



DRUGS AND RISK-TAKING IN TOURISM

Natan Uriely

Ben-Gurion University of the Negev, Israel

Yaniv Belhassen

University of Illinois at Urbana-Champaign, USA

Abstract: This study examines the issue of drug-use during vacation in terms of tourists' voluntary risk-taking. Based on indepth interviews and observations at selected "drug tourism" sites, the study explores their perceptions of risk and related patterns of behavior. The findings reveal that they are concerned with legal, social, and medical aspects of risk; they take precautions to reduce it as associated with their behavior; and they perceive drug use as less perilous in the context of tourism than in the routine of everyday life. Accordingly, the study emphasizes the ambivalent nature of their voluntary risk-taking. **Keywords:** risk-taking, drug use. © 2005 Elsevier Ltd. All rights reserved.

Résumé: Drogues et risques dans le tourisme. Cette étude examine la question de l'usage de stupéfiants pendant les vacances en termes de la prise de risques volontaire par les touristes. Basée sur des interviews en profondeur et des observations à des sites choisis du «tourisme de drogue», l'étude examine leurs perceptions des risques et des comportements liés. Les résultats révèlent que les touristes s'intéressent aux aspects légaux, sociaux et médicaux du risque; ils prennent des précautions pour le réduire en association avec leur comportement; et ils considèrent que l'usage des stupéfiants est moins périlleux dans le contexte du tourisme que dans la routine de la vie quotidienne. En conséquence, l'étude souligne la nature ambivalente de leur prise de risque volontaire. **Mots-clés:** prise de risque, usage de drogues. © 2005 Elsevier Ltd. All rights reserved.

INTRODUCTION

Voluntary risk-taking is a behavior that involves individuals' participation in activities that they perceive to be in some sense dangerous, but are undertaken deliberately, and from choice (Lupton and Tulloch 2002:114). The issue of tourists' voluntary risk-taking receives attention in several areas of research, including backpacking (Elsrud 2001), adventure tourism (Ewert 1989; Ryan 2003), sex tourism (Redmon 2003; Ryan 2000; Wickens 1997), gambling (Goffman 1967), and sunshine holidays (Peattie, Clarke and Peattie 2003). Most of these studies are concerned with the question of why individuals are ready to take risks while on vacation, which they might deny themselves in everyday

Natan Uriely is Chairman of the Department of Hotel and Tourism Management at Ben-Gurion University of the Negev (Beer-Sheva, Israel 84105. Email <urielyn@som.bgu.ac.il>). **Yaniv Belhassen** is a doctoral student in the Department of Recreation, Sport, and Tourism at the University of Illinois at Urbana-Champaign. Their combined research interests include sociology of tourism and leisure.

life. The answers to this question often suggest that risk-taking tourists perceive their holiday as a “license for thrill” (Wickens 1997:151). Specifically, these studies argue that tourism is perceived by people as a framework of time and space that provides them with the opportunity to feel less restrained and undertake adventures. In line with this premise, risk-taking tourists are often depicted as unrestrained “action seekers” who perceive dangers associated with their practices as less threatening when conducted in the context of tourism than when carried out in their ordinary routines (Goffman 1967; Redmon 2003; Wickens 1997). This perspective provides the study of tourists’ voluntary risk-taking with valuable insight. However, it can be criticized for highlighting only one side in this behavior. While overemphasizing their unrestrained conduct, it ignores mechanisms that might constrain their voluntary risk-taking.

The assumption that the behavior of tourists who voluntarily court danger is restrained to some extent, derives from the works of Beck (1992, 1994, 1995) and Giddens (1990, 1994, 1998) about the emergence of a “risk society”, and from Elias’ perspective regarding the ambivalent nature of the “civilizing process” (1994). Specifically, Beck and Giddens emphasized the increasing awareness of risk and worry-level among peoples in this era of late modernity. Thus, it is reasonable to assume that people’s awareness of danger would not be fully abandoned even when they engage in the relaxing ambiance of vacation. This assumption complies with the concept of “controlled-decontrol” behaviors (Featherstone 1998), which derives from Norbert Elias’ dialectic analysis of the civilizing process. In this regard, it argues that lessening control over behavioral standards in modern Western culture of the 20th century goes together with a growing demand for individual self-control (1994). These prominent conceptualizations of risk and unrestrained behavior stimulate the interest of the current study in such questions, as the extent to which the notion of tourism as a “license for thrill” is embedded in tourists’ subjective perception of risk, and the limit of their readiness to undertake it. These questions are addressed in the current article, which examines risk perceptions and related patterns of behavior among tourists using illegal drugs while on vacation.

