

Drug Wars: Policy Hots and Historical Cools

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Richard Davenport-Hines. *The Pursuit of Oblivion: A Global History of Narcotics*. New York: Norton, 2002. First American ed. 576 pp. \$29.95 (0-393-05189-7).

Caroline Jean Acker. *Creating the American Junkie: Addiction Research in the Classic Era of Narcotic Control*. Baltimore: Johns Hopkins University Press, 2002. 276 pp. \$41.95 (0-8018-6798-3).

David F. Musto. *Drugs in America: A Documentary History*. New York: New York University Press, 2002. xvi + 574 pp. \$70.00 (cloth, 0-8147-5662-X), \$25.00 (paperbound, 0-8147-5663-8).

It is hard for medical historians to tackle certain topics, such as abortion or AIDS, without taking a position on current policy. Drug control, as Nancy Campbell wrote in these pages, falls in this category.¹ It may be the most politicized of the lot. The drug war acts like the Death Star's tractor beam: sooner or later, it pulls everyone in. *How* scholars choose to enter the debate, whether quietly or in arms, varies across a stylistic continuum. Clustered at one end are engagé writers like Edward Brecher, Rufus King, Alfred Lindesmith, and Arnold Trebach, all of whom have used history instrumentally, often flamboyantly, to challenge laws they thought wrongheaded. Clustered at the other end are writers like Virginia Berridge, Jill Jonnes, Joseph Spillane, and William McAllister, who, without necessarily hiding their views, have subordinated them to the requirements of

1. Nancy Campbell, review of *Dark Paradise* by David T. Courtwright, expanded ed., *Bull. Hist. Med.*, 2003, 77: 218–19, on p. 218.

context and narrative, keeping the historical actors at center stage. Their common denominator is historical training, that small, insistent voice of seminars past warning of the dangers of presentism. Two camps, then: the policy hots and the historical cools.



Richard Davenport-Hines is an exception to this rule. A Cambridge history Ph.D. and Royal Historical Society fellow, he has written a book that exemplifies the hot style. It is bold in its generalization, unstinting in its criticism, and fortified with massive research, on display in its 576 pages and 1,510 notes. It is, in fact, two books in one. The first, a global history, tells the story of how certain licit drugs became illicit. The second, a bilateral history, tells how American-style prohibition contaminated the author's native Britain, until the AIDS crisis inspired a partial return to a harm-reduction sanity. What Davenport-Hines considers "prohibition" can be hard to pin down, however. At a minimum, it means forbidding controlled-use schemes like maintenance clinics and/or declaring a drug to be without legitimate medical use. Prohibition's opponents are, he tells us, brave, sensible, and realistic. Its advocates are arrogant, brutal, corrupt, despicable, and so on alphabetically—culminating in paranoid, senilely prurient, spiteful, Stalinist, stupid, suspicious, tricky, and unrealistic.

Prohibitionists are unrealistic because men and women have always used drugs to escape the burdens of waking consciousness. "People of every generation have needed chemicals to cope with life," Davenport-Hines writes: "Sobriety is not an easy state for human beings" (p. 300). He uses biographical vignettes to show the means by which they achieved oblivion, temporary or permanent. "He was an amazing survivor, except he didn't survive," was how an acquaintance described Robert Fraser, a heroin-addled art dealer (p. 412). By the second half of the twentieth century, the outcast and the young were also taking certain drugs to solidify countercultural identity—which made their elders more determined to stamp out their use.

Drugs affect people in different ways. William Wilberforce took opium for forty-five years to combat intestinal pains and to steady his oratorical nerve; he kept the dose constant, and seems to have suffered no ill effects. Others used narcotics for a long time and then, in the words of one jazz musician, "diminuendoed out of it" (p. 354). Still others, like actress Judy Garland or director Rainer Werner Fassbinder, got caught in upper-downer cycles, wrecked their careers, and died too young. For an

antiprohibitionist, Davenport-Hines is unflinchingly honest about drugs' potential to destroy people's lives.

