y and in Chapter Twelve, we discuss some other possible features underlying this national interest in drug dangers.

In any event, we find, beginning in the mid-1800's in the United States, the start of the public debate about cannabis and by 1920 we find use increasing, primarily among a few soldiers exposed to other cultures and by some citizens (probably lower-class^Y in port cities. By the late 1930's, use had spread to Northern urban centers but was confined (New York City Mayor's Committee on Marijuana, sometimes called the La Guardia Report, 1940) almost entirely to Negro and Latin-American slum dwellers. At that time, there was little use by children or adolescents, no association with crime or sexual excess, and no evidence of the "stair-step" chain of marijuana to heroin. Its use was social and friendly and mild euphoria was the stated reason for use. During that same ten-year period, there occurred wide-spread journalistic interest and public anxiety, the development of what appear to be important and strongly held

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myths about mari-juana's dangerous nature, and a sustained campaign for punitive con-trol, which led, in 1936, to the Marihuana Tax Act. Ironically, the negative reports as to dangers (the Mayor's Committee, the Panama investigations, and the earlier report of the British Indian Hemp Com-mission in 1894) did not relieve anxiety or produce lack of interest but merely became part of an expanding public interest, which even as early as 1931 had been decried by a Treasury Department report (Becker, 1963) as encouraging the spread of cannabis through pub-licity. A similar interest in the effects of publicity was voiced by the Mayor's Committee, which offered the opinion that European restraint in marijuana use was attributable to the acceptance by Europeans of the reports (Baudelaire, De Quincey, et al.) by their artistic and lit-erary elite as to the frightening effects of toxic doses. What kind of publicity produces what kind of public interest has yet to be deter-mined; similarly, what kind of educational endeavor leads to what changes in drug interest or drug taking is not established. It does seem dear that public information plays a role in shaping interest, curiosity, and willingness to take cannabis as well as other drugs.

Since the La Guardia Report of 1940, there has been an ex-aggeration in the trends of each of these: use, punitive legislation, pub-lic concern with effects, journalistic interest, and other publicity, in-cluding claims of inner revelations not unlike the early "kingdom of dreams" of Ludlow. Our history cannot accurately take us to the mo-ment but we offer some American trends. Elsewhere (Blum and Asso-ciates, 1964, 1969), we describe expanding interest by the upper and middle class in the smoking of cannabis (and in Alice B. Toklas' reci-pes for Arab-style marijuana cookies). Among adolescents the slum poor, mostly male, can be heavily involved (Blumer, 1967; Chein, Lee, Gerard, Rosenfeld, 1964) whereas preadolescent use appears learned either from older peers or from parents and, at the moment, seems to be an upper-income phenomenon.

Although there is still no evidence of any causal "stair-step" effect such as that marijuana use leads to heroin, evidence does indicate (Blum and Associates, 1964) that an initial interest in drugs, which is necessarily expressed in taking one of many possible illicit-exotic sub-stances, can lead to expanding drug interests and commitment to a life style in which drugs play a predominant role. A recent California report (1967) shows that one out of eight juveniles initially arrested for marijuana use were arrested for heroin use within the next five years. On the other hand, the majority of juveniles originally arrested for marijuana offenses remained free of any further arrest record dur-ing the five-year period. Arrest figures do show a dramatic rise for juvenile marijuana offenses.

Unlike the United States, there have been no reports from con-tinental Europe of expanding marijuana use. As we shall see, there have been dramatic Scandinavian increases in the use of stimulants. Only in England does a parallel to our own situation appear to e)dst, and it is on a small scale indeed—at least at the date of this writirig. Nevertheless, it has been striking enough

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to require convening of a Royal Commission, to bring about changes in British methods of drug distribution (including heroin) and, as a result, to worry the body politic. Our data are from Chapple (1964, 1965; Joyce, 1964, 1965) and personal interviews and observation. Most English pot smokers are in their twenties, begin adolescent experimentation with easily available amphetamine-barbiturate combinations ("purple hearts"), and then discover marijuana. Ideologically, many are pacifistic, left wing, and anti-Establishment. Chapple contends that some have an admiration for an image of a fully alive black Jamaican—the fantasy of the white Negro of Mailer—as a cannabis user, although actual incidence of Jamaican use in England is very low. Supply has been from Pakistan, Nigeria, and possibly Jamaica. The initiation pattern is both within peer groups and within families; most have histories of multiple-drug use and what we would call a drug orientation. As yet, no epidemiological studies show actual distribution of experimentation in the population; certainly it occurs among children of the elite as well as among middle- and lower-class youths. It is likely that the future will bring both more data and more illicit-exotic drug use in England.

