Reagan-Bush Drug Crusades: An Historical Perspective and Critique

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REAGAN-BUSH DRUG CRUSADES: AN HISTORICAL PERSPECTIVE AND CRITIQUE

by

Martin Randall Hill

A Thesis
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Master of Arts
Department of Sociology

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This study is a sociological analysis of anti-drug legislation during the last one hundred years within the United States. Anti-drug legislation is explored with regard to specific substances, as well as in general, and compared to anti-drug legislation of today. The conflict perspective was employed as an aid in understanding the occurrence of such phenomena as anti-drug legislation and drug wars. It becomes apparent that social problems or deviance, related to drug use, are more than simply a matter of someone transgressing. The laws are created in an effort to perpetuate the existence of groups with access to power and resources over groups without such access. This serves several functions, but primarily, it is a reaction to fear of a group that threatens the existing status quo. This has been evident throughout history and is no different today.
ACKNOWLEDGEMENTS

I would like to dedicate this thesis in memory of my grandfathers, Maynard Seeley and Everett Hill, whose friendship and encouragement will always be cherished.

I would also like to dedicate this thesis to my father, Kenneth Hill, who has always supported his children and given them everything he possibly could in order that they might have an advantage in life. Thank you dad!

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Martin Randall Hill

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Reagan-Bush drug crusades: An historical perspective and critique

Hill, Martin Randall, M.A.
Western Michigan University, 1991

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CHAPTER I

INTRODUCTION

The decade of the 1980s was marked by an increase in illicit drug use and involvement in the illicit drug trade. The availability of illicit drugs also increased. This, coupled with an increase in other problems associated with illicit drugs, inspired the federal government to adopt a tougher policy against illicit drug users, sellers and traffickers. The Bush Administration continues to increase penalties for violation of anti-drug laws, and continues to increase the funding designated toward fighting the war on drugs. The tactics used in combating drug use are becoming more questionable each day. The result is always the same: no decrease in illicit drug use and no decrease in the availability of illicit drugs.

This discussion focuses on anti-drug legislation of the past one hundred years within the United States. An attempt is made to compare policies of the past with policies of the present. Most importantly, an attempt is made to understand why policies that continually fail to achieve their goals, as well as those which create additional problems, are always selected. No alternatives are chosen. Conflict theory has been adopted, in Chapter
II, as the theoretical basis for discussing the existence of drug wars that are never won.

Chapters III and IV consist of a two-part discussion on the history of anti-drug legislation. Chapter III deals specifically with drugs such as alcohol, the opiates, cocaine, marijuana and tobacco. This chapter places its focus on the legislation that took place and the discrimination involved. Chapter IV is a more general overview of the legislation against certain substances, and the involvement of the medical profession. The chapter begins with a discussion on the legislation of morality that took place early in this century with regard to opiate use. The chapter concludes with a discussion of the anti-drug policies under the Nixon Administration.

Chapter V consists of a discussion of recent history, beginning with the anti-drug campaign of the Reagan Administration. Following this is an analysis of the Bush Administration's war on drugs, describing in detail the legislation involved and the propaganda utilized in an attempt to make the drug war effective. The chapter concludes with a focus on the current negative publicity granted toward alcohol and tobacco as a systematic attempt to convince the public that drugs, of any kind, are unnecessary for leading a satisfying and fulfilling lifestyle. A moral distinction is being made. A return to Temperance could be on the horizon.
The final chapter attempts to integrate conflict theory with the historical discussion on anti-drug legislation, as well as with more recent legislation. An attempt is made to show that drug wars exist in order for the dominant groups of society to exploit groups less powerful. There are many reasons for this, but primarily, the dominant groups are fearful of, and threatened by, groups less powerful than them because they represent a disruption to the status quo. This country has forever tried to remain traditional even though it is a melting-pot of individuals. The protestant ethic and deferred gratification are underlying values of the majority of the people of this country. Those involved with drugs are a threat to these values, not to mention that they are often a minority group of some sort. Thus, whatever means necessary to suppress their rise in power are employed in the war on drugs.
CHAPTER II
THEORETICAL FRAMEWORK

The phenomenon of substance use, whether licit or illicit, has at various times, historically, been considered a social problem. A social problem is defined as a "condition affecting a significant number of people in ways considered undesirable, about which it is felt something can be done through collective social action" (Horton & Leslie, 1965, p. 4). More specifically, substance abuse (or simply the use of certain substances) can be considered deviance. Deviance, in its technical, sociological sense, refers to behavior that is negatively defined or condemned in a society.

This discussion is not concerned with whether or not substance use and abuse is deviant behavior. This discussion focuses on the process of society defining something as deviant behavior, and what it achieves through such a process. When studying such a phenomenon, it becomes important to implement sociological theory for purposes of aiding in the explanation of the existence of a behavior defined as deviant. This discussion relies on conflict theory as one method of understanding the reason for the existence of anti-drug laws.
Conflict Theory

Conflict theory is most often associated with the writings of Ralf Dahrendorf (1959; 1968). Several other prominent sociologists have contributed to conflict theory throughout the years (Bell, 1960, 1973; Collins, 1975; Coser, 1956, 1967, 1975; Riesman, 1951, 1954, 1969). Fundamental to conflict theory are the beliefs that: (a) social life involves inducement and coercion; (b) social life is necessarily divisive; (c) social life generates opposition, exclusion and hostility; (d) social life generates structural conflict; (e) social life generates sectional interests; (f) social differentiation involves power; and (g) social systems are malintegrated and beset by contradictions (Craib, 1984, p. 60).

Characteristics of society include coercion, division, hostility, dissensus, malintegration, conflict and change. Conflict and dissension are occurring in every society at all times. Interest and power are key terms within conflict theory. Power maintains the social order. Whatever order exists in society stems from the coercion of some members by those at the top of the hierarchy (Ritzer, 1983, p. 240).

Central to Dahrendorf's theory is that consensus and coercion exist side by side. Society cannot exist without both. Conflict cannot occur without prior consensus.
Conflict can also produce consensus and integration. Dahrendorf considers society to be marked by change, integration, and coercion. Society is made up of the clash of opposing interests. Dahrendorf believes that whatever order exists, it exists because of the coercion, or enforced constraint, of one group by another group that possesses more power. Society is like a confused battleground with groups constantly forming and reforming (Craib, 1984, p. 61). Thus, Dahrendorf has been said to view society as a kaleidoscope because of these constant changes. Dahrendorf’s perception of the coercive nature of society gives rise to authority relations, and subsequent role interests may lead to organized conflict groups. Thus, wherever there is organization there is a potential for conflict, and social life is inherently conflictive (Wells, 1978, p. 166).

What becomes important in Dahrendorf’s theory is his discussion of authority. The differential distribution of authority invariably becomes the determining factor of systematic conflicts (Ritzer, 1983, p. 240). Focusing on the larger social structures, Dahrendorf believed that the various positions in society have differing amounts of authority. He claimed that authority was present in positions, not in individuals. By rejecting the Marxian approach to conflict groups, he saw conflict groups as being the product of the structure of authority in the
various social organizations. The origin of conflict can be seen in the arrangement of social roles endowed with expectations of domination or subjection (Dahrendorf, 1959, p. 165).

Since authority lies within societal positions it is not the product of personality. Thus, various authority roles should be the focus of study, rather than individuals. People in positions of authority are expected to control people, not because they want to, but rather, because it is their responsibility (even though many individuals do like it this way). Since authority resides in positions within society, it is legitimate because it has endured over time—but authority is specific in terms of who can be ordered, as well as to the spheres of control (Perdue, 1986, p. 203). Perdue continues:

Structurally legitimated domination and subjection is what is important to Dahrendorf. The particular social relations of authority always involve superordination and subordination, where some are socially expected to command and others to obey (1986, pp. 202-203).

Dahrendorf employed Max Weber's conception of authority as the "probability that a command with a given specific content will be obeyed by a given group of persons," (this follows from Weber's rational-legal type) (Perdue, 1986, p. 202). The legal system is one structure that upholds the perpetuation of legitimate authority, through its use of sanctions. Dahrendorf claimed that these two groups are the only sides that contend in a
relationship of authority, because of a conflict of interests. They have contradictory interests.

Dahrendorf explains authority in the social system by using the term "imperatively coordinated associations" (Craib, 1984, p. 61). These are associations, or groups of people, that are controlled by the hierarchy of authority positions. Borrowing this concept from Max Weber, imperatively coordinated systems simply refer to a power system. According to Craib (1984, p. 61):

The distinction between authority and power is important: power tends toward reliance on force, authority is legitimated power—power which has achieved general recognition.... The crucial point is that an "imperatively coordinated association" is any organization in which authority exists and that the very existence of authority (or power) creates the conditions for conflict.

Given the variety of such associations, it is possible for the same person to be a member of more than one group and to experience different authority relations in each (Perdue, 1986, p. 203). In every association, those in control (with power) want to maintain the status quo because power and authority are scarce resources. Conversely, those without power or control want to change the status quo. As people play the roles associated with these positions they become adapted to this inherent conflict of interests (Perdue, 1986, p. 203).

Lewis Coser is known for stating that conflict may serve to solidify a loosely structured group (Ritzer, 1983,
p. 245). When a disorganized or loosely structured group (which may be experiencing internal conflict) is threatened by conflict externally (with another group), this will serve to strengthen internal solidarity and bring the members closer together. Conflict can also serve to transform lackadaisical or isolated individuals into active members. Ritzer further states that conflict serves a communication function in three ways:

(1) prior to conflict, groups may be unsure of their adversary's position, but as a result of conflict, positions and boundaries between groups often become clarified; (2) individuals are therefore better able to decide on a proper course of action in relation to their adversary; (3) conflict also allows the parties to get a better idea of their relative strengths and may well increase the possibility of rapprochement, or peaceful accommodation (1983, p. 245).

Because modern society is so complex, with each individual occupying a number of roles and belonging to a number of different groups, absolute identification with one role or group is nearly impossible. This complexity, coupled with competition, may unfortunately create what Coser termed "greedy institutions." These groups would ideally like to control loyalty, and demand conformity, to their viewpoints, and if this occurs they can have the ability to influence and control subordinates.

Coser discussed the concept of "safety valve institutions." Integrative conflict is expressed through these institutions, which are patterned practices, enduring over time, that allow the release of hostility, and hence,
the maintenance of the group or social structure (Perdue, 1986, p. 222). Perdue lists three ways in which this occurs:

(1) by socially approved conflict which is directed towards the original source (e.g., duel or law); (2) conflict is indirectly expressed toward symbolic substitutes because the original sources are either inaccessible or powerful (e.g., blaming others for the ill-fortune of the group—"scapegoating"); (3) by alteration of the means by which conflict is expressed (e.g., potentially disruptive practices and emotions are displaced and rechanneled)(1986, p. 222).

Safety valve institutions can also have negative consequences by harming innocent people or by making necessary social change difficult or improbable.

Coser (1956, 1967) differentiated between two types of conflict, realistic and unrealistic. Realistic conflict is when members of associations will resort to any means, even those less intense, to achieve the goal of obtaining scarce resources. In nonrealistic conflict, the members utilize the most intense, often aggressive, means for achieving goals. The degree of closeness among group members is directly related to the intensity of the conflict with an outside group, should a conflict take place. Societies composed of closely knit and exclusive groups and organizations will experience a more extreme form of conflict if it erupts, than those based on a multiplicity of group memberships (Perdue, 1986, p. 223).

Coser claimed that in a state of warfare, antagonists are driven to types of interaction that otherwise would not
exist (Perdue, 1986, p. 222). These may come to assure the nature of mutually binding rules of engagement or even international law, and once institutionalized, such norms originally conceived in conflict may become the basis for a new socialization for those with otherwise competing interests. This, Coser referred to as "unexpected forms of unification" (Perdue, 1986, p. 222).

Randall Collins' (1975) conflict theory more closely resembles a critical, or Marxian, perspective than the two discussed above. Central to Collins' theory is the belief that the dominant class has the benefit to material conditions involved in earning a living, as well as access to, and control over, the cultural system.

Collins' focus is mainly on stratification. There are three basic principles to his approach to stratification: (1) people live in self-constructed, subjective worlds; (2) other people may have the power to affect, or even control, an individual's subjective experience; (3) other people will frequently try to control the individual, who will oppose them—the likely result is interpersonal conflict (Ritzer, 1983, p. 248).

In a situation of inequality, those groups who control resources are likely to try and exploit those that lack resources. This need not be conscious calculation because the individuals are merely pursuing what they believe to be in their own interest (Ritzer, 1983, p. 249). Collins felt
that conflict theorists should look at such cultural phenomena as beliefs and ideas from the point of view of interests, resources and power. Those individuals who occupy resources (who are likely also to have power) have more control over their own lifestyle, and can influence those individuals who are without resources.

The Conflict Approach Toward Deviance and Social Problems

The aforementioned discussion of conflict theory and the three authors focused on general sociological theory. Conflict theory can be integrated well in discussing specific social phenomena such as deviance and social problems. Conflict is an inevitable process in complex societies such as the United States. Because complex societies are more heterogeneous, general values and rules are not shared. The nature of this provides the potential for conflict. According to Douglas & Waksler (1982, p. 53):

Complex societies involve the use of repressive force by state powers to hold society together, to maintain social order, and to prevent heterogeneity from resulting in the war of each against the others. Governments have used police powers to prevent some members of society from doing things they want to do that the state powers don't want them to do.... All complex societies have centralized state bureaucracies that function in accord with formalistic rules that are in partial conflict with the rules and feelings of some or all of the subcultures making up the society. Such imposition of rules inevitably leads to conflict with state powers.
This conflict often leads to alienation among certain members of society. To minimize alienation, as well as to establish authority, rulers try to legitimate (to give moral authority) their powers in varied ways: by presenting themselves to the people as gods, the anointed of heaven, the grand leaders of destiny who will bring glory to all the people, the givers of all social welfare and justice, the givers of law, and so on (Douglas & Waksler, 1982, p. 53).

Certain conflict theorists (Douglas, 1971; Suttles, 1968) have argued against the melting pot theory (all the different ethnic and racial groups come to hold the same values and want the same things; e.g., success). It has been argued by those who oppose the melting-pot theory that there may be some truth to its existence, but more often a perceived consensus actually exists, which in truth is a public consensus over a public morality. This situation:

is prevalent in public settings, such as on network television shows, but most people, including those most adept at presenting and using the public morality in public settings, also have private moralities and ideas that differ in important ways from what they say and do in public settings. At the extreme, some people are consciously hypocritical, saying one thing in public settings and doing things they know to be the opposite in their private lives. Moralistic hypocrisy, or the expression of moralistic opposition to the very thing one knows one is doing in private, does exist. At the other extreme are those whose public and private moralities are the same. Most people live in the range between these two extremes. We should recognize that the greater the discrepancy between public and private morality, the more
likely it is that moralistic hypocrisy will be adopted if social conflict is to be avoided (Douglas & Waksler, 1982, p. 55).

Whether or not conflict is overt, it is said to result from the scarcity of wealth, status and power, the diversity of social groups, and the inequality stemming from the differential distribution of wealth, status and power. Deviance is a manifestation of conflict. Deviant behavior is seen as possibly progressive to the necessary transformation of existing relationships. Deviance is viewed as a problem of self-alienation, of being thwarted in the realization of individual and group goals; a problem of illegitimate social control and exploitation (Horton, 1973, p. 13).

Labeling an act as deviance, or labeling an actor as deviant, can be seen as a significant proportion of society feeling threatened, or being fearful of, some other portion of society (Lofland, 1973, p. 25). Lofland continues:

Organized social life can be viewed as a game in which actors and collectivities defend themselves against distrusted and suspected others. Suspicion, distrust, fear and threat are central themes in all large-scale and differentiated societies. A political constitution like that of the United States even builds in a division of powers to take account of such feelings and to institutionalize their expression (1973, p. 25).

Those who are threatened will need a certain amount of resources and/or power in order to enlist the state in a move to react to the party doing the threatening. Those fearful parties who can voice their fears at the public
level, who receive at least some public legitimation, and who have the legal structure to act in compliance with their wishes (namely, to incarcerate or banish the feared party), are parties with the greatest amount of power. Deviance is the name of the conflict game in which individuals or loosely organized small groups with little power are strongly feared by a well-organized, sizable minority or majority who have a large amount of power (Lofland, 1973, p. 26).

Other, more critical, theorists of deviance (Quinney, 1970; Turk, 1966, 1969; Vold, 1958, 1968) view the formulation and enforcement of criminal law as means by which the more powerful interest groups attempt to neutralize the less powerful. The greater the conflict between interest groups, the more likely the more powerful groups are to rely on a criminalization process to neutralize their opponents. The more extensive the use of the criminalization process the greater the likelihood that criminal behavior patterns will be reinforced.

