

CHAPTER 2. A HISTORY OF DRUG AND ALCOHOL ABUSE IN AMERICA

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A HISTORY OF DRUGS AND ALCOHOL IN THE UNITED STATES

Introduction

The purpose of this chapter is to review the history of drug use and its social control in the United States so that students can gain an improved and thorough understanding of today's problems and policies. Our approach to this matter is sociological, i.e., exploring how the interconnection between culture, social institutions, groups, and individuals function to create drug-related phenomena.

A sociological approach integrates many kinds of social, cultural, political, and economic factors that manifest themselves in everyday life. While pharmacology helps us comprehend how specific drugs impact brain activity, sociology can inform us about the social roots of drug-related behaviors which ultimately shape beliefs and behavior and motivate social policy. Therefore, a review of drug use in the U.S. and the social response to it must consider many diverse phenomena. This broader framework will move us beyond domestic borders and into the international community, for the history of drug abuse is an international, socio-political marvel.

Another idea warrants mentioning before we begin our history lesson. It centers on the idea that drug use and abuse are socially constructed phenomena. In other words, the meaning attached to specific drugs and drug use patterns is determined by how people—especially powerful people-- interpret them in everyday life. Today controlled substances are constructed as extremely undesirable, even dangerous. However, history shows us that many of these same substances were once viewed favorably and had considerable social value. For example, it may be difficult to believe that use of a drug like cocaine, for example, was at first viewed positively.

This is a point leading historians, such as David Musto (1999), have effectively made in his comprehensive and detailed documentation of illicit drug use in America.

History shows us that, quite often, a particular substance initially occupies an instrumental place in U.S. society, finding use and value in rituals, ceremonies, and leisure activities. From there, it moves into the medical community, serving as a remedy for injury and illness. Massive distribution of the drug by the medical community follows to treat and cure all kinds of illness and injury. Soon, unanticipated problems begin to emerge: tolerance, abuse and dependence. Consequently, what begins as a social, cultural and medical phenomenon soon mutates into a public health and social problem.

This social trajectory can explain the U.S. experience with many, but not all controlled substances. An important point to make here, however, is that when drugs move into the medical community, or when cultural customs condone their use, they become a valuable commodity for the accumulation of profit. When economics enter the picture, use and abuse of controlled substances can grow rapidly. Politics emerge and conflict ensues to both promote and halt drug use. This is why it is important to understand the role of politics and economics, in addition to matters of bio-chemistry, public health and morality, when tracing the U.S. history with controlled substances. In fact, drug legislation is a mosaic of interlocking factors. In our society, there is often tension between them regarding the benefits and dangers of drugs. Tables 1 and 2 illustrate this point for major pieces of drug legislation throughout the 20th century.

When the social construction of a drug begins to shift from favorable to unfavorable, moral entrepreneurs (e.g., powerful people who take up the anti-drug cause) often utilize

pronounced rhetoric about the drug's problematic physiological and psychological effects in order to control its use. While these concerns have merit, they are not the only reasons some drugs become controlled substances and fall within the jurisdiction of the criminal justice system. Such public health concerns exist alongside economic and political motives, many of which the public remains unaware. This point will surface frequently in the text below.

Opium and Cocaine Use and Control: Late 1880s and early 1900s.

Most accounts of the history of drug use and social control begin with opiates and cocaine, two of the first drugs to be legally controlled in the United States. The present chapter, therefore, begins with the origins of opiate and cocaine use in our society and others, followed by the campaigns for social control of them.

To begin, opium is derived from the poppy plant, which today is grown mostly in Asia and the Middle East. The principal active ingredient in opium is morphine. Opium has been with humankind for centuries, i.e., its use has been traced back to the Mediterranean and Asia in the 16th century (Brecher 1972; McCoy). For 4,000 years, it was a folk medicine and a recreational euphoric. Its use was highly praised. Many called it God's Own Medicine (Brecher 1972).

As its value in the medical community increased, a commercial opium trade spread across Europe (1640-1773) to supply the world's demand (McCoy). Opium became extraordinarily profitable during this time. As an addictive drug, it required a daily dose. Soon, the opium trade was transformed from a luxury good into commodity for mass consumption, making it integral to the economies and lifestyles of both Asian and Atlantic nations.

In 1874, heroin was isolated from morphine. By 1898, it was manufactured by the Bayer Company in the U.S. At first, many hoped it to be a cure for the growing problem of morphine addiction (Brecher 1972; Musto 1999). Heroin was also widely utilized, so much so that by the early 20th century, morphine and heroin had become a major global commodity, comparable to such things as coffee and tea.

As is often the case, widespread use of the drug soon resulted in undesired outcomes including abuse and addiction. In a now famous quote, Brecher (1972) stated:

“The United States of America during the nineteenth century could quite properly be described as a ‘dope fiend's paradise’” (Brecher 1972).

For Brecher, the phrase ‘dope fiend’s paradise’ referred to the widespread availability, use, and abuse of opiates for a variety of purposes, some recreational, some medical. Opium and its derivatives were changing from God’s Own Medicine into something more like Satan’s curse!

Cocaine, which comes from the coca leaf, use can be traced back to ancient tribal customs of the Incas in the 16th century. Spanish conquistadores discovered coca leaf chewing among the Incans. Coca leaves, part of a mountain shrub, produced euphoria and other desirable effects. For example, the conquistadores gave coca to the Indians to keep them enslaved and secure more work from them (Brecher 1972).

The chief active ingredient in coca leaves is the alkaloid cocaine, which was isolated in pure form in 1844. Later that century, European and American scientists began taking an interest in the coca leaf. While chewing coca leaves did not become popular either in Europe or North America, numerous beverages were made from it. Europeans produced a coca-based wine called

"Mariani's wine" (vin mariani), a red wine or elixir containing coca in 1863, while John Pemberton of the United States manufactured a syrup called Coca-Cola in 1886, which contained coca (Kahn 1960).

The popularity of these beverages exploded simultaneously with the increased use of cocaine in medical treatment. Although scientists, doctors, and lawmakers did not concern themselves at the time with physical dependency to cocaine, they grew very concerned about the more psychological effects, which included psychoses, hallucination, and depression. The paragraphs below describe the United States' experience with these two drugs, opiates and cocaine, and the various factors that motivated social control of them.

International Economics and Politics (British/China Opium wars).

Concern in the U.S. about opium addiction was initially driven by economic and political issues abroad in China, however, and not by concern over American's abuse of the drug (Courtwright 2001a; Musto 1999). As an increasingly powerful capitalist and democratic society, the U.S. needed economic growth in order to empower it against foreign domination and accumulate wealth for domestic development.

Achieving these goals could be partially accomplished by investing in domestic markets. However, the infant U.S. capitalist economy would ultimately have to travel the globe in search of new markets so that the accumulation of profit could expand (Marx 1992). Fostering international trade relationships with other nations, such as China, became a necessity.

Other nations had the same concerns and objectives. Perhaps the best illustration of the political and economic factors related to drug policy can be seen in the case of England and China.

Nineteenth century relations between China and England were highly contentious. Up until this time, China was a closed economy, one with few imports and exports and which disallowed trade with other nations. The size of China's population (about 450 million people at beginning of 1800s-- Wallbank et al. 1992), however, made it an attractive market for other nations seeking economic expansion. One such nation was England, which began forcing opium on the Chinese in order to amass wealth during the 1800s (Fay 1975; Waley 1958).

Eighteenth century trade transformed drugs, such as nicotine, caffeine, and opiates, from luxury goods into commodities consumed by the masses (Courtwright 2001b). They subsequently became integral to the economies and lifestyles of both Asian and Atlantic nations. With a near monopoly on opium, the British East India Company (BEIC) achieved the highest profits from its export of Indian opium to China. For example, between 1729 and 1839, BEIC exports of opium to China increased from 13 tons to 2,558 tons respectively. In addition to the "forced trade" from Britain, opium smuggling along China's south coast grew exponentially, for example, from about 9,708 chests in 1820 to 35,445 chests in 1835 (Fay 1975; Waley 1958).

China began seeing negative consequences of this trade activity shortly thereafter. By the 1830's, opium had become, perhaps, the most salient social problem in China. Evidence indicates that nearly all men under 40 years of age smoked opium and that the entire Chinese National Army was addicted to it. Everyone was affected, despite their social class. The total number of addicts in China in the 1830's was as high as 12 million (Waley 1958).

The sale and use of opium not only created social and public health problems for China, but also economic ones. The opium trade shifted China's balance of trade to the negative,

threatening to destroy its government and the very social fabric of its society (Musto 1999). Chinese officials viewed the opium problem as problematic from all angles. Addicted civilians were unable to be productive and dependent army personnel were incapable of mounting a defense against foreign attack. This threatened China's ability to progress politically, technologically and economically. The solution, as they saw it, was to end the immoral and forced trade of opiates.

Two Opium wars between China and England followed. The first broke out in 1839 when China disrupted British merchant vessels and their opium delivery in Canton. For three years, China tried to battle the technologically superior English military, only to be defeated handily in 1842. China's loss of this war cannot be overstated, for in addition to failing to halt the British opium trade, it also was forced to cede Hong Kong to British control for many decades (the infamous Treaty of Nanking). Soon thereafter, China was forced to open its ports of trade not only to Britain, but to other western powers including the U.S. The second opium war started in 1856, after Britain responded with military force to an "alleged" search of a British vessel by the Chinese government. China lost this battle too (Waley 1958).

The defeat of China and the opening of its ports of trade was critically important to the growth of the U.S. economy. With numerous political victories in hand and a growing economic base, the U.S. was now widely perceived as a world power. Its growing dominance in the world economically and politically meant, however, that it would inherit problems that existed in other countries, especially if it had a viable economic or political interest therein. This is a consistent theme that continues to shape U.S. domestic and foreign policy today.