While drug use is frequently conceptualized as a recreational activity in the context of leisure and youth subcultures (Critchler 2000; Parker, Aldridge and Maesham 1998; Saunders 1995; van Ree 2002), it is underexplored in the context of tourism. Those studies that focus on drug use address various issues, including motivations (de Rios 1994; Josiam, Hobson, Dietrich and Smeaton 1998; Sellars 1998; Uriely and Belhassen 2005), sociocultural and demographic profiles of tourists (Valdez and Sifaneck 1997); guest–host contact (de Rios 1994; Valdez and Sifaneck 1997; Westerhausen 2002); and the continuum of leisure-tourism activities (Carr 2002; Clark and Clift 1994; Uriely and Belhassen 2005). Yet, none of these studies addresses the behavior of drug-using tourists in terms of the risk they assume despite the dangers of violating national and international drug laws, transgressing social mores, and disrupting the regulatory system of body and mind. The needs to include the issue of risk in the study of “drug tourism” are

addressed here, aiming to understand the readiness of drug-consuming tourists to undertake the risks associated with their actions. In line with this objective, the study attempts to provide answers to three questions: whether the tourists are aware of the hazards associated with their drug consumption; whether they perceive the risks associated with it as less threatening and possibly more appealing in the context of tourism than in everyday-life; and what the limits of their readiness are to engage in these risks during a vacation.

The answers to these questions derive from qualitative research, which included indepth interviews with drug tourists and observations in selected drug tourism sites. Based on the data obtained, the study explores the meanings tourists assign to the risks associated with their drug use and their related patterns of behavior. Specifically, this article focuses on their stimulations, their concerns, and the strategies adopted to reduce these concerns or elevate their notion of adventure. The latter are manifested in both the safety measures drug-taking tourists mention as those that should be taken, and their assessment regarding the level of risk associated with drug use during a holiday experience. The analysis adopts a social constructionist position toward risk, which recognizes that people's assessments of threat are mediated through discourses, or social and cultural frameworks of understanding (Elsrud 2001; Lupton 1999; Lupton and Tulloch 2002; Ryan 2003). According to this approach, the meanings assigned to risk are considered to be dynamic, historical, and contextual, rather than objective and constant. Thus, the analysis acknowledges the importance of the tourists' discourse about dangers in the construction of their subjective risk epistemologies. Furthermore, their assessments of hazards are not evaluated in terms of rational and irrational or accurate and inaccurate (Atkinson, Coffey and Delamont 2003). Nevertheless, by understanding the subjective perceptions of risk, attempts are made here to provide practical suggestions through which the safety of drug-using tourists could be improved.

DRUG USE AND RISK-TAKING

The literature review covers the existing body of research on tourists' use of drugs and addresses sociological scholarship on their risk-taking. In addition, the concepts of risk society (Beck 1992, 1994, 1995; Giddens 1990, 1994, 1998) and controlled-decontrol behaviors (Elias 1994) are discussed here with respect to the main arguments. Specifically, these concepts are discussed in line with the papers' attempt to emphasize the ambivalent nature of voluntary risk-taking in the context of tourism.

Drug Use in Tourism

Drug tourism is defined by Valdez and Sifanek as "...the phenomenon by which persons become attracted to a particular location because of the accessibility of licit or illicit drugs and related services"

(1997:880). This definition is too general with respect to the substances referred to as drugs in the current study, which specifically focuses only on drugs whose use, possession, or trafficking are illegal at the visited destination. For example, while the use of cannabis within a coffee-shop in Amsterdam would not fit the definition of drug use in this study, its possession and trafficking would. In addition, the definition presented by Valdez and Sifaneck (1997) is too narrow in terms of those regarded in this study as drug tourists. Their definition is limited only to those who conform to two characteristics: that drug consumption functions as a major tourism motivation for users and that they have previous knowledge about the accessibility of drugs at the chosen destination. Such an approach, in which tourists are defined according to their main motivation and preplanned activity, was recently criticized with regard to the definition of sex-tourism (Oppermann 1999; Ryan 2000). Specifically, the latter study suggests that the inclination to reduce the definition of sex-tourism to the tourist's main motivation of engaging in commercial sexual activities excludes many cases and settings in which this phenomenon occurs.

Similarly, Oppermann's criticism regarding the notion of a sex-tourist as "one who travels only for sex" is based on his assumption that... "the purpose of travel and the activities engaged in by the tourist are rarely, if ever, the sole purpose and activity" (1999:256). In line with this perspective, Uriely and Belhassen (2005) suggest that the drug tourism experience begins with an awareness of the existence of such substances at a specific destination and continues throughout the acquisition processes and subsequent consumption. Accordingly, tourists who are aware of the accessibility of illegal drugs in a particular location and acquire and consume them during their stay are defined here as drug tourists. This definition refers to both tourists who are attracted to a specific destination through previous knowledge about drug accessibility and those who become aware of this only during their stay at a particular location. Moreover, this consumption is not necessarily the major motivation for these tourists, only a byproduct of their experience.

The issue of use of drugs while away from home was initially addressed by Cohen (1973) with respect to drifter-type tourism. In line with his perspective, Westerhausen (2002) refers quite extensively to the phenomenon of this consumption as a salient element of the drifter subculture. Specifically, he focuses on the emergence of the beaches of Goa in India and Koh Phangan in Thailand as sites that attract backpackers who wish to engage in drug consumption. While his study reports on this use at these destinations, it disregards the subjective dimension of the experiences. However, these works focus on drifter-style tourism rather than on tourists' use of drugs, which extends to other forms of tourism as well. The issue of their use was tackled directly during the 90s in studies focusing on specific destinations attracting drug-using tourists. For example, Korf (1995, 2002) employs the term "drug tourism" to describe the arrival of foreign tourists to the Netherlands for its liberal policies. These include young people attracted mostly to the coffee shops where hashish and marijuana are

consumed legally. Another population of drug tourists in the Netherlands is examined by van den Brink (1996) who refers to foreign heroin addicts attracted to the drug's high quality, low cost, and the healthcare provided in the country to addicts.