Summary

According to conflict theorists, society's characteristics include coercion, division, hostility, dissensus, malintegration, conflict, change, power and sectional interests. Conflict and dissensus are ubiquitous. Whatever order exists in a society stems from
the coercion of some members by those at the top of the hierarchy. Society is made up of a clash of opposing interests.

The various positions within society have differing amounts of authority. Social roles are endowed with expectations of domination and subjection (or both). Since authority resides in positions, it is legitimated, and upheld by the legal system. Those individuals with power and/or resources want to maintain the status quo because power and authority are scarce commodities.

Conflict may serve to solidify loosely structured groups. Conflict also aids in the development of "greedy" and "safety-valve" institutions.

Conflict may result from a lack of value consensus within a heterogeneous society such as the United States. In order to prevent alienation from this lack of value consensus, the rulers attempt to legitimate their power in various ways.

Deviance is a manifestation of conflict. Deviance is a problem of illegitimate social control and exploitation. Those who label an act as deviant, and an actor as a deviant, do so often times out of fear of, or threat from, the group being labeled. Criminal law is often used by the powerful to neutralize less powerful, threatening groups.
CHAPTER III

HISTORICAL CONTEXT PART I: SPECIFIC SUBSTANCES, LEGALIZATION AND DISCRIMINATION

The Temperance Movement and Alcohol

A timely starting point for discussing the historical context of anti-drug legislation within the United States can begin with the Temperance Movement and the resulting prohibition of alcohol. Although this movement is largely discussed as it relates to the 1920s and 1930s, it initially evolved more than one century earlier. In 1826, the American Temperance Society for the Promotion of Temperance was founded in Boston, and by 1833 there existed 6,000 local Temperance societies with more than one million members (Szasz, 1985, p. 189). Gusfield (1985) claims, in its earliest development, temperance was one way in which a declining social elite tried to retain some of its social power and leadership:

The federalist saw his own declining status in the increased power of the drinker, the ignorant, the secularist, and the religious revivalist. During the 1820s, the men who founded the temperance movement sought to make Americans into clean, sober, godly, and decorous people whose aspirations and style of living would reflect the moral leadership of New England Federalism. If they could not control the politics of the country, they reasoned that they might at least control its morals (p. 367).

As the middle class continued to grow, it began to
adopt religious dedication and sober living as symbols of respectability. Abstinence became a symbol that society could distinguish the industrious from the lazy. Since the middle class now adopted this lifestyle the Temperance Movement lost its association with the elite class and became democratized.

During the 1840s, reformers believed a decrease in alcohol sales would solve the problems presented by an immigrant, urban poor whose culture clashed with American Protestantism. Reformers sensed the rising power of these strange, alien peoples and used temperance legislation as one means of impressing upon the immigrant the central power and dominance of native American Protestant morality (Gusfield, 1985, p. 368). In 1845, a law prohibiting the public sale of liquor was enacted in the state of New York, representing the first attempt at outlawing the sale of alcohol (Szasz, 1985, p. 190). This was short-lived, as it was repealed two years later.

In 1869, the Prohibition Party was formed with the declaration that Americans were becoming enslaved to alcohol. In 1882, the first law of its kind was created, making temperance education required in public schools. By 1886, Congress made this type of education mandatory in the District of Columbia and by 1900 all of the states passed similar laws.

In the last quarter of the nineteenth century, the
Populist wing of the Temperance Movement was allied with an agrarian radicalism which fought the power of the industrial and urban political and economic forces (Gusfield, 1985, p. 369). As the rural middle class was losing ground to urbanism, the Populist wing resorted to imposing their beliefs of what was moral and respectable on everyone else through political means. As this country became more urban and secular, the Temperance Movement evolved into a coercive group. With regard to religion, the previously dominant Protestant faith was being threatened by a large influx of Catholic immigrants. In 1896, the Temperance Movement developed the Anti-Saloon League. This culminated in a desire for national prohibition. The discrimination and prejudice that underlaid the Temperance Movement was no more evident than in a statement made by Congressman Richard P. Hobson of Alabama in 1914:

Liquor will actually make a brute out of a negro, causing him to commit unnatural crimes. The effect is the same on the white man, though the white man being further evolved it takes longer time to reduce him to the same level (Szasz, 1985, p. 196).

The crusade for alcohol prohibition in this century started in the western and southern regions. Intrastate Prohibition weighed most heavily on the poor since, until the Webb-Kenyon Act of 1913 (cited in Musto, 1987a, p. 6), it was quite legal to purchase liquor in bulk from wet states for shipment into dry states. Following this
enactment, many poor southerners, and particularly blacks, turned to cola drinks laced with cocaine or, to cocaine itself, for excitement as a result of liquor scarcity (Musto, 1987a, p.6).

In 1917, the American Medical Association endorsed national prohibition by opposing the use of alcohol as a beverage or therapeutic agent. Also, the AMA declared that one of the methods for controlling syphilis was through the control of alcohol consumption. However, in the first six months following the enactment of the Volstead Act of 1919, more than 15,000 physicians and 57,000 druggists and drug manufacturers applied for licenses to prescribe and sell liquor (Sinclair, 1964, p. 21). Despite the outspoken support of prohibition, by 1928, physicians made an estimated $40 million annually by writing prescriptions for whiskey (Sinclair, 1964, p. 61). In 1935, the AMA passed a resolution declaring that alcoholics were valid patients (Kessel & Walton, 1965, p. 21).

The Eighteenth Amendment was the high point of the struggle to assert the public dominance of old middle-class values by establishing the victory of Protestant over Catholic, rural over urban, tradition over modernity, and the middle class over both the lower and upper strata (Gusfield, 1985, p. 369). The result was the Volstead Act of 1919, which prohibited the sale of alcoholic beverages.

The Volstead Act was repealed in 1933, but not before
much harm was caused to many citizens of this country as a result of its enactment. The reason that prohibition was repealed was not that the United States now felt that alcohol consumption was harmless. Rather, it was realized that prohibition was not working, and was actually creating more problems by declaring the use of such a popular substance as illegal. Alcohol continued to be available to those who desired to take part, but instead of consuming alcoholic beverages manufactured under the safeguards of state and federal standards people consumed "rotgut," some of it adulterated, some of it contaminated (Brecher, 1972, p. 265).

The side-effects of alcohol prohibition paralleled those of today's drug prohibition, including for example, the involvement of organized crime and toxic street products. Also, during the early years of alcohol prohibition, it was argued that unsuccessful attempts to create an alcohol-free country were merely the result of ineffective law enforcement. Thus, enforcement budgets were increased, more Prohibition agents were hired, arrests were facilitated by granting agents more power and penalties were escalated—prohibition still failed (Brecher, 1972, p. 266).

During the first eleven years of the Volstead Act, 17,972 persons were appointed to the United States Prohibition Bureau. Of these, 11,982 were terminated
"without prejudice," and 1,604 were dismissed for bribery, extortion, theft, falsification of records, conspiracy, forgery and perjury (Fort, 1969, p. 69). Approximately 10% of industrial liquor was diverted into bootleg liquor, prompting forty Americans per million to die each year from drinking illegal alcohol, mainly as a result of methyl (wood) alcohol poisoning (Sinclair, 1964, p. 201). The obvious inability of the government to suppress alcohol consumption, coupled with the harmful side-effects of Prohibition, led to a declaration of alcohol consumption as legal once again.

As expected, alcohol consumption increased immediately following this repeal. The steady increase in alcohol consumption over the years has produced some alarming statistics. In 1969, the alcoholic beverage industry had a gross sale of $12 billion--more than was spent on education, medical care and religion combined (Szasz, 1985, p. 206). Also, Americans consumed approximately 650 million gallons of distilled spirits, 100 million barrels and 6 million cans of beer, 200 million gallons of wine, 100 million gallons of moonshine and an unknown amount of homemade wine and beer (Fort, 1969, pp. 14-15). Calculated on the basis of the taxes paid on alcohol in 1970, total consumption of absolute alcohol per capita ranged from 1.47 gallons in Arkansas to 6.94 gallons in the District of Columbia, the latter average being the highest in the world.
More recent data concerning per capita consumption of alcohol have shown that in 1986, Americans spent $50.9 billion during the year on alcohol. Almost 22 gallons of beer were consumed per person, as were more than 2 gallons of wine and more than 2.8 gallons of distilled spirits (Jones-Witters & Witters, 1986, pp. 2-3).

Opiate Use and Discrimination

"The United States of America during the nineteenth century could quite properly be described as a 'dope fiend's paradise'" (Brecher, 1972, p. 3). During the nineteenth and early twentieth centuries many Americans commonly used opiates in one form or another (Barnett, 1987; Courtwright, 1982; Duster, 1970; Hamowy, 1987; Morgan, 1981; Musto 1987a, 1987b; Ray, 1983; Szasz, 1985; Trebach, 1982). Opium, or its derivatives heroin and morphine, were prevalent in such popular medicines as elixirs, cough suppressants, laudanum and paregoric. Opium was often taken in some form for sleep, pain or illness. Since consumption of these medicines was legal, access to them was made convenient. The opiates and countless pharmaceutical preparations were as freely accessible as aspirin is today (Howe, 1955, pp. 341-348). An individual could obtain these medicines through a physician's prescription, over-the-counter (in drug stores), through
traveling peddlers, or through mail-order houses. Both the medical profession's need for something that worked in a world of mysterious mortal disease and its ignorance of the addicting qualities of the opiates led to the widespread, and unregulated dispensation of these medicines (Musto, 1987a).

Opiate addiction became a major problem in the United States after the Civil War. There were three factors contributing to the widespread narcotic addiction in the last thirty years of the nineteenth century. One was the invention of the hypodermic syringe and its introduction to this country in 1856. During the Civil War, morphine was used extensively for relief of pain and dysentery. After the war had subsided, many soldiers were addicted to morphine because of the way it was generously used. This addiction was treated as a medical problem and morphine remained conveniently available.

A second factor was the increased popularity, and practice, of smoking opium. The Chinese, who were primarily in this country to help build the railroads, brought this custom along with them. This activity soon spread throughout the country, mainly among inner-city residents, of whom many were minorities. A third factor was the widespread legal distribution of patent medicines. The easy access to these medicines was probably the greatest factor related to the increase in addiction in the
nineteenth century. Sales of patent medicines increased from $3.5 million in 1859 to $74 million in 1904 (Ray, 1983).

As a result of the above three factors, by the turn of this century it was estimated that one individual out of every five hundred in the United States was physically dependent on some form of opium or its derivatives (Ray, 1983). Other research has concluded that the rate of opiate addiction in America increased throughout the nineteenth century, from not more than 0.72 addicts per thousand persons prior to 1942 to a maximum of 4.59 per thousand in the 1890s (Courtwright, 1982, p. 9). The extent of opiate addiction within the United States peaked at approximately the turn of this century when those addicted numbered 250,000 in a population of 76 million, a rate thus far never equaled or exceeded (Musto, 1987b, p. 42).

The liberal use of opium, morphine and heroin by physicians led to a bout of iatrogenic addiction (Courtwright, 1982). For example, James R.L. Daly, writing in the Boston Medical and Surgical Journal, declared that heroin possessed many advantages over morphine (such as not being hypnotic) and that there existed no danger of acquiring the habit (cited in Lennard, 1973, p. 1079). In addition, widespread addiction was a direct result of the inadequate manner in which the state and federal
governments regulated distribution:

The United States had no practical control over the health professions, no representative national health organizations to aid the government in drafting regulations, and no controls on the labeling, composition, or advertising of compounds that might contain opiates or cocaine. The United States had not only proclaimed a free marketplace, it practiced this philosophy with regard to narcotics in a manner unrestrained at every level of preparation and consumption (Musto, 1987b, p. 40).

Just prior to World War I, heroin was becoming linked to male gang violence and the commission of crimes. Musto (1987b, p. 60) claims that many people believed that heroin stimulated the user to commit crimes, or at least provide the courage needed to pull off a bank robbery or mugging. In the early 1920s, most of the crime in New York City was blamed on drug use, chiefly the opiates. The attitude toward the heroin addict, the increasing prevalence of heroin use, and the belief that other opiates could fulfill heroin’s role as a painkiller and cough suppressant, led to a move to ban heroin for medical purposes.

The first legislation enacted to prohibit opiate use occurred during 1875 in San Francisco in which the city passed an ordinance (cited in Kane, 1976, p. 2) that forbade the frequenting or operation of an opium den. This, according to many social scientists, was in direct opposition to Chinese customs (Brecher, 1972; Courtwright, 1982; Duster, 1970; Morgan, 1981; Musto 1987a, 1987b; Zinberg & Robinson, 1972). The movement to limit access to
opium and its derivatives appears to have been precipitated not by a concern for the addictive properties of the drug, but by anti-Chinese sentiment—that the impetus for passage of legislation prohibiting opium dens was racist in origin there can be little doubt (Hamowy, 1987, p. 12). The reason for this was that many Americans regarded the Chinese as a threat because they generally worked longer and harder than Americans at the same job.

Americans soon discovered the Chinese habit of smoking opium and attributed to this habit their ability to be able to out-perform Americans in the workforce. If white Americans would have thought that opium use hindered the Chinese, they would have permitted, or even encouraged, their use of the drug, just as they permitted and encouraged the use of alcohol among the Indians and Eskimos (Szasz, 1985, p. 76). Americans felt that if they could get the Chinese to stop smoking opium then the Chinese ability to perform in the workforce would decrease, or that, better yet, the Chinese would leave the country altogether. The intent of physicians, legislators, and other social reformers who lobbied for these laws was to protect whites from what was commonly regarded as a loathsome Oriental vice (Courtwright, 1982; Hamowy, 1987; Johnson, 1975; Musto, 1987a, 1987b; Ray, 1983). Kaplan (1983, p. 45) adds:

The prohibition of opium smoking had several attractions for those caught up in the anti-
Chinese feeling. It stigmatized a practice associated with their energy and ability to tolerate hardship (a very different view of the drug's effects than is generally held today), its prohibition was seen as depriving the aliens of an unfair advantage over American workmen. Finally, many hoped that the Chinese, deprived of access to their drug in the United States, might simply go back to China.

A classic example of racial hatred was demonstrated by Samuel Gompers, former president of the American Federation of Labor. Gompers created the image of the Chinese opium fiend who enticed little white boys and girls into becoming opium addicts. The youngsters were then slaves to the yellowman:

When these little innocent victims of the Chinamen's viles were under the influence of the drug, the crimes committed are almost too horrible to imagine.... There are hundreds, aye, thousands, of our American girls and boys who have acquired this deathly habit and are doomed, hopelessly doomed, beyond the shadow of redemption (Hill, 1973, p. 51).

The effect of this 1875 ordinance (cited in Kane, 1976, p. 2) had the consequences of either forcing opium users to shift their use to morphine, or creating a class of illegal opium smokers among those who continued to use the drug (Brecher, 1972; Musto, 1987a, 1987b). However, Kane (1976) claims that these ordinances, declaring opium dens unlawful, proved ineffective because, while the larger, well-publicized smoking houses were forced to close, smaller dens appeared to have multiplied and flourished.

During the nineteenth century, the typical opiate
addict was a middle-aged white female of the middle or upper class. However, from 1885 to 1935, the middle-aged female was supplanted by a new and radically different sort of user—the lower class male, of which many were minorities (Musto, 1987a, p. 5). This transformation of the typical addict became a stepping-stone for anti-drug legislation. Musto (1987a, pp. 5-6) adds:

In the nineteenth century addicts were identified with foreign groups and internal minorities who were already actively feared and the objects of elaborate and massive social and legal restraints. Two repressed groups who were associated with the use of certain drugs were the Chinese and the Negroes.... The South feared that Negro cocaine users might become oblivious of their prescribed bounds and attack white society.... When opiates began to be feared for their addictive properties, morphine was most closely attached to the "lower class" or the "underworld," but without greater specificity.... Consequently, the story of the Harrison Act's passage contains many examples of the South's fear of the Negro as a ground for permitting a deviation from strict interpretation of the Constitution.

A major point that needs to be stressed is that addiction, and the use of opiates, among white, middle- or upper-class, middle-aged females, was considered acceptable behavior because this group of users was respected by society at large. The attitude toward addiction and opiate use soon changed as the new lower-class addict was perceived as a criminal, a down-and-outer, and/or psychopathological. Addiction and the use of opiates was no longer considered acceptable behavior. Society saw more and more of a less and less desirable type of user, and
therefore sanctioned a variety of measures aimed at control and incarceration (Courtwright, 1982, p. 4). What is evident is that one's attitude concerning addiction largely depends on who is addicted.