Overwrought by economic, social, public health and political problems related to the trade of opium, the Chinese government elicited U.S. assistance. In return for helping China deal with opium addiction among its population, the U.S. would receive favorable trade status and economic access. But what would be the nature of that assistance? How could countries outside of China, like the U.S., assist a foreign nation with its population's drug addiction?

The first step was to organize a fact-finding mission on opiate addiction. Since, China needed outside assistance on this matter, an international body of 13 nations was assembled to study the nature and extent of opiate addiction in the world and to offer policy recommendations for all. This unprecedented fact-finding mission was called the Shanghai Opium Conference and it took place in 1909. Two years later, the International Conference on Opium followed (Courtwright 2001a; Musto 1999; Terry and Pellens 1928).

While the two conferences on opium were a significant step in international drug control, they fell short of producing real and immediate changes in manufacture, distribution and consumption of the drug because they put forth only recommendations, not policy. Individual countries were left with the task of adopting the recommendations (Musto 1999). The U.S. acted swiftly by ratifying the International Opium Conference on Opium in 1913. This paved the way for later domestic opiate control policies. However, this was no easy accomplishment. Moral entrepreneurs had to first convince government officials that opiate addiction was a problem in America, not just in a foreign land far away (Courtwright 2001a).

Public Health, Dependency and the Patent Medicine Industry.

China was not alone in experiencing public health problems related to opiate

consumption. The U.S. also was beginning to witness similar consequences by the early 1900s. However, the U.S. experience with dependence and abuse of opiates was less often the result of recreational opium smoking but rather an unintended “side effect” of medical practice (Terry and Pellens 1928; Musto 1999).

Drugs such as opium (from which heroin, morphine, and oxycontin are made) and cocaine were viewed favorably in the U.S. until the early 1900s. The anesthetizing and pain-killing properties of morphine revolutionized the practice of modern medicine by allowing doctors to perform actual surgery instead of barbaric amputations (Courtwright 2001a; 2001b). With its discovery, doctors could greatly improve their treatment of all types of sickness or injury. This was especially critical in the U.S., given the extent of personal harm and suffering experienced during the Civil War. Widespread endorsement of morphine followed (Musto 1999) from the medical community, which began prescribing it to cure many conditions. Soon, morphine was in a large percentage of all patent medicines and the general public was, unknowingly, becoming addicted to this powerful narcotic.

The story for cocaine was much the same. At first, it was given to soldiers to improve the endurance for battle (e.g., prevent fatigue). Within a few short years (e.g., 1890), the addicting and psychosis-producing nature of cocaine was well understood in medical circles. However, its use in the United States continued in tonics and patent medicines (e.g., for sinus illnesses and eye surgery). Slave owners in the south used it as did the Conquistadores; to obtain more work from the negro slave. Dr. Charles B. Towns wrote (1912): "When in overseer in the South will deliberately put cocaine into the rations of his Negro laborers in order to get more work out of

them to meet a sudden emergency, it is time to have some policy of accounting for the sale of a drug like cocaine." (As cited in Brecher 1972).

As a powerfully reinforcing stimulant, it was widely available in beverages (as mentioned above with coca-cola and vin mariani) and medications in the late 1880s and early 1900s. It's ability to energize and generate feelings of well-being made it popular. However, it also found use in the medical community when physicians began using it as a cure for morphine addiction (Courtwright 2001b; Musto 1999; Terry and Pellens 1928).

The father of psychoanalytic thought, Freud, believed it a wonder drug able to cure a plethora of mental and physical conditions. He consumed it himself and praised it extensively in his book "Cocaine Papers." Freud's love affair with cocaine ended dramatically, however, when his treatment of a friend's morphine addiction with cocaine resulted in the friend's overdose and death. Soon thereafter, cocaine came under fire as evidence amounted to dispel its fame as a cure for morphine addiction. However, abuse and addiction to cocaine were rampant by this point. The medical community withdrew its endorsement of cocaine and Freud was discredited. He later relocated to Vienna and began working on the Interpretation of Dreams (Musto 1999).

It is important to highlight that addiction to opium and cocaine was less an outcome of recreational activity, but rather a more accidental result of modern medicine. The extraction of morphine from opium was considered a modern medical marvel. Unfortunately, once a patient's illness and injuries subsided or were healed, many found themselves addicted and suffering withdraw. The isolation of heroin from morphine was also, originally perceived as a medical marvel as heroin was extolled as a cure for morphine addiction. The world would soon discover,

however, that heroin was ten times stronger than morphine and was even more addicting.

The Opiate and Cocaine Policy in the U.S.: Race-Related Anti-Drug Campaigns.

Early Drug Czars. For the first quarter of the 20th century, Presidents Roosevelt, Taft and Wilson relied, primarily, on two men to address the nation's concerns with drug abuse (see Table 1). Reverend Charles Henry Brent and Hamilton Wright represented the U.S. internationally and brought the drug issue, visibility in the U.S. Congress and the Oval office. For example, Hamilton Wright took the lead in crafting a U.S. policy to control opium and cocaine after returning from Shanghai, where he and Reverend Brent assured the other participating nations that the U.S. would follow the conferences' recommendations to establish controls on opiates. In return, China would open its ports to the U.S. for trade (Musto 1999).

Wright's first effort – the Foster Bill of 1911- found support among some U.S. senators, but ultimately died when its proponents were unable to convince Congress that cocaine and opium use comprised a real threat to the American public. Despite considerable and growing abuse of and addiction to opiates and cocaine, there was more concern over alcohol abuse in the U.S. at this time (Gusfield 1963). This frustrated Wright.

Under pressure to deliver, Wright and others resorted to race-based rhetorical strategies to drum up increased support for a revised bill– eventually called the Harrison Act of 1914. The use of racist imagery and rhetoric to secure support for and pass drug legislation had, consequently, debuted at the Federal level. However, precedent for it had been set by states like California, which had used racist tactics to curtail Chinese immigrant actions in northern California around the turn of the century (Morgan 1978). The early success of moral

entrepreneurs in using racist strategies—based on deep-seeded prejudices would lay the groundwork for many others in future anti-drugs and alcohol legislation. In fact, many concur that today's drug war continues in this vein.

Two race-based campaigns would eventually produce the kind of support that Wright and others needed to secure passage of opiate and cocaine legislation. The first one linked the cultural custom of opium smoking among the Chinese to deviant sexual activity with and rape of white women. The equation extolled in this campaign was simple: Chinese men + opium smoking = sexually-based violent crime against white America (especially white women).

To summarize the story told by opiate moral entrepreneurs, Chinese men, who came to America to work on the trans-continental railroad, brought with them their cultural custom of smoking opium in “dens” (i.e., perhaps yesterday's version of a dope or crack house). Wright and others claimed that these Chinese men lured White women into the dens to smoke opium and, while under its influence, they initiated deviant sexual acts with the women and forced others into sexual relations and eventual opiate dependency. The proposed policy solution was, therefore, to make opium smoking illegal to the Chinese first (Chinese Exclusion Act – see Morgan 1978) and eventually to all Americans via the Harrison Narcotics Act (Courtwright 2001a; Musto 1999).

The second race-based campaign used to pass Wright's legislation centered on African-American use of cocaine, mostly in the southern states and on the east coast. Moral entrepreneurs, like Wright and powerful media institutions, began telling stories about how cocaine made Black men extra strong, defiant, and impervious to a .22 caliber bullet. “Armed”

with such traits, Whites feared Black men would resort to all types of crime, but especially those involving violence (Courtwright 2001a; Musto 1999). Consequently, the equation used above to describe the campaign against Chinese Americans had relevance to the second campaign against black Americans. One difference, however, is that cocaine use was not a cultural custom for black Americans. Rather, their consumption of cocaine started via coca-cola (which contained real cocaine in the early 1900s), after concerned states moved to ban alcohol (they became “dry” states— See Musto 1999). There is also evidence that white business owners gave black laborers cocaine in order to increase their work day.

Historians have noted that the association of cocaine and crime among black Americans likely had its origins at this time. As later paragraphs and chapters will show, this association persists today. While some have noted that the roots of early 20th century, White concern about black cocaine use wasn’t about a rise in the crime rate, but rather about fears of their defiance of power and threat of rebellion, today mainstream America constructs the cocaine and crime problem among Black Americans without political-economic motivation. Once again, history shows us that U.S. drug control results from an interconnection of myriad factors (see Table 2).

Provisions of the Harrison Narcotics Act of 1914

Using a combination of the above stated public health, social and cultural factors (as depicted in Table 2) to successfully elevate the opiate/cocaine issue to a national-level, Wright and company now faced their final obstacle in securing passage of the reformulated Foster Bill, now being called the Harrison Narcotic Act. Since the U.S. opiate and cocaine addiction problem was viewed largely as an accidental outcome of the consumption of legal goods and patent

medicines, the Harrison Act would target the producers and distributors of such goods, not the abuser/addict consumers themselves (Brecher 1972). This included pharmaceutical companies and the medical profession, two increasingly powerful political lobby groups in early 20th century U.S. who were early enemies of the legislation.

Their opposition was politically, economically, and public health-oriented. First, the pharmaceutical industry and medical profession wanted to be able to retain control over the distribution and sale of patent medicines since, they reasoned, they were the qualified experts on medications. Second, they did not want the federal government to jeopardize their profits with taxation and rules for manufacture, distribution and sale. Third, pharmaceutical companies and especially the medical profession had a sincere interest in preserving their patients' health. They believed in pain management and that any resultant addiction was a disease to be treated medically. They could not foresee accomplishing these tasks with legislative obstacles.

