

chapter 3

The History of Drug Use and Drug-Control Policy

If the Chinaman cannot get along without his "dope," we can get along without him.

—American Pharmaceutical Association, 1902

Most of the attacks upon white women of the South are the direct result of the cocaine-crazed Negro brain. . . .

Negro cocaine fiends are now a new Southern menace.

—New York Times, February 8, 1914

Liquor traffic is un-American, pro-German, crime-producing, food-wasting, youth-corrupting, home-wrecking, and treasonable.

—The Anti-Saloon League, 1918

Under marijuana, Mexicans become very violent, especially when they become angry, and will attack an officer

After you have completed this chapter, you should have an understanding of

- The origins and history of drugs and drug-taking behavior
- Drug regulation legislation, 1914–1980.
- Drug regulation legislation, 1980–2000
- The globalization of drug regulation, 2001–Present
- Domestic drug regulation and international terrorism, 2001–Present

even if a gun is drawn on him. They seem to have no fear; I have also noted that under the influence of this weed they have enormous strength and that it will take several men to handle one man, while under ordinary circumstances one man could handle him with ease.

—A Texas police officer, 1927

Today... little has changed in the method of operations for drug dealers and anonymous criminals. Cyber crime, hackers, dial a dope, online pharmaceuticals, drug pushers are all doing one thing: creating chaos in society. The more stress and tension that hidden chaos merchants inflict in society, the more dope that is pushed in on the populace, the greater the distractions from the truly important purposes of life.

—A drug and alcohol rehabilitation advisor, 2008

The use of consciousness-altering drugs has been a part of human life in almost every culture and in every age of recorded history. Psychoactive drugs have been used in the context of religious rituals, health care, celebration, and recreation. In most societies, the use of some drugs has been permitted, whereas the use of other drugs has been prohibited, often depending on the type of drug that is being used, the drug's effects, and who is using the drug. An understanding of the history of drug use and our efforts to control drug use forms the basis for an understanding of present-day drug abuse and the problems associated with it.

Over the course of our nation's history, attitudes toward certain drugs and certain forms of drug-taking behavior have fluctuated between enthusiastic acceptance and passionate rejection. Heroin, marijuana, cocaine, and numerous other drugs all have had periods of popularity and periods of disapproval. In the late 1800s, for example, America experienced an epidemic of cocaine use. This was followed by a rejection in the early 1900s and a reemergence in the second half of the 1970s, followed by another period of rejection beginning in the 1980s and extending to the present day.

American drug control policy also has had its own historical swings, with policies themselves not always being founded on rational decision-making and empirical data. Decisions to outlaw some drugs while legalizing others have sometimes been based on fear, hysteria, politics, ethnic prejudice, and racism. As we will see, legal prohibition of a particular drug has too often been associated with fear of a given drug's effect on a threatening minority group. It is important to examine the history of drugs and drug-taking behavior and the history of drug-control policy in the United States in order to arrive at the best strategies for dealing with present-day drug use and abuse.

Drugs in Early Times

Try to imagine the accidental circumstances under which a psychoactive drug might have been discovered. Thousands of years ago, perhaps hundreds of thousands of years ago, the process of discovery would have been as natural as eating, and the motivation as basic as simple curiosity. In cool climates, next to a cave dwelling may have grown a profusion of blue morning glories or brightly colored mushrooms, plants that produce hallucinations similar to LSD. In desert regions, yellow-orange fruits grew on certain cacti, the source of the hallucinogenic drug peyote. Elsewhere, poppy plants, the source of opium, covered acres of open fields. Coca leaves, from which cocaine is made, grew on shrubs along the mountain valleys throughout Central and South America. The hardy cannabis plant, the source of marijuana, grew practically everywhere.¹

It is entirely possible that some of the curiosity of humans was inspired by observing the unusual behavior of animals as they fed on these plants. Within their own experience, somewhere along the line people made the connection between the chewing of willow bark (the source of modern-day aspirin) and the relief of a headache or the eating of the senna plant (a natural laxative) and the relief of constipation.

Of course, some of these plants made people sick, and many were sufficiently poisonous to cause death. The plants that had the strangest impact, however, were the ones that produced hallucinations. Having a sudden vision of something totally foreign to everyday experiences must have been overwhelming, like a visit to another world. Individuals with prior knowledge about such plants, as well as about plants with therapeutic powers, would eventually acquire great power over



In a wide range of world cultures throughout history, hallucinogens have been regarded as having deeply spiritual powers. Under the influence of drugs, this modern-day shaman communicates with the spirit world.

others in the community. This knowledge was the beginning of **shamanism**, a practice among primitive societies dating back, by some estimates, more than 40,000 years, in which an individual called a **shaman** acts as a healer through a combination of trances and plant-based medicines, usually in the context of a local religious rite. Shamans still function today in remote areas of the world, often alongside practitioners of modern medicine, and hallucination-producing plants still play a major role in present-day shamanic healing.²

shamanism: The philosophy and practice of healing in which the diagnosis or treatment is based on trance-like states, either on the part of the healer (shaman) or the patient.

shaman (SHAH-men): A healer whose diagnosis or treatment of patients is based at least in part on trances. These trances are frequently induced by hallucinogenic drugs.

Ebers Papyrus: An Egyptian document, dated approximately 1500 B.C., containing more than 800 prescriptions for common ailments and diseases.

placebo (pla-CEE-bo) effect: Any change in a person's condition after taking a drug, based solely on that person's beliefs about the drug rather than on any physical effects of the drug (see Chapter 1).

With the development of centralized religions in Egyptian and Babylonian societies, the influence of shamanism would gradually decline. The power to heal through one's knowledge of drugs passed into the hands of the priesthood, which placed a greater emphasis on formal rituals and rules than on hallucinations and trances.

The most extensive testament to the development of priestly healing during this period is a 65-foot-long Egyptian scroll known as the **Ebers Papyrus**, named after the British Egyptologist who acquired it in 1872. This mammoth document, dating from 1500 B.C., contains more than eight hundred prescriptions for practically every ailment imaginable, including simple wasp stings and crocodile bites, baldness, constipation, headaches, enlarged prostate glands, sweaty feet, arthritis, inflammations of all types, heart disease, and cancer. More than a hundred of the preparations contained castor oil as a natural laxative. Some contained the "berry of the poppy," which is now recognized as referring to opium. Other ingredients were quite bizarre: lizard's blood, the teeth of swine, the oil of worms, the hoof of an ass, putrid meat with fly specks, and crocodile dung (excrement of all types being highly favored for its ability to frighten off the evil spirits of disease).³

How successful were these strange remedies? It is impossible to know because records were not kept on whether or not patients were cured. Although some of the ingredients, such as opium and castor oil, had true medicinal value, it may be that much of the improvement from these concoctions was psychological rather than physiological. In other words, improvement in the patient's condition resulted from the *belief* on the patient's part that he or she would be helped, a phenomenon known as the **placebo effect** (see Chapter 1).