In 1906, the United States Government first attempted to regulate and control the use of opiates in this country (Brecher, 1972; Courtwright, 1982; Duster, 1970; Musto, 1987a, 1987b). During this year the Federal Pure Food and Drug Act attempted to regulate the use of patent medicines containing opiates (cited in Morgan, 1981, p. 101). This act required proper labeling of the exact amount of opiates contained within medicines. It was hoped that once people knew that there were opiates contained in medicines they would discontinue using them in order to avoid addiction. The government believed that since the public attitude toward addiction and opiate use was quickly becoming unfavorable most individuals would avoid using medicines containing opiates. The Opium Exclusion Act of 1909, prohibited the importation of opium and its derivatives except for medical purposes (Brecher, 1972; Courtwright, 1982; Duster, 1970; Musto, 1987a, 1987b).

By 1914, it was clear that the United States had been unsuccessful in its attempts to suppress opium smoking during the past thirty years. This was evident by a sevenfold increase in the amount of opium smoked per year, even without taking into account the smuggled supplies.
(Brecher, 1972, p. 44). The Harrison Act of 1914 made it unlawful to sell or distribute opiates and coca products unless excise taxes were being paid on them (Brecher, 1972; Courtwright, 1982; Duster, 1970; Musto, 1987a, 1987b). This act was primarily aimed at regulation and control of narcotic drug traffic, because in order for users to purchase opiate legally they now had to receive a physician's prescription. The Harrison Act was the first step toward making it impossible for addicts to obtain their drugs legally (Brecher, 1972; Musto, 1987a, 1987b; Ray, 1983). The result was the development of an illicit drug trade that charged users up to fifty times more than the legal retail price (Courtwright, 1982; Duster, 1970; Kramer, 1972; Morgan, 1981; Musto, 1987a, 1987b; Ray, 1983). However, the Harrison Act was not the only event that attempted to limit narcotic use:

World War I, arriving at almost the same time as the Harrison Act, profoundly affected American attitudes, creating an intense desire to purify the nation as it girded itself to fight for democracy against the barbarism of the Kaiser. The fall of Russia and the spread of Bolshevism intensified fears of contagion and the desire to be sure that the United States remained pure and strong (Musto, 1987b, p. 57).

The case of *Webb v. the United States* (1919) declared that providing an addict with morphine to sustain his or her habit went beyond an acceptable doctor-patient relationship (Brecher, 1972; Courtwright; Duster, 1970; Musto, 1987a, 1987b).
Behrman (1922) declared it was illegitimate for a physician to prescribe drugs for an addict irrespective of the purposes the physician may have in mind (Brecher, 1972; Courtwright, 1982; Duster, 1970; Musto, 1987a, 1987b). The Jones-Miller Act (1922) provided heavy penalties for violation of the Harrison Act (Brecher, 1972; Courtwright, 1982; Duster, 1970; Musto, 1987a, Musto, 1987b).

Later, in 1924, the Ways and Means Committee unanimously supported the resolution passed by Congress (HJR 453) which effectively outlawed all domestic use of heroin (cited in Musto, 1987a, pp. 199-200). Heroin could no longer be manufactured in the United States, which meant that heroin no longer had any medical value. The Narcotic Drug Control Act of 1956 increased mandatory minimum sentences while differentiating among drug possession, drug sale and drug sale to minors (Duster, 1970, p. 20). This act provided the death penalty, if recommended by the jury, for the sale of heroin to a person under eighteen years of age by a person over eighteen years of age (Lindesmith, 1965, p. 26).

The Narcotic Manufacturing Act of 1960 established manufacturing quotas and licensing for all manufacturers of narcotic drugs (cited in Brecher, 1972; Courtwright, 1982; Duster, 1970; Musto, 1987a, 1987b). In 1967, the state of New York launched the Narcotics Addiction Control Program at a cost of $400 million over three years (Schumach, 1967,
p. 35). This program, which was the beginning of Governor Rockefeller's war on drugs, empowered judges to commit addicts to compulsory treatment for up to five years. The Drug Abuse Control Amendments of 1968 (introduced in 1965) increased penalties for illicit production, sale or other disposition of dangerous drugs. The Controlled Dangerous Substances Act of 1970 increased penalties for trafficking in narcotics and permitted a "no-knock" entrance to a suspect's premises (Brecher, 1972; Courtwright, 1982; Duster, 1970; Musto, 1987a, 1987b).

The increased harshness in penalties for violation of anti-opiate laws since the turn of the century has had no effect on reducing the heroin using population. In 1960, the Bureau of Narcotics estimated that there were 55,000 heroin addicts, which increased to 560,000 in 1972 (cited in Szasz, 1985, p. 210).

In conclusion, up until the early part of this century, the use of, and even being addicted to, opiates was acceptable behavior. Prejudicial attitudes proliferated against users once it was discovered that they were foreign or lower class, or a combination of both. These strong beliefs and attitudes, which originated in the middle and upper class segments of society, soon affected the way in which the physician viewed the addict. The vast majority of medical practitioners regarded the narcotics addict as an extremely difficult and unsatisfying patient.
Physicians began abandoning the drug addict because it was felt that the new addict was psychopathological, and better left to the management of the police or other authorities (Courtwright, 1982; Duster, 1970). This attitude was soon manifested in the legislation of opiates that followed.

Cocaine

Cocaine, like the opiates, was once a widely used licit drug. Cocaine achieved popularity in this country as a general tonic for sinusitis and hay fever, and as a cure for the opium, morphine and alcohol habits (Musto, 1973, p. 7). The exhilarating effects of cocaine resulted in the drug being mixed with medicines, soda, wine and other drinks. The Parke Davis Company, an exceptionally enthusiastic producer of cocaine, even sold coca-leaf cigarettes and coca cheroots to accompany their other products, which provided cocaine in a variety of forms such as liqueur-like alcohol mixtures called Coca Cordial, tablets, hypodermic injections, ointments and sprays (Musto, 1973, p. 7).

Cocaine became isolated from the coca plant in pure form in 1844. In 1883, Dr. Theodor Aschenbrandt, a German army physician, secured a supply of pure cocaine from the pharmaceutical firm of Merck, Sharpe and Dohme and issued it to Bavarian soldiers during their maneuvers.
this, he reported on the beneficial effects of the drug which increased the soldiers' ability to endure fatigue (Brecher, 1972, p. 272). Additional support for the use of cocaine was given by Sigmund Freud who admittedly treated his own depression with the drug. It is now realized that Freud's enthusiasm for the drug may have actually prevented much needed research into the drug's potential for abuse. Freud states:

One feels "exhilaration [sic] and lasting euphoria, which in no way differs from the normal euphoria of the healthy person.... You perceive an increase in self-control and possess more vitality and capacity for work.... In other words, you are simply more normal, and it is soon hard to believe that you are under the influence of any drug" (quoted in Jones, 1953, p. 82).

In 1903, the composition of Coca-Cola was changed by a substitution of caffeine for the cocaine that it contained up until this time (Musto, 1973, p. 3). The Pure Food and Drug Act of 1906 also maintained that medicines containing cocaine must be so labeled (cited in Brecher, 1972, p. 47). Since 1914, the possession, sale and giving away of cocaine has been subject to the same dire penalties as those governing the opiates, and most state laws similarly identify cocaine as a "narcotic" (Brecher, 1972, p. 276). From the early 1940s until the late 1960s cocaine was scarce on the black market. The reduction in the use of cocaine cannot be contributed, even in part, to law-enforcement efforts. As Brecher (1972) states:

The reduction in the use of cocaine was the
result of pharmacological research. Cocaine was replaced by a new group of synthetic drugs, the amphetamines, which were available far more cheaply than cocaine after 1932, and which had certain other advantages over the natural imported product. Late in the 1960s, when narcotics law-enforcement agencies began cracking down heavily on the amphetamine black market, cocaine smuggling and cocaine use enjoyed a renaissance (p. 277).

The use of cocaine was also portrayed as a way of scapegoating foreigners and minorities. In 1910, Dr. Hamilton Wright, considered by some as the father of United States anti-narcotics laws, claimed that American contractors were giving cocaine to their Negro employees in order to get more work out of them (Musto, 1973, p. 43). (It is interesting that it was acceptable for minorities to partake of drugs when employers were trying to benefit from this activity, but when minority workers appeared to have an advantage over American workers because they took drugs, e.g., the Chinese, then it was unacceptable). Also, law-abiding middle- and upper-class employers also found practical uses for cocaine as a stimulant that kept construction and mine workers going at a tremendous pace with little food (Wright, 1910, p. 49). Whites in the South feared what they perceived cocaine could do for the blacks. Specifically, whites feared that cocaine would aid the blacks in overcoming white suppression. Musto (1973, p. 7) explains why anticipation of black rebellion inspired white alarm:

Anecdotes often told of super-human strength,
cunning, and efficiency resulting from cocaine. One of the most terrifying beliefs about cocaine was that it actually improved pistol marksmanship. Another myth, that cocaine made blacks almost unaffected by mere .32 caliber bullets, is said to have caused southern police departments to switch to .38 caliber revolvers. These fantasies characterized white fear, not the reality of cocaine's effects, and gave one more reason for the repression of blacks.

It was claimed, also, that cocaine use was widespread among blacks in this country, especially in the South, during the late nineteenth and early twentieth centuries. This belief was called into question in 1914 by a report of 2,100 Negro admissions to a Georgia asylum over the previous five years (cited in Musto, 1973, p. 8). The report claimed that:

The medical director acknowledged the newspaper reports of "cocaineomania" among Negroes but was surprised to discover that only two cocaine users—and these incidental to the admitting diagnosis—were hospitalized between 1909 and 1914. He offered an explanation for cocaine disuse among Negroes—that poverty prevented a drug problem equal to that among whites (Musto, 1973, p. 8).

Even prior to this, there existed an association between blacks and cocaine use. During the Spanish-American War, innocent soldiers supposedly acquired the cocaine vice from visiting red-light districts in southern ports, which were often identified with the black population. In 1903, a report on drug use for the American Pharmaceutical Association claimed: "The Negroes, the lower and immoral classes, are naturally most readily influenced, and therefore among them we have the greater number (of
users), for they give little thought to the seriousness of forming the habit" (cited in Morgan, 1981, p. 92).

Cocaine experimentation increased in the 1960s and 1970s. Despite becoming popular among many individuals, the public continued to correlate cocaine use with irrationality and dissipation. In 1973, the National Commission on Marijuana and Drug Abuse, which took a lenient view of marijuana, remained hostile to cocaine (Morgan, 1981, p. 155). The commission believed that if no unique therapeutic use existed, the drug should be outlawed altogether, just as heroin had been.

As the 1970s progressed, cocaine use became glamorized as a symbol of success. As in the past, few experts thought that cocaine was anything more than psychologically addicting. Public fear began to rise at the end of the 1970s because, where once cocaine use was allied to crime, especially among blacks, it now figured on the college campus, in the intellectual salon and at the discotheque (Morgan, 1981, p. 155). It was increasingly identified with members of the middle class, in search of sexual release or abandon, a "high" for pleasure's sake, and escapism (Grinspoon & Bakalar, 1976). The public feared that the increased use of cocaine was a sign of a new wave of drug use among the young, educated, and/or middle class, similar to the late 1960s. Also, as in the late 1960s, the public feared that the dominant values would be threatened.
Marijuana

Marijuana has not been a target for anti-drug legislation for as long as the opiates or cocaine, or even alcohol. In fact, in 1920, the United States Department of Agriculture published a pamphlet urging Americans to grow marijuana as a profitable undertaking (cited in Musto, 1973, p. 816). Between 1870 and 1900, marijuana was used as an anti-convulsant and relaxant for tetanus, hydrophobia, venereal infections, chorea, strychnine poisoning, insomnia, migraines, general nervous complaints, and mental illnesses (Morgan, 1981, p. 20). Physicians experimented widely with marijuana, in many cases attempting to treat a disorder for which no other remedy existed.

The Pure Food and Drug Act of 1906 required that any food or drug containing marijuana be labeled as such just as with cocaine or the opiates (cited in Brecher, 1972, p. 47). The Marijuana Tax Act of 1937 was enacted following much propaganda against the drug (Morgan, 1981, p. 141). For example, then Commissioner Harry J. Anslinger wondered aloud: "How many murders, suicides, robberies, criminal assaults, hold-ups, burglaries, and deeds of maniacal insanity it [marijuana] causes each year, especially among the young, can only be conjectured" (quoted in Kaplan, 1972, p. 92). During hearings before the Subcommittee on Taxation in the United States Senate, the Senate report
described the dangers of marijuana as follows:

Under the influence of this drug marijuana the will is destroyed and all power of directing and controlling thought is lost. Inhibitions are released. As a result of these effects, many violent crimes have been committed by persons under the influence of this drug. Not only is marijuana used by hardened criminals to steel them to commit violent crimes, but it is also being placed in the hands of high school children in the form of marijuana cigarettes by unscrupulous peddlers. Its continued use results many times in impotency and insanity (cited in Zinberg & Robertson, 1972, pp. 178-179).

Upon discovering that marijuana was not the menace as it was made out to be in 1937, the rationale for its prohibition changed. The Federal Bureau of Narcotics officials switched the primary danger of marijuana from instantaneous murder, rape and insanity to a drug that leads to the use of more dangerous drugs. Marijuana use was particularly linked to future heroin use. The evidence for this causal relationship was weak at best. The only remaining proof was the fact that most heroin addicts had used marijuana sometime prior to their addiction. The erroneousness of this reasoning is revealed by Zinberg and Robertson (1972):

The relevant question is what proportion of marijuana users become (heroin) addicts, not what proportion of addicts first used marijuana. We would probably find that 100 percent of addicts first used tobacco, alcohol and even milk, but these are not responsible for heroin addiction (p. 181).

Upon realizing that the progression theory was not a valid explanation of the dangers of marijuana, anti-drug
officials again switched to a different attack on the drug. The new focus would be on dangerous driving and psychological dependence.

Marijuana, like most illicit drugs, was at one time licit. During the 1920s, few states prohibited the drug, but by the late 1930s all states prohibited its possession and sale (Galliher, 1989, p. 156). Following the passage of the Marijuana Tax Act, penalties became more severe in the 1950s (cited in Morgan, 1981, p. 141). In 1956, the federal penalty for first-offense possession was raised to two to ten years in prison (Galliher, 1989, p. 156). During the 1960s, and into the 1970s, forty-nine of the fifty states eventually reduced first-offense marijuana possession penalties for limited amounts from a felony to a misdemeanor. In the 1970s, eleven states totally removed jail sentences for most cases of possession of small amounts of the drug (Galliher, 1989, p. 157). From the late 1970s until the Bush era, marijuana possession laws were not altered.

In the past, the United States has tried to blame its drug problem on other countries, particularly those of a communist nature. Just as Turkey was blamed for the influx of opium into this country in the 1960s and 1970s, Cuba, Mexico and Colombia were blamed for the existence of marijuana users in this country.

Blaming foreign countries for this country’s drug
problem is consistent with the effort used historically—to blame ethnic minorities for illicit drug use and all of the problems associated with such activity. Prior to the 1930s, marijuana was identified with suspect marginal groups such as artists, intellectuals, jazz musicians, bohemians and petty criminals. However, the identity of the perceived marijuana user changed. Musto (1973) asserts that the legislation of the Marijuana Tax Act of 1937 was directed at the repression of Mexicans, and was a product of racial and economic conflicts between whites and Hispanics in the southwestern United States (cited in Morgan, 1981, p. 141). Mexicans, just as the Chinese and blacks before them, created competition for scarce jobs and thus became a scapegoat for a disgruntled American public. According to Himmelstein (1983, p. 152):

The dangers associated with marijuana use have changed over the past century. Before the 1930s, the drug was at times associated with Arabs and called hashish, was sometimes associated with American Indians and called Indian Hemp, and also was associated in some cases with Mexicans and called Marihuana.... During the 1930s, marihuana was defined in the press as a "killer weed" that leads its users into homicidal rampages. In part, this image developed because the perceived users were Mexicans who were stereotyped as violent. By the late 1960s, the imagery had changed to a "drop-out drug," which allegedly caused something called the amotivational syndrome. It was claimed that all interests in achievement vanished in persons who use the drug. These altered fears associated with the drug were a consequence of the changing characteristics of its users. Although during the 1930s the greatest fear of Mexicans was their violence, once it was recognized in the late 1960s that the primary users were middle-class youths, the main
fears associated with this group was not their violence but, rather, their ultimate possible failure because of a loss of motivation.