Elsewhere, the last hundred years have seen great changes in patterns of cannabis use; these have been particularly noteworthy in Africa. We have already indicated that African exposure to traditional hashish followed Islam in the north and was introduced by colonial powers in the south beginning in the 1950's. The technique of smoking was simultaneously a colonial introduction. From the beginning (early 1600's), tobacco was immensely popular and cannabis popularity also developed. Almost immediately, damaging effects of cannabis were described among Africans in Madagascar (Flacourt, cited by Laufer et al., 1930). These effects are attributed in part to the manner of use, which requires the smoker to inhale as deeply and as swiftly as possible (for either hemp or tobacco) with the apparent intent of producing rapid intoxication or a comatose state. Later, water pipes were introduced, which may be a technique to modify effects. According to Laufer, it was the smoking itself which was the paramount pursuit and either tobacco or hemp was equally popular; it was availability which was the key. In some places datura was also smoked. When a drug was in short supply, wood chips were mixed in as a supplement; when no drug was available, a hot coal might be smoked to provide substitute gratification. Sociocultural factors did provide limitations; for example, among more puritanical groups, such as the Wahabis of Arabia and the Senussis of Libya, no smoking of any kind was tolerated nor was even coffee accepted. In some places smoking was resisted by government authorities as in Morocco, but even with imprisonment of smokers the habit was not controlled. In North Africa, social rank also dictated use, with aristocratic Moors scorning smoking of either hemp or tobacco and preferring, as compatible with high status, to eat opium instead.

Sigg (1960), who has written a comprehensive (Marxist-oriented) monograph on cannabis, underdevelopment, and capitalism, concurs in the ill effects of cannabis use among Africans as first noted by Flacourt. He adds Indians to the vulnerable group suffering wide-spread ill effects (contradicting the Indian Hemp Commission and the descriptions of Chopra, 1935, which we will discuss later). He cites Warnock's 1895 findings in Cairo that reported about a sixth of his

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mental-hospital admissions were due to cannabis psychosis and another sixth to combined cannabis-alcohol ingestion. Benabud is cited as reporting a 1956 admission incidence where 49 per cent suffered from disorders due to cannabis and 27 per cent from cannabis psychosis *per se*. Sigg's own hospital data yielded 30 per cent cannabis-psychosis admissions. He attributes this picture immediately to nutritional deficiency, ill-health (tuberculosis primarily), and poor hygiene, but poverty conditions in turn are said to be due to colonial-capitalistic exploitation. Cannabis in Morocco—smoking kif (hemp and tobacco) or eating hemp macarons or the more exotic "mahjoun," which contains datura and belladonna as well as butter, honey, almonds, and gum arabic—is centered among young urban males who are poor, illiterate, single, unemployed, badly housed, and without resources. He considers the Moroccan phenomenon to illustrate the general plight of the poor in underdeveloped countries and offers the thesis that it is in these countries that cannabis use is expanding, citing African, Middle Eastern, Southeast Asian, and Latin American nations as cases. As a counterexample, he proposes that Cuba under Batista had a high rate of use of marijuana but now, under Castro, is free of such practices. Sigg considers the concept of alienation originated by Hegel and emphasized by Marx as a sense of estrangement or dispossession, of not being able to enjoy the essence of human work. When man has no work or his work does not belong to him, Sigg proposes that he is alienated generally—from family and community and from strong interpersonal ties of any kind. What is left is only imaginary—the world of dreams—and cannabis is part of that world.