Along with substances that had genuine healing properties, other psychoactive drugs were put to other uses. In the early Middle Ages, Viking warriors ate the mushroom *Amanita muscaria* (known as "fly agaric") and experienced increased energy, which resulted in wild behavior in battle. They were called "Berserkers" because of the bear skins they wore, and reckless, violent behavior has come to be called "berserk." Later, witches operating on the periphery of Christian society created "witch's brews," which were said to induce hallucinations and a sensation of flying. The brews were mixtures made of various plants such as mandrake, henbane, and belladonna. The toads that they included in their recipes did not hurt either: We know now that the sweat glands of toads contain a chemical related to DMT, a powerful hallucinogenic drug, as well as bufotenine, a drug that raises blood pressure and heart rate (see Chapter 9).⁴

Drugs in the Nineteenth Century

By the end of the nineteenth century, the medical profession had made significant strides with respect to medical healing. Morphine was identified as the active ingredient in opium, a drug that had been in use for at least three thousand years, and had become the physician's most reliable prescription to control the pain of disease and injury. The invention of the syringe made it possible to deliver morphine directly and speedily into the bloodstream.

Morphine quickly became a common treatment for pain during the Civil War, a time during which a surgeon's skill was often measured by how quickly he could saw off a wounded patient's limb. Unfortunately, following the war, morphine dependence among Civil War veterans was so widespread that it was called the "soldier's disease." Doctors also recommended morphine injections for women to treat the pain associated with "female troubles," and by the late 1890s, morphine dependence among women made up almost half of all cases of drug dependence in the United States (see Chapter 7).⁵

Cocaine, having been extracted from South American coca leaves, was also a drug in widespread use and taken quite casually in a variety of forms. The original formula for Coca-Cola (as the name suggests) contained cocaine until 1903, as did Dr. Agnew's Catarrh Powder, a popular remedy for chest colds. In the mid-1880s, Parke, Davis, and Company (merged with Pfizer, Inc. in 2002) was selling cocaine and its botanical source, coca, in more than a dozen forms, including coca-leaf cigarettes and cigars, cocaine inhalants, a coca cordial, and



In the latter part of the nineteenth century in the United States, cocaine was a popular ingredient in over-the-counter medications. These products were totally unregulated, and customers included children as well as adults.

an injectable cocaine solution.⁶ A Viennese doctor named Sigmund Freud, who was later to gain a greater reputation for his psychoanalytical theories than for his ideas concerning psychoactive drugs, called cocaine a "magical drug." Freud would later reverse his position when a friend and colleague became dependent on cocaine (see Chapter 8).⁷

During the nineteenth century, America's public attitude toward drug use was one of *laissez-faire*, roughly translated from the French as "allow [people] to do as they please," which means that there was little regulation or control of drugs. In fact, the United States was the only major Western nation that allowed the unlimited distribution, sale, and promotion of psychoactive drugs during this period. The result was a nation of medicinal and recreational drug users that has been described as a "dope fiend's paradise."⁸

There were two major factors that explain why there were no major drug control policies during this period. First, unlike many European nations, the United States did not have any agencies regulating the medical field, and because doctors and pharmacists were unlicensed, it was not difficult to call oneself a doctor and distribute drugs. The American Medical Association (AMA) was established in 1847, but only a fraction of practicing health professionals were members during the 1800s. Doctors of this era had no choice but to rely upon untested and potentially toxic chemicals to treat both physical and psychological disorders (Drugs . . . in Focus). A second factor was the issue of states' rights. During the nineteenth century, the prevailing political philosophy was a belief in the strict separation of state and federal powers, especially in southern states. Therefore, the regulation of drugs was left to the states, most of which had few, if any, drug laws. For the federal government to pass laws limiting the use of any drug would have been seen as a serious challenge to the concept of states' rights.⁹

Drug Regulation in the Early Twentieth Century

By 1900, the promise of medical advances in the area of drugs was beginning to be matched by concerns about the dependence that some of these drugs could

laissez-faire (LAY-say FAIR) (Fr.): The philosophy of exerting as little governmental control and regulation as possible.

Drugs... in Focus

Abraham Lincoln, Depression, and Those “Little Blue Pills”

It is well known to historians that Abraham Lincoln suffered from long bouts of melancholy, a condition that would today be diagnosed as major depression. What is less known is that Lincoln had been advised by his physician to take what he called his “little blue pills” to help him elevate his mood.

A few months into his presidency, in 1861, however, Lincoln stopped taking these pills, complaining that they made him “cross.” During the late 1850s, Lincoln had experienced episodes of bizarre behavior that included towering rages and mood changes that appeared out of nowhere or were responses to innocuous and sometimes trivial circumstances. It is reasonable to assume that the symptoms were, as Lincoln himself surmised, due to the “little blue pills.”

It is a good thing that Lincoln made this decision. The medication he was taking was a common nineteenth-century remedy for depression, called *blue mass*. It consisted of licorice root, rosewater, honey, sugar, and rose petals. But the main ingredient in these blue-colored pills, about the size of peppercorns, was approximately 750 micrograms of mercury, a highly toxic substance. At the common dosage level of two or three pills per day, individuals ingested nearly nine thousand times the amount of mercury that is considered safe by current health standards.

If Lincoln had continued to take blue mass for his depression, he undoubtedly would have continued to experience the behavioral and neurological symptoms common to chronic mercury poisoning as he led the nation during the Civil War. Fortunately, the symptoms of mercury poisoning in Lincoln’s case were reversible after he stopped taking blue mass. Lincoln would suffer from severe bouts of depression until his death in 1865, but America was spared what might have been a catastrophe of historic proportions.

Postscript: Mercury poisoning was quite common throughout the nineteenth century, as this substance’s toxic properties had not yet been discovered or fully appreciated. Hat makers were particularly susceptible to mercury toxicity because they would routinely rub mercury into the felt material of hats to preserve them for commercial sale, absorbing the substance through their fingers. Symptoms of severe mood swings and eventually dementia were commonly observed among people in this profession and eventually became the basis for the expression “mad as a hatter.”

Source: Hirschhorn, Norbert, Feldman, Robert G., and Greaves, Ian (2001, Summer). Abraham Lincoln’s blue pills: Did the 16th President suffer from mercury poisoning? *Perspectives in Biology and Medicine*, pp. 315–322.

produce. Probably the two most important factors that fueled the movement toward drug regulation in the beginning of the twentieth century were (1) the abuse of patent medicines and (2) the association of drug use with minority groups. Between 1890 and 1906, numerous **patent medicines** were sold that included such ingredients as alcohol, opium, morphine, cocaine, and marijuana.