Additional destinations that draw the attention of researchers are located in Third World or developing countries. For example, the arrival of Americans and Europeans to the Amazon region to experience a variety of hallucinogenic drugs is examined by de Rios (1994) and Fischer (1993). In Central America, Valdez and Sifaneck (1997) focus on the Mexican border cities in which US citizens arrive to legally purchase prescription medicines, such as Valium, Rohypnol, Xanax, and Codeine, for recreational use. Westerhausen (2002), in an ethnography of drifter-style tourism, examines the rise and fall of drug destinations in South East Asia, such as Goa in India and Koh Phangan in Thailand.

The drug tourism literature addresses some of the issues that receive a great deal of attention in studies, including motivations, sociocultural and demographic profiles of tourists, and guest–host contact. In connection with the motivations, an interesting version of “staged authenticity” (MacCannell 1973) seems to be illustrated in de Rios’ (1994) study of Americans and Europeans who arrive in Amazonian cities to experience a brew called Ayahuasca, a mixture of psychedelic plants. As part of a search for an authentic personal experience, they engage in a special all-night religious ceremony presided over by a local shaman who represents the exotic “witch doctor”. However, it appears that these native healers are in fact local drug dealers disguised as shamans. In contrast to those searching for a uniquely profound experience, other drug tourists, such as US students on spring vacation (Josiam et al 1998), British vacationers in Ibiza (Bellis, Hale, Bennett, Chaudry and Kilfoyle 2000), and youth arriving at dance clubs in the United Kingdom (Sellars 1998), are mainly characterized as fun and recreation seekers.

Both the notion of drug tourists as fun-seekers and their portrayal as those searching for profoundly meaningful experiences have been presented in a recent analysis yielding that drug tourism incidence is heterogeneous in nature (Uriely and Belhassen 2005). The findings of this study, which derive from the same data as the current article, indicate that many of those who searched for “deep meanings” had a first experience with drugs while on holiday. In contrast, the use of pleasure-seekers was found to be an intensified extension of their everyday leisure activities. Accordingly, Uriely and Belhassen join the position that hedonistic tourist behavior is closely related to marginal cultures that shape leisure (Carr 2002; Clark and Clift 1994). A tripartite typology among drug tourists, based mainly on sociodemographic characteristics (such as age and subcultural appearances), includes collegiate, counterculture, and middle-aged adult tourists (Valdez and Sifaneck 1997).

Intriguingly, the issue of risk has been ignored in the literature, despite the various hazards associated with this consumption and its possession on vacation. This is surprising, particularly in that, as already

noted, drug-consuming tourists engage in activities that might disrupt the regulatory system of body and mind, violate national and international drug laws, and be considered morally divisive. Thus, a conscious readiness to be exposed to the dangers associated with drug use can be seen as a specific type of tourists' voluntary risk-taking. Investigating their consumption from this perspective provides additional insights into both the study of drug tourism and the literature on risk-taking.

Risk-Taking in Tourism

The issue of risk is addressed by two separate lines of scholarship. First are studies which focus on various aspects of risk that might restrain tourist activities (Lepp and Gibson 2003; Poon and Adams 2000; Roehl and Fesenmaier 1992; Sönmez and Graefe 1998), assuming tourists are rational consumers with risk-aversion tendencies. Second are attempts to explain the readiness of tourists to voluntarily engage in risks avoided in everyday life (Elsrud 2001; Ewert 1989; Goffman 1967; Redmon 2003; Ryan 2000, 2003; Wickens 1997). Their behavior is often explained in association with conceptualizations of tourism as a legitimate departure from both the everyday behavioral constraints and secure familiarity (Goffman 1963, 1967; Shields 1992; Turner and Ash 1975). In this context, Turner and Ash (1975) suggest that the temporary distancing of tourists from their regular environments allows them to suspend the power of quotidian norms and values. Similarly, Shields refers to tourist-related spaces, such as beach-side destinations, as "liminal zones" (1992:150) where social constraints are suspended under the exigencies of tourism and of relative anonymity and freedom from community scrutiny.

Another contribution to the notion of tourism as an area offering the opportunity to feel less restrained and undertake risk is derived from Goffman's (1967) theoretical approach of symbolic interaction. Specifically, he uses the term "fancy milling" to describe the experience gained by an unrestrained participation in activities involving an exposure to risk. Various leisure and tourism-related settings, such as discos, bars, holiday resorts, casinos, and amusement parks, are referred to by him as "backspaces" (1963) or "action spaces" (1967), where people are allowed or even encouraged to experience adventures denied to them in everyday life. An excellent example of such a quest for "action" is provided by Goffman in his analysis of the world of gambling in Las Vegas. However, it is worth mentioning that he also addresses drug-taking as another action-related conduct where the "experimenter uses his mind as the equipment for action" (1967:185).