Sigg describes the impotent history of law-making to suppress cannabis in North Africa and elsewhere; in 1956, a million users (population then eight million) spent 4 per cent of the national income on cannabis. A private monopoly has been allowed to grow cannabis since 1906 but pressure in 1951 was directed toward restricting the sale of kif. In 1947, cannabis was ordered destroyed and an epidemic in cocaine use threatened. The monopoly agreed to prohibition and, in 1955, an educational campaign was begun by the government to reduce use. When cultivation was prohibited in 1956 and 1960, whole growing regions suffered potential economic disaster, so that the government first had to buy the crop and second had to give up control endeavors. In nearby Tunisia and Algeria, cannabis suppression was more effective as vineyards replaced hemp fields; there alcohol consumption replaced cannabis use, so Sigg reports, with no improvement in public health. Sigg's thesis follows that control-repression cannot work where populations are in the habit of using mass intoxicants which are nonaddictive (he cites coca as another example). Addictive drugs such as opiates can be controlled. Treatment efforts are likewise hopeless for the intoxicants, he claims, and (Marxist) socioeconomic development provides the only solution for what he sees to be a massive problem of drug abuse.

There are many inconsistencies and contradictions in Sigg's argument. We present it as a thesis bearing on one trend in modern drug use, which is the visible symptoms of individual disability among the urban poor exposed to intoxicants and using one or another of them in apparently increasing amounts. The data from Africa—Nigeria particularly—offered by Asuni

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(1964), Benabud (1957), Halbach (1959), Lambo (1965), and Sotiroff (1965) point to the problem without the limitations of Sigg's doctrinaire thesis. In West and North Africa since World War II, there has been a rapid increase in cannabis use in regions where it was unknown. Elsewhere in Central Africa (not Nigeria), ritual use has occurred. In tribal areas there are certain secret societies with cannabis components and some ritual-orgiastic or warrior-cult use—prior to battle, for example. These appear to be relatively recent themselves but, nevertheless, have been integrated into tribal custom. The new pattern is urban use among persons who have abandoned tribal life. Among students, migrant workers, underworld groups, and, more recently, professional persons as well as marginal people, cannabis use is growing popular. The users include women as well as men. Soldiers apparently brought it into some areas following travel to North Africa in World War II; in other regions it was introduced by travelers and migratory transportation workers. In West Africa, smoking is the only manner in which hemp is employed. As new urban centers develop without traditional social structures and when work opportunities are not available, a variety of unstable behaviors develop. Among them, Lambo proposes that the stress of deprivation finds some relief in stimulants and intoxicants (alcohol is also widely used by the same persons, and amphetamine use is also increasing when available). Direct spread is from one user to another in their social groups—whether these groups are formed in housing areas, work places, or prison.

As cannabis use increases, so does the illicit apparatus of supply and economic gain. By 1964, a pound of hashish was selling for more than \$150. Furthermore, with development of cultivation, an export market in Britain was opened with much higher prices there. In the West African "rootless proletariat," the rates of ill effects are not as high as those offered by Sigg; although in five years in Nigeria over 7,000 were hospitalized, Benabud estimates an admissions rate of 5/1,000.

H. B. M. Murphy (1963) in a wide-ranging review attempts to draw together the data from various regions undergoing transition in patterns of cannabis use. He recognizes that cultural features may dictate who may or may not use it and that use ordinarily conforms to other demands of role behavior or interpersonal action. As far as abuse is concerned—taken as chronic heavy use with possible insomnia, memory deterioration, intestinal disturbance, acute intoxication, and possible, but rare, psychosis—it seems limited to males under thirty-five who are poor, unstable, deprived, and without strong relations to others. Psychological inadequacy determined by environmental economics and family deficiencies appears implicated in compulsive heavy use. There are also instances of occupational risk, for the most part associated with religious mendicants—either monks of India or fakirs of North Africa who use the drug apparently to produce religious excitement but possibly also to enhance their special religious roles before those laymen from whom they seek alms. Some of these become compulsive users suffering ill effects.