The term “patent medicine” can be misleading. Generally, one thinks of a patented product as one that is registered with the government, providing the producers with the exclusive right to sell that product. However, patent medicines around the turn of

the twentieth century were not registered with the federal government or any other agency, and their formulas were often kept secret. Manufacturers did not have to list the ingredients of patent medicines on the bottle label or the package in which they were sold. One of the most popular methods of marketing patent medicines was the traveling medicine show, which included magicians and other performers, and culminated with a “pitch man” whose function was to convince the gathering crowd to buy his patent medicine.¹⁰

As the popularity of patent medicines grew, so did drug abuse. Unlike many of today’s drug abusers, the typical nineteenth-century abuser was a white middle- or upper-class married woman who became dependent upon a patent medicine. In response to the growing number of drug-dependent Americans, President Theodore Roosevelt proposed a federal law that

patent medicine: A drug or combination of drugs sold through peddlers, shops, or mail-order advertisements.

would regulate misbranded and adulterated foods, drinks, and drugs. This proposal was met with strong opposition from the business sector, which was making a good profit from the patent medicine industry. Public opinion swayed in Roosevelt's direction after Upton Sinclair published *The Jungle* in 1906, a novel that exposed the unsanitary conditions of the meat packing industry in Chicago. The book depicted how diseased cattle and hogs, as well as human body parts, were sometimes included in packaged food and how much of the meat sold to the general public included undesirable parts of animals scraped from slaughterhouse floors. Congress responded by passing the 1906 Pure Food and Drug Act, which required all packaged foods and drugs to list the ingredients on the label of the product.

The new law did not prevent drugs from being sold, but it did require manufacturers to identify specific drugs that might be contained in these patent medicines. Thus cocaine, alcohol, heroin, and morphine could still be in patent preparations as long as they were listed as ingredients.¹¹

Drug Regulation, 1914–1937

By the second decade of the twentieth century, calls for expanded drug regulation were spurred in large part by a growing prejudice against minority groups in America that were believed to be involved in drug use. As we will see, this social phenomenon impacted upon the eventual prohibition of opium and heroin, cocaine, and marijuana, as well as the temporary prohibition of alcohol.

The movement toward federal drug control legislation, in general, was met with resistance from southern politicians, who believed that such actions were yet another intrusion of the federal government into state affairs. It has been speculated that, in order to overcome this resistance from southerners during this time, a propaganda campaign was launched that associated African Americans with cocaine. Southern newspapers began printing stories of the cocaine-induced raping of white women and demonstrations of superhuman strength.¹² One of the more bizarre myths was that cocaine made African Americans unaffected by .32 caliber bullets, a claim that is said to have caused many southern police departments to switch to .38 caliber revolvers. The propaganda campaign was successful; Southerners



A rare photograph of life inside a Chinese opium den in San Francisco in the 1870s.

became more afraid of African Americans than of an increase in federal power and offered their support for the Pure Food and Drug Act and later the Harrison Act of 1914.¹³

Another example of how racism became interwoven with drug policy was the identification of Chinese workers with the smoking of opium. After the Civil War, the United States had imported Chinese workers to help build the rapidly expanding railroads. The Chinese brought with them the habit of smoking opium, which many Americans believed led to prostitution, gambling, and overall moral decline. When the major railroad systems were completed, Chinese workers began to migrate into western cities such as San Francisco. Working for low wages, the Chinese, some Americans feared, would take jobs from whites and the “big bosses” of business would use cheap Chinese labor as a means of preventing union organization. Hostility and violence against the Chinese became common. The first anti-drug legislation in the United States was an ordinance enacted in 1875 by the City of San Francisco prohibiting the operation of opium dens—establishments in which the smoking of opium occurred. Other states followed San Francisco's lead by prohibiting opium smoking, and in 1887, Congress prohibited the possession of smokable opium by Chinese citizens.¹⁴

The Harrison Act of 1914

The origins of the landmark Harrison Act of 1914 can be traced back to an issue of foreign trade. While many Americans detested the Chinese and their habit of smoking opium, at the same time, the U.S. government wanted to open up trade with China. China refused to purchase American goods, however, because of the poor

treatment of Chinese people in the United States. To increase its influence in China and to improve its trade position, the United States initiated a number of international conferences to attempt to control the worldwide production and distribution of narcotics, especially opium. Recognizing the enormous population of opium abusers within their own country, Chinese leaders were eager to participate in such conferences.

At an international conference held in the Hague in 1912, the United States was accused of maintaining a double standard. According to its critics, the U.S. government was attempting to pass international agreements to regulate the drug trade while at the same time having no domestic control of drug production and distribution within its own borders. In response, Congress passed the Harrison Act, named after its sponsor, Representative Francis Burton Harrison of New York.¹⁵

The Harrison Act was designed to regulate drug abuse through government taxation and became the basis for narcotics regulation in the United States for more than a half-century. The act required anyone importing, manufacturing, selling, or dispensing cocaine and opiate drugs to register with the Treasury Department, pay a special tax, and keep records of all transactions. Because the act was a revenue measure, enforcement was made the responsibility of the Department of the Treasury and the commissioner of the Internal Revenue Service.

Cocaine was not defined as a narcotic under the law, but it became lumped together with opiates and often was referred to as a narcotic as well. Although application of the term to cocaine was incorrect (“narcotic” literally means “stupor-inducing,” and cocaine is anything but that), the association has unfortunately stuck. Later, several restricted drugs, including marijuana and the hallucinogen peyote, also were officially classified as narcotics without regard to their pharmacological characteristics. Today, many people still think of any illegal drug as a narcotic, and for many years, the bureau at the Treasury Department charged with drug enforcement responsibilities was the Bureau of Narcotics, and its agents were known on the street as “nars.”

Technically, the Harrison Act did not make opiates and cocaine illegal. Physicians, dentists, and veterinarians could prescribe these drugs “in the course of their professional practice only.” What this phrase meant was left to a good deal of interpretation. The Treasury Department viewed the maintenance of patients on these drugs, particularly opiates, as beyond medical intentions, and the Supreme Court upheld this interpretation. Between 1915 and 1938, thousands of physicians in the United States found themselves in violation of the law.

Eventually, physicians stopped issuing prescriptions for drugs now covered under the Harrison Act. As a result, a new class of criminal was created, driving individuals to seek drugs through the black market. In what would become a continuing and unfortunate theme in the history of drug law enforcement legislation, the Harrison Act failed to reduce drug-taking behavior. Instead, it created a new lucrative market for organized crime that continues to the present-day.