Despite these concerns, the pharmaceutical industry realized the growing momentum of support for federal opiate and cocaine legislation. Consequently, they attempted to secure proper representation in the pending legislation by organizing a National Drug Trade Conference (NDTC) in Washington, DC in 1913. After some struggle, they reached agreement on several revisions and called a meeting with Wright and Representative Harrison, who was supporting the legislation, to discuss their position. Wright was, initially, outraged at the NDTC's recommendations, but later had to accommodate at Harrison's request (Musto 1999).

The Harrison Narcotics Act was successfully passed by the 63rd Congress on December 14, 1914 and was signed by President Wilson three days later. It was essentially a revenue act,

not a piece of criminal legislation. It laid out rules regarding the production, distribution, and sale of narcotics (e.g., opium and cocaine). Doctors had to register with the Federal government in order to prescribe them and had to also pay a tax on every transaction. The specific provisions of the Harrison Narcotics Act are illustrated below in Figure 1 (see also Brecher 1972). Full text of the act can be found at www.druglibrary.org/schaffer/history/e1910/harrisonact.htm.

Figure 1. Major Provisions of the Harrison Narcotics Act of 1914.

1. Registration	Every person who produces, imports, manufactures, compounds, deals in, dispenses, distributes, or gives away opium or coca leaves or any compound, manufacture, salt, derivative, or preparation thereof, shall register with the collector of internal revenue of the district.
2. Taxation	Every person who produces, imports, manufactures, compounds, deals in, dispenses, distributes, or gives away any of the aforesaid drugs shall pay to the said collector a special tax
3. License to “prescribe”	It is unlawful for any person to sell, barter, exchange, or give away any of the aforesaid drugs except in pursuance of a written order of the person to whom such article is sold, bartered, exchanged, or given, on a form to be issued in blank for that purpose by the Commissioner of Internal Revenue.
4. Record keeping	That such physician, dentist, or veterinary surgeon shall keep a record of all such drugs dispensed or distributed, showing the amount dispensed or distributed, the date, and the name and address of the person to whom such drugs are dispensed or distributed

Unlike its proponents had hoped, abuse and addiction to narcotics did not decrease initially with passage of the new law. Instead, they increased. The law did not disallow consumption of the drugs, but it did dissuade doctors from prescribing them. After the first few Harrison Act arrests of physicians, they began to get out of the business of prescribing opiates, especially to those whose sole condition addiction or dependence. As a result, black markets emerged in major cities, thus causing the unanticipated rise in abuse (Brecher 1972).

Figure 2. Additional Laws Tightening Opiate and Cocaine Control

Narcotics Drugs Import and Export Act 1922
Porter Narcotic Farm Act 1929
Uniform State Narcotics Act of 1932
Opium Poppy Control Act of 1942

Congressional response was swift and certain. Subsequent laws (see Figure 2) for the next ten years after the Harrison Act of 1914 would tighten the landmark legislation even more and would, consequently, send the production, distribution and sale of opiates (e.g., heroin) and cocaine into the black market. Consequently, the criminalization of users and addicts was underway. The laws described above re-defined them as criminals with free will instead of patients needing treatment.

“Prohibition”: Alcohol Control in the early to mid 1900s.

Like many societies, Colonial America had multiple uses for alcohol, ranging from the medical to the recreational (Siegal and Inciardi 1995). Recreational drinking and intoxication from distilled spirits was a common feature of life in the early United States. Few problems with alcohol appeared.

With the revolution and growing industrialization, alcohol’s place in society, especially in the urban landscape where industry was vibrant, changed dramatically. For example, drunkenness mostly occurred behind closed doors in Colonial America but became quite public with the growth of industry and the appearance of taverns and saloons. Concerns about the

prevalence of drinking and drunkenness and, especially, its negative consequences (e.g., domestic violence, lost employment, etc) began to cast a very dark shadow on this staple of American culture (Gusfield 1963).

By the early 1900s, the consumption of alcoholic beverages troubled the nation more than opiates and cocaine. The concern was wide-reaching. It spanned from housewives to major political figures, including President Adams. In 1760, President Adams wrote in his diary that taverns were:

becoming the eternal haunt of loose, disorderly people . . ." (Cherrington, 1920: 37).

These houses are becoming the nurseries of our legislators. An artful man, who has neither sense nor sentiments, may, by gaining a little sway among the rabble of the town, multiply taverns and dram shops and thereby secure the votes of taverner and retailer and of all; and the multiplication of taverns will make many, who may be induced to flip and rum, to vote for any man whatever (Dobyns, 1940: 215).

However, just as support for both temperance and out-right prohibition was strong, so was opposition to it. The temperance and prohibition movements were long in the making. Both sides had ample resources and support, so that alcohol control policies unraveled slowly over a long period of time. The paragraphs below describe, once again, that control of mood-altering substances, such as alcohol (Prohibition and its repeal), emanates from a myriad of factors like those depicted in Table 2. We begin with cultural influences.

Alcohol and Domestic Culture Wars

Deep-seated ideologies about morality and the role of alcohol consumption for Christians

comprise the major cultural explanations for Prohibition (see Table 2). Groups such as the Women's Christian Temperance Union (WCTU) and the Anti-Saloon League believed drinking alcohol was amoral, deviant, and counter to Christianity. The power of these beliefs in securing alcohol control cannot be underestimated (Goff and Anderson 1994). Cherrington (1920: 92) has proposed:

Every successful temperance movement of the last century has been merely the instrument-the machinery and equipment through which the fundamental principles of the Christian religion have expressed themselves in terms of life and action.

One of the most effective groups to lobby for Prohibition was the Woman's Christian Temperance Union (WCTU), founded in 1874 in the United States. The WCTU began as a group of housewives in Ohio concerned about their husbands drinking away household income during the Great Depression. Drunkenness was extremely prevalent at this time and taverns and saloons were a routine stop in the average man's day. Leading the WCTU were Frances Elizabeth Willard , Susan B. Anthony, and Carry Nation. Frances E. Willard, someone who was also committed to the equality of the sexes, headed the group. She often used the alcohol situation to compare the sexes.

Drink and tobacco are the great separatists [sic] between men and women. Once they used these things together, but woman's evolution has carried her beyond them; man will climb to the same level . . . but meanwhile ... the fact that he permits himself fleshly indulgence that he would deprecate in her, makes their planes different, giving her an

instinct of revulsion (Furnas, 1968: 281).

Willard was a prominent force in lobbying Congress on Prohibition and various other civil rights issues. She was an extremely adept communicator, one with magnificent power over her audience. She became the leader of the National and then the World's Woman's Christian Temperance Union. The WTCU wielded considerable lobbying power in Congress for Prohibition (Chadwick– www.womenshistory.com).

The Anti-Saloon League took issue with alcohol's "deviant" side, claiming it ran counter to fundamental principles of Christianity and Democracy. The Anti-Saloon League (founded in 1895 and now known as the American Council on Alcohol Problems) also wielded significant political power in the Prohibition debate. It used moral appeals for moderation and abstinence to rally support for government control of liquor (see Gusfield 1963 for more on this point). Both the WCTU and the Anti-Saloon League influenced the passage of many liquor laws and eventually succeeded in securing federal prohibition (1919-33).

The Great Depression, Decline of the family, and Rising crime

Pro-Prohibition groups, especially labor unions and some industrialists, also were concerned about alcohol's impact on fundamental social institutions, such as the family and the work place. The early 1900s saw the devastation of the Great Depression. Alcohol was believed to exacerbate the impact of this sordid economic time by crippling industry's productivity, fostering unemployment, and threatening family stability. For example, businesses believed the saloon was often responsible for industrial injuries and absenteeism. Furthermore, union locals tended to congregate in saloon meeting halls maintained for that purpose and, it was sometimes

suspected, for anarchy plots (Furnas, 1968: 310).

Prejudice and racism also reared their heads in the debate. Two groups were signaled out: black Americans and non-English immigrants, especially German Americans. Prohibition supporters used rhetorical strategies claiming liquor caused black Americans to commit “unnatural” crimes. This tactic had made its debut among proponents of opiate and cocaine control (see above and Table 2).

Negative sentiment about non-English immigrants was slightly more complex, tied both to an outright prejudice against Western-Europeans and fears that German Americans would threaten the democratic and Capitalist principles of the U.S. As cities expanded, the distrust of the immigrant population became more pronounced. Prohibition was given a strong impetus by the anti-German tremors which shook the country anticipating World War 1. Literature depicted brewers and licensed retailers as stabbing American soldiers in the back. "Liquor is a menace to patriotism because it puts beer before country," preached Prohibitionist Wayne Wheeler (Odegard, 1928: 72). When companies such as Pabst, Schlitz, and Blatz broadcast their national origin, it only further injured their interests.

The Political Economy of Alcohol Sales.

The link between politics and economics was very close in conjuring up support for Prohibition, making it difficult to ascertain which factors were more important or had greater influence. A useful way to understand this landmark policy is to discuss the various political lobby groups active in the debate and the substance of their support or opposition. Supporters of Prohibition included grass-root, citizen organizations (Women’s Christian Temperance Union),

religious groups (Evangelical Church and the Anti-Saloon League), labor unions, political parties (Prohibition party), and state and federal government agencies. On the other hand, opponents of the Prohibition lobby included the alcohol industry, immigrant groups (e.g., the German-American Alliance), and local saloons.

Above, we noted the political influence of citizen organizations and religious groups, such as the WTCU and the Anti-Saloon League, whose concerns about alcohol were cultural in nature. Other groups had more political and economic interests in Prohibition. For example, prior to Federal legislation, many states had were able to control alcohol via the Webb-Kenyon Act of 1913, which permitted them to ban (i.e., become a “dry” state) or retain (i.e., become a “wet” state) legal alcohol sales. Unlike the Harrison Narcotics Act, the movement for Prohibition began as a state-level concern, not a Federal government one.