The conceptualizations of Turner and Ash (1975), Shields (1992) and Goffman (1963, 1967) constitute a theoretical framework that is often implemented in empirical case-studies focusing on tourists' voluntary risk-taking (Elsrud 2001; Redmon 2003; Wickens 1997). Subjects in some of these studies appear to resemble the participants in the current research in the sense that their risk-taking involves activities concerning the "body", and issues of social morality. For instance,

Wickens suggests that both freedom from public scrutiny and the quest for “fancy milling” in “action spaces” explains the voluntary risk-taking of those who engage in unprotected casual sex at the beach-side destination of Chalkidiki, Greece. Accordingly, these tourists are referred to as “licensed for thrill” (1997:151). Another example is provided by Redmon (2003) who depicts the event of Mardi Gras in New Orleans as a themed backspace offering liminal license for people to participate in temporary forms of transgression, including public exposure of sex organs (flashing breasts, penis, etc.), masturbation, oral sex, and penetrative sex in public with strangers. Clearly, the tourists examined in these studies are depicted as uncontrolled action seekers. Yet, to what extent their behavior is uncontrolled, or the limits of their readiness to undertake the risks associated with their search for action, are issues that go unaddressed in the literature. The call of the current study derives from the assumption that tourists voluntarily engaging in risky activities do not entirely disregard their own safety, and their risk-taking is restrained to some extent. This assumption relies on sociological theories, such as risk society (Beck 1992, 1994, 1995; Giddens 1990, 1994, 1998) and the civilizing process (Elias 1994), which stress the ambivalent nature and complexity of everyday life in the era of late modernity.

Beck (1992, 1994, 1995) and Giddens (1990, 1994, 1998) write about the emergence of risk society with respect to advanced industrialized societies in the late modern era. While in terms of life threats (such as disease, war, and food shortages), these societies are less dangerous than in the past, they become progressively more unstable and insecure in terms of individuals’ identity and achievements. Moreover, people in the era of late modernity rely more upon themselves to define their own destinies. Accordingly, these societies become highly aware of, and concerned about, the dangers associated with individual choice and responsibility. High levels of anxiety and insecurity produced by heightened demand from the individual to regulate risk are emphasized by Lupton who argues that “life becomes less certain even while it is placed more under one’s control” (1999:71).

By relying on these theories of risk in the era of late modernity, it is assumed here, the high level of peoples’ risk consciousness would remain active to some extent, even when on vacation. This assumption also relates to the concept of “controlled decontrol” behaviors (Featherstone 1998:59), which derives from Elias’ dialectic analysis of the civilizing process (1994). In this context, Elias observes a certain relaxation in control over the body and emotions. For example, he refers to less refined standards of dancing, bathing habits, sporting customs, and sexual norms. This trend appears to contradict his general argument regarding the direction of the civilizing process toward more refined forms of behavior in modern Western culture. However, Elias argues that increasing behavioral relaxations do not reverse the direction of the civilizing process, but remain confined within a framework of “civilized standards of behavior” (1994:153). Specifically, he suggests that lessening control over certain forms of behavior goes together with a growing demand for individual self-control, thus

avoiding social breakdown. Similarly, increasing self-control among individuals allows partial decontrol of various body-related disciplines.

The concept of "controlled decontrol" was recently utilized to explain the proliferation of drug use in advanced industrial societies, specifically suggesting that its increasing deregulation is possible in a culture that demands high levels of self-control (van Ree 2002). The current study utilizes this concept and the notion of risk society by stressing the other side of the same coin, assuming that manifestations of decontrolled behaviors in the context of tourism, such as drug use, are restricted to some extent by individual self-control and the existence of heightened risk awareness.

Study Methods

This paper relies on qualitative research methods including interviews and observations conducted over the two-year period from 2000 to 2002. The main source of data is 30 indepth interviews conducted with homecoming tourists who fit the aforementioned definition of drug tourists. The sample of informants included both backpacking-style and mass tourists (Cohen 1972) to several destinations. Eighteen informants reported on their experiences at well-known destinations associated with drug consumption, such as the beaches of Goa in India, the Thai island of Koh Phangan, and the Columbian capital city of Bogotá, as part of a lengthy trip in South East Asia or Latin America. Twelve informants spoke about their experiences during short-term holidays at specific destinations. Some purchased one- or two-week package deals to particular events, such as full-moon parties in Koh Phangan, Trance-music parties in Ibiza, and Rave festivals in Germany, Portugal, and the Netherlands. Others visited Amsterdam for a few days or took a short vacation on the beaches of Sinai. Two informants reported on a 48-hour round trip cruise-party from Israel to Cyprus. In addition to 24 Israelis, the sample included informants from Europe and the United States. Informants ranged in age from 19 to 32, of whom 19 were men and 11 women. All had completed high school and by the time of the interview, about half were already within university education. Informants were approached through snowball sample techniques, in which those already interviewed were asked to facilitate contact with others. While some of the initial ones were contacted through personal ties, most responded to announcements of ongoing research about drugs and tourism.

Advertisements were published on various Internet sites, including some promoting drug-oriented parties (Atraf 2003; IOL 2003); travel websites (Lametayel 2003); and student websites (BGU 2003). Additional advertisements were placed on billboards located at several Israeli university campuses and travel supply stores in Tel Aviv and Jerusalem. Clearly, the use of snowball sample techniques cannot generate a representative sample based on a random selection of subjects.