Alcohol and the Prohibition Era

Since the 1800s, there had been movements for the prohibition of alcohol in the United States (see Chapter 13), and although several states had passed anti-alcohol measures, prohibitionists were never quite able to gain national support for their movement. World War I, however, changed public sentiment, particularly with respect to a prominent minority group. During the war, anti-immigrant sentiment had begun to flourish, especially against German Americans, who were prominent in the business of making beer. Prohibitionists launched a campaign to convince Americans that the production of beer was part of a German plot to undermine America’s willpower and deplete the cereal grains that were needed to make food for the soldiers in Europe. Prohibitionists were rural white Protestants, generally antagonistic toward Irish and Italian immigrants who were gaining political power in metropolitan areas such as Chicago and New York. To many who were behind the movement, prohibition represented a battle between America’s Protestant rural towns and America’s “sinful,” immigrant-filled cities.¹⁶

In January 1919, Congress passed the Eighteenth Amendment to the U.S. Constitution, which outlawed the manufacture and sale of alcohol, except for industrial use. Nine months after the amendment was passed, it was followed by passage of the Volstead Act, authored by Representative Andrew Volstead of Minnesota. The Volstead Act provided for the federal enforcement of the Eighteenth Amendment by creating a Prohibition Bureau under control of the Treasury Department. Unfortunately, agents of the Prohibition Bureau developed a reputation as being inept and corrupt. Some viewed the bureau as a training school for bootleggers because agents frequently left law enforcement to embark upon their own criminal enterprises. One of the Prohibition Bureau’s heroes, Eliot Ness, became famous for organizing a team of agents known as “The Untouchables,” so-named because of their reputation for honesty and refusal to take bribes. Eliot Ness and his Untouchables were eventually able to arrest, prosecute,

PORTRAIT



Eliot Ness and the Untouchables

Shortly after graduating from the University of Chicago with a degree in business administration and political science, Eliot Ness accepted an appointment as an agent with the U.S. Treasury Department's Prohibition Bureau during a time when bootlegging was rampant throughout the nation. The Chicago branch of the Prohibition Bureau had a reputation for being corrupt, and it was difficult to find an honest law enforcement agent working in the city. Ness developed a reputation for his reliability and honesty and was given the job of assembling and leading a team to go after the liquor operations of famous gangster Al Capone. Capone was one of the most powerful and successful bootleggers in the country and operated thousands of illegal distilleries, breweries, and speakeasies in the Chicago area.

Ness was given the personnel records of the entire Prohibition Bureau, from which he was to select a small team of reliable agents. Ness selected nine men. One of Ness's first operations was to close down eighteen of Capone's operations in Chicago in one night. The raids were all scheduled to occur simultaneously at nine thirty at night so that they could make a clean sweep before the news got out to Capone. Ness's men led the raiding

parties, and given the poor reputation of the average prohibition agent, Ness's men made sure that none of the men in the raiding parties had the opportunity to make a telephone call before the raid. With a sawed off shotgun in his arms, Ness and his men charged through the front door, yelling, "Everybody keep his place! This is a federal raid!" The operation was a success. Eighteen stills were shut down, and fifty-two people were arrested. Over the coming months, Ness and his team closed down numerous illegal stills and breweries worth an estimated \$1 million.

Capone, feeling the pinch of Ness's operations, believed that every man had his price and made several attempts to bribe Ness and his men, but he had no success. In one instance, a man threw an envelope filled with cash into a car driven by one of Ness's men. Ness's agents caught up with the car and threw the money back into the gangster's car. Ness later called a press conference to talk about Capone's failed bribery attempt. Ness wanted Capone's organization to realize that there were still law enforcement agents who could not be bought. The press conference was carried by newspapers all over the country, one of which coined the term "The Untouchables."

Ness's war with Capone came to an end in 1931 when Al Capone was convicted of tax evasion. Capone, with his extravagant life-style, had not filed an income tax return for several years, and even though his lawyers continually warned him of his vulnerability to the Internal Revenue Service (IRS), Capone always felt that he was above the law. Some have claimed that Ness was an egomaniac who craved the spotlight and used his crusade against Capone to gain attention. Ness responded to the issue of his motivation by explaining why he took the job: "Unquestionably, it was going to be highly dangerous. Yet I felt it was quite natural to jump at the task. After all, if you don't like action and excitement, you don't go into police work. And what the hell, I figured, nobody lives forever!"

Many years later, Ness and his unit's exploits became a household word through the popular TV series *The Untouchables* (1959–1963) and the 1987 film costarring Kevin Costner and Sean Connery.

Sources: Heimel, Paul W. (1997). *Eliot Ness: The real story*. Coudersport, PA: Knox Books. Kobler, John (1971). *The life and world of Al Capone*. New York: G. P. Putnam's Sons.

and convict one of the most notorious crime figures of the time, Al Capone (Portrait).¹⁷

Prohibition failed to produce an alcohol-free society and spurred numerous social problems. Many citizens had little regard for the new law and continued to consume alcohol in underground nightclubs and bars known as **speakeasies** or "blind pigs." Alcohol itself became dangerous to consume. Before prohibition, large companies and the government controlled the manufacture of alcohol. During prohibition, criminal organizations controlled the manufacture and distribution of alcohol, sometimes adding dangerous adulterants such as kerosene that produced paralysis, blindness, and even death.

Because of Prohibition, the "Roaring Twenties" became one of the most lawless periods in American history. The court system was stretched beyond its limits. By the time **Prohibition** ended, nearly 800 gangsters in the city of Chicago alone had been killed in bootleg-related killings. Overall disregard for the law had become commonplace, and enforcement of Prohibition legislation became largely

speakeasies: Business establishments that sold liquor illegally during the Prohibition era.

Prohibition: A period between 1920 and 1933 in the United States when alcohol manufacture and sale was illegal.

ineffectual. At one point, a jury hearing a bootlegging case in California was itself put on trial after they literally drank the evidence! The jurors argued that they had simply sampled the evidence to determine whether or not it contained alcohol. Evidently, the jury had been overly enthusiastic in their inquiry. The defendant charged with bootlegging had to be acquitted because the evidence in the case had been consumed.¹⁸ By the early 1930s, the significant social problems brought on by Prohibition were beginning to put pressure on political leaders to reconsider the concept of alcohol prohibition. In addition, there was an increasing need to restore the federal revenue dollars from taxes on alcohol, in order to help finance Depression-era programs. Before Prohibition, taxes on alcohol had been one of the primary sources of revenue for the federal government. In 1933, the Eighteenth Amendment was repealed by the Twenty-first Amendment, and Prohibition as a national policy was over.¹⁹

After the repeal of national Prohibition, regulatory control over alcohol was returned to the states. In 1966, the last “dry” state, Mississippi, became “wet.” Later in the 1970s, thirty states lowered the legal drinking age to eighteen, but in the 1980s, concerns began to be raised over the large number of young people dying in alcohol-related traffic accidents. Congress responded by authorizing the Transportation Department to withhold federal highway funds for any state that did not raise the minimum drinking age to twenty-one. This mandate made twenty-one the uniform drinking age across the United States.