Herein lies an important political-economic issue regarding Prohibition. At the Federal level, alcohol sales furnished considerable tax revenue. Some have noted that between 1870 and 1915, alcohol sales and taxes provided anywhere from half to two-thirds of the entire IRS budget (Hu 1950). The U.S. Government constructed these taxes as a way to curtail alcohol sales. However, it is also easy to see the irony here, given the extent to which legal alcohol sales fund its operation as well.

Of course, organizations, such as the U.S. Brewer’s Association, and establishments, such as saloons and taverns, had a direct financial interest in alcohol sales and were against Prohibition. Organization among these pro-alcohol groups was lacking, however, making them unable to launch an effective opponent on the alcohol issue. Add to this the growing tide of support for

Prohibition among the general public, and alcohol would soon find itself banned at the federal level.

National Prohibition (1919-1933) and its Repeal.

The 18th or “Prohibition” Amendment, otherwise known as the Volsted Act, passed both houses of Congress in December of 1917 and was subsequently signed by President Wilson. Within a year, most states had ratified it. For 13 years, the manufacture, sale, and consumption of alcohol was prohibited in the United States. By 1933, however, President Roosevelt would repeal Prohibition via the 21st Amendment.

Why did this happen? If alcohol was such a grave social problem at the time, a problem more serious than opiates and cocaine, why were laws against it repealed while those against other substances upheld? Did the effects of Prohibition wreak unique consequences for American society that other drug legislation did not?

Answers to these questions remain complex, even with the luxury of hindsight. The experience of Prohibition is, in many ways, similar to that of other drug laws reviewed in this chapter. Table 2 illustrates this common ground. However, it differs dramatically in at least one critical respect; it was completely abolished after only a few short years. To date, alcohol is the only mind-altering substance to have been fully legalized by Federal and State governments after a period of prohibition. In fact, the 18th amendment to the Constitution remains the only one to have been repealed.

The paragraphs below briefly review the leading reasons experts have proposed explain this major legislative change. In forthcoming paragraphs and chapters, however, we reveal that

other major drug laws have had similar effects yet they have not warranted governmental repeal, although activists have repeatedly called for them.

A main reason for Prohibition's failure was its inability to quell American's taste for alcohol. Groups such as the WCTU, the Anti-Saloon League and others hoped Prohibition would spur renewed adoption of temperance values, Christian living, and a solid work ethic. But at the time of the Great Depression, alcohol proved too great a comfort for those experiencing dire economic times.

Data for the era show that alcohol consumption during the period of Prohibition may have actually increased instead of decreasing as the moral entrepreneurs had hoped. For example, Tillit (1932) noted the per capita rate for the Prohibition years a 1.63 proof gallons, which was 11.64% higher than the Pre-Prohibition rate. Data from the Bureau of Prohibition paints a contrary picture. In terms of pure alcohol, the Bureau concluded that per capita consumption in 1930 was 35% of the 1914 the legal rate. Tillit (1932: 35) has criticized these estimates as being too low or a very conservative.

With demand like this, it's no surprise that a bootleg trade emerged shortly after passage of the Volstead Act.. When legal enterprises could no longer supply the demand, an illicit traffic developed, from the point of manufacture to consumption. Speakeasys replaced saloons and taverns. Historians estimate the number of speakeasies in the United States from 200,000 to 500,000 (Lee, 1963: 68). This widespread illegal production and sale would eventually lead to increased crime, centered on the accumulation of profit.

Enter Al Capone and organized crime. Centered in Chicago, Al Capone rose to power,

fame and fortune by gaining control of the bootleg alcohol industry via an indiscriminate use of force. Cities experienced dramatic escalation in organized crime and violence. Prohibition agents were routinely injured or killed; 30 agents killed in the line of duty. The public became extremely fearful of crime and violence.

The factors leading to the repeal of Prohibition did not, however, center solely on public demand and the consequences of illegal supply. Prohibition enforcement overwhelmed Federal agencies and the court system. For example, in 1921, 95,933 illicit distilleries, stills, still works and fermentors were seized. By 1930, the total number jumped to 282,122. In connection with these seizures, 34,175 persons were arrested in 1921 and 75,307 by 1928 (Internal Revenue, Service, 1921, 1966, 1970). Concurrently, convictions for liquor offenses in federal courts rose from 35,000 in 1923 to 61,383 in 1932. Courtroom efficiency was evasive. Conviction rates averaged a mere seven percent (Sinclair, 1962: 193-195; Dobyms, 1940: 292).

Contributing to these procedural problems was the prevalence of corruption and scandal among law enforcement. Monies from illegal alcohol sales were too tempting for some to deny. Still other agents feared for their lives if they did not acquiesce to black market pressure. Most agents at the Bureau of Prohibition were dismissed for corrupt acts or were arrested and jailed.

Law enforcement was not the only conventional institution hindered by corruption and abuse. So too was the medical industry, which saw the opportunity for great profit in Prohibition. Although there may have been legitimate, medicinal purposes for whiskey, the practice of obtaining a medical prescription for the illegal substance was abused. It is estimated that doctors earned \$40 million in 1928 by writing prescriptions for whiskey (get cite for this).

When taken together, these factors motivated state and federal governments to change course. Congress officially adopted the 21st Amendment to the Constitution on December 5, 1933. Within three weeks of taking office, President Roosevelt witnessed the first sales of 3.2 beer, following a redefinition by statute of the terms "intoxicating liquors." Sale of beer became legal on April 7, 1933, in the District of Columbia and the 20 states where state laws did not prohibit its sale. During the next four years the remaining states changed their laws to permit its sale, with Alabama and Kansas in 1937, as the last to join the legal sale ranks.

The Marijuana Tax Act of 1937

Marijuana and hashish come from the hemp plant, *cannabis sativa*. The naturally-grown plant is a mild hallucinogen used to alter consciousness. Early use of the plant in the U.S. was not, however, for recreational purposes. Instead, it was used to make paper and sturdy garments, such as canvass (Sloman 1979). Pharmaceutical companies, such as Parke Davis and Squibb, used it to treat numerous illnesses, such as asthma, gout, tetanus, cholera, and some forms of mental illness. Countries such as Poland, Russia, and Lithuania also used the cannabis plant in a similar fashion. Slowly, exploration of the drug's mood-altering qualities emerged, some of which were documented in literary magazines by a brilliant young writer named Fitz Hugh Ludlow (Sloman 1979). In a Putnam's Monthly publication, Ludlow wrote:

In returning from the world of hasheesh, I bring with me many and diverse memories. The echoes of a sublime rapture which thrilled and vibrated on the very edge of pain; of Promethean agonies which wrapt the soul like a mantle of fire; of voluptuous delirium which suffused the body with a blush of exquisite languor -- all are mine (Ludlow, 1856:

48)

Use of the cannabis plant for recreational purposes was already known to Mexican's, who idolized the weed in song, dance and other cultural customs. When translated, for example, the famous song Mexican folk song– “La Cucaracha” (which is often taught in beginning Spanish classes) highlights marijuana's effects:

The cockroach, the cockroach

Now cannot walk

Because he does not have, because he does not have

Marijuana to smoke. (Sloman 1979: 29).

Mexican use of marijuana would become an important factor in U.S. drug control as immigrants migrated to the U.S. to fill the Southwest labor pool during World War I (check this Tammy). Later, as the Great Depression took hold, the cultural custom of marijuana smoking would be used to remove Mexican's from the labor force so that White Americans could enjoy fuller employment.

Use of cannabis, especially marijuana, showed up first in the U.S, among blacks in the South and social outcasts, such as prostitutes, pimps, and other members of the criminal class—most of which were White. Since the recreational use of marijuana was first associated with minority group members or “deviants,” its stigma took hold early on. This stigma was exacerbated when the medical profession began to abandon its use in treating the conditions described above. The paragraphs below review the numerous factors that resulted in the Marijuana Tax Act of 1937, the first federal legislation controlling all cannabis products.

Culture Conflict in the Depression-Era South

Experts (Musto 1999; Sloman 1979; Grinspoon 1997) have pointed to two different cultural phenomena that brought the marijuana issue to national attention and were driving forces behind control policies. The first was a culture clash between the customs of Mexican immigrants and white Americans. While at one level this dissension was cultural in nature, at another, it was about economics and politics. The second cultural factor would be the connection between jazz music, a “deviant” art form favored by outcasts, and marijuana.

The Pre-imminent Drug Czar. Resolution of these two cultural issues for mainstream White America was entrusted to Harry J. Anslinger. He took Levi Nutt’s place at the Narcotics Division of Prohibition Unit and became acting commissioner of Federal Bureau of Narcotics. It could be argued, that Anslinger has been the most dominant figure in U.S. drug policy history. As shown in Table 1, he was the nation’s point person on drugs under five different presidents or for more than 40 years.

Mexicans, Marijuana, and Labor. Originally, Mexicans migrated to the U.S. to fill jobs left vacant by soldiers fighting numerous wars during the late 1800s and early 1900s. After WWI, the Depression hit and unemployment skyrocketed. Whites in the south, especially in the southwestern states such as Texas, began to complain that Mexican workers were an undesired labor pool, competing with them for scarce jobs. Southern Congressman rushed to construct a “Mexican labor” problem and began to lobby their peers and put pressure on Presidents Hoover and Roosevelt to do something about it.

The cultural custom of marijuana smoking became the mechanism to address the

“Mexican labor” problem. Congressman from the South pressured Harry Anslinger to find a quick resolution. The hope was that a federal law curtailing marijuana smoking remove Mexicans from the work force and free up jobs for whites. Early on, however, Anslinger saw little need for this to be a federal issue and tried, instead, to get the states to adopt their own laws via the Uniform State Narcotics Act of 1932 (see Table 1. And Musto 1999; Sloman 1979).

Stories continued to be circulated by wealthy businessmen, such as William Randolph Hearst (owner of many communications outlets). They told of rowdy and “terrible” acts engaged in by Mexican marijuana smokers. Such stories caught Anslinger’s ear and began to change his mind on marijuana. After much regret and hesitation, Anslinger jumped on board the movement toward federal legislation.