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Murphy joins with Carstairs (1954) and Benabud (1957) in suggesting that a limiting feature of cannabis expansion is the cultural requirement for action. When a culture fosters action and aggressive-ness, then cannabis, which appears to have as its most probable specific (pharmacological) effect the production of passivity, will be re-nounced and alcohol (or nowadays amphetamines) accepted. When a culture values calm, impersonal inaction, cannabis in controlled or ritual use may be incorporated into acceptable conduct. Fort (1965b) also emphasizes cultural features as he describes the failure of various Western (or sometimes local) campaigns to restrict cannabis among populations employing it. If there are traditions of medical and holy use, if the behavior engendered is socially acceptable and even desired, if the personal experiences are compatible with cultural values and expectations, if there may, in fact, be personal gains in terms of eu-phoria or relief of fatigue (and possible medical utility), and if, further, there is an economic apparatus for production and distribution upon which persons depend for their livelihood, then control endeavors will be faced with massive resistance, for use itself will be widespread (Chopra, 1935)". This will be the greater (Sotiroff, 1965), if the elements of control, the local police, themselves share the values of their society and do not readily accept the injunctions, transmitted only incompletely at best through educational and technological develop-ment, which originate in the morals--or the myths—of Western so-cieties. As for ill effects, since the person with visible symptoms of abuse is most likely to be a poor, sick, alienated man who also uses other drugs and has many reasons to be miserable, it is not possible to evalu-ate what cannabis has done to him as opposed to what life in general has done to him—or he has done to himself. The same is true for opium and many other substances. The evidence for drug as demon is slim; the evidence for people in trouble using drugs so that they exag-gerate their difficulties—in spite of what can be their immediate intent of assuaging these troubles—is considerable. One's own difficulties are, of course, easily made difficulties for others. These are the matters which concern us as we watch the spread of cannabis among the miser-able of this earth.

In our discussion of the spread of cannabis, we should not ig-nore reductions in its use, for these too have been reported. Ordinarily, reductions in individual use occur when (1)' supplies are restricted—either because the drug is no longer available or the means to purchase it are missing—when (2Y individuals have reacted to their drug ex-periences with distress, when (3 Y they have been taught to fear an untoward effect (Ludlow quoted in Ebin, 1961Y, when (4 Y the drug is not satisfying and some other or stronger mind-altering substance need be employed (compare Baudelaire, also quoted in EbinT, when '(5Y the individual embraces a new group which frowns on the use of the drug, or, occasionally, when (6Y group (including national Y val-ues, practices, or laws shift so that what was acceptable conduct now becomes unacceptable. In addition, a major limiting factor appears to be aging among those predominant contemporary groups and persons where use is casual, social, or otherwise not traditional. Most observers are agreed that marijuana smoking is concentrated among persons under age thirty-five. We cannot now ascertain whether this reflects our times, during which a new wave of young people around the world have started to use marijuana and will continue to do so, but somehow are all under thirty-five just now (and that "now" has been for the last ten years!Y, or whether it reflects the greater visibility of younger people so that observers have seen them—perhaps on admis' sion to a hospital or in social situations—and not their older

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counterparts. There may even be a real shift in drug use '(perhaps akin to the "maturing out" of opiate users proposed by Winick, 1962^Y, which reflects older people's loss of interest in either hemp effects or membership in hemp-using groups. It is an intriguing question for future investigators.

Sigg (1960) has argued that a Marxist revolution by itself brings reduction of cannabis use as it betters the plight of the poor. He offers a Cuban example but, unfortunately, the Cubans have offered no one else any statistics to prove the point. Acting slowly under laws to control cultivation and distribution, but not outlawing use, India has reported slow reductions in use. Chopra (1935^y and Chopra and Chopra (1939^Y suggest that reduction has actually occurred in response to gradual government intervention, so that a previously estimated 10/1,000 rate of use—Chopra says marijuana is used more widely among the poor—is now going down. In 1939 that reduction, say Chopra and Chopra, was being followed by a rising incidence of alcohol use. In many other countries where cultivation and use have been outlawed in the twentieth century (Greece and Egypt, for example)¹, the assumption 'is usually made that use has declined, although Sigg again, without statistics, argues an increase instead. Fort (1965^{13Y}, who has made recent on-the-spot observations, doubts the effectiveness of most legal interventions as practiced in Asia. He notes the total absence of reliable statistics on use as such (and there is much uncertainty in reports of arrests or hospitalization as well ^Y, but, calling attention to what appears to be increasing illicit traffic (opium included ^Y, he wonders whether there is any reduction in intoxicant use based simply on casually applied legal intervention. Walker (1960^Y in describing smuggling patterns makes no mention of changes in traffic, although clearly these have occurred since Egypt is no longer supplied from Greece. He appears to assume that amounts of smuggled cannabis are not decreasing remarkably. Were he to attend to smuggling increases—as between the United States and Mexico or Nigeria and Great Britain—a different conclusion would emerge.