Marijuana and the Marijuana Tax Act of 1937

As with opium, cocaine, and alcohol, public concerns about marijuana did not surface until the drug was linked to a minority group—namely, migrant Mexican workers. During the 1920s, Mexican laborers emigrated to the United States to perform jobs that white workers refused to do, such as picking cotton, fruit, and vegetables on large farms in the Southwest. Some of the Mexican workers would smoke marijuana as a drug of entertainment and relaxation. When the Depression struck the United States, many white workers would take just about any job they could get, and public opinion supported sending the Mexican workers home. Many white laborers in the Southwest began to band together and form organizations such as the “Key Men of America” and the “American Coalition,” whose goal was to “Keep America American.” Leaders of these organizations believed that marijuana and the problems with Mexican immigration were closely connected, and many southwestern police chiefs agreed. Newspaper

stories began to circulate telling of how marijuana made users become sexually excited and violently insane.²⁰

The first commissioner of the newly formed Federal Bureau of Narcotics (FBN), Harry J. Anslinger, saw the marijuana issue as a way to gain national attention and extend the power of FBN. Congressional committees heard testimony from Anslinger, who relied on sensational tales of murder, insanity, and sexual promiscuity that were brought on by marijuana, referred to as the “killer weed.” Movies produced and released in the 1930s, such as *Reefer Madness* (now a cult classic on many university campuses) and *Marihuana: Weed with Roots in Hell*, supported Anslinger’s propaganda campaign by depicting innocent young people committing terrible acts under the influence of marijuana. The result was the Marijuana Tax Act of 1937, which did not outlaw marijuana but required that a tax be collected on its manufacture and sale. Each time marijuana was sold, the seller had to pay a tax of as much as \$100 per ounce for a transfer tax stamp. Failure to possess such a stamp was a federal offense, and not surprisingly, tax stamps were rarely issued (see Chapter 10). This effectively made marijuana illegal, and the drug was prohibited in this manner until the Controlled Substance Act of 1970.

Drugs and Society from 1945 to 1960

In the recreational drug scene of post–World War II United States, smoking was considered romantic and sexy. It was the era of the two-martini lunch, when



The television series, *Mad Men*, has effectively depicted the casual glamor of cigarette smoking in late 1950s and early 1960s.

social drinking was at its height of popularity and acceptance. Cocktail parties dominated the social scene. There was little or no public awareness that alcohol or nicotine consumption could be considered drug-taking behavior.

On the other hand, the general perception of certain drugs such as heroin, marijuana, and cocaine was simple and negative: They were considered bad and illegal, and “no one you knew” had anything to do with them. Illicit drugs were seen as the province of criminals, the urban poor, and nonwhites.²¹ The point is that, during this period, a whole class of drugs was outside the mainstream of American life. Furthermore, an atmosphere of fear and suspicion surrounded people who took such drugs. Commissioner Anslinger in the 1950s accused the People’s Republic of China of selling opium and heroin to finance the expansion of Communism. Drug abuse now became un-American, and Congress became convinced that penalties for illicit drug use were too lenient. Congress passed the Boggs Act in 1951 that increased the penalties of previously enacted marijuana and narcotics laws. Under the Boggs Act, marijuana and narcotics were lumped together under uniform penalties, which provided for a minimum sentence of two years for first-time offenders and up to ten years for repeat offenders. Later, Congress passed the Narcotics Control Act of 1956, which further increased the penalties for drug violations. The sale of heroin to individuals under the age of eighteen, for example, was made a capital offense. The Narcotics Control Act also authorized the FBN and customs agents to carry firearms and serve search warrants. The basis of these laws was the belief that strict drug laws and an increase in drug-law enforcement would curb future drug demand.

Turbulence, Trafficking, and Treatment, 1960–1980

During the 1960s, the basic premises of American life—the beliefs that working hard and living a good life would bring happiness and that society was stable and calm—were being undermined by the reality of the Vietnam War abroad and social unrest at home. The large adolescent and college-aged cohort born after World War II, often referred to as the “baby boomers” or



The famous Woodstock Festival concert drew an estimated 500,000 people to a farm in upstate New York in the summer of 1969. According to historian David Musto, “It was said that the (use of marijuana) at the gigantic Woodstock gathering kept peace—as opposed to what might have happened if alcohol had been the drug of choice.”

“hippie” generation, was challenging many accepted cultural norms and the established hierarchy. Many young people were searching for new answers to old problems, and their search led to experimentation with drugs that their parents had been taught to fear. The principal symbol of this era of defiance against the established order, or indeed against anyone over thirty years old, was marijuana. No longer would marijuana be something foreign to Middle America. Marijuana, as well as new drugs such as LSD, became associated with the sons and daughters of white middle-class families. Illicit drug use, once a problem associated with minority populations, inner cities, and the poor, was now too close to our personal lives for us to ignore.

Along with the turbulence of the period came a disturbing increase in heroin abuse across the country. In the early 1970s, reports surfaced estimating that up to 15 percent of the American troops returning home from Vietnam had been heroin abusers. Organized crime groups established the **French connection**, in which opium grown in Turkey was converted into heroin in

French connection: A term referring to the supply route of heroin in the 1960s from Turkey (where opium poppies were grown) to port cities in France (where heroin was manufactured) to cities in the United States (where heroin was distributed).

southern French port cities, smuggled into America, and then sold on the streets of major cities. A new form of crudely processed heroin from Mexico, known as “black tar,” was beginning to be sold throughout the western United States. Heroin abuse increased in many inner cities, and heroin abuse was later connected to a rise in the crime rate, specifically a growing number of robberies and burglaries committed by heroin abusers to get money to buy drugs.²²

For President Richard Nixon, elected in 1968, illicit drug use became a major political issue. He declared a “total war on drugs,” ordering his senior staff to make the reduction of drug abuse one of their top priorities. In 1970, the Nixon administration persuaded Congress to pass the Comprehensive Drug Abuse Prevention and Control Act, popularly known as the “Controlled Substance Act.” The act was passed to consolidate the large number of diverse and overlapping drug laws as well as the duplication of efforts by several different federal agencies. The act established five schedules for the classification of drugs, based upon their approved medical uses, potential for abuse, and potential for producing dependence. As a result of the 1970 Controlled Substance Act, the control of drugs has been placed under federal jurisdiction regardless of state regulations.