Having witnessed the successful use of racial stereotypes to drum up support for the Harrison Narcotics Act, Anslinger adopted similar tactics to campaign Congress (Musto 1999; Sloman 1979; Grinspoon 1997). He was able to secure some support for marijuana control. However, many Congressman remained unmoved due to Anslinger and company’s failure to demonstrate that the marijuana problem was little more than a local issue for states like Texas to reconcile. Evidence of widespread public health consequences from the drug, however, was nowhere to be found.

It was with the discovery of marijuana use in the jazz music scene that concerns started to escalate about the prevalence of health problems related to marijuana use. The second cultural phenomena to facilitate marijuana control, therefore, was the subculture of jazz music and marijuana use. The scene was comprised of diverse U.S. citizens, considered social outcasts

(blacks, musicians, sexual deviants and common criminals) in major metropolitan areas such as Harlem and New Orleans. While the association with drug and alcohol “abuse” with crime in the U.S. was now firmly in place, the subculture of jazz and marijuana would mark one of the first connections between a genre of music and drugs. This link has persisted throughout time and can currently be seen in drug control policies related to electronic dance music (e.g., techno, house and trance--see below).

Sloman (1979) maintains the federal obsession with the jazz subculture struck a familiar chord of associating musicians with deviance. Early jazz stars, e.g., Milton “Mezz” Mezzrow and Cab Calloway, endorsed the marijuana experience and thus solidified the use of marijuana as a fundamental part of the subculture. For them, marijuana was seen as a great psychic equalizer that could confer status and dignity on an outsider while calming depression (Courtwright 2001b; Sloman 1979; Grinspoon 1997). In addition, participants viewed jazz and marijuana as protests against suffering and oppression, especially that experienced by black Americans. Soon, the jazz subculture developed an entire argot– or language- around marijuana. It found blatant reference in songs, which were used to promote solidarity.

An indication of Anslinger’s campaign against the jazz subculture was a file he maintained called “marijuana and musicians.” He made special notation every time a marijuana case involved someone on the jazz music scene. Sloman (1979: 135) noted:

“The battle between the Bureau and the jazz world first surfaced in February 1938, when two Mexicans were arrested in Minneapolis and charged with violation of the Tax Act by growing and distributing \$5,000 worth of marijuana. The arrest prompted a statement by

Joseph Bell, District supervisor for the Bureau, linking swing music, the big apple dance, and jam sessions to the increase in the use of the drug. So as jazz music and swing dancing rose in popular culture, so did the perceived use of marijuana. The three things were seen as inseparable by the moral entrepreneurs.

The Public Health Campaign or Anslinger's "Gore" File on Marijuana.

With two major pieces of drug and alcohol legislation (HNA of 1914 and Prohibition) now on the books, the American public was growing accustomed to the idea of governmental control and the anti-drugs quests of moral entrepreneurs. So as stories started to spread about marijuana use traveling from deviant subcultures into white America, support for federal control mounted.

Two other public health issues would boost support for this effort. They are the growth in marijuana use during Prohibition and the designation by Anslinger and cronies that marijuana was a "gateway" drug to other, more dangerous substances.

These public health concerns, in addition to the increased association of marijuana with crime and violence, became a what Sloman (1979) calls a "Gore" file, a script used by moral entrepreneurs to preach about the gory details of marijuana's horrors, specifically its link to violent crime. The "Gore" file was assembled with outrageous and largely unfounded stories of the health consequences associated with marijuana use, which were refuted by famous scientific studies such as the La Guardia report (Grinspoon 1997; Sloman 1979).

Nevertheless, given all of these factors, the Marijuana Tax Act became law on October 1,

1937 (Musto 1999). Like the Harrison act before it, the Marijuana Tax Act was largely a revenue measure that required all involved with the drug to secure a stamp from the federal government in order to sell or purchase it. Of course, very few of the stamps were allocated by the Feds in an attempt to eliminate the trade. Jurisdiction over the law was held at Anslinger's Federal Bureau of Narcotics (FBN) at the U.S. Department of Justice.

The Counter-culture and Drug Control in the 1960s and 1970s.

After the passage of the Marijuana Tax Act in 1937, drug control in the United States entered a period of unprecedented restriction. Harsh enforcement of the nation's drug laws followed, due largely to Anslinger's efforts. New to the scene were mandatory minimum criminal penalties for drug offenses via the Boggs Act, which President Truman signed in 1951. A few years later at Anslinger's urging, President Eisenhower broadened this law via the Narcotics Control Act of 1956 (see Table 1). It increased penalties for the sale and possession of marijuana and heroin, including the death penalty for the sale of opium by someone over 18 years of age to someone under 18 years of age (Brecher 1972; Musto 1999).

From the start, these laws were disliked by the American public. Soon, Anslinger's relentless pursuit of drug users and sellers fell out of favor and there was little evidence it impacted drug use in the expected fashion (Musto 1999; Sloman 1979; Courtwright 2001b). Add to this the growing influence of the National Institute of Mental Health and other such anti-FBN forces that opposed harsh drug laws, and the country would soon witness a brief, but pronounced, shift toward a more medical approach to drug control.

Initiated under President Kennedy, this medical model would include an empathetic focus

on the addictive nature of drugs and would recommend education and treatment (Massing 1998). The United States would, subsequently, experience a brief period of time where drug control policy was not considered an all-out war. For example, President Johnson would pass three bills, i.e., Community Mental Health Centers Act of 1963, Drug Abuse Control Amendment of 1965, and the Narcotic Addict Rehabilitation Act of 1966 (see Table 1) extending mental health classifications of addiction and education and treatment for addicts (Musto 1999; Brecher 1972). The 1960s and 70s would, for the most part, put into place many laws consistent with the medical approach. The exception would be President Nixon's bifurcated strategy featuring both supply and demand reduction tactics (see more below).

Despite the shift in policy, the upswing in drug use that had started in the 1950s, rose even more dramatically in the 1960s and 1970s. No longer confined to stigmatized groups (e.g., black heroin addicts, marijuana smokers in the jazz community, or Mexican immigrants), the American public, including the white middle-class, continued consuming many different drugs.

Over time, conservatives have been quick to conclude this as a failure of the medical model. However, the paragraphs below illustrate that a major social and cultural change in the U.S. change would also play a role in the growth of drug use in the second half of the 20th century.

Social Unrest and Counter Culture in the 1960s.

In the 1960s, white middle-class youths, were experimenting with drugs, including marijuana, causing wide public concern (Gitlin 1987). Some of the new interest in drug use has been explained by the intolerance toward it in preceding decades. Another explanation was the

Baby Boom's discontent with the world around them, e.g., the Vietnam war, social injustice, and repressive government control. In fact, the 1960s dramatic rise in drug use is a good example of the interplay between cultural, social, and public health factors (see Table 2 for more on this point).

Fallout from the Vietnam war and civil rights (e.g., by race and gender) concerns fueled a cultural revolution and the emergence of a fascinating subculture called the "Hippies." Hippies were skeptical of government. They sought to free themselves from society's alienating norms by embracing the ideals of adhesive love, peace and justice (Gitlin 1987). Many youth left their working-class homes, where their parents and community members had resisted the civil rights movement. Being alienated from their towns and considered communists, these youth found it easy to side with the anti-war movement and join the hippy subculture.

Drugs helped secure the freedom for which they longed. By the 1960s, marijuana had moved from black and Hispanic, jazz-minded enclaves to the white middle class (Gitlin 1987). The drug's ability to open minds to new understandings and philosophies fit perfectly with the social movement embraced by the Hippies. Popular music and literature gave their message against what was perceived to be an unfair government and unequal society. For example, music of the 1960s was filled with tales of oppression and liberation, in addition to drugs. Jimi Hendrix released a song titled "If 6 was 9" that described his oppression: "White collared conservative flashing down the street/Pointing their plastic finger at me/They're hoping soon my kind will drop and die...Go on Mr. business man/You can't dress like me." The country had seen such a phenomena before with the jazz subculture of the 1930s.

Marijuana was not the only drug to have this effect. Others did as well, including a potent new hallucinogen, LSD. Users of LSD experienced mystical effects that opened their minds to things not previously considered. Prophets, such as Timothy Leary and Allen Ginsberg, began extolling its use. They declared drugs a form of resistance against the oppressive U.S. government and encouraged college students to “tune, turn on and drop out” (Gitlin 1987; Sloman 1979).

Thus, the 1960s became a period associated with widespread drug experimentation, which accompanied an unpopular war and massive social change. Parental alarm about children’s drug use began to swell. Anti-drug proponents, conservatives at the time, took to the streets proclaiming marijuana a “gateway” to more dangerous drug use (e.g., heroin addiction).

Use and addiction to marijuana, LSD, amphetamines, and heroin were also prevalent among soldiers in the Vietnam war (Grinspoon 1997; Steinbeck 97), especially heroin addiction. This concerned President Johnson. However, President Nixon would emerge as the most vehement campaigner against drug abuse (Gitlin 1987). The White House was worried that a drug-addicted military would be unable to achieve its goals in Southeast Asia. Concerns such as these, as we have shown above, were also present during other wars (see Table 2).

President Nixon: From “tolerance” in the 1960s to renewed repression by the 1970s.