There is one form of cannabis use—one associated with increased consumption—which has yet to be discussed and which is of great interest, not only in terms of past history but because of its modern parallels with symbolic uses of other drugs. We speak of the use of cannabis as a unifying symbol in connection with some group activity other than traditional healing or religious mysticism or ecstasy. If the assassins had used hemp, for example, theirs would have been a symbolic use, for it was instrumental in facilitating group activities (albeit murder) and a focus for group goals (paradise). Another instance is based on the brief allusions to cannabis use in Central African rituals—preparation for and use in battle, the most recent of which occurred during the 1964 Congo fighting when Simba warriors were said to use hemp and alcohol to rouse themselves for battle and magically guarantee their immunity from harm. These are both illustrations of the drug's role as a magical ingredient in a warrior cult. Von Wissman, Wolf, Francois, and von Mueller (1891) offer an eye-witness account of the adoption of cannabis into the ritual life of a tribe and into its warrior cult. Their observations were conducted on the Baluba of the Kassai (Congo) region in 1883-1885.

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Kalamba-Mukengge had just come to power and as a leader saw the potential for firearms, which were new on the Congo scene. He adopted a chief of another tribe who was in a position to trade for guns. The elders resisted Kalamba's gun acquisitions and in the resulting civil war the elders were subjugated along with neighboring tribes (the guns worked!). Kalamba decided that his wild and undisciplined tribe needed to be organized. Shortly before, cannabis smoking had been introduced by a neighboring tribe which believed its use led to a migration of the soul. As a result, Wissman himself was greeted as an earlier chief returned from the dead. Kalamba began to see how cannabis might be the center of a new state religion. First, he ordered all fetishes and old magic destroyed; "riamba" (cannabis) was the new fetish, with Kalamba's sister as cult priestess. Riamba was heralded as the universal magic, sole protection, and holy symbol of peace and friendship. Riamba smoking became a ritual duty of the new "sons of hemp." It was to carry them into war as well. All festivals were celebrated with riamba smoking; it was also used to punish some criminals, who were made to smoke it until losing consciousness. A riamba dance was developed for war expeditions, festivals, and amusement, and to demonstrate religious zeal (for example, at the full moon to help plants grow). Blood brotherhoods were sealed with riamba, replacing the blood-and-water potion previously used.

Wissman and his colleagues attribute all of these ritual innovations—including the implicit psychological effects on individual warriors or religious celebrants—to the conscious plan of the gifted King Kalamba. They make no comment on why the tribe was ready to acquiesce or as to how the changing times may have provided a crisis to be utilized constructively. For example, guns were being introduced, as well as cannabis and some apparently new religious notions, and the colonial powers were competing for possession of territory; too, the Congo Free State of Belgium was established in 1884, the slave trade was eradicated, and, if Wissman is correct, the Baluba were suffering seriously from tuberculosis and other ailments. Whatever else may have been happening besides, the Wissman account suggests the potentials that existed for the use of cannabis as a symbolic rallying point for a disorganized and ailing people. The account also shows how such use can be associated with an increased organization and social coherence—presumably by elaborating existing structures—in contrast to the disorganization obtaining among the displaced tribal migrants to African cities for whom no pre-existing social structure exists.

Another example of hemp's symbolic use as social cement and as a pennant advertising belief is found among the Ras Tafarians of Jamaica (Norris, 1962; Simpson, 1955; Smith, Augier, and Nettleford, 1960; also Blum and Blum, 1965). The Ras Tafarians are Negro poor centered in urban Jamaica 6—an outgrowth of black national sentiment which itself goes back to the 1920's and Marcus Garvey's back-to-Africa movement (and is currently found in Black Muslim, Afro-American, and Black Power movements, as well as in the Nyabingi Order in Abyssinia and the Congo). In the 1940's, the founder Howell gathered 600 followers, who lived together raising yams and hemp for ganja. Sect self-identification developed during this period—hair was never

