Drugs. As used in this article drugs are substances introduced into the body to produce pleasure or hallucinations (short-term psychosis). Not included, because they are considered neither major social issues nor gay-related, are drugs and foods which influence brain chemistry in other ways (for example, antidepressants; tranquilizers; the amino acid tryptophan; phenylethylamine, the psychoactive ingredient in chocolate).

Drugs are of diverse origins and have sharply contrasting characteristics. Some are produced by plants (alcohol, caffeine, cannabis, coca, mescaline, nicotine, opium); some are concentrated extracts (cocaine, heroin, spirits); others are manufactured (amphetamines, barbiturates, LSD, volatile nitrates). Some drugs have a high overdose potential (heroin; PCP), others low (cannabis); some are effective in very small doses (LSD), others only at high doses (alcohol); some are highly addictive (cocaine, nicotine, opiates), others mildly so (alcohol), and others not addictive at all (cannabis, LSD). In addition, drugs vary dramatically in mode of action and effects on the brain and other bodily systems. They can be divided into depressants and stimulants, with the hallucinogens a subcategory of the latter.

Policy. The degree to which society should or can tolerate recreational drug use, psychic exploration or artistic creation through drugs, or self-destructive use of drugs, is an unresolved question. There is a partial consensus that private use, which does not impede societal functioning or lead to gross neglect of health, is tolerable and can even be endorsed (the glass of wine with dinner). The use of drugs is so widespread in human history—it has been proposed that agriculture was born from a desire to easily produce alcoholic beverages—that their use could respond to some biological drive. There is also a consensus that society has the right to demand unimpaired capacity from those in hazardous activities with responsibility for the safety of others (surgeons, pilots, drivers of automobiles). Between those extremes there is a vast confused area. It should be noted that there has never been a country or society in which unrestricted use of all psychoactive drugs has been permitted over any period of time.

Under ideal conditions, with controlled strengths and purities and a warm, supportive environment, there is little long-term harm to the healthy subject in infrequent use of drugs. However, drug use easily becomes frequent, and the amount used may increase because the body develops tolerance for some drugs and the desired effects decrease. Frequent use can cause bodily harm, although this varies with the drug and the user, and some bodily harm (for example, sports injuries) may be considered acceptable by society. The history of drugs reveals that while benefits are immediately evident, harmful effects may not be discovered until much later. Damage from drugs can be produced so slowly that it is hard to perceive, and sometimes it has no early symptoms at all; addiction can
make the user blind to harm. Drugs can reduce the disease-fighting capacity of the body’s immune system.

Illegal drugs are seldom used under ideal conditions; they vary widely in potency and are sometimes adulterated. Without quick medical treatment overdoses of the more hazardous substances, particularly those which depress respiratory function or cause vomiting, can cause brain damage or death; overdoses of stimulants can cause death from circulatory system failure. In some users hallucinogens cause terrifying experiences; psychological problems can be exacerbated, and brain damage caused. The action of stimulants is often followed by a compensatory negative experience through which the body restores its equilibrium.

Injection bypasses natural protection against infection. Without supervision a person with drug-impaired capacity can injure him- or herself, or others. Even without harmful effects, there is a philosophical and sometimes spiritual opposition to the use of chemicals to influence the brain, and controversy about their value as a means of self-improvement. Some of the effects for which drugs are taken can be achieved more safely by non-chemical means (for example, yoga, meditation, sensory deprivation, rhythm).

There is in addition the question of social motivation. Pleasure and spiritual enlightenment from drugs bypass social mechanisms. When these mechanisms misfunction, when people feel that something is wrong with their lives, the use of drugs to supply the missing gratification is all the more attractive. Society can tolerate drug use if it is encapsulated within an artistic, recreational, religious, or therapeutic context; while some are able to so control their usage, for many that is a daunting or impossible condition, at least in our present culture. Society can also tolerate a small proportion of voluntarily non-productive members without offending the perception of equity. However, civilization above a subsistence level cannot coexist with widespread loss of productivity due to drugs. While it might seem that the use of drugs is anti-capitalistic, in that they discourage both production and consumption, a type of productivity which drugs can undermine is activism for social change. Repressive governments have used drug policy as a means of avoiding challenges to their rule.

At the same time, legal restrictions on drug use have been spectacularly unsuccessful and counterproductive. The long-term solution to the threat posed by drugs is a fairer and more meaningful society. Meanwhile, education is more effective than prohibition. Exaggeration of drugs’ harmful effects reduces respect for law, overwhelms the courts and prisons, inhibits research on and therapeutic use of drugs, makes drugs of controlled strength and purity unavailable, gives drugs the glamour of the forbidden, and encourages progression to ever more dangerous yet legally equal substances. As with alcohol during prohibition, the supply of illegal drugs has become a very profitable industry, and not a passive or benign one. Foreigners who supply drugs sometimes justify their actions to themselves and their countrymen as a means of striking back at the political and economic power of the United States. The costs of America’s drug policies have not yet been fully paid.
Homosexuals have historically used more drugs than the population at large. The first explanation is simple hedonism. Repression of sexuality causes focus on it, and a commitment to the enjoyment of pleasure naturally brings a receptivity to other ways in which pleasure might be produced or increased. Homosexuals have been privileged to see societies’ limitations and hypocrisy over sex, and this has created a skepticism about other societal policies in conflict with individual desires. Similarly, those who are in an oppressed minority have extra motivation to try to learn about themselves; drugs have been used for that purpose. In some cases they have helped individuals become more aware and accepting of their homosexuality or bisexuality. Drugs have also been used by musicians, artists, and writers who claim that the substances help them create, although this claim is controversial, perhaps because if substantiated it would be a powerful argument for drug use. Finally, homosexuals have suffered, on the average, much more emotional pain and deprivation than heterosexuals, and drugs, especially alcohol, have been used to numb that pain.