According to Musto (1987, pp. 219-220), Mexicans were welcomed as employees but were simultaneously feared as criminals and deviants. By the mid 1920s, violent crimes were being associated with Mexicans and their use of marijuana. When the Great Depression set in, Mexicans became an unwelcome group, especially in regions laden with unemployment. Groups arose with the specific goal of keeping America "American." One prominent member of the American Coalition, C. M. Goethe, shared his belief on the Mexican-marijuana connection:

Marijuana, perhaps now the most insidious of our narcotics, is a direct by-product of unrestricted Mexican immigration. Easily grown, it has been asserted that it has recently been planted between rows in a California penitentiary garden. Mexican peddlers have been caught distributing sample marijuana cigarettes [sic] to school children (cited in Musto, 1987a, p. 220)

Mexicans were not the only group targeted for causing the increase in marijuana use, although they certainly received the majority of the blame. Other ethnic groups figured in the debate:

Black field hands supposedly used marijuana to relax from heavy labor in the cotton fields, canbrakes, and rice paddies of the South. In some urban settings, musicians, entertainers, and petty criminals in Harlem and other black communities allegedly used it freely. Puerto Ricans, East and West Indians, and other Caribbean nationalities entered the controversy and added to marijuana fears that drug use helped create the unattractive conditions in which they lived (Morgan, 1981, p. 139).
Blaming social problems on foreigners is not limited to countries outside of the United States. Nevada is one of the more liberal states in this nation, as manifested in their lenient gambling and prostitution policies. However, surprisingly, Nevada has maintained strict marijuana penalties over the years. One reason for this is that the state blames its drug problems on visitors and transients, even though, in fact, most drug violations have been shown to be connected to local residents and high-status individuals (Galliher, 1989, p. 172). The foreigner in this situation is the outsider or tourist.

During the 1940s and 1950s marijuana users were either small in number or extremely well hidden from the public view. Marijuana and cocaine use remained common in areas such as the movie colony of Hollywood and New York's Greenwich Village. This was tolerable as long as use did not spread outside the informal red-light districts that society accorded such groups (Morgan, 1981, p. 146).

During the early 1960s, marijuana use was associated in the minds of the public, especially those in powerful positions, with young people who were opposed to the existing establishment. Since many young people who voiced their displeasure with the Vietnam War also, among other things, used marijuana, the drug was believed to be the cause of opposition. These unpatriotic young people displayed a lack of respect for authority, and exhibited
self-indulgent tendencies, which also became associated with marijuana use. The young marijuana user was therefore a threat to the existing status quo. This was one factor influencing the Nixon Administration to declare a war on drugs.

Marijuana use increased throughout the United States during this time period, filtering into all socioeconomic groups. Once marijuana use became common on the college campus and in the middle class, society's view of the drug as a dangerous substance changed, manifesting itself in a reduction in penalties for possession, more acceptance of its use, and less application of a stigma. Since marijuana was easy to cultivate, it flourished beyond suppression. Despite considerable action, law enforcers watched helplessly as a multibillion dollar business developed. This naturally affected both public support for law enforcement and its operations (Morgan, 1981, p. 161). This led to various states opting for "decriminalization." In 1973, Oregon adopted decriminalization, and ten other states soon followed.

Following a period of more lenient penalties for violation of marijuana laws by some states during the late 1960s and early 1970s, other states decided to develop stricter penalties for this violation. This turnaround was the result of certain state governments that were not particularly liberal. In 1973, the state of New York
increased penalties by instituting severe mandatory minimum sentences, with the possibility of a life sentence for the sale of marijuana (Galliher, 1989, p. 173). Following the release from incarceration for the sale of marijuana, the individual was to remain on parole for life. It should be noted that this new "get-tough" policy was directed toward all illicit drugs, not simply marijuana. The harshness of these penalties generated much criticism from within the judicial system.

The increased harshness of this law had no effect on decreasing illicit drug use, however. Indicative of this failure was a stable supply of heroin and a stable street price. Also, overdose death rates remained consistent before and after the passage of the aforementioned law. One reason for this lack of success was that police, prosecutors and judges saw the law as not only of questionable moral value but as impossible to enforce as well (Galliher, 1989, p. 173). Mandatory sentences made plea bargaining possible. Thus, prosecutors did not pursue as many convictions out of fear that the entire system would clog to a standstill. Because of this and other problems resulting from the aforementioned law, the state of New York amended the law in 1975 and in 1976.

The use of marijuana became more acceptable in the mid to late 1970s. In 1976, as Jimmy Carter was running for President, his wife told the press that each of their three
sons had smoked marijuana ("Three Carter Sons", 1976, p. A-12). The purpose of this statement was to give support to her position on the decriminalization of marijuana by portraying three former marijuana users as normal, or even successful, individuals.

Tobacco

What has tobacco in common with the above mentioned drugs? Like the above drugs, tobacco use was once considered acceptable, even glamorous, behavior. Tobacco has travelled through cycles of acceptability-unacceptability. From 1492 to approximately 1910 within this country, tobacco was commonly smoked in cigars and pipes, inhaled as snuff, and chewed (Brecher, 1972, p. 229). For centuries its use has been accepted.

The cigarette came about largely from the capitalist nature of this country's business practices. Improved cigarette paper, automatic manufacturing machinery which lowered the price, intensified nationwide advertising and, most importantly, the new mild form of tobacco grown in the Carolinas and Virginia contributed to the popularity of the cigarette. Up until this time smokers enjoyed tobacco in pipe or cigar form which was rarely inhaled. The cigarette, composed of a much milder tobacco, allowed smokers to inhale smoke deep into their lungs. This practice contributed to lung cancer, which replaced
tuberculosis as a major cause of respiratory death.

The development of the cigarette allowed women and children to experiment with smoking. This resulted in anti-cigarette leagues (patterned after the anti-saloon leagues) being founded, and flourishing both locally and nationally (Brecher, 1972, p. 229). Also, early in this century tobacco was considered to be a stepping-stone to other drugs—otherwise known as the "progression theory."

In 1912, one writer for a popular magazine describes the use of cigarettes as leading to the use of alcohol, which in turn leads to the use of morphine. He quotes a physician's claim that:

There is no energy more destructive of soul, mind, and body, or more subversive of good morals, than the cigarette. The fight against the cigarette is a fight for civilization (Sinclair, 1964, p. 180).

In 1921, cigarettes were illegal in fourteen states, ninety-two anti-cigarette bills were pending in twenty-eight states, and young women were expelled from college for smoking cigarettes (incidentally, this also happened in the 1960s with regard to marijuana) (Brecher, 1972, p. 492). These campaigns could not be considered successful because men, women and children continued to smoke until finally, in 1927, the last of the state-wide cigarette prohibition laws was repealed (Brooks, 1952, p. 274).

By 1963, tobacco sales totalled $8.08 billion, of which more than one-third went toward federal, state and
local governments in excise taxes ("Tobacco: After Publicity Surge", 1964, p. 1021). The support for tobacco by the federal government was manifested in the Department of Agriculture’s raise in the 1964 subsidy, despite a $16 million loss the previous year. In 1966, the Department of Agriculture sponsored a program designed to promote cigarette consumption abroad through advertising in various countries. By 1967, the tobacco industry in this country spent an estimated $250 million on advertising in order to encourage smoking ("It Depends On You", 1968, p. 1). In 1968, the United States tobacco industry had gross sales of $8 billion, resulting from the 544 billion cigarettes smoked by Americans (Fort, 1969, p. 21).

Amid all of this, in January 1964, the Report of the Surgeon General’s Advisory Committee on Smoking and Health was published, convincing most smokers that cigarette smoking shortens human life, causes lung cancer and other forms of cancer, and exacerbates heart disease, emphysema, bronchitis, and a number of other illnesses (cited in Brecher, 1972, p. 233). This immediately caused a decrease in smoking, but only for a few weeks. Within a few months, cigarette smoking was back to pre-1964 levels, indicative of the addictiveness of nicotine. The addictiveness of nicotine was rarely taken into account by a government that expected smokers to quit forever with the unveiling of the dangers of smoking.
In 1970, New York State assemblyman Alfred D. Lerner introduced a bill that sought to ban the sale of candy cigarettes in that state because it was believed that they glamorized smoking for youngsters ("Candy Cigs Ban Asked", 1970, p. 1). Despite the new view of tobacco as hazardous to one's health the consumption of cigarettes throughout the world grew annually by 70 billion cigarettes. Per capita cigarette smoking increased from 3,993 for each smoker in 1969 to 5,030 for each in 1970 ("The Nation", 1971, p. 2). The United States remained supportive of the tobacco industry for the economy by exporting tobacco to 113 countries ("Use of Cigarettes," 1969, p. 14).

By 1975, the view of tobacco as harmful intensified even more. Jerome Jaffe, former top White House drug abuse official, urged that people who smoke a pack of cigarettes or more per day be described as suffering from a "compulsive smoking disorder." Jaffe (quoted in Brody, 1975, p. 38) continued by claiming that a new term--"compulsive smoking syndrome"--would be proposed as a disorder listed in the Diagnostic and Statistical Manual of the American Psychiatric Association (American Psychiatric Association, 1980). This is an excellent example of the power of the medical profession, and its ability to classify behaviors as coming under its jurisdiction.
CHAPTER IV

HISTORY PART II: FROM MORAL CRUSADES TO DRUG WARS

The Legislation of Morality

As mentioned earlier, opiate use was once legal, acceptable and prevalent within this country during the nineteenth and early twentieth centuries. The widespread use of these drugs created a large population of addicted and dependent individuals. When the use of opiates was subsequently declared illegal, those who had used opiates up until this time now had to attempt to become unaddicted, or pursue criminal means to obtain the drugs. Many critics of this legislation believe that the Harrison Act created a class of criminals overnight. This claim presents an important insight which should not be overlooked. However, other critics of anti-drug legislation have a somewhat different perspective on this historical event.

One critic, Troy Duster (1970), views this process differently. Duster claimed that the legislation brought about the conditions that were conducive to a reinterpretation of narcotics usage into almost purely moral terms. What was once acceptable behavior was considered unacceptable simply by overnight legislation.

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As opiate use became immoral in the eyes of the public, stricter measures were needed in order to combat illicit opiate use. Stricter measures are a manifestation, in the eyes of the public, of a legitimate problem. Thus, stronger moral feelings became attached to opiate use.

Along with making opiate use illicit came the recognition, in moral terms, that some individuals were addicted. At this point Duster integrates his discussion with labeling theory. Once someone became labeled an addict, the observer constructed a total identity of the person based solely on his or her being an addict. This total identity, or moral character, allows the observer to explain any behavior that the addict may commit in terms of his or her identity as a drug addict:

The drug addict is treated as morally capable of theft because he is a drug addict. That he also might be capable of a stable middle-class family life is jarring to the notion of a total identity, and so it is rejected out of hand (Duster, 1970, p. 68).

In a society, such as ours, that outlaws the use of certain substances, observers find it difficult to perceive a drug user with acceptance when he or she displays behavior, not associated with drug use, that is considered acceptable. Treating other behavior as morally acceptable may result in an acknowledgement of drug use as more acceptable than previously thought. The treatment, and perception, of the drug addict as wholly deviant then, results often times in a self-fulfilling prophecy where the
addict lives up to the label that he or she has been given.

Incidentally, it should be noted that there is nothing in actually being a drug addict that evokes the total identity and the moral response, since there are many addicts who go undetected, and therefore, avoid the label. One may be on his or her first marijuana cigarette when he or she becomes socially known as an addict, while someone else may be addicted to heroin and yet have no stigma or identification as a deviant (Duster, 1970, p. 108). Today, urine tests are being used to discover who is a drug user (deviant) because the user, unless overly intoxicated, will display no signs of being deviant in that respect. Duster (1970, pp. 109-110) adds:

While there is more agreement on who is a drug addict than any other form of deviance, the agreement rests upon the social knowledge of the physical aspects of addiction and not upon the social behavior of the drug user. Whether a drug user is noticed and labeled is thus dependent not upon behavior caused by the drug, but upon the degree to which the user can prevent the society from looking for the marks on his arm or administering physical tests. It should be obvious that a drug user or addict with a high income can camouflage his "deviance," while the low income user is exposed, by circumstances of the market, to law enforcement authorities.

The final point illustrated above by Duster exemplifies conflict theory. It is no coincidence that individuals who are most likely to be labeled as deviant (for whatever reason) are also from the lower classes. It will be recalled that in the latter half of the nineteenth century, when opium use was legal and acceptable, most
addicts were of the middle and upper classes. Following the passage of the Harrison Act, the majority of those known to be addicted were of the lower classes because they found it nearly impossible to conceal their predicament. This shift was not the result of a personality change within any of the classes, but rather, the explanation lies more closely to the fact that the social meaning of addiction changed, as did its detection (Duster, 1970). The fact that opiate addiction went undetected when prevalent in the middle and upper classes, shows that behavior in the classes possessing more resources were less likely to be labeled as deviant or judged immoral. So long as an activity is engaged in predominantly by those in the "center" social categories, the likelihood of moral condemnation is miniscule, for it is the center of society which establishes the criteria for moral condemnation (Duster, 1970, p. 238).

The moral connotation attached to the addict early in this century performed an important function for those who were not addicted. The addict was perceived as an immoral and irresponsible person who was unable to courageously face the realities of his or her situation, even if it was tough. After all, a moral and responsible person would be able to live a fulfilling life without becoming addicted to drugs. To be morally responsible equates with being well adjusted. Thus, being immoral and irresponsible is to be
maladjusted. The moral boundary lines had been defined.

Moral Crusades

The anti-opiate legislation and the Temperance movement have both been regarded as moral crusades. There can be tragic consequences associated with moral crusades. However selfless the original motives, crusades have a way of generating increased self-interest, and people come to support them for reasons that are less than pure (Krivanek, 1988, p. 171). Krivanek (1988, p. 171) cites, as an example, industries who supported prohibition because they felt it would provide them with a more manageable labor force. Moral crusaders can become obsessed with what was once a slight interest, and create a significant moral issue:

When a crusade succeeds, it leaves the crusaders without a vocation. Their interests then often generalise [sic] to other evils and they become professional discoverers of wrongs to be righted (Krivanek, 1988, p. 171).

Instead of making reasoned and rational commitments, moral crusaders erect rational justification for their emotional proclivities (Duster, 1970, p. 108). What remains frightening is the fact that successful moral crusades usually become institutionalized, where coercion and force are utilized to enforce the moral belief against the condemned behavior, which has since become a law. Moral crusades do not end here. The crusade can continue
with the focus of increased enforcement and harsher penalties, and often until their goal is reached. This may be one reason why a drug war of one type or another will forever exist.

The Medical Model and the Medical Profession

Until the 1950s, addicts were generally regarded as a criminal problem. By the mid 1950s, segments of the medical profession began asserting publicly that addiction was a medical problem. By classifying addiction as a disease the medical profession maintained that it could treat the problem as no one else could. This was the beginning of the medical profession's dominance over the jurisdiction of substance use and abuse.

It has been maintained by many (Barsky, 1988; Conrad & Schneider, 1980; Krivanek, 1988; Szasz, 1985) that the medical profession has taken religion's former function of determining whether a behavior is or is not deviant. The medical profession has succeeded in transforming what was once believed to be bad behavior (drug addiction) into a "sickness." Deviant behaviors that were once defined as immoral, sinful or criminal have been given medical meanings (Conrad & Schneider, 1980, p. 17). However, this does not necessarily mean that therapeutics has replaced punishment as a more humane way of dealing with deviants such as drug addicts. On the contrary, medical treatment
has been viewed by many critics as a new form of punishment and social control. Medicalization persuades individuals into believing that all discomfort is remediable, rather than something that must be coped with and endured (Barsky, 1988). Ironically, this is what most drug users already know, as many deal with their problems through the use of drugs.

Conflict theory ties in well with the dominance of the medical profession over drug using behavior. Those with the power and resources usually determine what is and is not deviant labeled as deviant behavior. By defining deviance, those with the power and resources can legitimate their morality. The medical profession secures adherence to social norms through social control. Social control (Ross, 1901; Parsons, 1951; Janowitz, 1975) is most successful when issued formally through an institution or agent. The medical profession is a powerful agent, if not an institution, that is seldom questioned by the public. Thus, whatever it claims as a disease must legitimately be a disease.

After five thousand years of drug use, the medical profession has been able to define nonmedical drug use as deviant behavior within the last forty years. Medical opinion now holds that nonmedical drug use (all illicit drug use is considered abuse) is a major medical and psychiatric problem, that drug addiction is a disease
similar to diabetes, requiring prolonged (or life-long) and carefully supervised medical treatment, and that taking or not taking drugs is primarily, if not solely, a matter of medical concern and responsibility (Szasz, 1972). This expansion of medicine (Freidson, 1970), especially into the realm of social problems and human behavior, frequently has taken medicine beyond its proven technical competence. As nonmedical drug use becomes medicalized as deviant, medicine and medical intervention become agents for social control. Medical intervention as social control seeks to limit, modify, regulate, isolate or eliminate deviant behavior with medical means in the name of health (Zola, 1972).