While his public rhetoric portrayed him as a “law and order” president, one tough on the drug problem, President Nixon’s contributions featured fairly even policies for treatment and law enforcement. Table 1 illustrates this point. A partial explanation for this bifurcated strategy stems from the influence of Nixon’s advisors. Egil “Bud” Krough was brought on board to deal

with the domestic crime problem, while Dr. Jerome Jaffe (who had gained recognition in drug treatment during the Kennedy and Johnson years) would serve as point person on treatment, especially of heroin addiction. Krogh took charge of domestic law enforcement, seeking to break crime syndicates responsible for drug dealing. Soon, his campaign would take him abroad and into the quagmire of international supply reduction. Dr. Jaffee, on the other hand, would coordinate the administration's treatment initiative, which invested heavily in methadone maintenance to combat heroin addiction (see the Methadone Control Act of 1973 and others on Table 1). Since, Jaffee was considered the drug expert while Krogh's position was more a crime-oriented, we designate Jaffe as Nixon's "drug czar," although both played an important role (see Massing 1998 for more about Krogh and Jaffee).

Other reasons for Nixon's dual approach had to do with his own personal beliefs versus what the public desired. Privately, Nixon despised drug addicts and talked badly about them and those who lobbied for their interests (Massing 1998). For example, he believed that the marijuana lobby was a Jewish and homosexual agenda, two groups he disliked (CSDP 2002). In tapes from Oval Office conversations with drug advisors, Nixon stated "Every one of the bastards that are out for legalizing marijuana is Jewish. What the Christ is the matter with the Jews?" About homosexuals, Nixon stated "You see, homosexuality, dope, immorality in general. These are the enemies of strong societies. That's why the Communists and the left-wingers are pushing the stuff, they're trying to destroy us" (Oval Office Tapes, 1971).

Publicly, however, Nixon stayed silent about his biases and conveyed a tough stance on drugs, since the public was increasingly favoring law enforcement. To appease them, Nixon

talked of drugs as “public enemy number 1.” However, even though the public supported drug control via law enforcement, they did not favor the long mandatory minimum sentences for possession of small amounts of marijuana, a strategy utilized by Anslinger in the 1940s and 1950s. Given public sentiment and the approaches of past administrations, Nixon found himself lodged between the medical and criminal models of drug control.

For example, he signed four major pieces of drug policy into law, making him one of the most active on the issue. The Drug Abuse Office and Treatment Act of 1972 and the Methadone Control Act of 1973 were more concerned with the treatment of addiction, remaining consistent with the previous administration’s more “medical” approach. On the other hand, the Heroin Trafficking Act of 1973 would establish new and harsher penalties for heroin distribution.

Nixon’s biggest contribution to drug control policy, however, was the massive Controlled Substances Act of 1970 (CSA of 1970). It contained three major provisions and numerous minor terms. First, it replaced all existing federal laws on controlled substances. For example, the Harrison Narcotics Act and the Marijuana Tax Act were subsumed into the new law. Second, it established a classification system of “controlled” substances, i.e., drugs that required jurisdiction by the Federal government. Drugs were placed in one of five schedules based on their potential for abuse, known harmfulness, and medical value. The system was created to not only deal with addiction-related issues but also economic ones stemming from the diversion of drugs from legal markets (pharmaceutical companies and doctors offices) to illegal ones. Drug diversion was a critical concern for the Nixon administration (see Table 2). The scheduling of drugs outlined in the CSA of 1970 still guides federal drug control today.

Third, the new law created the Drug Enforcement Agency (DEA), which would replace the Federal Bureau of Narcotics and act as the central agency for drug enforcement in the U.S. The DEA's charge would be to set and enforce penalties according to the drug schedule. Today, the DEA continues to control how drugs are scheduled. This point is critical in determining new drug laws, penalties, and reforms (see below and Table 3).

President Carter and Peter Bourne: Renewed Tolerance in late 1970s

During the mid to late 1970's, drug policy visibly softened under President Carter. While Carter signed fewer laws than Nixon (see Table 1), his administration spoke out publicly in support of more lenient policies, including marijuana decriminalization. This was a dramatic departure from Nixon's rhetoric.

In a short period of time, many states moved to decriminalize marijuana. Alaska actually legalized it. It is important to point out this was the only time in U.S. history, since passage of the Marijuana Tax Act in 1937, that use of marijuana was decriminalized or sanctioned with fines rather than arrests and incarceration.

The Carter administration, i.e., the president and his drug experts, believed in the concept of 'responsible use' of drugs, that people could use them without becoming addicted or experiencing other problems. President Carter relied heavily on his advisors, including his point person Dr. Peter Bourne, who advocated a more medical approach to the drug problem. In addition, the growing political influence of marijuana law reform groups, such as the National Organization for the Reform of Marijuana Laws (NORML), pressed the administration successfully for more lenient policies.

Unfortunately, marijuana and other drug use escalated considerably in the late 1970s. In fact, official data continue to show this period as having some of the highest rates of illicit drug use of all time (Johnston, O'Malley and Bachman 2003a; 2003b). Use also increased in adolescents despite the fact that drugs never were legal or decriminalized for that age group. For example, the Johnston, O'Malley and Bachman (2003a) data show that, among 12th graders, about 47% reported using marijuana at least once in their lifetimes in 1975, but that figure increased to 60% by 1979. Please see Chapter X for more on the trends in U.S. drug use.

This was not good news for President Carter and his drug experts. Cocaine use among this group also increased dramatically and kept doing so through President Reagan's first term (1980-1984). The administration's credibility on the drug issue worsened when Dr. Peter Bourne fell into controversy in 1978. Bourne had prescribed a painkiller, methaqualone, for an aide's pain and illness. He made out the prescription to a fictitious name in order to protect the aide's identity (as is often done). Within a few days, this prescription would become a national scandal. The situation worsened when a *Washington Post* story broke that Bourne had snorted cocaine at a NORML party. The public was not surprised by this since Bourne had, a few years earlier, publicly stated his beliefs that cocaine was not a dangerous drug (Musto 1999). Bourne resigned shortly thereafter.

Given the Bourne scandal and rising rates of drug use, President Carter could no longer appear "soft" on the drug issue. Carter backed off on Congressional requests to decriminalize marijuana. This represents an important landmark in drug history, for the Carter years earmarked the period of highest drug tolerance in the U.S.

Afterwards, the punitive law enforcement model would take over and give birth to a war on drugs during the Reagan/Bush era. Leading the call for the punitive shift, were parents groups, like the National Federation of Parents (NFP), who began to object to the rampant use of drugs, especially marijuana, among their children. In the early 1980's the `parents' anti-drug movement began. Because of the perceived failure of lenient drug policies under medical models, pressure grew at national and local levels for restrictive drug policies. A huge national wave of high quality research, grassroots prevention organizations, and tightening of drug laws began.

Drug Use and Intolerance at the End of the 20th Century

Discussions about social phenomena and policy during the last two decades of the 20th century must begin with the significant cultural shift that took place during that time. This change would be both ideological and social-policy-oriented. It featured the demise of Liberalism and the birth of Conservatism. The period of the “Great Society,” established by Presidents Kennedy and Johnson, would give way to one of individual responsibility, which would privilege wealth and material accumulation over social justice. Gone was the notion that social programming was necessary to empower individuals toward better lives. In its place came conservatives, like Presidents Reagan and Bush, who viewed such programs as dysfunctional entitlements that encouraged sloth and deviance and, more importantly, stymied free market capitalism.

Whereas the concepts of individual empowerment and rehabilitation would guide drugs and crime policies of the more liberal era of the 1960s and 1970s, the conservative era of the 1980s would favor intolerance, punishment, deprivation of individual freedom, and harsh stigma.

Government rhetoric about “lenient” approaches to the drug problem would be replaced with a “zero tolerance” ethic across the board. In addition, whereas the more liberal era would view drug addiction as an illness or disease, the conservative era constructed it as a moral failing. Finally, the focus on individual demand would give way to international supply reduction as the pre-eminent weapon in the new war on drugs. The newer, conservative approach applied supply-side economic theory to the drug problem, i.e., the supply of goods and services (e.g., drugs) is what drives consumer (e.g. users and addicts) demand for them.

Most of today’s college students were born during the era of conservatism, while their parents, members of the Baby Boom, likely came of age under the more liberal era of the Great Society. An important objective of this chapter has been to help students understand the evolution of drug control policies as they emerge from various cultural, social, public health, economic, and political factors over the course of time. Today’s continued conservative approach– the War on Drugs– is an outgrowth of these phenomena. It should not be viewed as an independent entity, “just the way things are,” or immune to scrutiny or change. Since today’s student is tomorrow’s leader, he or she should be able to critically evaluate the current situation– from all angles– and use past experience to help promote a better future.

In the previous pages, we have showed that drug use has remained fairly resilient to both punitive policies and more liberal ones. At the beginning of the 1980s, drug use is high in many segments of society. Liberalism is claimed to be the cause of this problem. But will the conservatism of the Reagan/Bush all-out drug war fix this? Will other factors play a role? Let’s take a look.

Drug Use in the Early 1980s.

While Chapter X thoroughly discusses official estimates of drug use and abuse in the U.S. states over the course of time, it is important to mention that by the time President Reagan had taken office in 1981, teen drug use and older American's abuse of drugs was quite high, causing alarm in many circles. For example, in 1981 the Monitoring the Future Study showed about 60% of all high school seniors had tried marijuana at least once, while 43% had used an illicit drug other than marijuana. Furthermore, about 32% of seniors reported having smoked pot in the past 30 days, making their drug use more recent and, consequently, perceived as more problematic (see Johnston, O'Malley, and Bachman 2003a for more trends).

Drug use among America's youth would drop significantly by the end of President Reagan's administration, but all would not be rosy in the U.S. Abuse and addiction to drugs, not the casual use of drugs by teenagers, would continue unabated.

Critics have asserted that the Reagan administration focused too heavily on adolescent marijuana use and international supply reduction strategies to the neglect of older American's abuse and addiction, especially to drugs such as heroin and cocaine, and the health-related consequences stemming therefrom, e.g., HIV/AIDS and Hepatitis (Massing 1998). The result would be continued heroin addiction, substantial increases in cocaine/crack abuse, and the spread of HIV. Are these criticisms valid? The following paragraphs review drug control policies under Presidents Reagan and Bush, two of the leading figures in the conservative era.