Accordingly, no claims are made that the sample, in which most informants are Israeli, is representative of all drug-using tourists. However, snowball techniques are useful in overcoming the difficulties of approaching concealed populations such as drug users. By interviewing 30 informants, the study conforms to contemporary research based on in-depth interviews (Elsrud 2001; Hunter-Jones 2004; Hyde and Lawson 2003; Jeong and Santos 2004; Uriely, Yonai and Simchai 2002). Moreover, in compliance with conventional practice in qualitative research, the interviewing process continued to the point where sufficient "saturation" was reached in terms of the amount and variety of information gathered from informants (Glazer and Strauss 1967; Strauss and Corbin 1990).

Special attention was given to ethical issues, and the need to gain the trust of informants in light of the sensitivity of the investigated topic. Accordingly, each informant had a pre-interview meeting with one of the researchers, in which the (academic) purposes of the research were explained and confidentiality promised. While the interviewer revealed familiarity with destinations, expressions, and terms common among drug-taking tourists, he refrained from providing information about his own involvement in the investigated phenomenon and from passing moral judgment. All in-depth interviews were conducted in places chosen by informants, mostly in their homes. They lasted from two to three hours, with most closer to three. Respondents were requested to speak unreservedly about their past and present experiences with drugs in everyday life and in the context of tourism. Specifically, they were encouraged to talk at length about a variety of issues, including the locations and events at which they consumed drugs during trips, their tourism motivations, the meanings they assigned to their experiences, the patterns of drug acquisition and usage, their fears and concerns, and any precautions they took. Informants were also a source of secondary data gathered through the Internet. Specifically, some informed the interviewer about websites in which relevant information (locations and events of drug tourism, travel and drug usage warnings) is publicized (Atraf 2003; Erowid 2002; Hqamsterdam 2003; IADA 2003; Interpol 2003; Kohphangan 2003; Rustlers 2002). All in-depth interviews were recorded and transcribed.

The conclusions of this article are also based on observations and informal interviews. Fieldwork observations were carried out by one of the authors at drug tourism sites and events in various locations, including Israel, Egypt, Europe, and India. Specifically, observational data were gathered from a "full-moon" party at Kassol, India; a two-day stay at a guesthouse in Amsterdam, known as a meeting place for drug tourists; and a four-day stay at Bir Sware beach in Sinai, Egypt, where marijuana and hashish are intensively consumed. In addition, a total of 19 informal interviews were carried out with local drug dealers, law enforcement agents, organizers of Rave parties around the world, and drug tourists approached mainly during observations. Since formal interviews provided the best examples and quotes, only one of the quotations presented below is derived from the informal inter-

views. Also, many of the patterns of behavior presented below derive from informants' accounts rather than observations. Yet data gathered from the observations and informal interviews were important in examining and validating the conclusions of this study. In this regard, the findings from informal interviews and observations corresponded with those from formal interviews. For example, informants' statements about their selective use of drugs were validated by observations at various destinations. Accounts of law enforcement agents, organizers of Rave parties, and local drug dealers, provided useful information about this phenomenon in general. However, these accounts are not included in the current paper, which focuses on the subjective perceptions of risk among tourists engaging in drug-consumption.

The gathered data were interpreted according to the researchers' understanding. The empirical quality of such an analysis concerns its ability to provide authentic metanarrative and convincing explanations that tie the informants' personal accounts with the theory applied in the study (Riessman 1993; Seidman 1991).

Study Findings

The findings indicate that while the willingness to take risks of participants in this study is related to their situational status of being tourists, their voluntary risk-taking is self-controlled in line with their risk awareness. Specifically, it appears that they associate their drug use while on vacation, with legal, social, and medical aspects of risk. Strategies adopted to reduce perceived threat include both safety measures taken and participants' tendency to associate drug consumption with relatively low risk levels.

Legal Risk. The legal aspect of the informants' perceived risk relates to their concern about the potential consequences of violating drug-abuse laws at the destination visited. In this regard, two practices were specified by most interviewees as particularly risky: the process of purchasing illicit drugs and the practice of smuggling them across international borders. Accordingly, the precautions taken by drug tourists are mainly related to these practices. For example, a 27 year-old undergraduate Israeli who spent a year at various destinations in Latin America stated,

I admit it is very tempting to carry drugs from one country to another, since you do not have to repeat the process of searching and buying it in the new destination. However, I have a rule that says "you do not cross borders with drugs". It is too risky especially in airports because there is a good chance you will be searched. I think the felony of drug smuggling is more serious than drug usage and involves severe punishments. That is why I always got rid of my drugs before I moved from one country to another. I tended to use a lot of it before I left and gave leftovers to other travelers who stayed at my guest-house.

Safety measures are also taken in the drug purchasing process, which involves elements of fear and excitement, illustrated in the accounts of another 27 year-old Israeli who backpacked twice in India. This informant, who took pride in his experiences of purchasing drugs during his trips, stated that

The first thing I have in mind when arriving at a new destination is where and how I can get something to smoke. The process of buying drugs is very delicate and requires some experience. One should know where to go and examine the area before approaching someone who looks like a dealer. There are always worries about undercover agents or locals who collaborate with the police. In many cases, local dealers take advantage of these concerns to sell low quality drugs or get a better price. They might look around as if there are cops in the area to make an approaching tourist more nervous and less rational. As an experience traveler, I have reached the stage of enjoying this process. I take my time in examining the area closely before I approach someone who looks reliable. Then, I try to appear as calm as possible and start to negotiate the quality and price of the merchandise with the dealer.