As the medical profession took over religion’s role of defining certain behavior as deviant, the concepts of temptation and loss of self-control (surrender) vanished, where drug use is concerned. The individual is allegedly controlled by an external force (because it is beyond his or her control), which is actually internal in the form of impulses. Temptation has been replaced by concepts such as impulse, drive and instinct. Impulses are irresistible urges that are traceable to biological origins. The impulse becomes uncontrollable, resulting in a diseased state. Self-discipline is regarded as unscientific, while one’s ability to control his or her impulses, and the treatment for it, is regarded as scientific and
therapeutic. Since the individual has an uncontrollable disease it becomes the duty of an institution or agent to control the behavior for the person. The agent in charge of this task is the medical profession since it is regarded as the expert on the subject of drug use.

Obviously, the elimination of the concepts of temptation and surrender absolves the user of any responsibility of succumbing to the deviant act. Ironically, the responsibility of the tempter has increased over the years. Just as religion has persecuted the tempter over the years, now the medical profession does the same, in the form of a drug "pusher." Szasz (1985, p. 168) discusses the underlying moral bias of this situation:

Out of the algebraic transformation of moral burdens arises the "scientific" view of the addict and his supplier: the former is a sick patient who cannot help what he is doing; the latter is a fiendish criminal who could easily help what he is doing. This perspective neatly excludes even the possibility that the addict might be tempted by drugs and the pusher by money, and that each chooses to satisfy rather than to frustrate his particular desire.

A behavior which is perceived to be the result of the surrender to temptation is regarded much differently than behavior perceived as the result of irresistible impulses. In the former case, the subject would be considered a culprit, while in the latter, he or she would be considered a victim. Within this country today, the drug pusher is the culprit and the drug user is the victim, although still a criminal. Temptation is gone, and with it the
expectation of self-control. Replacing temptation is impulse, which implies a need for external controls. Ironically, the imagery and vocabulary of both temptation and impulse is tactical, rather than descriptive, because one speaks of temptation when it is expected that people should control themselves, but speaks of impulses when it is expected that the subject should be controlled by others (Szasz, 1985).

In summation, defining a behavior as a disease or an illness (which also carries negative connotations) relinquishes the individual of any responsibility. The medical profession assumes an internal cause of drug abuse. The medical model and the associated medical designations are assumed to a scientific basis and are thus treated as if they were morally neutral (Zola, 1972). The disease model places undue emphasis on medical authority in determining how society should manage what is actually an individual violation of legal, social or religious norms.

A Previous Drug War: The Late 1960s and Early 1970s

Throughout this century, the United States has implemented anti-substance legislation in some form. It was not until the Nixon Administration took office that "war" was actually declared on drugs and drug use. It is important to discuss the drug war of the Nixon era in order to better understand the current war on drugs.
The 1960s were to be no different than previous decades with regard to illicit drug suppression. As Musto (1987a, p. 252) claims, this would eventually be forced to change:

Anslinger had counted on stiff mandatory sentences, negative drug imagery, and the consensus of national institutions against drug tolerance. The 1960s broke through that brittle shell of defense, behind which lay an ignorance of drugs, perceptions so extreme as to be laughable to the new drug users, and a prison system that would be overwhelmed by a small fraction of those breaking the drug laws.

During the 1960s, the United States experienced a tremendous growth in wealth as a country. The gross national product doubled from 1960 through 1970. Funds were available not only to wage a war in Vietnam but also to fight the War on Poverty. All of this productivity and money created an unparalleled market for consumer goods and anything else that promised to make a person feel comfortable, including drugs (Musto, 1987a, p. 253). As a result, an increase in illicit drug use occurred. Marijuana arrests rose from 18,000 in 1965 to 188,000 in 1970 (National Commission On Marijuana And Drug Abuse, 1972, p. 106). Among eighteen- to twenty-year-olds, 40% claimed to have tried marijuana in 1971. A reflection of the rise in heroin use can be viewed by the rapid rise in narcotic-related hepatitis cases from approximately 4,000 in 1966 to 36,000 in 1971—estimated heroin users increased from 50,000 in 1960 to 500,000 in 1970 (Domestic Council
Drug Abuse Task Force, 1975, p. 15). The 1960s and early 1970s were an era of polydrug abuse, much different than earlier decades, during which, at the most, two drugs were the focus of concern.

As the decade of the 1960s began, anti-drug opinion was almost exclusively aimed toward heroin and its use. This soon changed as the era produced a generation of individuals who, in one way, displayed dissatisfaction with the system by using many different illicit substances. The apparent change in the drug user's profile, from a lower-class black male to a white middle-class individual caused great public concern and prompted support for both tighter law enforcement and new treatment approaches (Morgan, 1981, p. 153).

The 1960s were also embroiled in civil rights movements which led to a view of the addict as less responsible for his or her predicament because of social factors such as impoverished milieus. This, in turn, spawned a belief in treating addiction as a medical problem and solely as criminal in nature. This led to the creation of a program which resembled more of a "British" style to the treatment of addicts--methadone maintenance.

The 1960s also bring to mind the Vietnam War. The Vietnam War became such an emotional issue that it served well the purpose of propaganda. The media began to report a major heroin epidemic among enlisted U.S. soldiers in
Vietnam. Figures were exaggerated to show that as many as 25% of the soldiers were addicted to heroin, when in fact, only a small percentage of the soldiers were heavy heroin users (Platt & Labate, 1976, p. 327). Exposing information such as this succeeded in increasing public fear and providing them with a scapegoat by blaming foreigners (a favorite pastime) for corrupting the youth of this country (Morgan, 1981, p. 154). This encouraged the Nixon Administration to deal with this country’s drug problem from abroad, much like the Bush Administration today.

Morgan continues:

With support from Congress and the public, it adopted stringent measures against opiates, marijuana and cocaine from Latin America, Asia and the Near East. It even compensated poppy growers in Turkey who agreed not to plant an annual crop. These and other enforcement actions had a rollercoaster effect on statistics, since they could not be sustained. It proved impossible to seal either the nation’s borders or to compel foreigners to stop supplying a lucrative market in the United States (1981, p. 154).

As stated earlier, the increase in illicit drug use was not exclusive to heroin. Cocaine use began to rise in the late 1960s and early 1970s. The public fear of cocaine use was as great as that for heroin. This led to governmental efforts to limit the availability of cocaine in this country through diplomatic channels by persuading other countries not to manufacture cocaine for export (National Commission on Marijauna and Drug Abuse, 1973, pp. 218-219). Prior to this, cocaine use was associated with
blacks, but the drug was now filtering into the white, middle-class milieu. Critics of the drug feared that its use would affect inherited values, and also that it might be the entering wedge for a new wave of general drug use among the educated, young, middle class (Morgan, 1981, p. 155).

Illicit drugs also gaining popularity were the amphetamines, barbiturates and tranquilizers, which were never, up until this time, popular among the illicit drug using subculture. As these drugs became available on the black market their use was viewed differently:

Once amphetamines lost their identification with medicine, society increasingly allied them with unwelcome changes of personality that resembled paranoia, with escapism, and with an abnormal and dangerous artificial personality. In many ways, they gained a reputation similar to that of cocaine at the turn of the century for causing irrational and often violent behavior when used in large doses. All these substances caused ambivalent reactions in the public. Opinion might sympathize with the harried housewife and mother who took barbiturates to sleep, amphetamines to "get going," and tranquilizers to "cope" with the day's activities. But it frowned on the high school student who experimented with them. And class differential played its part. The harassed executive or worker could employ all of these, at least in periods of stress, without arousing much criticism. After all, in the popular view he was pursuing or fulfilling the American dream. Help was in order, at least if the doctor said so. But the rock entertainer, "hippie," black adolescent, or other member of a marginal and unrespectable group who used these substances was an "abuser." If a doctor prescribed them they were legitimate. If one took them to avoid responsibilities, hide personal problems, or escape from society they were illegitimate. In one case they were "medication," in the other "dope" (Morgan, 1981,
Another illicit drug that received much attention because it threatened general values and social stability was marijuana. Marijuana critics held to the beliefs from the 1930s that the drug was potentially harmful to the user's personality, either through causing loss of mastery or dependence (Morgan, 1981, p. 159). It was also associated with irrationality and violence, reminiscent of "Reefer Madness." The strongest argument against its use however, was that it led to the use of harder drugs—what would become known as the "progression" theory. Although many users of marijuana and drug experts knew that it was not such a dangerous drug, society mistakingly tended to integrate all illicit drugs into one category as "dangerous." Basically, the reason for rejecting the use of marijuana, or any illicit drug, was that it was used by a group who challenged the existing value structure. The number of marijuana users continued to increase, and despite considerable efforts to suppress the drug, law enforcers watched helplessly as a multibillion dollar business developed. The inability to curb marijuana use caused an increase in public support for law enforcement and its operations (Morgan, 1981, p. 161). One survey conducted in 1969, revealed that 42% of American parents would report their own children to the police for using marijuana or other illicit drugs (Zinberg & Robertson,
Since a decrease in marijuana use was not occurring, an attitude change toward the use of the drug had to take place in order to be able to effectively suppress its use. It should be noted that the federal government realized then that suppressing marijuana could not be accomplished without military action or a violation of civil liberties. It chose not to consider this alternative (for marijuana), unlike the government of today. Consequently, only compulsive use would now be considered a threat to society or the user. This led to more liberal laws regarding the drug and its use. Decriminalization was adopted by the state of Oregon in 1973 (Morgan, 1981, p. 162). Several other states then followed. It was not legalization since law enforcement was not abandoned. It was, however, a statement on the limits of law enforcement effectiveness.

One drug that is probably associated more than others with the 1960s is LSD. This drug also moved out of the medical sphere and into the black market, representing a rejection of materialism and social control that produced a counterculture allegedly based on concern for the inner rather than the outer world (Lawley, 1974, p. 200). LSD frightened mainstream society because its use seemed a wilful rejection of rationality, order and predictability (Morgan, 1981, p. 163). Exaggerations and allegations surround the use of LSD, as with other illicit drugs:
Overuse allegedly caused chromosome damage, which might threaten future generations. This remained unproved [sic] but helped mark LSD as potentially dangerous to both the minds and bodies of some users. Despite a great deal of often lurid reporting, LSD was not in fact widely used on a regular basis outside of a few elements dedicated to drug experiences.... But the controversy and publicity around LSD use resembled that around heroin, and it became a feared drug to nonusers, which strengthened their demand for regulating hallucinogens (Morgan, 1981, pp. 163-164).

The aforementioned drugs brought about the most concern for society during the 1960s. However, many other drugs, such as peyote, hashish, opium and Quaaludes were also being used. This era was marked by drug experimentation of all sorts. The public felt that it even had to be concerned with glue-sniffing. More striking to the public than this was the changing nature of the types of illicit drug users. Prior to this period illicit drug use was generally associated with inner-city, lower-class, minority, delinquents. Suddenly, professionals, business people, factory workers and truck drivers were among those commonly using illicit substances.

The group that remained under attack for illicit drug use however, consisted of young users who allegedly used drugs as a way of protesting the existing social order. Drug use came to symbolize opposition to the government and older mores. These people were usually opposed to foreign intervention, especially with regard to the Vietnam War, and thus their drug use was a symbol of being unpatriotic by the older generation. In addition to cultural
alienation and the rapid increase in polydrug use, the drug problem in the 1960s was intensified by the extraordinarily large number of young people in the ages most likely to experiment with drugs; the post-World War II "baby boom" generation had reached the teenage years (Musto, 1987b, pp. 69-70). The entire drug experience of the 1960s had a tremendous impact on society:

The popular mind associated drugs with the counterculture that openly flouted the nation's history, ambitions, and alleged ideals.... And the hippie became the racial image of the 1960s drug debate, representing the passivity, and unproductivity that so many people still equated with drugs.... The relationships of drug use to disorder and attacks on accepted social values tended to reinforce the antidrug consensus momentarily. But as drug use spread to new elements of society during the 1960s and 1970s, and as law enforcement seemed hopeless, policies and opinions changed under the impact of events. Government at all levels became more oriented to medical care for the opiate addict, and for research into the effects of other drugs that seemed liable at least to pose health hazards or cause dependence. In general, the public slowly began to make distinctions about the effects of drugs, especially marihuana. A division between "soft" and "hard" drugs, essentially between those that produced true dependence and those that did not, became current (Morgan, 1981, pp. 164-166).

What did the government of this era do to combat the widespread availability and use of illicit drugs? In 1971, President Nixon declared America's public enemy number one as drug abuse (Szasz, 1985, p. 209). In 1972, President Nixon again declared this, and proposed federal spending of $600 million for fiscal 1973 to "battle the drug problem from poppy-grower to pusher" (Szasz, 1985, p. 211). The
Nixon Administration chose to exercise greater law enforcement in declaring a "war on drugs" (Musto, 1987a, p. 256). However, the funding to be used for treatment was even greater than that for enforcement. For example:

The early 1970s brought an explosion in treatment facilities. SAODAP [Special Action Office for Drug Abuse Policy] stimulated an increase in the number of cities with federally funded programs from 54 to 214 in the first 18 months of operation. From 20,000 clients in these programs in October 1971, the number climbed to over 60,000 by December 1972. Programs for methadone clients, either funded federally or otherwise, were enrolling 80,000 persons by October 1973, just over two years after SAODAP's creation (Strategy Council On Drug Abuse, 1973, pp. 75-76).

The two goals of this administration were to suppress the foreign supply of heroin, coupled with increasing the number of treatment programs for the purposes of serving all who desired or needed it. Decreasing the availability of illicit drugs and consumer demand were also subjects of focus.

In order to increase law enforcement, the Nixon Administration expanded the Bureau of Narcotics and Dangerous Drugs (BNDD). The budget for law enforcement increased from $43 million in 1970 to $292 million in 1974 (Drug Abuse Council, 1980, p. 29). In 1972, Nixon also established the Office of Drug Abuse Law Enforcement (ODALE), a domestic strike-force operation employing the "no-knock" provisions that federal law had authorized in 1970. Bad publicity soon followed as the result of several
assaults on innocent families (Musto, 1987a, p. 257). BNDD and ODALE were combined to form the Drug Enforcement Administration (DEA) in 1973.

Nixon was also to focus on drug use prevention by decreasing the demand for illicit drugs within this country. This was to be accomplished through research, education, treatment, rehabilitation and training. Federal expenditures for this increased from $59 million in 1970 to $462 million in 1974 (Drug Abuse Council, 1980, p. 57). As mentioned earlier, Nixon also established the Special Action Office for Drug Abuse Prevention (SAODAP) to coordinate the many government programs linked to the drug problem but especially to give leadership to a crash program of treatment services (Musto, 1987a, p. 258). To head this, Nixon chose Dr. Jerome Jaffe, who came to be known as the "drug czar," and was urged by the President to knock heads together to achieve the high priority of curbing the drug menace (Nixon, 1974, pp. 451-457).

Urine testing for illicit drug use is not a recent development. This procedure was practiced on Vietnam soldiers, and those who tested negative were allowed to return to this country without interference. Those who tested positive were to experience detoxification and further treatment before they could return home. Dr. Jaffe was so impressed by the efficacy of urine testing for drugs that he thought it might eventually be considered in the
same light as chest x-rays for tuberculosis (Jaffe, 1973, pp. 53-59).

One problem that plagued the efforts of the war on drugs in the 1960s was how to deal with the many different illicit drugs used. What was needed was a system that ranked drugs as to their dangerousness, something that had not yet been done. However, a problem arose when these drugs were to be ranked according to the number of deaths that were associated with their use each year because alcohol and tobacco (both legal) topped the list. The first Federal Strategy for Drug Abuse and Drug Traffic Prevention (1973) granted the problems caused by alcohol and tobacco but argued that the federal anti-drug effort was primarily intended to attack illicit drugs and, furthermore, that alcohol and tobacco were deeply ingrained in American "social rituals and customs" (Musto, 1987a, p. 260).

One tactic which the Nixon Administration waged in the war on drugs was entitled "Operation Intercept," and it was implemented in the fall of 1969, if only for two days (Brecher, 1972, p. 434). It was designed to cut off the supply of marijuana by initiating the largest search and seizure operation in American history (Zinberg & Robertson, 1972, p. 210). Many people crossing the border into this country from Mexico were stopped and searched. The result was a decrease in the amount of marijuana available,
encouraging people to turn to other drugs. This was a major factor in the explosion of polydrug use during this period. There was an upsurge in heroin use among suburban, white, middle-class high school students shortly after Operation Intercept (Zinberg & Robertson, 1972, p. 210).