It is this destructive potential, especially as it affects the young, that motivates drug control. Davenport-Hines's main theme is that pushing control to the point of prohibition compounds the harm. Cracking down on opium dens, for example, drives smokers to the needle. Prohibition adds the evils of the black market to intoxication and self-destruction. He blames this error on a succession of puritanical American drug warriors, Bishop Charles Henry Brent, Stephen Porter, Harry Anslinger, Richard Nixon, Ronald Reagan, and William Bennett prominent among them. They led America down the road to drug prohibition, and they bullied others into following.

Polemics simplify. The international coalition for drug control was broader than Davenport-Hines suggests, more complex in motivation, and more intent on across-the-board reforms. By the end of the nineteenth century the world was awash with cheap drugs, including alcoholic spirits and tobacco, the most common means of release. Expanded supply meant more use and more harm. The great idea of cosmopolitan progressivism, "to roll back those parts of the market whose social costs had proved too high," applied to the commerce in intoxicating substances.² Treaties to control the African liquor trade, laws to limit prescription refills, and manufacturing quotas on dangerous drugs all sprang from the same reformist soil. Many advocates of drug control were "puritanical," in the sense of being devout Protestants—but they had no more patience with laissez-faire capitalism than they had with vice. One might go further and say that the great strategic error of latter-day drug warriors was to hide their Progressive roots beneath an authoritarian veneer, alienating liberals otherwise sympathetic to market interference. (Advocates of cigarette control—an emerging international progressive project that is now about where narcotics control was a century ago—have so far avoided this mistake.) Davenport-Hines attributes motives of disgust and intolerance to those who chose not to sit idly while mercantile and imperial elites poisoned their fellow human beings.

He similarly downplays the role of Chinese nationalism. Omitting such figures as Lin Tse-hü or Chang Chi-tung, he spends a chapter pummeling Harry Anslinger. For a global history of narcotics, this account seems preoccupied with Western players. Davenport-Hines does, however, take a generous view of what counts as a narcotic. He includes

2. Daniel Rodgers, *Atlantic Crossings: Social Politics in a Progressive Age* (Cambridge: Harvard University Press, 1998), p. 30.

cannabis, cocaine, Ecstasy, LSD, and other popular drugs, and pauses to instruct us on such matters as the role of amphetamines in professional bicycle racing. His main concern, however, is the opiates, and his main question is why their legal control has proved so difficult.

One possible answer, beyond the failure of prohibition laws, is internal chaos in producer states (or regions, “state” applying only loosely to places like China in the 1920s). Kathryn Meyer and Terry Parssinen have argued that twentieth-century narcotic trafficking flourished wherever warlords needed to tax drug crops: opium and other drugs paid for their civil wars.³ Davenport-Hines thinks the causality worked the other way: prohibition encouraged civil unrest by making possible fantastic profits for armed drug gangs, as in Colombia. Yes and no. Colombia was a weakly governed state with entrenched smuggling and internecine violence long before the U.S. drug war. Those activities would have persisted, at a lower level, in the absence of narcotic prohibition. Western officials can license all the heroin clinics and cannabis coffee shops they want, and traffickers in Colombia, the Triple Frontier, the Golden Triangle, and Afghanistan will go on dealing guns and drugs, maintaining an alternative, illicit supply.

But what would be the incentive for illicit suppliers if prohibition were replaced by controlled legalization—a licensed-user scheme that excluded minors, pregnant women, and workers in sensitive jobs like public transport? Unfortunately, kids would still want to score. Some adults would fear registration or circumvent the limits on purchases or on-premises use. And everyone would try to minimize cost. The biggest gap in *The Pursuit of Oblivion* is tax-avoidance production and smuggling. Prohibition was an impulse that emerged early and late in the history of global psychoactive commerce. For most of the last five hundred years, officials have regulated drug commodities by means of taxation. (Monopolies on production and sale, run by the government or auctioned to private parties, amounted to indirect taxation.) Governments imposed substantial taxes to raise revenue, and sometimes to limit consumption. U.S. duties on imported smoking opium ran as high as 182 percent ad valorem; the result was large-scale smuggling. The same thing happened with liquor excises and moonshining. Any controlled legalization regime would entail some degree of criminal activity. The heavier the taxes and the more numerous the controls, the greater the incentives to smuggle, divert, and bribe; the fewer the taxes and controls, the more widespread