With the exception of drug purchasing and international border-crossing, informants were hardly concerned about the consequences of breaking drug-abuse laws at the visited destination. In this regard, the most common belief held by informants was that being a tourist protected them from the local police who, they believe, avoid enforcing drug-abuse laws in such instances. This notion of the “untouchable tourist” was often followed by the argument that local authorities are reluctant to jeopardize economic benefits derived from tourism, so explaining their tolerance toward these users. This attitude was expressed by a 30-year old self-employed Israeli who frequently visits Amsterdam and the Sinai Peninsula for drug vacationing. This experienced individual, who also traveled to full-moon parties in the Thai island of Koh-Phangan, House-music parties in the Spanish island of Ibiza, and Rave-related festivals across the world, suggested,

Everybody knows that tourists who participate in these parties are loaded with drugs. I noticed the presence of the police at most of these parties, but I felt they were there to protect us rather than arrest us. Partygoers do drugs in public without fear, as if they know the law applies only to locals and not tourists. As long as you are within the perimeters of the party and your behavior is “civilized”, the cops do not care what drugs you consume... There is a kind of “silent agreement” between tourists and police at the destinations hosting these parties... the tourists spend their money and their drug-taking is tolerated. This is more evident in less developed countries, like India, Thailand, and the Eastern European countries that host such parties.

A similar notion of the untouchable tourist was expressed by a 24 year-old female informant whose visit to the Egyptian beaches of Sinai included a first experience with marijuana:

Although the risk of being caught with drugs was in the back of my mind, I was not afraid of the police. I was told that the local Bedouins know who is an undercover cop and they always let you know if something goes wrong. It seems to me that the Egyptian police are aware of the fact that for many of the tourists in Sinai, smoking drugs is part of the attraction. The aim of undercover police activity is to catch local dealers rather than disturb the tourists' holiday. They do not intend to cut the economic branch on which they make their living in this area.

The findings suggest that the belief that local police avoid enforcing drug abuse laws on tourists are mainly based on both the informants' own experience and mouth-to-mouth accounts that spread among them at drug destinations. The data also indicate that most of the study participants were not familiar with local drug abuse laws or policy changes in this regard. For example, none of the informants approached at the beaches of Sinai were aware of the severe punishment (six months in jail) associated with the use of cannabis there.

Social Risk. The social aspect of the informants' perceived risk involves the concern that their use of drugs while vacationing might negatively affect their social image and future opportunities when returning to their native country. Such a concern was clearly evident during an interview with a graduate student at the Hebrew University of Jerusalem. This informant, who had his first experience with heroine during a visit to Thailand, appeared to be more concerned about his social image and future career than health-related hazards associated with heroine usage:

Heroin is an amazing drug. Yet, the bad part of the experience was the thought of the meaning and consequences of using such a hard drug. After all, heroine is not marijuana, and I do not consider myself a drug addict. I also thought about job interviews where you take a polygraph test. . . What would I say in such an interview? What would people think about a person whose has used heroine? The thought that one moment of foolishness might harm future work and career prospects disturbed me while under the influence of the drug and some time after I became sober.

Similar to the above notion of the untouchable tourist, most informants held the belief that their status as tourists legitimized their use of drugs and protected them from being labeled social deviants. The interviews indicate that the social aspect of risk receives attention mainly in situations of encounters among tourists who know one another from home or returning ones who met one another during their trip. The latter situation is exemplified in the following account of a 28 year-old female informant who spent three months on the beaches of Goa (mostly at Anjuna beach):

About two years after my return from India, I went for a job interview and realized that I knew one of the two interviewers from Anjuna beach at Goa. I remembered she was one who hardly touched anything other than some Charas (Indian hash) occasionally. I think at

the beginning both of us were surprised and somewhat worried. I was worried she might remember me as a heavy drug user, which was quite an accurate description of my behavior at those beaches. Yet, she did not mention the wild parties and my relative stardom there, as if there is a silent consensus between fellow travelers who understand that what is forbidden here is allowed there. I call it the ethical code of Anjuna veterans.

A similar illustration of mutual understanding among drug-taking tourists was expressed by an undergraduate student of physics who traveled to Rave parties across Europe during summer vacation. Solidarity among drug-taking tourists was evident in his story about the family acquaintance that he met at a party at Ibiza:

I was under the strong influence of ecstasy when I unexpectedly saw the son of my parents' friends. I know him as a good guy about to complete medical studies at university. At the beginning, I was stressed by the possibility that he might notice that I am heavily stoned. Yet, when we started talking, I realized he was worried about the same thing. He kept saying how wonderful Ibiza is, and how everything is permitted and people can behave in contrast to their daily routine. There was no need to promise each other to keep the encounter secret. We shared the idea that getting wild with drugs is part of what tourists expect in Ibiza. This does not mean we have a problem with drugs or anything like that.