The 1970 act also shifted the administration of drug enforcement from the Treasury Department to the Justice Department, creating the Drug Enforcement Administration (DEA). The DEA was given the control of all drug-enforcement responsibilities, except those related to ports of entry and borders, which were given to the U.S. Customs Service. DEA agents were to conduct drug investigation, collect intelligence about general trends in drug trafficking and drug production, and coordinate efforts among federal, state, and local law enforcement agencies. The DEA’s mission today remains both domestic and foreign. Agents are stationed in foreign countries, and although they do not possess arrest powers, they act as liaisons with foreign law enforcement agencies. Both the DEA and the Federal Bureau of Investigation (FBI) share responsibility for enforcement of the Controlled Substance Act of 1970, and the director of the DEA reports to the director of the FBI, who in 1982 was given responsibility for supervising all drug-law enforcement efforts and policies.

President Nixon also believed that reducing the supply of drugs from overseas sources could curb drug abuse in the United States. In the 1970s, the federal government estimated that 80 percent of the heroin reaching the United States was produced from opium poppies grown in Turkey. As mentioned earlier, the opium was shipped to southern French port cities, where it

was converted to heroin and then later smuggled into the United States. In an attempt to reduce the amount of heroin coming into the United States, the Nixon administration threatened to cut off aid to Turkey if that country did not put an end to the export of opium. Nixon also promised Turkey millions of dollars in aid to make up for the subsequent losses resulting from reduced poppy cultivation. Initially, this action did lead to a shortage of heroin on American streets in 1973. The decline in heroin production, however, did not last long. In 1974, Mexico became a primary source of opium production, and in response, the U.S. government began to finance opium eradication programs in Mexico (see Chapter 6).²³

Another response of the Nixon administration to drug abuse, particularly with regard to the increase in heroin dependence, was to finance a number of treatment programs for drug dependent individuals. These treatment programs ranged from inpatient detoxification and therapeutic communities to newly created methadone outpatient programs. Methadone is a long-acting opiate that is taken orally in order to prevent heroin withdrawal symptoms for up to twenty-four hours (see Chapter 7). Methadone maintenance programs were designed to wean heroin abusers off of heroin by allowing them to have a better chance at employment and ending the need to commit crimes to maintain their abuse. After an initial report of the drug’s success in 1966, methadone’s popularity quickly spread. Methadone maintenance programs represented the first time that the federal government made a commitment to drug-abuse treatment in the community.

By 1972, some of the Nixon administration’s anti-drug programs appeared to be working. There was a national network of methadone treatment centers, and successful eradication efforts. Turkey had agreed to stop growing opium, and Mexico was cooperating with U.S. law enforcement. The price of heroin was up, the purity level was down, and there was a decrease in the number of drug overdose cases. When President Gerald Ford took the White House in 1974, however, the nation’s attention was diverted from drug abuse to other issues, such as unemployment, inflation, and an energy crisis. Illicit drug use was no longer an important issue. Ford’s policy toward illicit drug use was based on the attitude that drug abuse was here to stay, but government actions could contain the problem. The administration also believed that some drugs were more dangerous than others and that anti-drug policies should be directed at controlling the supply and demand of those drugs which posed the greatest threat to society.

President Jimmy Carter, elected in 1976, was more tolerant toward drug use than Ford and even favored decriminalization of the possession of small amounts of marijuana. President Carter stated: “Penalties against possession of a drug should not be more damaging to an individual than the use of the drug itself, and where they are, they should be changed. Nowhere is this more clear than in the laws against the possession of marijuana in private for personal use.”²⁴ By 1978, eleven states followed Carter’s lead and decriminalized small amounts of marijuana. California and Oregon made possession of one ounce or less of marijuana a citable misdemeanor with a maximum penalty of \$1,000, and there were no increased penalties for repeat offenders.²⁵ Relaxed attitudes toward drugs reached a peak in 1979. An astounding 53 percent of high school seniors in 1979 reported using an illicit drug over the past twelve months, compared with 37 percent of high school seniors in 2009 (see Chapter 1).²⁶

Renewed Efforts at Control, 1980–2000

With the decade of the 1980s came significant changes in the mood of the country in the form of a social and political reaction to earlier decades. If the media symbol formerly had been the “hippie,” now it was the “yuppie,” a young, upwardly mobile professional. The political climate became more conservative in all age groups. With regard to drugs, the concern about heroin dependence was being overshadowed by a new fixation: cocaine. At first, cocaine took on an aura of glamour and (because it was so expensive) became a symbol of material success. The media spotlight shone on a steady stream of celebrities in entertainment and sports who used cocaine. Not long after, however, the harsh realities of cocaine dependence were recognized. The very same celebrities who had accepted cocaine into their lives were now experiencing the consequences; many of them were in rehabilitation programs, and some had died from cocaine overdoses. To make matters worse, in 1985, a new form of cocaine called “crack,” smokeable and cheap, succeeded in extending the problems of cocaine dependence to the inner cities of the United States, to segments of American society that did not have the financial resources to afford cocaine itself. In the glare of intense media attention, crack dependence soon took on all the aspects of a national nightmare.

In the 1970s, there had been generally a lack of public interest and even some tolerance of drug use. As mentioned earlier, in several U.S. states there was even a

trend toward deregulation. In the 1980s, however, the lack of public interest in drug use began to shift as grassroots groups began to demand that something be done about “America’s drug problem.” During the presidency of Ronald Reagan, drug abuse became a major political and social issue. President Reagan declared an all-out war on drugs, and First Lady Nancy Reagan launched her “Just Say No” campaign, which focused mostly on white middle-class children who had not yet tried drugs. Reagan’s war on drugs focused on a policy of controlling the supply of drugs by increasing the budgets of drug enforcement agencies and providing foreign aid to such countries as Colombia, Peru, Bolivia, and Mexico. Demand was to be reduced by enacting laws that imposed some of the harshest penalties ever for drug-law violators.

With popular sentiment once again turned against drugs, Congress rewrote virtually all of the nation’s drug laws in record time. In 1984, Congress passed the Comprehensive Crime Control Act, which increased the penalties for violations of the Controlled Substance Act and expanded asset-forfeiture law, allowing both local and federal drug enforcement agencies to keep most of the money made from the sale of seized assets (see Chapter 6). Two years later, Congress passed the Anti-Drug Abuse Act of 1986, which placed mandatory minimum sentences for federal drug convictions, eliminating a judge’s discretion in pronouncing a sentence. Different mandatory minimum sentences were to be given for possession of powder and crack cocaine. The new law imposed a prison sentence of five to forty years for possession of 500 grams of powder cocaine or 5 grams of crack cocaine. This mandatory sentence could not be suspended, nor could the offender be paroled or placed on probation. The Anti-Drug Abuse Act of 1986 also created a “kingpin” statute under which the heads of drug trafficking organizations could receive mandatory life imprisonment if convicted of operating a continuing criminal enterprise.