3. Kathryn Meyer and Terry Parssinen, *Webs of Smoke: Smugglers, Warlords, Spies, and the History of the International Drug Trade* (Lanham, Md.: Rowman & Littlefield, 1998).

the drug use. Policy is about these trade-offs, not a single, right-wrong decision on prohibition.

Critics love the word “prohibition” because it connotes meddling failure, bluenoses run amok. But it is a dull analytical tool. Drug policy emerged along three distinct axes: one for regulatory categories, one for taxes, and one for sanctions. The regulatory categories, as presently defined, run from unrestricted sales (e.g., caffeinated beverages), to age and behavioral requirements (no tobacco for minors, no liquor for the intoxicated), up through progressively stricter prescribing and quota requirements, culminating in the prohibition of schedule I drugs. Taxes run from zero to virtual prohibition: seven-dollar-a-pack cigarettes are about more than revenue. Sanctions for violating drug laws start at essentially doing nothing and end in a noose. The point at which these three axes intersect—no regulation, no taxes, and no sanctions—defines the free market. Because drugs vary in their medical utility, toxicity, and abuse potential, governments will ideally seek the best “ordered triplet” for each controlled substance—the one that optimizes public welfare, even allowing for black-market effects. In practice, and for reasons from political posturing to underclass incapacitation, governments often overshoot the optimal mix of regulations, taxes, and sanctions. That does not mean that their policy is, or is exclusively, prohibitionist. The most excessive aspect of the current U.S. drug war involves the sanctions axis, the billions spent on locking away drug offenders to serve long sentences. It would be possible to relax U.S. policy—more flexible sentences, more dollars shifted to treatment, easier access to methadone maintenance—without moving drugs from their current schedules.

Davenport-Hines casts Richard Nixon in the role of the U.S. drug war’s chief instigator and hypocrite. “The drugs produced by corporate America were exempt from Nixon’s hatred,” he writes. “Under the Controlled Substances Act of 1970—part of the Comprehensive Drug Abuse Prevention and Control Act that after fifty-six years superseded the Harrison Act—marijuana and heroin were classified as Schedule I drugs with the heaviest punitive panoply” (pp. 421–22). Actually, when Nixon sent the legislation to Congress he also expressed concern over amphetamine and barbiturate abuse. What he wanted, he said, was a reasonable, flexible, and coherent control system for all drugs.⁴ The bill contained marijuana penalties that were unprecedentedly *mild*, and that dispensed with mandatory minimum sentences (amendments would restore them,

4. *Public Papers of the Presidents of the United States: Richard Nixon, 1969* (Washington, D.C.: Government Printing Office, 1971), pp. 513–14.

but not until years later).⁵ Title I provided new money for prevention and treatment efforts, authorized the National Institute of Mental Health to increase research and training, and protected the privacy rights of subjects under the care of approved researchers. The legislation anticipated Nixon's big-tent drug war of 1971–73, which featured increases in public health and law-enforcement spending and a shotgun tactical approach: more methadone maintenance, more therapeutic communities, and more raids on street dealers. Few participants remember this innovative, ideologically fractured campaign as having the same ethos as the later presidential drug wars that Davenport-Hines denounces en bloc.⁶

Global drug history is, of its nature, hard on nuance. The sheer number of societies, subcultures, and laws forces reliance on secondary literature and generalizations based on a fraction of the surviving sources. That is the price of big-picture synthesis. What is unique about *The Pursuit of Oblivion* is that it combines the simplification inherent to world history with the simplification peculiar to polemical exertion. The result is a book that, for all its length and erudition, is almost startlingly reductive: the story of a bad idea imposed upon a doubtful world by aggressive fools.