Medical Risk. The medical aspect of the interviewees' perceived risk consists of their concerns about the physiological and cognitive damage that might occur as a result of consuming drugs in an unfamiliar environment. Within this category, the fear of irreversible cognitive harm appeared to capture much of their attention. In this context, many Israeli interviewees referred to a widespread story about a young tourist who, as a result of intensive usage of various drugs, was transported back to Israel and committed to a mental hospital believing he was a dolphin. The medical fears of informants, including the "dolphin" narrative, are illustrated in the following account of another informant whose backpacking to South East Asia included a long stay at the beaches of Goa:

My worries were related to the fact that I was in a Third World country and away from home. You really do not know what will happen in case of an emergency. . . How long will it take to evacuate a person to the hospital what hygiene conditions exist there and what is the professional level of medical personnel? . . . I was also worried about the effects of a bad trip. I heard about this guy who was taken from Anjuna beach convinced he was a dolphin. I even met some people who seemed to be "flipped over" from bad substances or over usage. This is why I recommend buying hard drugs only from reliable sources and not using them when you are not with friends.

As indicated in the above account, expressed medical concerns are followed by precautions taken to reduce exposure to these aspects of risk. For instance, obtaining detailed information about the physiolog-

ical and cognitive impact of substances to be consumed appeared to be very important to the sample of this study. In this respect, the internet and experienced users of a drug to be consumed during the trip were mentioned by informants as common sources of such information. Having previous experience of a substance expected to be consumed during the trip, or avoiding unfamiliar types while traveling, was mentioned by some informants as another way of reducing health-related risks associated with drug use. For example, a female informant spoke of her experiences during a two-week vacation in Thailand:

The first time I smoked marijuana and hash was a few weeks before my trip to Thailand. I knew that smoking these drugs is part of the experience in the East, so I wanted to see what will happen to me...Getting to know the drug and your body's reaction to it in a familiar environment was important to my peace of mind. I would think twice before I experience a drug that I do not know in a foreign country.

Although the effectiveness of these precautions might be questioned, they seem to reduce to some extent the actual exposure of drug-taking tourists to health-related risks and, certainly ease their concerns. Yet, they do not rely only on these precautions when making sense of their voluntary exposure to the medical risks associated with drug use. Similar to the way they understand their voluntary exposure to the legal and social aspects of risk, they employ an interesting version of the untouchable tourist perspective to reduce their medical concerns. In this regard, the notion of tourism as a temporary suspension of normative behavior reduced the informants' fear of becoming drug addicts. For example, one informant was worried about the social consequences of heroin consumption during his visit to the North of Thailand and appeared to be less concerned about the risks of heroin addiction.

I had never tried heroine before and to be honest with you, I was quite nervous... But it was also very exiting. I felt that this is a "once in a lifetime" opportunity to try heroine. I also took into consideration the fact that my trip was almost over, and even if this drug is irresistible, it would not be so easy to get after the trip. This thought helped me overcome the fear of becoming addicted to such a hard drug.

A similar attitude was employed by an informant who tried a hallucinogenic mushroom only on the last day of her trip to Southeast Asia, and another informant who postponed his plans specifically so that he could experience cocaine in Columbia on the final leg of a long-term excursion to South America. These examples indicate that the notion of the untouchable tourist is followed by actual precautions about the timing of usage during the trip. Another type of belief held by informants to reduce medical concerns was evident in their inclination to evaluate drugs they used as less risky than those they have not tried. For instance, the same informant whose statements about the use of heroine were presented earlier, also claimed that

A single experience with heroine and opium [another drug that he tried during his vacation] or even infrequent usage of these drugs is less risky than LSD, magic mushrooms, and even ecstasy. The chemicals and the hallucinogenic drugs might have a lethal impact on your brain. I also know that you might see and hear things that do not exist. It is too risky for me, and that is why I have never touched these drugs.

Unlike this informant, a German female student, who admitted intensive usage of a variety of drugs (with the exception of heroine) during her quite frequent visits to Amsterdam, stated,

I have tried almost everything but heroine, which is the most dangerous drug. I know that ecstasy and LSD are chemicals that might be produced in an uncontrolled lab, but these drugs are not addictive. Heroine is a different thing; it is the end of the road...the limit of what I am willing to experience even in the permissive atmosphere that characterized my vacations.

The inclination of these informants to associate a relatively low level of medical risk with their use is followed by actual precautions, including the selective timing and use of certain drugs.

CONCLUSION

This study addressed the issue of voluntary risk-taking by exploring risk perceptions and related patterns of behavior among drug-using tourists. The research findings indicate that the informants of this study associate their use of drugs while on vacation with legal, social, and medical risks; possible arrest; stigmatization as a deviant; and suffering irreversible cognitive damage, respectively. Accordingly, the use can be seen as a specific version of voluntary risk-taking, which is defined as an activity undertaken from choice, despite participant awareness of its risky nature (Lupton and Tulloch 2002). By following previous attempts to understand voluntary risk-taking, the main goal of this paper was to explain the readiness of the informants experimenting with drug-use while traveling. As already discussed, the literature relates the phenomenon of voluntary risk-taking with peoples' notion of tourism as "a license for thrill" (Wickens 1997:151).