One of the most important drug laws passed in the 1980s was the Anti-Drug Abuse Act of 1988. This legislation created a cabinet-level Director of National Drug Control Policy, often referred to in the media as the “Drug Czar,” whose job was to coordinate federal activities with respect to both drug supply and demand reduction. The first director was former Education Secretary William J. Bennett, who believed that individual users of drugs should accept moral responsibility for their behavior. Bennett believed that drug laws should be strict so that drug users would understand that involvement in the illegal drug trade has clear consequences. The law created harsher penalties for the possession of drugs; penalties for selling drugs to

minors were enhanced; and the act reinstated the death penalty for anyone convicted as a “drug kingpin” or anyone convicted of a drug-related killing. The act also addressed alcohol use, especially the problem of drunk driving, by providing federal money to states that instituted tough penalties for drunk drivers. Lastly, the

act addressed the issues of drug use in schools and in the workplace by requiring educational institutions and businesses to establish a system to ensure that students and workers remained drug-free. This provision later established the basis for drug testing in schools and in the workplace.

Drugs... in Focus

A History of American Drug Legislation

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| <p>1794 A federal tax on whiskey leads to the Whiskey Rebellion in western Pennsylvania (see Chapter 13).</p> <p>1868 Pharmacy Act of 1868 requires registration of those dispensing drugs.</p> <p>1875 The Anti-Opium Smoking Act is passed in San Francisco.</p> <p>1906 Pure Food and Drug Act requires all packaged foods and drugs to list the ingredients on the label of the product.</p> <p>1914 The Harrison Narcotic Act is designed to regulate addiction and drug abuse through government taxation.</p> <p>1919 Congress passes the Eighteenth Amendment, which outlaws the manufacture and sale of alcohol, except for industrial use.</p> <p>1933 Congress passes the Twenty-first Amendment, which repeals the Eighteenth Amendment.</p> <p>1937 The Marijuana Tax Act places a tax on the manufacture and sale of marijuana.</p> <p>1951 The Boggs Act increases the penalties for drug offenses.</p> <p>1956 Selling heroin to someone under the age of eighteen can result in the death penalty.</p> <p>1970 Comprehensive Drug Abuse Prevention and Control Act, popularly known as the Controlled Substance Act, establishes five schedules for the classification of drugs based upon their approved medical uses, potential for abuse, and potential for producing dependence.</p> <p>1984 Congress passes the Comprehensive Crime Control Act, which enhances the penalties for violations of the Controlled Substance Act and expands asset-forfeiture law, allowing both local and federal drug enforcement agencies to keep the majority of the money made from the sale of seized assets.</p> | <p>1986 Congress passes the Anti-Drug Abuse Act of 1986, which places mandatory sentences for federal drug convictions, eliminating a judge’s discretion in pronouncing a sentence.</p> <p>1988 The Anti-Drug Abuse Act of 1988 increases penalties for drug offenses involving children and creates a cabinet-level position of Director of National Drug Control Policy, often referred to in the media as “Drug Czar.”</p> <p>1996 Arizona Proposition 200 and California Proposition 215 are passed, which legalize the use of marijuana for medicinal purposes within these two states (see Chapter 10).</p> <p>1996 Comprehensive Methamphetamine Control Act increases the penalties for trafficking and manufacture of methamphetamine and its precursor chemicals.</p> <p>2000 GHB (gamma-hydroxybutyrate) is added to the list of Schedule I controlled substances.</p> <p>2003 The Illicit Drug Anti-Proliferation Act, aimed at the promoters of “raves,” holds persons more accountable for knowingly renting, leasing, or maintaining any place where drugs are distributed or manufactured.</p> <p>2004 Anabolic Steroid Control Act of 2004 adds several new steroids and steroid precursors to the list of controlled substances.</p> <p>2005 The Combat Methamphetamine Epidemic Act establishes nationwide sales restrictions on precursor chemicals and law enforcement initiatives for the seizure of domestic methamphetamine laboratories.</p> <p>2009 The Tobacco Control Act gives the FDA authority to regulate the sale and manufacture of tobacco products.</p> |
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The wave of anti-drug legislation in the 1980s (Drugs . . . in Focus) profoundly changed America's criminal justice system. Law enforcement budgets increased as more officers had to be hired to enforce drug laws. The number of drug violators increased to the highest level ever, and courts became backlogged with drug case after drug case. The number of inmates in U.S. prisons and jails rose nearly 100 percent from 1985 to 1996, and the budget for prisons increased by more than 160 percent.²⁷ Prison building became one of the biggest public works businesses in America; hundreds of new prisons sprang up across the country. Fortunately, by the end of the 1990s, the extent of crack abuse had greatly diminished, crime rates had begun to fall, and rates of illicit drug use began to decline. It is still being debated, however, to what extent these changes were due to the "get tough" policy on drugs or how much were due to an overall aging of the U.S. population or other sociocultural factors.

The 1990s and the beginning of the twenty-first century can be characterized by a general lack of political interest in drug abuse. During his first term in office from 1992 to 1996, President Bill Clinton placed little emphasis on drug abuse and reduced the staff of the Office of National Drug Control Policy by 83 percent, a move that he ascribed to keeping his campaign promise to reduce the White House staff by 25 percent. As the 1996 election approached and a rise in marijuana use among youth became publicized, Clinton was subject to the criticism that he had neglected America's drug problem. In response, Clinton declared his own war on drugs and appointed a retired four-star military general, Barry McCaffrey, to be his "Drug Czar." Clinton urged Congress to appropriate a \$100 million increase in the budget for drug interdiction and increased foreign aid to stop the supply of drugs at their source. In addition, he signed the Comprehensive Methamphetamine Control Act into law in 1996. Designed to curb the use of methamphetamine, this act increased the penalties for trafficking and manufacture of methamphetamine and its precursor chemicals.

The Globalization of Drug Regulation, 2001—Present

After the events of September 11, 2001, the war on terrorism became a more pressing matter for President George W. Bush than the war on drugs. An effort

Quick Concept Check 3.1

Understanding the History of U.S. Drug-control Legislation

Test your understanding of American drug-control legislation by matching the statement on the left with the associated drug on the right.

Note: Some of the answers may be used more than once.