Throughout classical antiquity and into the Islamic period the only widely-used drug was alcohol, in the form of wine. Wine was the drink of poets and lovers, a distinction it still retains, though somewhat weakened. A party, such as we see in the Satyricon, would often combine wine and sexual activity, and the cup-bearer Ganymede was the mythological model for the ephelbe. In the Rubaiyat of Omar Khayyam, we find that all one needed for happiness was the beloved, a garden, poetry, bread, and wine. Wine was valued for more than hedonism, however: wine released truths (“in vino veritas”), and thus both produced enlightenment and brought one closer to the divine.

The use of hashish (cannabis), eaten in sweets rather than smoked, is found in the Bible (Song of Songs 5.1; 1 Samuel 14.25-45), and there is evidence of psychic use of hemp, from which hashish is made, from prehistoric times. However, widespread use of hashish begins in Islamic culture in the twelfth and thirteenth centuries. While the Koran prohibited wine, which because of distribution costs was somewhat more expensive than today, it was silent on hashish, which was also much less expensive. There was debate about whether the Koran’s silence was to be taken as approval, or whether prohibition was to be inferred from the treatment of wine; still, as long as it remained a minority indulgence it was tolerated, as wine usually was. Hashish users became a subculture; in particular it is linked to the mystical *Sufis, who made a cult and ritual of its use. However, almost every Islamic poet from the thirteenth to the sixteenth centuries produced at least some playful poems on hashish, although wine poetry is much more abundant.

A link between hashish and homosexuality is well documented in classical Islamic literature. Hashish was thought to cause effeminacy, a preference for the passive sexual role, and a loss of interest in sex. However, it was also prized as the drug of scholars and lovers of young men, and an aid in seduction of the latter. Turkish soldiers frequently ate hashish together before going into battle.

Coffee was introduced to Europe in the seventeenth century from the
Turkish empire. Both within Islam and in Europe coffee was at first a similarly controversial drug, subject to occasional legal restriction or suppression. Its use in coffeehouses, later cafés, was typical of intellectuals and dissidents.

The reaction to the failure of the French Revolution and the loss of faith in the powers of human reason, associated with the Romantic movement, led to a new awareness of and interest in the non-rational and subconscious. For the first time drugs were investigated as sources of self-knowledge and stimulants for creativity, as well as for recreation. The takeover of part of the Ottoman empire by France and England led to the introduction of hashish into Europe. In addition to hashish and wine, opium was used, as were nitrous oxide and ether; the recreational use of the two latter antedates their use as anesthetics. The center of drug exploration was France, where it remained associated with poets and dissidents throughout the century.

The first half of the twentieth century was characterized by a wave of reaction against drugs and the establishment of legal controls throughout Western Europe and North America. However, the tensions of the 1960’s, against a backdrop of the Holocaust and the invention and use of the atomic bomb, brought on a new wave of drug use. The hedonistic use of cannabis increased greatly; its enthusiasts promoted it as an aid to sensual and sexual enjoyment. The Beat generation, especially William Burroughs and Allen Ginsberg, had already turned to potent psychedelics as a means of self-improvement; they became part of the short-lived counterculture of the late 60’s. The discovery of psychedelics was in part due to progress in anthropology and archeology. The use by native peoples of mescaline (peyote), psilocybin (mushrooms), and other psychedelics became known, and the possible role of such substances in visions and oracles of the ancient Mediterranean world was proposed by scholars. The hallucinogenic properties of the most potent psychedelic yet known, LSD, were discovered in 1943; until it became too controversial, it was manufactured by a pharmaceutical company for research in psychotherapeutic treatment.

Modern gay culture emerged in Germany, and perhaps for that reason was centered on bars and the use of alcohol; this pattern spread to the United States at approximately the time it was suppressed in Germany by the Nazis. The gay *bar remains the only gay institution in many American communities, as it was almost everywhere until the 1970’s. The emergence of gay culture in the 1970’s coincided with the wave of drug use referred to above. A variety of drugs were used, at least by the more visible and hedonistic parts of the gay subculture, until the early 80’s: grass, mescaline and other hallucinogens, the anesthetic ethyl chloride, and finally a “gay drug”: poppers, so called from the sound made when opening the glass vial in which they were first sold. Poppers are a vasodilator of transitory effect, and cause a “high” from a drop in blood pressure; users say that the intensity of orgasm is increased. The pharmaceutical amyl nitrite, prescribed for treatment of angina, was replaced for legal reasons with butyl and other related volatile nitrites. Under the pretense of use as a room odorizer, these were sold under such brand names as
Crypt, Cum, Locker Room, Pig, Rush, and the like. “Pot and poppers” came to be in some circles a routine part of gay male sex, and poppers began to be used by heterosexual Americans. In the early 80’s poppers were accused of being a cofactor in the development of AIDS, and they were made illegal on a local basis, although the accusation remains unproved (*poppers). The AIDS epidemic brought an increased concern with bodily and especially immune system health, and a reduction in gay drug use of all sorts.

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