The following year witnessed the creation of the Comprehensive Drug Abuse Prevention and Control Act of 1970, that established five schedules of drugs based on their potential for abuse, potential for dependency, and the accepted medical use of the drug. According to Musto (1987a, pp. 261-262):

This law represents a transition between reliance on law enforcement with severe penalties and a therapeutic approach—even a tolerance for at least some previously forbidden drug use. It established no minimum sentences. It did provide that someone charged with a first offense for possessing a small amount of marijuana be placed on probation for one year or less with the possibility that the record would be expunged if no further offense occurred during probation. Still, law enforcement was strengthened in an extraordinary manner by allowing "no-knock" searches of premises at any time of day or night.

In 1972, the Nixon Administration established the National Commission on Marihuana and Drug Abuse (NCMDA) to report on the use of marijuana and to reevaluate the nation’s entire anti-drug policy. The reason for this was that at the time various groups and individuals initiated movements to legalize marijuana (such as that of tobacco) because current research was showing that the drug did not have the awful effects ascribed to it from the 1930s onward.
(Musto, 1987b, p. 70). This group, which had reflected traditional views on the subject of drug control, shocked the administration, the public and other countries when in its report, it displayed a tolerance for marijuana use. It concluded in its first report that:

The possession of marijuana should be "decriminalized"; that is, possession for personal use could be a finable offense, like a parking ticket, but should no longer subject the possesor to jail. Dealing in large amounts for profit would still be a felony (National Commission on Marihuana and Drug Abuse, 1972, p. 151).

NCMDA issued its final report in March 1973 and continued to display a tolerance toward marijuana for personal use. The commission felt that possession laws should be interpreted as providing an opportunity not to punish, but rather to direct users to treatment (Musto, 1987a, p. 262). Drug education was highly stressed. This report attempted to draw attention to the actual, measurable damage done by drugs, reflected in hospital admissions and drug-related deaths, as opposed to the myths that had evolved around many of them. This approach intended to make more rational the discussion over drug policy, but it also laid the groundwork for the inclusion of cigarettes and alcohol in the anti-drug crusade (Musto, 1987b, pp. 70-71). Many individuals involved in the anti-drug effort believed that this approach was a waste of time and money. Both the first and the final report stressed the greater problems posed for American society by alcohol.
and tobacco and urged that action be taken against them as well as the more conventionally perceived "bad" drugs (Musto, 1987a, p. 263). Even before the NCMDA published its findings and recommended the decriminalization of the personal possession and nonprofit transfer of marijuana, Nixon stated that he would not accept these findings or allow the Attorney General to implement this recommendation (Zinberg & Robertson, 1972, p. 40).

The final days of the Nixon era witnessed an effort to combine all anti-drug agencies. This was partially successful when many programs were consolidated into the DEA and the National Institute on Drug Abuse (NIDA). Most preventive programs funded by the federal government were gathered under NIDA, which also became the center for drug research (The Drug Abuse Council, 1980, p. 45). The goal however, was to centralize programs into the states, and the first step toward that goal was the establishment of Single State Agencies which would oversee treatment efforts and guide federal monies into local projects (Musto, 1987a, p. 263).

In concluding, it is apparent that many of the efforts toward suppressing illicit drug use and illicit drug availability implemented in the late 1960s and early 1970s resemble those of today. However, one major difference is the significant focus on treatment that was a trademark of anti-drug policy during the Nixon years. Also, the Nixon
era focused largely on education and prevention techniques more so than today. As Zinberg states (1984, p. 205):

Between 1968 and 1973, the National Institute of Mental Health produced and distributed more than twenty-two million pamphlets on drug abuse and supplemented this effort with a continuing mass-media public-service campaign. During that same period departments of mental health in the individual states initiated drug education programs, and many of the 17,000 school districts in the United States followed with their own drug education efforts. The Advertising Council, a national body representing the advertising industry, estimated that the value of time and space donated by the private sector for the dissemination of drug information approached $937 million in 1971. In addition, numerous drug education programs were conducted by churches, civic groups, businesses, national voluntary organizations, and the military services. It was, as President Nixon had proclaimed, an all-out war on drugs, with education and prevention efforts centering on the elimination of illicit psychoactive drug use.

The drug educational efforts of the Nixon era resemble the techniques utilized today. Both private and public agencies that promoted drug education added their own values to their educational materials, often distorting the information and discrediting its sources (Zinberg, 1984, p. 205). In 1973, the National Coordinating Council on Drug Education reviewed 220 drug education films for accuracy and found that 33% of the films were so inaccurate or distorted as to be totally unacceptable (Drug Abuse Films, 1973). It was also noted that even the best factual information often helped to stimulate curiosity about drugs, and that curiosity was becoming a major cause of drug experimentation (Federal Strategy for Drug Abuse and
Drug Traffic Prevention, 1977). According to the Shaffer Commission (NCMDA), these massive efforts, which focused exclusively on promoting abstinence, may have actually increased psychoactive drug use (Zinberg, 1984, p. 205).
CHAPTER V

RECENT HISTORY: ANTI-DRUG POLICIES
DURING THE 1980s

The Reagan Administration

The Bush Administration’s current war on drugs can be viewed as a more intense version of the Reagan Administration’s initial plan to combat illicit drug use. On October 14, 1982, President Reagan created twelve regional task forces to combat drug traffickers. On March 23, 1983, Reagan announced the creation of the National Narcotics Border Interdiction System, to be administered by then-Vice President, George Bush. On March 26, 1987, Reagan created a Cabinet-level National Drug Policy Control Board, to be shared by the attorney general. Making the war on drugs official, President Reagan signed the Drug Abuse Prevention, Treatment and Rehabilitation Act of 1988 on October 11. This established the first anti-drug director and authorized an additional $2.7 billion for drug control in fiscal 1988; however, only $786 million was ultimately used. On October 23, 1988, the United States Congress passed a "get-tough" anti-drug bill which Reagan officially signed on November 18, 1988. This bill became known for its "zero-tolerance" approach to illicit drug
use.

The early 1980s were not without propaganda used to blame the drug problem within the United States on another country. At a conference in New York City announcing the creation of a "new commission to fight the drug menace," Governor Hugh Carey declared:

The epidemic of gold-chain snatching in the city is the result of a Russian design to wreck America by flooding the nation with deadly heroin.... If the Russian's [sic] were using nerve gas on us, we'd certainly call out the troops. This is more insidious than nerve gas. Nerve gas passes off. This doesn't. It kills. I am not overstating the case (Greenspan, 1980, p. 10).

Panic over illicit drugs was also evident in public schools. In Wilmington, Massachusetts, school officials ordered the suspension of any high school student "caught with drugs, including aspirin and over-the-counter medications." The rule:

written with the help of the U.S. Drug Enforcement Administration...requires students to store drugs and pills in the school clinic. Robert Stutnat, head of the Boston office of the DEA, explains that the ruling was required because a drop of LSD can be concealed in an aspirin tablet ("New Drug Rule," 1984, p. A-16).

In 1981, the drug problem was exaggerated for the purposes of personal gain by Janet Cooke, a Washington Post reporter. Cooke won a Pulitzer Prize for her story entitled, "8-Year-Old Heroin Addict Lives For A Fix." The only problem was, as it was discovered later, that the entire story was completely fabricated (cited in Szasz,
Harsh sentencing for violation of anti-drug laws was also beginning to take place early in the decade of the 1980s. In Tusccon, Arizona, a 21-year-old man was sentenced to two years in prison for sniffing paint, under an Arizona law that reads: "A person shall not knowingly breathe, inhale, or drink a vapor-releasing substance containing a toxic substance." Police and prosecutors are said to have favored the law because "intoxicated sniffers can grow violent" (Hume, 1982, p. 29).

Meanwhile, the DEA acknowledged using entrapment in their fight against illicit drugs:

Federal drug agents seeking to draw out potential producers of hallucinogens and other illicit drugs have been operating bogus chemical companies that sell materials and instructions for the manufacture of such dangerous drugs. Then they arrest their customers.... The tactic...has already led to convictions (Werner, 1983, p. A-1).

As early as 1984, this country was showing evidence of a desire for the death penalty to be used in certain drug cases. Following David Kennedy's suicide, New York City Mayor Edward Koch declared:

Kennedy was killed by a drug pusher. I believe the person who sold him those drugs is guilty of murder. Capital punishment for such crimes should exist on the national level ("Koch Urges Death Penalty," 1984, p. A-2).

While this country was beginning a decade of fighting illicit drugs, it ironically continued promoting and encouraging the use of tobacco in other countries. The
United States persuaded Japan to reduce tariffs on cigarettes, increase the number of retailers selling imported tobacco products and permit U.S. companies to advertise in their country. Japan agreed to provide concessions to the U.S. tobacco industry that would increase sales there from $35 million to approximately $350 million annually (Seaberry, 1980, p. C-1).

The increased availability and use of illicit drugs created an interest that became the focal point of the 1988 presidential campaign platforms. Throughout the 1980s, the amount of illicit drug use increased in all regions of the country. What actually caused such a concern over illicit drug use was all of the violence connected with the illegal status of certain drugs. Gangs in Los Angeles and elsewhere continued to make life dreadful for inner-city residents. This caused the drug problem to be declared a matter of national security.

The aforementioned Drug Abuse Act of 1988 was the stepping-stone for the Bush Administration's war on drugs. Highlights of this bill indicate the seriousness of its zero-tolerance approach ("Stricter Measures," 1988, p. 3A): (a) the federal death penalty would be sought for drug kingpins or traffickers who commit the killing of a police officer; (b) would establish civil fines of up to $10,000 for the possession of small quantities of drugs; (c) would allow a judge to strip first-time offenders of most federal

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benefits for one year (e.g., student loans, public housing, mortgage guarantees, and some veteran's aid could be denied anyone convicted of possessing even small quantities of illicit drugs); (d) would create a pilot program for random drug testing of first-time drivers' license applicants; (e) would authorize $30 million for the DEA, $15 million for the FBI, $39 million for the hiring of 300 more federal prosecutors, $116 million for the Coast Guard, $15.5 million for the Customs Service, $26.2 million for the Immigration and Naturalization Service, and $1.2 billion to build more federal prisons; (f) would prevent the federal government from awarding federal contracts to businesses that fail to maintain a drug-free workplace; and (g) would create a cabinet-level "drug czar" to coordinate federal enforcement and prevention efforts.

Following this, the Drug-Free Workplace Act of 1988 (cited in National Drug Control Strategy, 1989, p. 57) was passed, requiring all recipients of federal money—companies and individuals—to sign the anti-drug statement claiming that they were drug-free. This has had a great impact on students who desire federal funding and employees who work in safety-related positions (e.g., transportation workers).

Another "get-tough" tactic was to allow the CIA to become involved by forming an anti-narcotics unit that would "lend analytical and operational support" to the
fight against international drug traffickers ("CIA Creates Anti-Drug Division," 1989, p. 17A). The objective of the CIA would be to attempt to stabilize and disrupt Colombian drug cartels that control the Latin cocaine trade.

The position of drug czar has since been filled by William Bennett. Bennett was granted $2.8 billion from the federal government, and a sixty-four person staff to help in administering the 1988 anti-drug bill. Bennett, acting every bit as tough as the drug bill, advocated more prisons and police, with less emphasis on prevention and treatment. The drug czar aimed to (McQueen & Stone, 1989, p. 1A): (a) deter casual users with automobile searches and weekends in jail; (b) impose court fines on parents whose children had committed drug offenses; (c) expel students who were involved with drugs; (d) revoke the driver's license of teenagers involved in the drug trade; and (e) send first-time offenders to military-style boot camps.

Bennett initiated the anti-drug strategy with a pilot study in Washington, D.C., during 1988-1989. The pilot study received $80 million in federal funding for its implementation. The money was to be used for more jail space and a larger federal-local strike force. One objective of the drug czar was to suppress drug dealing that occurred in public housing by persuading landlords to evict simply suspected drug dealers. This is only one example of a policy that takes individual liberties
The Bush Administration’s Anti-Drug Policy of 1989

On September 5, 1989, President Bush launched his war on drugs. The message that Bush hopes this policy will convey is consistent with the zero-tolerance approach: "If you sell drugs you will be caught--and when you’re caught, you will be prosecuted--and once you’re convicted, you will do time" (Neuman & Meddis, 1989, p. 1A). The $7.9 billion proposal will be used to fund more police, prisons, drug treatment and drug education. The former two will receive more attention, as the creators of the policy seek harsher penalties for violation of anti-drug laws. Also mentioned in the policy is a need to provide military aid to other nations and the formation of a world drug summit. Bush declared that Congress could request an additional $2.2 billion to be used in the drug war within the remaining month of the fiscal year, if it so desired. This move by Bush is the result of Democrats demanding that the President increase the policy’s budget to $10 billion. According to some Democrats, such as Senator Joseph Biden, President Bush’s anti-drug bill is not tough enough, as it does not provide for enough police officers, prosecutors, judges or prisons.

On September 25, 1989, the Senate Democrats and the White House agreed on an $8.8 billion package to fight the
war on drugs known as the Drug Abuse Treatment Technical Corrections Act of 1989. President Bush's plan for a drug-free America will distribute the federal funds as follows: $449 million in foreign aid, $3.1 billion for law enforcement, $1.6 billion for corrections, $1.2 billion for prevention and anti-drug education, $925 million for drug treatment, $350 million for state and local law enforcement, and $250 million to expand the court system ("Mad Dads Lead Community," 1989, p. C1). In 1990, the federal anti-drug money to states would increase 67%, to $2.2 billion, with most funding going to eastern and urban states.

The goal of the policy ("Excerpts From President's Talk," 1989, p. 5A) is to witness a decrease in drug use by ten percent within two years of its implementation. After five years it is hoped that drug use will have decreased by as much as fifty percent. The projected decrease in drug use will be the result of a policy which is targeted toward street dealers, casual users and middlemen traffickers such as pilots, money launderers and couriers. The two main objectives of the policy are identical to the policy of 1988-1989: (1) decrease the amount of illicit drugs available in this country, and (2) decrease the amount of illicit drug use.

Among the proposals contained in the Drug Abuse Treatment Technical Corrections Act of 1989 is a desire to
reduce foreign supplies of heroin, cocaine and marijuana by providing $260 million in aid to Peru, Bolivia and Colombia for their eradication ("Excerpts From President’s Talk, 1989, p. 5A). President Bush approved $65 million in special military aid for Colombia’s anti-narcotics forces. Total funding for these countries within the next five years will be $2 billion. In addition to funding, President Bush sent transport planes, helicopters and fighter jets to Colombia early in September of 1989, to aid in the drug war ("Suspected Drug Pilot Arrested," 1989, p. 3A).

States will be required to help in the war through the passage of their own zero-tolerance, anti-drug legislation. One example of this has been the consideration of the revocation of an offender’s driver’s license. In addition, states are required to match federal funds with state money, and to find methods of forcing addicts into treatment.

Under the 1989 Act (Excerpts From President’s Talk," 1989, p. 5A) public housing supervisors are required to increase security and evict convicted drug dealers. In the first eighteen months of the drug war in Raleigh, North Carolina, public housing witnessed thirty-six tenants evicted, and another twenty-six evictions in the process ("Woman Evicted in Drug Case," 1990, p. 4C).

Schools, colleges and universities are required to
have drug use prevention programs as a condition for receiving federal funds. Any person receiving federal aid for school that is convicted of a drug offense is subject to either a denial or total withdrawal of funds. At the University of North Texas, a resolution was passed allowing residence hall staff members to search dorm rooms for illegal drugs (Ziesenis, 1989, p. 3).

As of December 18, 1989, 50,000 pilots, 80,000 flight attendants, 300,000 airline mechanics and more than 100,000 other aviation employees were subject to random drug tests in order to ensure that they are drug-free ("Debate: Don't Sacrifice Rights," 1989, p. 12A). On December 21, 1989, 200,000 merchant marines joined the ranks of those subjected to random drug tests, and in January of 1990, 90,000 railway engineers, brakemen and train dispatchers became associated with this ever-growing list. All in all, four million "safety sensitive" transportation workers began random drug testing in December 1989. Maritime, railroad, trucking, transit and pipeline company workers will be tested following this. Employers will collect the urine sample, which will be analyzed by federally licensed laboratories, at a cost of tens of millions of dollars each year to the firms ("Drug Tests Set," 1989, p. 3A). The tests are designed to catch not only people who use drugs on the job, but also people who use them at home (off the job).
Transportation employees are not the only individuals subject to random drug testing. At Chicago’s suburban Homewood-Flossmoor High School, officials plan to randomly test all 1,200 student athletes for drug use (it has already begun with the random drug testing of fourteen individuals) ("Student Drug Tests," 1989, p. 3A). Those students who refuse to be tested will be ineligible for any sports.