The Reagan's: International Policing and the "Just Say No" Campaign.

President Reagan was confronted with the drug problem almost immediately upon taking

office. In his face were more than 3,000 parents groups organized as a political lobby group entitled The National Federation of Parents for a Drug Free Youth (NFP). The NFP was worried about teenage drug use, especially that casual marijuana use would escalate into addiction to harder drugs. They subscribed to the Gateway theory and were alarmed at the rapid escalation of drug use in the 1970s. Thus, marijuana and other forms of causal drug use among children and teens, especially whites, became the primary focus during Reagan's first term.

At the same time, victim's rights groups and other anti-crime lobby groups gained influence after the Civil Rights movement of the 1960s and 1970s had, according to some, preoccupied government with the rights of offenders. They were troubled by high rates of crime and violence, especially in cities such as Miami where the drug trade flourished. Residents were worried they would experience widespread violence from South Florida's drug trade as did Chicago during Prohibition and the reign of Al Capone. These anti-crime and victimization groups were also outraged over the widespread corruption of conventional businesses and local law enforcement due to the drug trade. This corruption and the growing power of foreign drug lords would get the President's attention.

Experts such as Massing (1998) note that the growing power and wealth of international drug suppliers, and their ability to influence and corrupt legitimate business and social control agents, was what worried President Reagan most. He was enraged that foreign drug lords could make so much money on Americans. He was also disturbed by the drug lords' ability to influence their own governments or to replace them outright.

Foreign drug lords' accumulation of money and power exploded, as Chesupiuk (1999)

notes, during the 1960s and 1970s when Americans demanded all types of drugs. While previous presidents (e.g., Kennedy, Nixon) understood the international supply-side of the issue, Reagan's administration would be the first to prioritize it in the fight against domestic drug use. The administration reasoned that eliminating or dramatically reducing the supply of illegal drugs into the U.S. would force individual drug use to drop by keeping prices too high. Like we mentioned above, this was perfectly within reason of supply-side economics.

Reagan's selection of Carlton Turner as point person on drug policy also influenced his administration's focus on international supply reduction as the pre-eminent tool in fighting the drug problem. Jerome Jaffe was still active in drug policy at the federal level when Turner was appointed. Turner bumped heads with him immediately. Like Nixon and Anslinger, Turner did not like drug users and thought their predicament was more a case of moral failing than a medical condition requiring treatment. He also did not believe in a difference between causal use and addiction, which helped justify the zero tolerance policy the Reagan administration would embrace.

On the domestic front, Reagan would rely heavily on First Lady, Nancy Reagan's Just Say No campaign to appease parents groups and to balance out his international supply focus with a more domestic education/prevention campaign for youth. First Ladies usually take up a domestic issue during their spouse's tenure in office. When she arrived at the White House, Nancy Reagan had no pet project, but she did come under early public scrutiny over her outlandish spending to redecorate the White House at the taxpayers' expense (e.g., the china she ordered totaled more than \$200,000 alone— see Massing 1998). After a speaking engagement at

an anti-drug conference targeting white adolescent marijuana use, Nancy Reagan showed the American public a new face and quickly became the champion of one of the most popular drug prevention programs in history– “Just Say No.”

While the parents groups believed Turner was a good support of their positions, Turner himself was happy to turn over domestic prevention activities to the First Lady. He wanted to invest his time in law enforcement – domestic and international (Massing 1998). Ergo, Turner’s law enforcement campaign and Nancy Reagan’s “Just Say No” program would define the Reagan anti-drugs strategy.

This combined strategy of international supply reduction and domestic prevention among the youngest Americans showed promising results. Rates of casual drug use fell among youth during Reagan’s first four years and international supply reduction agencies, like the DEA and the U.S. Customs, office made large and impressive seizures of illegal drugs (Massing 1998; Chepesiuk 1999). The decline in casual drug use among teens by the mid 1980s quelled the concerns of many. However, indicators showed that drug abuse and addiction remained resilient and continued to thrive. Also, while agencies like the DEA basked in the limelight during the early 1980s after making heroic seizures, they were quick to note their inability to make a dent in the supply of illegal drugs entering the country.

America’s Second Cocaine Epidemic: Powder versus Crack

Things worsened dramatically with the entry of crack cocaine (a solidified and high potency version of powder cocaine) into the inner-city and a second epidemic of powder cocaine abuse in upper class segments of society by the mid-1980s. The explosion in these two forms of

cocaine would surprise and frighten the American public, the Reagan administration, and Congress. Cocaine had not been a priority of drug control for many decades. Marijuana had taken center stage since the 1930s, with some attention to heroin and psychedelics along the way.

Cocaine re-emerged as a popular drug of choice during the 1970s, with use confined to the upper-class, celebrities, and fans of disco. Powder cocaine and freebase were rampant in posh nightclubs in major metropolitan areas. The drug fit perfectly with the ideology and symbolism of the conservative era: wealth and status. As an easy-to-conceal and odorless stimulant, users began snorting cocaine to extend their work day (e.g., traders on Wall Street), increase their efficiency, and party and dance into the early morning. The drug made them feel fabulous, for cocaine provides one of the most powerful and seductive euphorias of any controlled substance known to humankind.

This latter characteristic of cocaine would soon turn casual use into nasty cocaine binges, abuse, and addiction. The upper and middle-classes started experiencing widespread problems with the drug; loss of jobs, savings accounts, and family trust and increased health risks, such as overdose and cardiac arrest. In 1986, University of Maryland basketball star Len Bias died from cardiac arrest after snorting a large amount of cocaine at a party the day after he signed a major contract with the Boston Celtics. Within two weeks, baseball star Don Rodgers was dead from the same.

While powder cocaine use among the middle and upper-class was problematic, crack cocaine use among the inner-city poor was equally, if not more, troubling. President Reagan and Carlton Turner overlooked signs that a crack epidemic was brewing on inner-city streets

(Massing 1998). They were obsessed with the international picture; foreign drug lords and their economic and political power.

Scholars continue to debate the origins of crack cocaine in the U.S. (Massing 1998; Chepesiuk 1999), but most agree the creation of a cheaper, more potent form (because it is smoked rather than inhaled) of cocaine was one of the best capitalist innovations in the 20th century. It dramatically increased cocaine sales by expanding the market of consumers to the lower class. People could purchase small pieces of crack, i.e., rocks, for as little as \$5 each, while purchases of powder cocaine ran between \$50-\$100. Of course, no one bought and smoked just one rock. The crack high came on too quickly and disappeared too shortly to allow that. Users found themselves binging for hours and days, smoking up hundreds of dollars of the product in no time.

Another public health and crime factor arose with the crack trade that would force policy-makers to respond to it differently than its “fraternal twin” powder cocaine. This had to do with the violence and death that characterized crack sales. From a business standpoint, the cocaine powder and crack markets differed dramatically. First, powder consumers were largely middle and upper-class whites, while crack users were more often lower-class and members of minority groups. Their respective choices of cocaine can be explained largely by the price differential between the two drugs. Second, cocaine sales among the middle and upper-class took place behind closed doors and out of the view of law enforcement. Crack was a more publicly-sold commodity. Open-air drugs markets, staffed by sellers competing for a growing pool of consumers (eventually including many middle-class whites) dominated the urban landscape.

Young, inner-city males experiencing de-industrialization, unemployment, and cutbacks in social programming, gravitated to crack sales as a way to secure the very same materialist goals the conservative era touted for all (Anderson 1991; Wilson 1986). Dramatic competition over sensational profits motivated violence to protect or expand one's share of the market. On a daily basis, newspapers and TV broadcasts reported homicides and assaults due to crack trafficking. The nation's capital— Washington, DC— would move to center stage as having the highest murder rate in the country (cite your report here).

Congress and President Reagan responded with the Comprehensive Crime Control Act of 1984 and the Anti-Drug Abuse Act of 1986. Both increased funds for the supply-reduction effort and broadened mandatory minimum penalties for drug sales and possession. Time would show, however, that the two disparate cocaine-using populations would be treated very differently by law-makers. For example, middle and upper-class cocaine snorters would find themselves at expensive residential treatment programs funded by their employers' insurance companies. Lower-class crack addicts would, on the contrary, find themselves behind bars due to cuts in public treatment slots and increased funding of military-type policing of the inner-city.

President George H. Bush and Drug Czar William Bennett. By 1988, Vice President and soon-to-be President George H. Bush would endorse legislation that would, to this date, separate the two cocaine-using populations and markets. The Omnibus Drug Abuse Act of 1988 would be the third federal law to expand mandatory minimum penalties for drug users and sellers and it would establish a 100:1 sentencing disparity between crack and powder cocaine (see Table 1 and 2). Specifically, punishment for similar amounts of crack and powder cocaine were 100 times

longer for crack.

During President Bush's four years in office, the war on drugs would be, perhaps, the number domestic priority. The Iraqi War dominated his international agenda. The drugs and violence problems were of such great concern to the American public by this time that re-organization of Federal agencies was viewed as a necessary solution. Bush would establish the Office of National Drug Control Policy (ONDCP)- a cabinet-level office that would report directly to the President. It would coordinate all federal drug control agencies and secure an operating budget for them via Congressional action. Comparable government re-organization had occurred (as indicated above and in Tables 1 and 2) with the creation of the Federal Bureau of Narcotics and with Nixon's Comprehensive Substance Abuse Act.