Specifically, previous studies suggest that these tourists perceive their vacation as an opportunity to feel less restrained and undertake risks (Elsrud 2001; Goffman 1963, 1967; Redmon 2003; Shields 1992; Turner and Ash 1975; Wickens 1997). This position involves two complementary observations regarding their behavior. First, they become unrestrained action seekers, attracted by the thrill of adventure. Second, they reduce fears by adopting the assumption that the activity engaged in is less risky when conducted on vacation, than during routine everyday-life. The latter is validated by the widespread belief in the un-touchable tourist found among participants in this study. Specifically, the findings reveal that they cope with their fears by believing that being a tourist protects them from hazards, including the possibility

of arrest, being labeled a deviant, and becoming a drug addict. However, the notion of risk-taking tourists as unrestrained action-seekers is refuted by the rest of the research findings. In this context, the findings provide little evidence that this was part of the motivation to engage in drug-use while traveling. Furthermore, study results indicate that while participants perceive this use as less risky when conducted on vacation, they continue to restrain their behavior in line with their fears. Specifically, the investigation reveals that to cope with their concerns, tourists take precautions, including avoiding carrying drugs during international border-crossing; being extra-cautious in the acquisition process; seeking information about the physiological and the psychological impact of drugs they intend to consume; and being selective in terms of type consumed and the timing of the usage.

The measures of safety that are taken by the tourists examined in this study, whether effective or not in terms of their actual exposure to risk, mark the limits of their readiness to engage in the risks associated with their consumption of drugs on vacation. Their concerns, and subsequent precautions taken, also support the assumption of this study that the heightened awareness of danger and level of concern among people in the contemporary era of risk society (Beck 1992, 1994, 1995; Giddens 1990, 1994, 1998) is not fully abandoned, even when tourists engage in the relaxing ambiance of vacation. By illustrating both the perceptions that encourage them to engage in perilous practices and the precautions taken in line with their concerns, this study emphasizes the ambivalent nature of tourists' voluntary risk-taking. It argues that such a depiction is more complete than their portrayal as unrestrained action-seekers in previous research. This perspective also complies with Elias' (1994) dialectic position regarding the ambivalent nature of the civilizing process in modern Western cultures.

As discussed, Elias suggests that the seeming relaxation of restrictions imposed on peoples' behavior in civilized societies involves a growing demand for individual self-control. The use of drugs on holiday, as a specific version of voluntary risk-taking, appears to comply with the notion of controlled-decontrol types of behavior. Accordingly, the current study suggests that the dialectic notion of controlled-decontrol types of behavior should be considered a useful premise for further attempts to understand the linkage between risk and tourism in general, and the issue of tourists' voluntary risk-taking in particular. For example, such a perspective might place doubt on the implicit inclination to make a sharp distinction between those who voluntarily engage in risk, and those who prefer to avoid it, by characterizing the former as risk-seekers and the latter as risk-averse. The findings of this study call for a more cautious approach in this regard, which takes into consideration the ambivalent nature of attitudes toward risk. Accordingly, it is possible that tourists who are assumed to be rational consumers might also seek, to some extent, activities they perceive as adventurous.

This study might also be followed by practical implications regarding the safety of drug-using tourists. In this context, the position stressed here, that such people are concerned about their safety and perform self-control rather than unrestricted action-seeking, is reassuring. Specifically, this finding leads to the assumption that drug-using tourists might be open to practical suggestions about safety, rather than remaining adverse to attempts to reduce exposure to risk. Another encouraging finding is the inclination to search for information regarding the threats associated with this usage. In this regard, the findings comply with previous research on tourists' perceived risk, which suggest that the higher the perception, the more information individuals seek, and the more rational their decision process becomes (Sönmez and Graefe 1998). The findings also indicate that the informants tend to reduce their perceived risk by relying on subjective beliefs that define their drug consumption as less risky, and determine the precautions taken.

Although this study avoids an evaluation of the tourists' perception as accurate or biased, their beliefs should be confronted by reliable and up-to-date information about the actual risks associated with their usages. For example, the tourists' subjective ranking of drugs in terms of medical risks should be tackled by posting reliable information about the physiological and the psychological impacts of various substances. Similarly, the belief that local authorities in popular destinations avoid enforcing the law on drug-taking tourists should be addressed by updated information about the legal status of this usage at their settings, and actions taken in the past against such tourists. In this regard, West-erhausen (2002) points out that the policy toward tourists who consume drugs has dramatically changed in some of the most popular destinations, such as Goa in India. Warnings about changes in policy and other information regarding the hazards of drug-usage while traveling should be posted in accessible channels, including Internet websites, travel agencies, and travel supply stores that attract tourists who intend to visit such known destinations. Another option for distributing information was recently implemented by the Israeli Anti-Drug Authority, which established an information and aid center designated for their national backpackers in Manali, India.

Finally, this study provides direction for further research regarding risk-taking and drug use in the context of tourism. Specifically, the ambivalent nature of peoples' attitude toward risk should be examined in other contexts beyond the use of drugs on holiday, and with respect to tourists voluntarily engaging in avoiding risk. With respect to the specific research areas, other issues are yet to be explored, including the existing policies of local authorities and resident attitudes toward the development of drug destinations, law enforcement practices against users, and the impact of this type of tourism on local populations. **A**

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