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cut, the African heritage was emphasized, the belief that ganja was sanctified by God was promulgated, ties with the Ethiopian Orthodox Church were developed, the back-to-Africa dream was enunciated, and Haile Selassie was proclaimed as the living God. (The emperor's name before coronation was Ras Tafari.) Other beliefs are that a spiritual tie exists with Islam, that Christ and God are black, and that Haile Selassie is invincible; there is also the acceptance as fact of a world-wide, military-espionage network headquartered in Addis Ababa as a basis for war on the white man. The movement itself is nativistic, antiwhite, messianic, and democratic internally. The Ras Tafarians consider Jamaican police and preachers as their enemies and their own situation in Jamaica as hopeless; too, they refuse to participate in local politics, will not work for others, and refuse charity. Some foresee revenge upon the white man as a sweet moment, and Abyssinia as the final heaven and hope of men is the common dream. Ganja is the "wisdom weed" and is used as a sacrament.

Police opposition formalized in 1954 when the Howell settlement was broken up. Ras Tafarians were encouraged to migrate to England ; for some the trip to Africa was paid for—but these migrants returned when West African leaders gave them a hostile reception. In 1959, another leader, Repairer-of-the-Breach Henry, was arrested, following the discovery of a weapons cache and letters to Castro asking for his help. Followers took to the hills and a guerrilla movement which threatened was broken up, but not before several police were killed. During this same period, Jamaican citizens became frightened not only by the political overtones but by the fierce appearance of these "dread-locks" or locksmen whom they considered dangerous criminals. Early criminal statistics, except for the violence of the short-lived guerrilla action, did not support the public view; the most common arrest was for growing ganja, a practice which continues beyond the capability of the police to prevent. More recently, the group itself has become better disciplined and the actual gentleness and religiosity of members have been noted. Rebellious teenagers and other marginal persons have been attracted to their nonviolent conduct.

With growth and publicity, membership (and hangers-on). becomes more complex. The unemployed, older persons, idlers, and ganja enthusiasts have also joined, as have advocates of violence. Membership in 1940 was about 1,600; by 1960, it was 15,000. In addition to members or participants, others have come to masquerade or exploit. Criminals have grown long hair and taken to costume without accepting dictates of membership or nonviolence. These "beardmen" engage in hoodlum acts and crime. Marxist revolutionaries, Jamaican black-nationalist revolutionaries, ganja traffickers, and predators on the group have also been attracted. A further feature, not one so much of membership but of the spread of values, has been the subscription to Ras Tafarian notions--especially ganja and revolution—by middle-class black youth and unemployed intelligentsia. Thus, while maintaining a deep chasm between itself and most of conventional Jamaica, some of the most disadvantaged citizenry are attracted to the group or have been influenced by its exported beliefs.

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The role of ganja is central to group activity for the members hold that in smoking the sacred herb they are united with God. Never-theless, some brethren have argued against ganja on the grounds that it leads to a disadvantageous conflict with the police. Some have accused the police themselves of being suppliers. Recently (1967), public arguments have favored legalization of ganja; police administrators have argued in favor of legalization but without success. Obviously, some citizens believe the drug itself to be undesirable in spite of the fact that ganja itself has long been used on the island—either smoked or taken in liquid form, including mild infusions. It is employed folk-medically and is generally considered a good drug; the medical use and the name both stem from East Indian rather than African origins; smoking 'is probably an African or Spanish import.

SUMMARY

Mid-Asian use of cannabis is documented about 500 B.G. and use there appears to have been part of religious-purificatory rituals. Early Indian use, circa 400 B.c., was religious but by the twelfth century A.D. was medical as well. By 1100 A.D., hemp had earned a bad reputation in association with the assassins—a legend incapable of verification. Claims that it leads to dangerous behavior have continued to present times, although the evidence now as then is slim indeed. Many reports of Arabian use in the Middle Ages exist; a few link it to individual ill effects—for example, folly and excitement. On the whole, during the Arab period of widespread hashish eating and drinking, it was not implicated as damaging by first-hand observers of either self or others, whereas alcohol was.

