

HOW DID WE GET INTO THIS MESS? RACIAL HISTORY OF U.S. DRUG POLICY

Have opiates, cocaine and cannabis always been illegal?

No. A century ago, opiates, cocaine and cannabis were freely available and used both medicinally and recreationally by people throughout the U.S. 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?

A notable feature of early 20th century opiate and cocaine addiction was that the vast majority of addicts were from the middle and upper classes. The peak of opiate addiction in the United States occurred in the early 1900s, when the number of addicts was estimated as close to 250,000 in a population of 76 million, a rate so far not equaled in the United States. Despite the high rate of addiction prevailing attitudes considered it a medical problem, best treated by physicians and pharmacists. For many, addiction was the result of unwitting use of patent medicines containing addictive drugs. The growing use of such products led Congress to pass the first Food and 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 first salvo in what would become a “war on drugs” began when California prohibited the importation of smokable opium. In each case the laws were justified in part by associating use of the drug with racial minorities, moral degeneracy and violence.

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 newspaper 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 as a work place stimulant. 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 “Negro cocaine fiends are now a known Southern menace.” Some southern police departments switched to .38 caliber revolvers, because they believed the stories that cocaine made Blacks impervious to .32 caliber bullets.

Mexicans and Latinos. During the Great Depression, the U.S. Congress passed the 1937 Marijuana Tax Act, again using racism as a key selling point. Proponents claimed that Hispanics and Mexican immigrants, who were vying with out of work Whites for the few agricultural jobs available, were 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, 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 moral deviancy 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 claimed 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 unrest in urban Black communities impatient with the slow pace of civil rights reforms. Conservatives and many in the public blamed drug use for the increase in civil unrest and public rebellion. In response, President Nixon declared a “war on drugs” directed at radical youth and urban communities of color. Since then 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 with 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 regarding the availability, price and health consequences of illegal drugs. More than 40% of the more than 2 million people behind bars, the majority of whom are Black or Latino despite equal rates of drug involvement across races. Violent crime rates, which fluctuate because of many factors, have little apparent relationship to the severity of drug laws.

Are there alternatives?

A number of countries, most notably Portugal, are increasingly adopting a public health approach to drugs, as opposed to a criminal justice approach. Programs like those providing accessible drug treatment and clean needles, focus on reducing the harms of drugs instead of arresting low level users and sellers. As a result, 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 health, if we want an effective drug policy with less waste of human and financial resources.

Sources and Suggested Reading:

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