Though Caroline Jean Acker's harm-reduction views resonate with Davenport-Hines's, *Creating the American Junkie* is a very different sort of book. Acker zeroes in on opiate addiction in one country, the United States, in one period of time, the "classic era of narcotic control" when street-addict maintenance was taboo. She shows how this prohibition grew out of the Progressive campaign against urban vice. Reformers knew that young, working-class men who visited tenderloin districts smoked, drank, gambled, experimented with narcotics, and patronized prostitutes. They sought to close down these districts and, by criminalizing all vices, even cigarettes in fifteen states, to attack the problem on all fronts. They had

5. BNDD Director John Ingersoll and his deputy chief counsel, Michael Sonnenreich, both called attention to these changes. See *ibid.*, p. 833; Michael Sonnenreich, "The Controlled Dangerous Substances Act of 1969" (undated speech, Rutgers University), "Comprehensive Drug Abuse Prevention Act" file, Drug Enforcement Agency Library, Arlington, Va.

6. See Michael Massing, *The Fix* (New York: Simon and Schuster, 1998); *One Hundred Years of Heroin*, ed. David F. Musto with Pamela Korsmeyer and Thomas W. Maulucci, Jr. (Westport, Conn.: Auburn House, 2002), esp. chaps. 3–4. The "big-tent" phrase is Joseph Spillane's.

mixed results, gaining ground in the 1910s, then losing it to organized repeal.⁷ But two sorts of prohibition laws stuck: those against prostitution, and those against nonmedical narcotic use.

For addicts, life became more difficult, especially after Treasury Department and Supreme Court decisions disallowed maintenance for nonmedical addicts. (Acker shows how and where federal authorities drew the line between medical and nonmedical addicts; as you would expect, class background played a more-than-casual role.) Drugs became harder and costlier to obtain. The result was natural pressure in the direction of street-smart “hustling” behavior. Junkies became notorious for lying, cheating, stealing—doing anything—to acquire drugs. That explains why, when the Progressive attack on the vice constellation faltered, releasing first cigarettes and then alcohol into the realm of the licit, nonmedical addicts were left behind. Their depravity merited criminal status. Their numbers, around 50,000 to 100,000 by the 1930s, also worked against them: smokers and drinkers were far more numerous and had more political influence. Size mattered—still does—in determining the legal status of vice.

Acker’s plot line is one of self-fulfilling prophecy: bad behavior increased legal pressure, which worsened the behavior, which prolonged and intensified the repression. Actually, the cycle was in play even before the Progressives came along. The earliest nonmedical addicts, the nineteenth-century opium smokers, faced municipal and state prohibitions and sporadic crackdowns; they too lived in a world of passwords and shifting locales and petty crime to raise cash for drugs. The origins of the hustling addict antedated the general Progressive vice crackdown, which turned a little Frankenstein into a big one. With nasty bolts.

Acker explores, better than anyone I know, the impact of these changes on the addiction-research establishment. It is a story of how everything was connected to everything else through the nexus of the emerging junkie stereotype. Pharmacologists sought a nonaddicting synthetic narcotic, hoping that officials could then curtail medicinal opiate supplies; that would help keep diverted narcotics away from street addicts and discourage others from experimenting, just as cocaine abuse had trailed off after the introduction of novocaine. “Soft,” pro-maintenance researchers like Charles Terry lost their funding and left the field. Practition-

7. Territory well covered in John C. Burnham, *Bad Habits: Drinking, Smoking, Taking Drugs, Gambling, Sexual Misbehavior, and Swearing in American History* (New York: New York University Press, 1993); Cassandra Tate, *Cigarette Wars: The Triumph of “The Little White Slaver”* (New York: Oxford University Press, 1999); David E. Kyvig, *Repealing National Prohibition*, 2nd ed. (Kent, Ohio: Kent State University Press, 2000).