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| 1. Dependence on this drug among Civil War veterans was so common that it was called the "soldier's disease" or the "army disease." | a. marijuana |
| 2. This drug was associated with Chinese immigrants working on American railroads during the 1800s. | b. opium |
| 3. In order to get federal drug legislation passed, a propaganda campaign was launched that associated African Americans with this drug. | c. cocaine |
| 4. The opposition to this drug was intertwined with a negative reaction toward German, Italian, and Irish immigrants. | d. morphine |
| 5. This drug was linked to Mexican migrant workers. | e. alcohol |
| 6. The Nixon administration initiated programs in the late 1960s that were designed to wean addicts off of heroin. | f. heroin |
| 7. During Jimmy Carter's presidency in the late 1970s, several states voted to decriminalize this drug. | g. methadone |
| 8. During Ronald Reagan's presidency in the 1980s, abuse of this drug became a major public concern. | |

Answers: 1. d. 2. b. 3. c. 4. e. 5. a. 6. g. 7. a. 8. c.

was made, however, to combine the two problems into one all-encompassing policy. During the Clinton presidency, aid to Colombia had risen to a previously unprecedented level of \$88 million, but this money was tightly restricted to police and counterdrug efforts and not intended to support Colombia's war against insurgent groups. In 2002, Bush changed the U.S. strategy by granting the Colombian government

the funding to combat drug trafficking as well as terrorism, two struggles that in the view of the Bush administration had become one. At that time, Colombia was awarded \$650 million in U.S. aid to begin a unified campaign against drug trafficking and the activities of groups designated as terrorist organizations.²⁸

In recent years, our global efforts to control drug trafficking have been complicated by economic and political aspects of U.S. foreign policy. Our relations with the country of Mexico, for example, have been strained by the fact that Mexico continues to be a major trafficking route not only for cocaine from South America and heroin from Mexico itself, but also a source of marijuana cultivation and a manufacturing source of methamphetamine, and illegal medications. Efforts to reduce the cultivation of opium in the rugged, mountainous areas of Afghanistan, presently the supplier of approximately 94 percent of the world's supply of heroin, have been intertwined with efforts to control the political influence of regional warlords, whether they have terrorist associations or not. The interconnected and sometimes opposing goals of America's drug-control policy and global foreign policy continue to be a major challenge in the effort to regulate drug-taking behavior both in the United States and around the world.²⁹

Domestic Drug Regulation, 2001-Present

The USA PATRIOT Act of 2001, enacted as a response to the September 11th attacks, increased the ability for federal authorities to tap telephones and wireless devices, monitor Internet communications, and tighten the enforcement of money laundering activities, as well as protect U.S. borders. These powers were not only directed toward possible acts of terrorism but also other criminal acts such as drug trafficking. The reauthorization of the legislation (referred to as PATRIOT II) relaxed certain provisions that had been criticized as being restrictive of individual civil liberties and closed some loopholes in the 2001 Act with regard to terrorist financing. Significantly, PATRIOT II contained a subsection called the Combat Methamphetamine Epidemic Act that restricted access to over-the-counter cold medications that could be used to manufacture methamphetamine (see Chapter 8). Limits on the amounts purchased were established, and consumers were required to provide photo identification and sign in a store log at the time of purchase. In addition, funding was authorized for the federal Meth Hot Spots program, intended to support state and local law enforcement agencies in the enforcement and prosecution of individuals committing methamphetamine offenses.

Summary

Drugs in Early Times

- Probably the earliest experiences with psychoactive drugs came from tasting naturally growing plants. Individuals with knowledge about such plants were able to attain great power within their societies.
- Ancient Egyptians and Babylonians in particular had extensive knowledge of both psychoactive and nonpsychoactive drugs. Some of these drugs had genuine beneficial effects, while others did not.

Drugs in the Nineteenth Century

- Medical advances in the 1800s allowed isolation of the active ingredients within many psychoactive substances. For example, morphine was identified as the major active ingredient in opium.
- During the nineteenth century, there was little regulation or control of drugs, and the U.S. government imposed no limitations on their distribution, sale,

and promotion. The result was a century of widespread and uncontrolled medicinal and recreational drug use.

Drug Regulation in the Early Twentieth Century

- The effects of drug dependence began to become a social concern. The two most important factors that fueled the movement toward drug regulation in the beginning of the twentieth century were (1) the abuse of patent medicines and (2) the association of drug use with socially marginalized minority groups.

Drug Regulation, 1914-1937

- The Harrison Act of 1914 was the first of several legislative efforts to impose criminal penalties on the use of opiates and cocaine.
- Passage of the Eighteenth Amendment resulted in the national prohibition of alcohol in the United States from 1920 to 1933.

- The Marijuana Tax Act of 1937 required that a tax stamp be issued to anyone selling marijuana. Tax stamps, however, were rarely issued, making marijuana essentially illegal. The drug was prohibited in this way until the Controlled Substance Act of 1970.

Drugs and Society from 1945 to 1960

- During the 1940s and 1950s, the use of illicit drugs such as heroin, cocaine, and marijuana was outside the mainstream of American life.
- Legislation during the 1950s imposed increasingly severe penalties for drug violations.

Turbulence, Trafficking, and Treatment, 1960–1980

- In the 1960s and 1970s, the use of marijuana and hallucinogenic drugs among young people spread across the nation, along with an increase in problems related to heroin.
- President Richard Nixon declared a “total war on drugs,” directing the reduction in drug abuse as one of America’s top priorities. Two aspects of this initiative were the international pressure on specific foreign nations to reduce the source of illicit drugs entering the United States and the establishment of drug-abuse treatment programs.
- The Comprehensive Drug Act of 1970 established a federal drug-control system based upon a classification of drugs in five groups called schedules, I through V. Under this act, a drug is “scheduled” on the basis of its approved medical uses, potential for abuse, and potential for producing dependence.
- By the end of the 1970s, drug-control policy in the United States shifted to a position of relative tolerance with regard to drug-taking behavior. In some

U.S. states, the possession of small amounts of marijuana was decriminalized.

Renewed Efforts at Control, 1980–2000

- A decline in heroin abuse in the 1980s was matched by an increase in cocaine abuse and the emergence of crack as a cheap, smokable form of cocaine.
- During the 1980s, a wave of federal drug legislation increased the penalties for the possession and trafficking of illicit drugs. As a result, the number of drug violators rose to record levels, and courts became backlogged with drug cases. The number of inmates in U.S. prisons and jails rose nearly 100 percent from 1985 to 1996.

The Globalization of Drug Regulation, 2001–Present

- The 1990s and the beginning of the twenty-first century can be characterized by a general lack of political interest in drug abuse. After the events of September 11, 2001, however, the war on drugs became intertwined with the war on international and domestic terrorism.

Domestic Drug Regulation, 2001– Present

- The USA PATRIOT Act of 2001 was enacted as a response to the September 11th attacks, increasing the ability for federal authorities to monitor communications related to possible terrorist activities, tighten money laundering enforcement, and increase the protection of U.S. borders. These powers were directed toward other criminal acts, including drug trafficking.
- The reauthorization of the legislation, known as PATRIOT II, included a program to restrict access to over-the-counter cold medications that could be used in the manufacture of methamphetamine.

Key Terms

Ebers Papyrus, p. 52	patent medicine, p. 54	Prohibition, p. 57	shamanism, p. 52
French connection, p. 59	placebo effect, p. 52	shaman, p. 52	speakeasies, p. 57
laissez-faire, p. 53			

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