The Navy has reversed its forgiving approach to recruits who test positive for marijuana use by deciding that those recruits will now be barred from entering the service ("Navy to BarRecruits," 1990, p. 16A).

In early September 1989, all 26,790 New York City police officers became subject to random drug testing in order to promote a drug-free environment ("Police Drug Testing," 1989, p. 3A). In mid-November 1989, the Supreme Court approved random drug testing for Boston police officers, endorsing strict standards for workers entrusted with public safety (cited in Hall, 1989, p. 3A). The decision broadens the government’s power to test public safety workers even where there exists no evidence or suspicion of drug use.

The hype over illicit drug testing has motivated the creation of more accurate drug tests. Currently, new studies have confirmed that analyzing a person’s hair is more effective than a urine test (Sperling, 1989b, p. 1A).
Apparently urine tests can only detect cocaine use within the past twenty-four to thirty-six hours. A hair analysis can reveal cocaine used more than a year prior because hair only grows approximately one-half inch per month.

However, the hype over illicit drug testing does not end with the creation of more accurate tests. As this paper is being written, there is a procedure that is becoming popular which demonstrates the hysteria and desperation that a drug war (or any war) produces—random drug testing of elementary school children ("Debate: Drug Tests for Kids," January 19, 1990, p. 12A). Random drug testing began in mid-January 1990 for sixth to eighth grade children at St. Sabina Academy, a private elementary school in Chicago. It is hoped that eventually drug testing will extend to every grade, including kindergarten. In addition to the school above, Ascension Catholic High School in Donaldsonville, Louisiana, started testing every student and faculty member this year for illicit drug use. Also, Indianola Academy, a private school in Indianola, Mississippi, now randomly tests its seventh through twelfth grade students for illicit drug use.

Civil liberties are also being threatened in instances other than random drug testing. In recent years, protections of the fourth amendment have been narrowed, favoring the power of the police ("Supreme Court to Decide," November 15, 1989, p. 13A). Police now benefit
from a "good faith exception" to the exclusionary rule, allowing prosecutors to use improperly obtained evidence if they can show that the police made an honest mistake. The court has also narrowed the definitions of searches, expanding the instances when police can search individuals without warrants. The court is considering allowing the United States’ police to conduct warrantless drug searches outside U.S. borders. Also, pending are cases that could narrow the "Miranda" rights of suspects to remain silent under police questioning.

The new anti-drug bill will encourage and permit the involvement of U.S. intelligence agencies, and the military. Intelligence agencies are expected to expand the use of U.S. spy satellites to locate coca-growing laboratories, electronic intercepts to identify drug-smuggling planes entering the country and other efforts to help monitor the communications of major drug cartel leaders (Isikoff, 1989, pp. 1+12A). With regard to the Pentagon, Defense Secretary Dick Cheney is determined to play a role in the drug war despite past reluctance on the part of the Pentagon to become involved. Cheney claims that the military will be prepared to fight drugs at the United States’ borders and assist other nations in fighting drugs at their source (Whitmire, 1989a, p. 1A).

The use of military forces may become a reality if Senator Mitch McConnell has his proposal passed by the
House of Representatives (it has already been passed by the Senate). Mr. McConnell's proposal would grant the federal drug enforcement agencies the authority to use disabling or deadly force to stop planes that do not land for inspection when ordered by radio or warned by shots (Isikoff, 1989, p. 5A).

As if the idea of the military becoming involved is not threatening enough, the Defense Secretary is striving for something that will make many individuals question the futility of such a drug war. In the second half of October 1989, Dick Cheney recommended unprecedented military involvement on the land, sea and air in the fight against illicit drugs (Whitmire, 1989a, p. 4A). The Army's Forces Command desires to position troops along the United States-Mexico border. Thousands of active-duty troops could rotate in and out for thirty-day or sixty-day tours. The Navy and Air Force could provide radar planes and ships to assist anti-drug Joint Task Forces. Additional supplies could consist of Navy E-2Cs, Air Force AWACS and the S-3 submarine-chasing jets. The Pentagon has specific plans for an aircraft-carrier task force in the Caribbean. This would represent intensified military, surveillance and intelligence presence in the Caribbean, with the goal of tracking cocaine-carrying planes from source countries through transit points (Matthews, 1989, p. 6A).

As of December 15, 1989, the Pentagon has given
permission for U.S. troops to catch fugitive drug criminals abroad ("Military Seeks Drug Lords," 1989, p. 3A). On December 13, 1989, the military was officially initiated in the war on drugs when a Marine Corps reconnaissance team exchanged gunfire with drug smugglers along the Arizona-Mexico border ("Marines, Drug Smugglers Clash," 1989, p. 3A).

Additional state-of-the-art equipment to be used in the drug war includes a new FBI computer which will monitor the activities of drug traffickers—and eventually predict their next move—while opening a new era of cooperation among U.S. agencies (Meddis, 1990a, p. 3A). The goal of the system is to curb the flow of illicit drugs within this country by quickly giving investigators in the field access to massive amounts of information of major trafficking organizations. The system is expected to be installed in four major cities by the end of March 1990, and within eighteen cities by the end of the year.

State National Guards have been involved in the drug war since the latter part of 1988 (the reason for this is that posse comitatus laws do not apply) (Whitmire, 1989b, p. 4A). The Guard utilizes airborne infrared radar to stop smugglers, night vision goggles to conduct surveillance and sheer muscle to tear into cargo containers. Funding for the Guard will increase from $40 million in 1988-1989 to $77 million in 1989-1990.
Most of the funding from the bill will be utilized, not surprisingly, toward increased enforcement of anti-drug laws and correctional facilities. Funding will be used for more local police officers, border interdiction, intelligence and anti-money laundering operations. With regard to corrections, $1.6 billion (raised from $894 million in 1988-1989) will be used for additional prosecutors, boot camps and prisons. Prison space and housing for those awaiting trial or sentencing will be expanded by eighty-five percent. Finally there will be $250 million in funds designated for an increase in the number of courts needed to handle the increasing number of drug cases.

Prevention and educational efforts, which are required of any successful anti-drug policy, only receive $1.2 billion of the total package. Schools and universities are required to begin drug prevention programs in order to receive federal funding. Treatment efforts, arguably the most important aspect of any successful anti-drug policy, merely receive an increase of $321 million in federal funding. The policy states that the number of treatment positions will be increased, and funding will be provided for infants addicted to cocaine. In all, treatment and prevention efforts receive only 27% of the funding proposed by President Bush, while the remainder of the funding is reserved for law enforcement activities.
Bush had no problem in convincing Congress to sign the proposed drug bill. This was not surprising either, as most individuals view illicit drugs and drug users in the same fashion as does President Bush. State governments are also in agreement with the President’s zero-tolerance approach. As of September 6, 1989, eight states required drug testing for certain state government jobs, twenty-three states had established drug-free school zones, and nine states had enacted legislation regulating the use of electronic beepers (which drug dealers are suspected of using) on school property ("Drug Tests, Beeper Bans," 1989, p. 7A). In North Carolina (Riley, 1989, pp. 1C-2C), Governor James G. Martin, who considers anti-drug efforts to be the state’s most important priority, debated with advisors whether or not to spend more than the proposed $90 million budget designated to fight the drug war.

After President Bush’s initial anti-drug plan, the Senate passed a wide-ranging bill to help aid the war on drugs on October 5, 1989. The bill included incentives for pharmaceutical companies to develop anti-addiction drugs, an increase in the minimum mandatory federal penalty for selling narcotics to minors from five years in prison to ten, and a provision allowing the government to seek fines of $100,000 in civil suits against crack house operators (Meddis, 1989a, p. 3A). It appears that as soon as one harsh policy is introduced, along comes another that is
even more so.

States have also followed the federal government's zero-tolerance approach by becoming tough on casual users. In North Carolina, prior to October 1, 1989, possession of a gram or less of cocaine was a misdemeanor. A new law states that any possession of cocaine or PCP is a felony, punishable by up to a five year prison sentence and a fine (cited in Denton, 1989, p. 26A). In Greenville, North Carolina (as well as in seven other cities), police are currently using get-tough tactics to arrest casual users. New ordinances authorize police to arrest someone for loitering for the purpose of drug-related activities (Allegood, 1989, p. 29A). This is a highly subjective decision because police do not know what to look for since it is left unspecified. Relying on the anti-loitering ordinance, police can arrest people to get them off of the street and then search them for illegal drugs. This is another example of individual liberties taking a "back-seat" in the drug war.

In Kansas City, Missouri, some citizens in the East Central district have formed a group known as the Ad Hoc Group Against Crime which fights the drug war and other street crime in an assertive manner (Raber, 1990, p. 3A). The group is made up of fifteen community organizations which have staged more than 250 marches in front of reputed crack houses. In Omaha, Nebraska, a group of 450
volunteers who call themselves "Mad Dads" patrol high crime areas and paint over graffiti, all in the fight against illicit drugs ("Mad Dads Lead Community," 1989, p. A7). The group, numbering 200, attempts to disrupt drug deals, reclaim neighborhoods marked as gang turf, paint over existing gang graffiti and organize drug and alcohol-free parties for youth. In Atlanta, a group of twenty-four aggressive police officers known as the "Red Dogs" shoves suspects against automobiles and buildings and proceeds to search them, all the while wielding handguns (Dillin, 1989, p. 2D).

Also at the local level, small towns are employing tactics used in large cities, such as hiring undercover police, searching schools for drugs and attempting to educate children to reject drug use. The mayor of Augusta, Georgia, has suggested: (a) issuing identification cards to residents of high crime areas, enabling police to spot intruders; (b) curfews for residents of public housing; and (c) mandatory drug testing for new city employees (Bowman, 1989, p. 3A). Undercover police are currently being employed in Longmont, Colorado, in Seaford, Delaware and in Bellevue, Nebraska.

As of early September 1989, other countries, such as Colombia, were in favor of extraditing drug figures while seizing their bank accounts and property. However, the majority of Colombians opposed the idea of foreign military
personnel (utilized to fight the drug war) being present in their country ("Suspected Drug Pilot Arrested," 1989, p. 3A). Many citizens of Latin America have displayed opposition to Bush's "Andean initiative" (a secret clause in the anti-drug bill), which would permit deployment of U.S. military personnel in "secure" areas of Peru (Isikoff, 1989, pp. 1+12A). The Andean initiative will provide $90.2 million in aid to Colombia, $97.5 for Bolivia and $73.4 million for Peru. However, most of the aid will be in the form of military equipment, such as helicopters, patrol boats and ammunition. Also included is $13.5 million in "intelligence" aid which will be in the form of radar, electronic sensors, secure communications equipment and computers to store and retrieve information about the traffickers. The Andean initiative also includes language that loosens the rules for U.S. troops in the region by permitting them to accompany Latin American troops on routine patrols.

Anti-Drug Propaganda Utilized by the Bush Administration

In addition to the President's anti-drug bill, there exist other tools implemented to aid the government in the war on drugs. Resources other than money and force are currently being used for the sake of winning the war. The media, especially television, have taken on a large role in helping to achieve a drug-free America. For two weeks in
the middle of September 1989, the major television networks aired a barrage of programs aimed at informing citizens of the evil effects of illicit drugs on this nation. The names of the programs alone manifest an anti-drug bias. The network of ABC entitled its theme, "Drugs: A Plague Upon The Land," and CBS followed with, "Drugs: One Nation Under Siege."

The United States is displaying a seriousness toward winning the war on illicit drugs. One popular tool is the use of a poll in a newspaper which claims that Americans realize, now, exactly how bad the drug situation actually is. In a newspaper article entitled, "Poll: Drug Crisis Worse Than Realized" (October 24, 1989, pp. 1,2+11A), the results of a nationwide poll are uncovered: (a) 50% of the population do not believe that the drug war can be won; (b) 88% now believe that the drug crisis is worse than most people realize—not merely media hype; (c) 84% believe that drug abuse will result in the decline of the United States; (d) 75% would be willing to volunteer for at least one hour per week to fight the drug epidemic; (e) 67% would agree to higher taxes if the money were used exclusively to fight drugs (53% would be willing to pay at least $100 and 20% would pay at least $300); (f) 25% indicated that they would turn their son or daughter over to police if they found out that they were selling drugs; (g) 33% would turn their best friend in to the police; (h) 50% would turn in a co-worker;
(i) 90% would turn in a stranger; (j) 33% favor police searches of private homes for drugs without a warrant; and (k) 45% want harsher penalties for violation of drug laws.

President Bush’s encouragement of individuals to inform the police of relatives using illicit drugs has had an impact in Los Angeles ("Child Brings Cocaine," 1989, p. 12A). After attending a drug education program, an eight-year-old girl brought a bag of her mother’s cocaine to her teacher. Police subsequently searched her mother’s house and discovered more cocaine. An arrest was made for which the mother can thank her loving daughter. The daughter could have made a more caring gesture by suggesting, or demanding, treatment for her mother’s problem (assuming she had one). However, her mother is now being tried as a criminal because her daughter took the advice of many who know nothing about her particular situation, or worse, nothing about what drug use actually represents.

Cases where individuals inform on friends or relatives are not limited to that discussed above. A USA Today article reported that in Lansing, Michigan, a woman was convicted of cocaine possession after her daughter informed police of drugs and paraphernalia in the family’s house (Katz & Nichols, 1990, p. 3A). The article continues by revealing a "Drug Turn In Program" in Montgomery County, Maryland, that encourages family members to seize drugs from one another. The most unbelievable section of the
article discussed a program in Atlanta, in which parents have their children's urine tested for drug use.

In another article entitled, "College Kids 'Conservative' About Drugs" (Healy, 1990, p. 1A), a survey reveals that the number of students favoring the legalization of marijuana continues to decline (a mere 16.7%) and the number of students favoring an employer's right to require drug testing continues to grow (77.8%). Other articles claim that the drug war is a matter of national security. This is done specifically to persuade the public into believing that the use of the military in the drug war is justifiable ("National Security Linked," 1990, p. 7A).

Still other articles describe the epidemic of illicit drug use by showing that the problem is ubiquitous, not simply a problem relegated to large cities. In Leonardtown, Maryland, illicit drugs are claimed to have had a "toxic effect on everything from morality to attitudes" (Tiede, 1989, p. 16). In Yakima, Washington, the area's small law enforcement system has become overwhelmed as this rural area has evolved into a major cocaine distribution center for the northwestern region of the country. Arrests for cocaine, opium and heroin rose by 18% between 1984 and 1988 in rural areas (Kelley, 1989b, p. 11A). It was also alleged that the use, and availability, of "ice," or "crank," (smokable amphetamine) has increased
in rural areas.

The above mentioned article, as well as the polls, are effectively written to persuade anyone who should read them that the drug problem is the primary concern of this country's government and most every citizen. And if one should disagree with the results of the poll, then perhaps he should question his priorities. The poll effectively shows that most Americans offer to combat the drug war either through offering services or monetary donations. The situation appears to be so bleak that one solution is to turn friends or relatives over to authorities for their involvement with illicit drugs. The poll portrays an image of the typical American as an avid drug warrior, and most people want to be the typical American. The poll can be an accurate reflection of the way in which most Americans perceive the current drug problem, or it can be wholly inaccurate. In either case, its use is effective in demonstrating to the public that Americans believe there exists a drug epidemic, and most are willing to do something to ameliorate the problem.

There have also appeared stories in the media and articles in newspapers concerning the movement of illicit drugs out of lower class neighborhoods and into those of the middle or upper class. In one newspaper article, the director of a New York City treatment center claimed that there exist more crack addicts among white middle-class
people than any other segment of the population (Malcolm, 1989, p. 1A). This article further stated that the history of most cocaine and crack addicts includes the repeated use of marijuana. This comment suggests the popular, but unproven, progression theory.

It appears that media personnel believe "crack" (a smokable form of cocaine) is not enough to worry citizens into believing that there exists a drug epidemic. The new media-hype is "ice" or "crank" (a pure crystal form of speed known as methamphetamine), which is said to be moving from Hawaii to the Mainland at a rapid pace (Schoenberger, 1989, p. 4A). It is feared that "ice" will rival "crack" in popularity. The drug is reportedly more addicting than "crack" (this remains difficult to believe since many so-called drug experts have stated that "crack" can be addicting after simply one use) and the high is said to last from seven to thirty hours. NIDA's Drug Abuse Warning Network of 700 hospitals in twenty-one cities, has detected a 70% increase in the number of methamphetamine users seeking medical care in the last six months of 1988, compared to the last half of 1986 (Thompson, 1989, p. 11). This article concludes by stating that "ice" increases the likelihood that the other illicit drugs will be used because "speed" addicts commonly consume marijuana or alcohol to take the edge off the drug.