ers defined nonmedical addicts as troublesome patients and washed their hands of them, with the AMA's blessing. The few specialists who continued to see them, in institutional settings, regarded them with subtle contempt. Acker's historical Geiger counter clicks rapidly over psychiatrist Roy Richardson's interview notes. As someone who has interviewed many addicts herself, she has perfect attitudinal pitch, and her rereading of these notes is a tour de force. Lawrence Kolb, the king of the psychiatric specialists, receives similar treatment. Kolb built his theory around psychopathy and treated addicts in a prison-hospital. He did not like the coercive aspect, but, as Acker points out, his etiological pessimism undercut his therapeutic philosophy.

The only researchers who did not buy the defective-character consensus were sociologists like Bingham Dai and Howard Becker, who, being sociologists, stressed social context over pathological character. Acker gives them a chapter, and it is a good one. In the 1950s Harry Anslinger himself came around to a conservative variation of the sociological position. How, he wondered, could postwar addiction have shifted so rapidly from whites and Asians to blacks and Hispanics if it was all a matter of "psychopathic diathesis"? It was more like bad parents in bad neighborhoods letting their kids run wild. Well, he could not do much about that—but maybe he could keep the heroin off the streets if he arrested enough dealers and took enough junkies out of circulation. He even wanted to turn Ellis Island into a narcotic quarantine center.⁸

Anslinger as authoritarian sociologist is one of the era's few ironies to escape Acker's notice. Her stance seems, at first, to be that of an ironic social constructionist. The phrase, philosopher Ian Hacking's, describes someone who is implicitly critical but analytically focused, noting incongruities in passing while keeping the explanation up front. Cool, in other words. By the time I had finished the book, I had changed my mind about that: Acker moves well beyond irony in the last two chapters, into the "unmasking" and "reformist" modes of social construction.⁹ She warms to the policy debate, and the closer she comes to the present, the warmer she gets. What most troubles her—she is the cofounder of a Pittsburgh needle-exchange program, as well as a historian at Carnegie Mellon University—is that prohibition kills people. AIDS, she says, unmasked the contradiction at the heart of the American drug-control regime. Public health's most basic function is to protect people from

8. David T. Courtwright, *Dark Paradise: A History of Opiate Addiction in America* (Cambridge: Harvard University Press, 2001), pp. 154–55.

9. Ian Hacking, *The Social Construction of What?* (Cambridge: Harvard University Press, 1999).

lethal infections; outlawing paraphernalia and unprescribed drug possession has not done that. The standard counterargument, that legal pressure also brings people into treatment, does not get a glance. When the Death Star finally hauls her on board, she has her light saber drawn.



David Musto, a child psychiatrist and history lecturer at Yale, holds a patent on the cool style. His 1973 book, *The American Disease: Origins of Narcotic Control*, drew upon medical, diplomatic, legal, constitutional, and political sources to provide an overview of American drug policy, which he updated in two subsequent editions.¹⁰ The balanced tone of that book is on display again in *Drugs in America*, a new anthology of documents premised on the theme of generational cycles of concern. If Acker is interested in how elites interacted with drug users, Musto is interested in how they interacted with one another. He excerpts a congressional debate over the prohibition amendment, physicians' arguments about whether alcohol is a teratogen, and clashing expert studies of cannabis. Firsthand accounts of drug use in nonmedical social contexts comprise just 5 percent of the book's contents.

The selection of documents includes excerpts from statutes, which offer prime examples of why legislative detail matters. The 1919 Volstead Act, to pick one, permitted liquor prescriptions and purchases, as well as limited home production for personal consumption. If such a law were enacted for cannabis, and plants began sprouting in patio pots, we would speak of the end of marijuana prohibition—yet we still call the post-Volstead era “Prohibition.” It is enough to drive a lexicographer around the bend.