The new law would also officially designate a "Drug Czar," a federal government point person on drug control policy which was similar to the secretary positions of other cabinet offices (e.g., secretary of agriculture). President Bush's choice for the drug czar position was William Bennett, a staunch conservative, previously at the National Endowment for the Arts and the Department of Education under President Reagan. Bennett was very much like Anslinger and Nixon in his ideology about the drug problem. However, unlike both of them, he loved the spotlight and sought every opportunity to publicly display his use of the bully-pulpit to shift the drug war in an even more punitive direction. Bennet campaigned that drug use was a moral failing, not a medical illness. He de-emphasized an already weak focus on prevention and treatment and strengthened domestic and international supply reduction strategies.

One last point is worth mentioning. It pertains to the exponential growth of the anti-

drugs budget during the last two decades of the 20th century. For example, about 30 years ago (1974), President Nixon, the first to declare war on drugs, initiated a radical shift in U.S. drug policy by allocating about \$750 million to fight illicit substance use. Fourteen years later, President George H. Bush, who is credited with defining our current war on drugs, raised that budget to more than \$4.7 billion by 1988 (California Campaign for New Drug Policies 2002). By the end of Bush's term in office, the Federal budget for the Drug War totaled more than \$7 billion dollars. This level of funding— which was more than four times as much at the state level (get cite)— would give rise to a “drug control” lobby, vying for their share of the increasing governmental funding. Federal agencies and their subcontractors became influential lobby groups in the drugs debate. They wield considerable influence today over law-makers today.

Drug Use and Control in the Early 21st century

The war on drugs continued to be the chosen approach during the Clinton administration, despite some re-commitment to his party's liberal roots: i.e., he expanded drug treatment and education programs in addition to increasing funding for ongoing and new law enforcement or supply reduction programs (e.g. Plan Columbia). Tables 1 and 2 illustrate President's Clinton's contributions.

We have now reviewed nearly a century's worth of drug use and control policies in the U.S. Perhaps it is time to ask what impact these drug control policies and expenditures have had on the problem. Above, we discussed how the more medically-oriented approach of the liberal era was blamed for drug use increases. We also asked if the conservative shift to more punitive policies would rectify that. Evidence to date suggests the drug problem remains fairly resilient to

the punitive approach. As will be elaborated up on in later chapters, levels of drug use among our nation's youth and young adults in the last two decades of the 20th century show modest change despite escalating expenditures, broadening social disapproval, and increased punitive responses (more law enforcement and tougher punishments). While it is true that drug use in the general population reached an all-time high in the 1970s and has declined significantly since then, data (DHHS 2003a; 2003b) for the past two decades show the U.S. war on drugs has had little impact on causal drug use in the general population, chronic drug abuse in the much smaller addict population, and on drug-related crime.

Given the relative overall failure of the drug war to deliver significant and permanent relief, critics from all areas of society have begun a call for a different strategy. Many are demanding reform of the late 20th century drug war tactics, including mandatory minimum laws, felony disenfranchisement (i.e., loss of the right to vote), racial profiling, and a move toward harm reduction policies. Today, there is state-level support for many of these reforms due to public outcry. State reforms to the federal drug war are depicted in Table 3 and will be discussed in later chapters. Unfortunately, the federal government has pressed on with its drug war, claiming new battles to muster up support. A new target is “club drug” use among ravers and middle-class club-goers— members of today's Generation X and Y.

Declaring New Battles: Club Drugs and Dance Music

MDMA, more commonly called ecstasy, is a popular club drug today. Other notable ones include ketamine, rohypnol, and GHB. Ecstasy was first synthesized in Germany by the Merck in 1912, 1917. As both a mild stimulant and hallucinogen, ecstasy was embraced by the

medical community for appetite suppressant and psychotherapy. (Fix this - including when Schulgin came on the scene). Therapists in the 1970s experimented with ecstasy to reduce fear and promote communication, however, no research could document reliable benefits. By the mid-1970s, ecstasy use in the medical community fell out of favor. It would re-appear in a new music and dance subculture a decade later.

In the 1980s, a rave subculture emerged in both the U.S. and Europe (e.g., England). It featured all-night dancing to various forms (e.g., house, techno and trance) of electronic, or “sampled” music, at unconventional locations (warehouses and abandoned buildings). The subculture embraced a community ethos of “peace, love, and unity,” not unlike the Hippy subculture of the 1970s. “Ravers” (dance music fans and event devotees) were young, typically between the ages of 13-21 (Reynolds 1998), although their leaders, Djs were slightly older. They were the children of the Baby Boom- Generation X-- whose parents had come of age during the era of the Great Society. Having grown up in the conservative era of alienation, materialism and repressive governmental control, ravers sought protest, expression, and relaxation through all night dance parties with music that was believed to be a universal language, one that would break down social barriers and reduce the space between people (Reynolds 1998). Drugs like ecstasy, with its stimulant and affective properties, fit perfectly, in a similar way that marijuana did with jazz music and hallucinogens did with the Hippy’s rock music.

While the rave subculture of the 1980s was considered a “solution” for youth, its growth has created a “moral panic,” considerable concern and reaction over perceived ideas about its

connection to related social problems. We have shown here that the connection between music, youth culture and drug use is persistent and strong (see also Bennett 2000; Musto 1999; Reynolds 1998 for more on this point). The perceived danger of this connection is what drives today's moral panic.

Ecstasy's Impact on Public Health

Pointing to official data, legislators have acted swiftly and harshly (implementing new and tougher laws, broadening law enforcement powers, and stiffer penalties for violators), thereby, situating electronica within the War on Drugs. Unfortunately, official data support their position. The 2002 National Survey on Drug Use and Health (DHHS 2003a) revealed more than half a million people (676,000) reported using ecstasy in the past month. This is about four and a half times the number of current heroin users. The survey shows ecstasy is more prevalent than heroin among the general U.S. population, with the largest group of users falling between 18 and 25 years of age. High school and emergency room data are even more troublesome. For example, emergency room mentions for ecstasy (421 to 4,026), GHB (145 to 3,330), and Ketamine (81 to 260) all increased dramatically between 1995 and 2002 (DHHS 2003b).

While it is impossible to ascertain how much of ecstasy and other so-called club drug use (e.g., GHB, Ketamine, Rohypnol) is taken at dance events or by those involved in some aspect of the subculture, electronica is currently taking the heat for it. An anti-rave movement, led by social control policies of state and federal governments, is currently underway, providing new momentum for a failing war on drugs.

The anti-rave movement started at the community level, both in the U.S. and England.

Cities passed ordinances designed to regulate rave activity. Early law enforcement efforts in U.S. enforced juvenile curfews, fire codes, health and safety ordinances, liquor licenses, for large public gatherings. Also, rave promoters were forced to provide on site medical services and security. Examples of these tactics include Operation Rave Review in New Orleans, in January of 2000. In a two year period, 652 raves were held at the New Orleans Palace Theatre. Officials reported 400 adolescents overdosing or being transported to local emergency rooms. Police directly targeted the promoters of the events, who were said to have allowed unabated drug use at the local level. New Orleans law makers responded with Operation Rave Review and claimed it reduced overdoses and ER visits by 90%.

As indicated in Table 1, rave or club drugs legislation quickly exploded early this century, with Congress and the White house passing several laws to break up the scene and control club drug use. The Ecstasy Anti-Proliferation Act of 2000 would increase penalties for the sale and use of club drugs. In 2003 and after numerous legal challenges, the Illicit Drug Anti-Proliferation Act, or the Rave Act, would make it a felony to provide a space for the purpose of illegal drug use. It was intended to cover the promoters of raves and other dance events. This controversial piece of legislation adjusts the wording of so-called crack house law to cover temporary locations instead of fixed locations, thus equating the ecstasy culture with that of the crack culture.

Conclusions

The purpose of this chapter was to review the history of drug use and its social control in the United States so that students could gain an improved and thorough understanding of today's problems and policies. The pages above have reviewed major patterns of drug and alcohol use on

the United States and the government's efforts to control them. From this review, we have learned that no one factor can explain drug use patterns or the effort to control them. Instead, we now know that drug use and its control result from various cultural, social, public health, economic, and political influences. The fashion in which alcohol and drug problems are socially constructed also impacts social control efforts. This information is critically important for future policy-makers and educators in order to effectively address problems that arise in the future.

For example, Whyte (1979) published an important article on the points that consistently characterized the U.S. response to drug and alcohol problems. Reviewing them is a useful way to summarize the information presented above. Whyte calls them the "prohibitionist themes," meaning they are tactics used to achieve total abstinence of substances deemed harmful and undesirable for the American public.

The first includes the association of a drug with a hated subgroup of the society or a foreign enemy. Table 2 indicates that this theme played a direct role in at least four of the six major pieces of drug control legislation, while the text above cited it as a factor in many other anti-drug campaigns. Since today's student is tomorrow's leader, he/she should remain conscious of the role prejudice and racism play in drug control and should work to prevent them from shaping our future.

The social construction of substance abuse in the U.S. contains two other powerful themes, including drugs being held solely responsible for many problems in the culture (i.e., crime, violence, and insanity) and the survival of the culture being dependent on the prohibition of the drug (Whyte 1979). The above text has shown that moral entrepreneurs often warned the

American public that substance use would immobilize youth (the future of our society), stymie industry and free-market capitalism, and devastate important social institutions (e.g., religion and the family) that comprised the very fabric of our society. After reading this chapter, students should understand that social phenomena are inter-related in such a fundamental fashion that no single one of them can bare full responsibility for any social malady. The relationship of alcohol use to other problems arising from the Great Depression and widespread drug experimentation related to the civil rights and cultural revolution of the 1960s are two examples where blaming substance use for social problems would be highly inaccurate and irresponsible.

The next three chapters in this book explore further the multiple factors that influence drug use and abuse in our society. Later policy chapters further elaborate on current efforts at control, both from a domestic and international perspective. Therefore, the book will continue to demonstrate the utility of the sociological approach in informing us about the social roots of drug-related behaviors and their related social policy initiatives. Consequently, students must be able to critically evaluate the current situation— from all angles— and use the past to help promote a better future.

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