The most dramatic change in cannabis-use patterns occurred throughout the world with the diffusion of tobacco smoking, which was learned in the Americas in the 1500's. Cannabis smoking followed and was soon widespread in Africa, and later was common in the Americas. Smoking of cannabis did not occur in Europe, although during the same period French intellectual and artistic elites did experiment with it in limited medical and more general personal use. The great French Romantics reported their experiences—aesthetic, mystical, emotional—but neither they nor their countrymen continued or spread the drug. It appears to have been in the United States, first in the 1850's and then in the 1920's, that sensational reports of danger or vice were associated with hemp. There followed a rise in interest, public concern, punitive legislation, daims, and actual use, which continue to this day.

Some patterns of American use, as with hippies or other "pot-head" groups, bear remote relations to its symbolic use elsewhere. Characteristic of that use is a group focus on the drug as but one of many shared values. In each case, the group's existence is explicable on the grounds of other social forces, most of which may be seen as individually damaging or

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unpleasant, so that group formation and eu-phoric drug use may have a re,storative, defensive, or quietly revolu-tionary function. Although the symbolic group involvement in cannabis has elsewhere been associated with either nonliterate tribal or econom-ically deprived status, its use in the United States and England has been by the children of the elite as well as by some urban poor. There have been two visible patterns in underdeveloped countries. One in-volves fairly stable and probably widespread use without reports of individual or social difficulties. Thus, in India, Pakistan, Afghanistan, Nepal, and other mid-Asian areas, traditional religious and medical use occurs along with limited social and perhaps private use—the latter secular in our sense but nevertheless unassociated with abuse. The other pattern is of apparently dramatic increase in use in Africa. Although African tribal use has been accommodated to existing cultural patterns and rituals, its use in the cities is by male urban migrants and the root-less proletariat ; this use is seen as symptomatic of major economic, social, and individual health problems. There are reports of adverse effects in association with chronic use, including occasional psychosis, but these outcomes cannot be divorced from other defects in persons and their environments.

Cannabis diffusion has been by long traditional routes of com-merce, war, and travel, and ordinarily diffusion is in a personal social group except where use is traditional and thus initiated by authorities. Traditional use has rarely been associated with either public concern or private despair--except in the case of culture conflict when pri-marly Western-derived morals have confronted Asian traditional use (as in Jamaica)- or integrated folk use (as in Mexico). Efforts at legal control usually have been unsuccessful whenever folk use or cultiva-tion has been extensive, unless substitute crops and substitute drugs have been made available—for example, alcohol or cocaine. Ordinarily, substitute drugs are available, since the primary pattern of can-nabis ingestion over the centuries has been one of mixing it with other substances, at the time of smoking (combining it with tobacco, datura, opium), or drinking (combining with wine, opium), or eating (opium, henbane, belladonna, and so on). For an individual to have used only cannabis is most unusual. Certain factors limit use; these appear to in-clude cultural ethos, class or caste snobbery, availability and price, sex (females have been infrequent users except in recent urban expansion —African or American), and possibly age. Generally, cannabis has not been an integral part of the lives of older, stable, conventional, better-off persons except in medicine and ritual use. A number of im-portant questions are unanswered, including the nature of limiting factors, indiffusion, the identification of factors in persons subject to genuine untoward reactions (psychosis), and the reasons for the per-sistence—in Western society—of the myth of the demon in hemp.,

1 For other names, and some botanical confusion, see World Health Organization, Expert Committee on Addiction Producing Drugs, *The Question of Cannabis: Cannabis Bibliography*, 1965 (Mimeographed).

2 Whether or not cannabis has any mind-altering effects is another matter

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3 One wonders to what extent the various hashish effects—as, for example, in the assassin stories—reflect the variety of ingredients in that stuff.

4 Moreau describes how the Arabs mixed hashish with opium, datura, or Spanish fly (cantharides, a kind of beetle, ingestion of which causes gastro-enteritis and priapism, used by Arabs as an aphrodisiac).

5 The military report found marijuana to be a mild intoxicant used to alleviate monotony by primarily moronic and psychopathic soldiers, most of whom preferred tobacco to marijuana and none of whom misbehaved because of marijuana.

6 Although racial discrimination ended legally in 1938, Norris (1962) found a color bias still operating. High positive correlation exists between dark-ness of skin color and poverty, illiteracy, disease, and superstition. This remains in spite of the fact that as an independent nation its government and police are primarily black. Historians argue that black and white are attitudes, not skin colors.