Musto blends novel sources with familiar friends like Benjamin Rush, who still brings a smile when he tells of the drunkard who belched too close to the candle flame. Students—the collection is clearly aimed at drug-history courses like the one Musto himself teaches—will be drawn to the debates on marijuana legalization. They should also like Irving Fisher's account of Yale during Prohibition. Fisher, who seems to have interviewed every dean on campus, found less overall drinking, fewer disciplinary problems, a great deal of resentment, surreptitious defiance, and a shift from beer to hard liquor—the consequences of strict control in microcosm.

10. The most recent is David Musto, *The American Disease: Origins of Narcotic Control*, 3rd ed. (New York: Oxford University Press, 1999).

Musto's sources deal with alcohol, opiates, cocaine, and cannabis. He says, in reference to the 1989 Office for Substance Abuse Prevention language guidelines (a wonderful, inadvertently funny account of PC drug-speak), that alcohol had been "amalgamated with drugs" (p. 173). It had been, but so had tobacco. The ATOD (Alcohol, Tobacco, and Other Drugs) paradigm, as it came to be known, has a long history. Medical and temperance writers, Rush among them, argued that tobacco excited a desire for strong drink, which led to drunkenness. Charles Towns, a lay addiction specialist, said that every alcoholic and addict he treated had a history of excessive tobacco use. Smoking made a habit of stimulation, leading to drink and drugs; worse, it scandalized others, tempting them to follow the same path to intoxication. "The very openness and permissibility of the vice," Towns wrote, made tobacco the worst of the drug habits.¹¹

Towns had a point. Recent U.S. research has shown that adolescents who smoke are 11.4 times more likely to use illicit drugs and 16 times more likely to drink heavily than their nonsmoking peers. The more they smoke, the higher the risk.¹² Smokers are more likely to associate with friends who have illegal drugs, and to be socially reinforced for using them. They know how to inhale smoke, which simplifies experimentation with marijuana or crack. And they get a better high. Smokers have lower levels of monoamine oxidase-B, the enzyme that breaks down dopamine in the brain. As a result, they can sustain higher levels of dopamine for longer periods of time, particularly if they continue smoking. Cigarettes can work synergistically with alcohol and other substances that stimulate the limbic dopamine system to make the experience more pleasurable. In light of all this it seems curious to exclude tobacco from a reader about drugs.



The moral can be expressed as a rule of thumb. When doing drug *policy* history, it pays to zoom in on details: What was the mix of regulations,

11. Charles B. Towns, *Habits that Handicap: The Menace of Opium, Alcohol, and Tobacco, and the Remedy* (New York: Century, 1915), pp. 149–51, 153, 167, quotation on p. 172.

12. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Summary of Findings from the 1998 National Household Survey on Drug Abuse*: http://www.samhsa.gov/OAS/NHSDA/98SummHtml/NHSDA98Summ-08.htm#P539_42390 (accessed 29 June 2003); *Cigarettes, Alcohol, Marijuana: Gateways to Illicit Drug Use* (New York: National Center on Addiction and Substance Abuse at Columbia University, 1994). I am grateful to Andrew Courtwright for calling these sources to my attention.

taxes, and penalties governing access to this drug in this society at this time? When doing drug *use* history, it pays to zoom out, looking for broader connections among drugs and across cultures. Opium smoking would not have taken root in China had it not been for the introduction and spread of tobacco, with which opium was first smoked. Marijuana smoking would not have taken such hold among Western youth had it not been for the antecedent cigarette revolution. Fewer alcoholics would have meant fewer narcotic addicts, the relief of hangover often inspiring the use of opiates. “Licit” and “illicit” categories obscure the indivisibility of drug history. Perhaps this is true of all vices. I have always liked the way mobster Sam Giancana put it: “If it makes a man’s heart race, it’s a weakness.”¹³ The historian’s task is to make sense of a world in which an unstable coalition of entrepreneurs and tax collectors have schemed to make our hearts race faster, while another unstable coalition of religious reformers and public health officials have tried to slow them down.

13. Sam Giancana and Chuck Giancana, *Double Cross: The Explosive, Inside Story of the Mobster Who Controlled America* (New York: Warner Books, 1992), p. 268.