



HOW DID WE GET INTO THIS MESS? RACE, CLASS AND THE HISTORY OF U.S. DRUG POLICY

Was there a war on drugs a hundred years ago?

No. A century ago, opiates, cocaine and cannabis were freely available and used both medicinally and recreationally by people throughout the United States. Scores of patent medicines, elixirs and liquid concoctions contained substantial amounts of opium or cocaine.

How was problematic drug use dealt with at that time?

The outstanding feature of early 20th century opiate and cocaine addiction is that the vast majority of addicts were from the middle and upper classes. The peak of opiate addiction in the United States occurred around 1900, when the number probably was close to 250,000 in a population of 76 million, a rate so far never equaled or exceeded in the United States. Nonetheless, the prevailing attitude was that drug addiction was a health problem, best treated by physicians and pharmacists. Because so many people had become addicted unwittingly through their use of patent medicines and other products containing addictive drugs, Congress passed the first Food & Drug Safety Act in 1906 requiring that products list their contents.

When and why did these policies change?

Public attitudes about drug use began to change as perceptions about drug users shifted. In 1909 the U.S. international “war on drugs” began when California prohibited the importation of opium.

Chinese immigrants. Though only a small fraction of American drug users were Chinese, opposition to opium smoking grew as it was increasingly linked to Chinese immigrants in the western United States. Strong anti-Chinese sentiment, exacerbated by a growing fear of competitive cheap labor, led to the Chinese Exclusion Act of 1882, which forbade further immigration. Fears that “respectable” white women were being seduced into a life of prostitution and debauchery in opium dens were inflamed by sensationalized reports. In 1902, the Committee on the Acquirement of the Drug Habit of the American Pharmaceutical Association declared: “If the ‘Chinaman’ cannot get along without his ‘dope,’ we can get along without him.”

African Americans. In 1910 Dr. Hamilton Wright, considered by some the father of U.S. anti-narcotics laws, reported that U.S. contractors were giving cocaine to their [black] employees to get more work out of them. A few years later, stories began to proliferate about “cocaine-crazed Negroes” in the South who had run amok. *The New York Times* published a story on February 11, 1914 that alleged “most of the attacks upon white women of the South are the direct result of the ‘cocaine-crazed’ Negro brain.” The story asserted that “Negro cocaine fiends are now a known Southern menace.” Some southern police departments switched to .38 caliber revolvers because they thought cocaine made blacks impervious to .32 caliber bullets.

Mexicans and Chicanos. During the Great Depression, the U.S. Congress passed the 1937 Marijuana Tax Act, again using racism as a key selling point. The same Mexicans who were vying with out-of-work Americans for the few agricultural jobs available, it was said, engaged in cannabis-induced violence against white Americans.

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Racial Mixing. In the American Jazz scene of the 20s and 30s, cannabis use was popular, and black and white musicians routinely smoked and socialized together. The anti-cannabis propaganda of the time used this crumbling of racial barriers as an example of the degradation caused by cannabis. Harry Anslinger, head of the newly formed Federal Narcotics Division, warned middle-class leaders about blacks and whites dancing together in “teahouses,” using blatant prejudice to sell prohibition. In 1931 New Orleans officials attributed many of the region's crimes to cannabis, which they believed was also a dangerous sexual stimulant.

When did the modern drug war emerge?

In the early 1960s, nonconformist college students and “hippies” again popularized cannabis. The growing “counterculture” questioned the value of war, the sanity of U.S. foreign policy and governmental authority in general. This period coincided with growing urban unrest by blacks impatient with the slow pace of civil rights reforms. Conservatives and others blamed drug use for the increase in civil unrest and public rebellion. In response, President Nixon declared a “war on drugs” directed at these youth and urban communities of color. The drug war was escalated at varying levels by each successive administration, reaching its apex during the Reagan/Bush years with the adoption of federal mandatory minimum drug sentencing and the adoption of severe penalties for crack cocaine offenses.

Has the drug war succeeded?

Despite the escalation of the war on drugs at a cost of billions of taxpayer dollars each year, very little has changed in the availability, price and health consequences of illegal drugs. Half a million Americans, the majority of whom are people of color, are behind bars for nonviolent drug offenses, even though there are roughly equal rates of involvement with drugs across races. Violent crime rates, which fluctuate because of many social factors, show little apparent relationship to the severity of drug laws.

Are there alternatives?

Canada, Australia and a number of Western European countries are increasingly adopting drug policies based on a public health model, as opposed to a criminal justice model. Policies such as providing accessible drug treatment and clean needles concentrate on reducing the harms of drugs instead of punishing low-level users and sellers. As a result of pursuing a more public health oriented approach, these countries have avoided the epidemic of drug-related HIV/AIDS that has disproportionately affected communities of color in the United States. The United States should direct more of its resources to drug treatment and community resources if we want an effective drug policy with less waste of human and financial resources.

Sources and Suggested Reading:

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