Another tactic utilized to demonstrate the ill-effects
of illicit drugs is to show a correlation between illicit drug use and harmful side-effects. The National Cancer Institute conducted a study in which the preliminary survey suggests that marijuana use raises the risk of nonlymphoblastic leukemia eleven times (Friend, 1989a, p. 1D). In another article, Jim Kennedy, of New York's Covenant House Shelter, claimed that runaways are suffering from pneumonia-like "crack-lung." The article does not describe the affliction, and in fact, states only the above (Kennedy quoted in della Cava, 1989, p. 1D). In a third article, marijuana smoking was said to have been the common link among a number of otherwise healthy young people who developed large, fast-growing cancerous tumors of the mouth and neck ("Young Tumor Patients," 1989). A head and neck surgeon who observed this link stated that he could not "prove that marijuana is the culprit in these cases—but if it is not it is quite a coincidence" (p. 7A). A final article claimed that long-term cocaine use by males may be a major contributor to infertility (Friend, February 13, 1990, p. 1D). The article then made the claim that cocaine-related infertility appears reversible if users stop taking the drug for at least one year.

Another article made the claim that inner-city children are reacting to their environment's violence in a way similar to post-traumatic stress syndrome, such as avoiding school, startling easily, experiencing insomnia.
and becoming "hypervigilant--always on the lookout" for something to go wrong (Meddis, 1989b, p. 3A). One article made the assertion that experts, including the author, claim that drug addiction causes a breakdown of the family structure ("Drug Addiction Causes Breakdown," 1989, p. 5). This writer would think that the author may have the independent and dependent variables interchanged. One additional article aimed at youth drug use shows how propaganda is used in this war. In this article, it was reported that teenage cocaine use was down but that users were getting "very high" (Sperling, 1989a, p. 1D). What specifically "very high" meant was never clarified. In this instance, this article was used primarily to scare people into believing the worst, by making the situation appear as horrible as possible.

One article in particular gained the attention of this writer. In the article it was stated that most prescribed medications can be used safely by women who are breast-feeding so long as they are taken as directed by a doctor for short periods of time ("Medicine and Mom," 1989, p. 1D). However, it was warned that nicotine and illicit drugs are harmful to breast-feeding infants. This writer is curious to discover how one's body can determine whether or not a drug that has been ingested is licit or illicit. Another article stated, "children exposed to cocaine before birth aren't doomed to poor school performance, experts now
say" (Painter, 1990, p. 1D).

Propaganda used in the drug war must also persuade people into believing that the risk involved is too great. It is widely known to drug abuse experts that there exist tremendous profits to be made from being involved in the illicit drug trade. The potential for large profits becomes irresistible to many individuals. One article refuted the notion that much money can be made from illicit drugs. It was claimed that, "the crack business is a modern, brutalized version of the nineteenth century sweatshop--most people work around the clock, six to seven days per week, for low wages in an atmosphere of physical threat and control" (Kolata, 1989, p. 1A). The article concludes by claiming that most of those involved "admit that their lives are dismal" (Kolata, 1989, p. 1A).

Two final examples of biased, or leading, articles were represented on the same page of the same newspaper. The first article stated that the number of Michigan bank robberies that occurred in 1989 was the highest in the history of the state (Lengel, 1989, p. 3B). The reason for the dramatic increase was supposedly due to crack. A Detroit FBI spokesman stated: "It seems like everybody we arrest is addicted to crack, with a habit of $300 to $400 a day not being unusual" (Lengel, 1989, p. 3B). In the second article, it was alleged that the use of cocaine, especially crack, is rapidly replacing alcohol abuse as a
major cause of divorce (Ingersoll, December 31, 1989, p. 3B). One divorce lawyer claimed that crack was a prime cause in 70% of the divorces that he handles.

The Bush Administration’s Follow-Up to the 1989 Policy

The 1989 anti-drug policy of the Bush Administration has not done well with regard to achieving its goals. The availability of illicit drugs, or the amount of illicit drugs being used, has not decreased. However, the primary concern of this discussion is not the effectiveness of the anti-drug policy. What is important is to show that the Bush Administration responded toward the failings of the 1989 policy with a new, stricter policy. It is basically the same as past policies, just more of it.

For 1991, President Bush has developed a blueprint for a new anti-drug policy (Squitieri & Kelley, 1990, p. 3A). The cost will be $10.6 billion, a $1.2 billion increase over 1989. Some of the funding will be spent as follows: (a) $206 million in military and law enforcement to Peru, Bolivia and Colombia; (b) $1.2 billion for drug eradication (up 11%); (c) $4.3 billion for federal-state law enforcement, with 6,000 new prison spaces (up 2%); (d) $35 million ($5 million increase) to combat domestic marijuana cultivation; (e) $1.2 billion on military spending (up 50%); (f) $46 million (plus more drug agents and prosecutors) to "high-intensity drug areas" such as New
York, Los Angeles, Houston, Miami and the Southwest border; and (g) $1.5 billion for federal-state drug treatment programs (up 12%). The policy also increases the role of U.S. Customs agents to investigate and make arrests, sets death penalty provisions for some drug traffickers and establishes a National Drug Intelligence Center to collect and process information from government agencies.

Although this plan appears to involve a large sum of money, many individuals believe that it still is not enough. Senator Joseph Biden Jr. (D-DE), who has been pressuring President Bush to spend more, has developed his own plan that, if instituted, would cost $14.6 billion (Kelley, 1990b, p.1A). Also included in Biden's plan would be an additional 1,000 DEA agents, 900 prosecutors and twice as many FBI agents, all for $525 million. Biden's plan focuses more on treatment than the current plan, as evidenced by a $1.8 billion proposal for treatment of pregnant addicts and their children, and a provision for treatment-on-demand to be implemented within four years. The latter would cost $3 billion in the first year.

President Bush met with the Presidents of Peru, Bolivia and Colombia at an anti-drug summit located in Colombia on February 15, 1990, despite death threats from drug cartels ("Bush Wants Drug Summit," 1989, p. 5A). Officials in Colombia and the United States suspected that the drug cartels have SA-7 surface-to-air missiles that
could shoot down Air Force One. The United States and the three countries just mentioned have agreed to an "unstoppable assault on narcotics trafficking" without the U.S. military (Neuman, 1990, p. 1A). The pact suggests that Latin American countries use their own militaries in fighting the drug war. The pact also offers U.S. aid to countries where the anti-drug effort hurts the local economy.

As a result of discussions at the antidrug summit, the U.S. is pledging $2.2 billion in economic and military anti-drug aid over the next five years. Bush will also seek economic aid over the next four years to offset "significant, immediate and long-term costs" ("Key Points," 1990, p. 4A) from the loss of coca crops, train Andean farmers to switch from coca, and encourage U.S. investments in Andean nations. All four countries will exchange information and intelligence, agree that "each country may involve its armed forces in this fight within its own national territory" (with the U.S. giving increased equipment and training to the Andean countries), hold a follow-up meeting in six months and organize a world anti-drug conference in 1991. The U.S. will work to open its markets to Colombian products such as cut flowers and sugar to quicken negotiations toward a new coffee accord. The U.S. will start extraditing criminals from Peru to the U.S., and share tax information to combat money laundering.
Finally, the U.S. will work with Bolivia by tightening controls on U.S. exports of chemicals used to process cocaine and set license rules for gun dealers ("Key Points," 1990, p. 4A).

The decision to not use the U.S. military is the result of Colombians objecting to drug patrols by U.S. ships in their territorial waters (Lee, 1990, p. 5A). The voiced opposition came following the desire of the U.S. to deploy two Navy ships in South American waters to monitor and intercept airborne and seaborne drug traffic off of the coast of Colombia ("U.S. Sends Troops," 1990, pp. 1+14A). Many Colombians fear that the United States might use its Panama operation as a precedent to enter other countries in pursuit of people wanted on U.S. drug trafficking charges. The Bush Administration has tried to downplay this opposition, by claiming that it was triggered by inaccurate news reports of a pending U.S. naval blockade.

Colombians do not only resent U.S. military personnel in their territory, but many resent the entire war on drugs. Many Andean citizens question whether or not their government’s crackdown on cocaine dealers will actually benefit the region (since Peruvians earn approximately $1 billion per year from coca exports, Bolivians about $700 million and Colombians $2 billion) ("Poll Elicits Skepticism," 1989, p. 5A). Most Colombians view the demand for illicit drugs within the United States as the main
problem source and are resentful of U.S. pressure on their government to cut the supply. Among those Colombians polled: 60% believe that the U.S. is placing too much pressure on Colombia to deal with the problem, 57% believe that reducing demand in the United States would be the most effective way of reducing drug trafficking, and 45% believe that the U.S. is exaggerating the extent of their drug problem. According to Juan Manuel Santos of Bogota's El Tiempo newspaper, "the will to fight is starting to weaken" (quoted in Keen, 1989, p. 1A).

Many Colombians are angry that the United States is attempting to force them into fighting the powerful drug cartels when the mayor of the U.S. capital is using illicit drugs (Nicholson & Peterson, 1990, p. 4A). Many Colombians believe that this hypocrisy is congruent with the "do as I say, not as I do" mentality. The unveiling of Marion Barry's use of illicit substances portrays a country that is not genuinely concerned about the drug problem, according to many Colombians. Colombians are also angered by the extensive and elaborate security provided for President Bush, as they believe it is unnecessary. Many Colombians believe that there were no death threats sent to Bush by the drug cartels (the drug cartels also deny the threats) and that it was simply used as a another form of propaganda. Security measures included troops deployed at the airport and hotels where tourists stay, thirteen bomb-
sniffing dogs on duty and a robot called "Killer" who was ready to defuse bombs or search for them (Nicholson, 1990, p.1A).

In late April 1990, the Bush Administration decided to spend $35 million on military aid in Peru, including sending in U.S. Special Forces, to help fight leftist guerrillas who protect coca growers and traffickers ("U.S. Troops in Peru," 1990, p. 4A). To combat these guerrillas, the U.S. plans to build a new military training base in the heart of the coca-growing area, to train and equip six battalions of troops, to provide river patrol boats, machine guns and armed helicopters, and to refurbish twenty ground-attack jets (Brooke, 1990, p.1A). In addition to Peru, Colombia (which has already received C130 and A37 aircraft, grenade and rocket launchers and LAW 66 millimeter rockets) will also receive $39 million worth of aid, and Bolivia $33 million. Colombia will also receive an additional $10 million in law enforcement assistance, and Bolivia $6.5 million. All of this monetary aid will be distributed to these countries even before the large sums that they will receive in 1991. This gives the impression of actual warfare, rather than counterinsurgency to fight drugs.

More recently, the Bush Administration has been bullying Mexico by claiming that it produces ten times more marijuana than the the U.S. had previously estimated ("Navy
to Bar Recruits," 1990, p. 16A). Supposedly, previous U.S. estimates, that are based largely on limited data made available by the Mexican government, were greatly understated. The administration is insinuating that Mexico has not been honest in its estimation, and that this is evidence of a country that is not wholly dedicated to the drug war. This is an excellent example of the U.S. blaming its drug problem on another country, because the domestic marijuana crop within the U.S. continues to grow and become more potent, yet the focus remains on an external source.

The response to the ineffectiveness of the 1988-1989 anti-drug policy is not limited to spending more money. President Bush, realizing that the current zero-tolerance approach is not working to deter illicit drug use, has opted for more zero-tolerance (apparently it is not tough enough). Bush wants the death penalty to be expanded to include drug kingpins when it is demonstrated that their involvement leads to the death of a user, or when they attempt to kill in order to obstruct justice (Kelley, 1990a, p.6A). In other words, the death penalty may be used where a drug runner is directly or indirectly linked to a drug-related murder or overdose.

Major drug dealers, cases involving 330 pounds or more of cocaine and 66 pounds of heroin, could be executed under a new proposal by Florida Governor Bob Martinez ("War on Drugs," 1990, p. 3A). This would make Florida the first to
extend capital punishment to drug cases even when there is no death involved. Currently, the death penalty can be administered in drug cases under the 1988 Anti-Drug Abuse Act if a homicide is committed during drug trafficking. Not one death sentence has been granted since the law has been in effect, however.

In the spring of 1990, William Bennett proposed using orphanages and youth camps as sanctuaries for youngsters facing "systematic child abuse" in drug plagued homes and neighborhoods ("Bennett Sees Orphanages," 1990, p. 3A). Bennett's proposal for separating families appears justifiable during a drug war. Bennett believes that youngsters residing in areas where drugs exist is reason enough for them to be raised and nurtured by nonfamily members. Bennett claims that, "no one is a stronger proponent of family (than I)--but when it reaches a level of systematic child abuse, we have got to do something" ("Bennett Sees Orphanages," 1990, p. 3A). "Systematic child abuse" is simply one way of claiming (through legitimated authority) that someone being raised in the presence of illicit drugs is suffering from abuse, regardless of the actual care that they receive.

Civil liberties are also becoming an endangered species as the drug war becomes less tolerant. Beginning April 1, 1990, in and around Seattle, authorities will be permitted to search suspected drug dens on less stringent
evidence than normally required by police ("Crack House Crackdown," 1990, p. 3A).

In Muskegon, Michigan, a woman is currently awaiting trial on charges that she abused her child because she used crack during pregnancy, ultimately resulting in an addicted neonate (Stone, 1990, p. 3A). Instead of focusing on treating the mother and her child, the prosecution is more concerned with punishment, which has prevented her from seeing her newborn, as well as her other three children, for over three months. Many states are increasingly attempting to prosecute mothers as child abusers when it can be shown that they used illicit drugs and alcohol during pregnancy. At present, only one woman has been convicted (a resident of Florida) but a trend could be set.

In San Jose, California, a young boy was killed by a dog that was tied up, protecting the owner's marijuana garden. The owner will be tried for murder because having the dog guard a marijuana garden (which is illegal) is considered implied malice (MacNamara & Kelley, 1989, p. 3A).

With regard to random drug testing, the Supreme Court approved the testing of thousands of Department of Transportation workers. The court rejected an appeal by the American Federation of Government Employees that protested random drug testing of employees as a violation of workers' privacy rights (cited in "Transportation
Motorola became the largest corporation to test all of its U.S. employees, which number 60,000 ("Drug Testing," 1990, p. 3A). In 1990, 47% of this country’s largest companies will require testing for all new employees (Neuborne, 1990, p. 1A). In addition, 25% more companies are now testing for alcohol. Of the companies that do not as of yet have a testing program, 9% claimed that, by 1991, they will have.

The federal government has recently begun freezing the bank accounts used by drug traffickers to launder at least $400 million (Meddis, 1990d, p. 1A). The Justice Department, in cooperation with South American governments, obtained court orders freezing 754 accounts in 173 banks used by Colombia’s Medellin drug cartel. However, the $400 million results from merely two days worth of drug sales in this country. Three weeks later, federal drug agents confiscated $17.6 million in south Florida financial institutions for accounts in which investigators had "probable cause" to believe that the money resulted from drug sales ("Warrants Served in Fla.," 1990, p. 13A).

One of the latest devices being considered for use in the drug war involves a $6.5 million program to study chemical and biological means of destroying coca crops (Kelley, 1990d, p. 4A). The study produced a plan to unleash cocaleaf-eating caterpillars which would threaten crops in the Andean countries. President Bush is taking
this idea seriously enough to increase the Agricultural Research Service's 1991 research budget from $1.5 million to $6.5 million. Many top botanists fear that if this were to ever take place, the caterpillars could destroy legal crops and spread into other countries.

Other interesting war tactics have recently been developed. Pentagon money has been used to create a remote-controlled, radar equipped balloon to stop the flow of drugs from Mexico (Howlett, 1990, p. 8A). Each balloon will cost $20 million to build and $5 million per year to maintain.

Another tactic, used by North Carolina's Department of Revenue, is to bill suspected drug dealers for taxes on their illicit earnings ("Drug Dealers," 1990, p. 3B). The state began issuing tax stamps for illegal drugs on January 1, 1989. Anyone caught with drugs without a tax stamp is billed by the state, based on the amount of drugs seized. In order to prevent incrimination, the law allows people to buy the tax stamps without giving their names, addresses or other information. Cocaine can be taxed by as much as $200 per gram, and heroin $400 for every ten doses or less.

The media are currently being used in the war on drugs. Commercials have, for the past couple of years, been advocating a drug-free America. Now there are cartoons carrying this message. A show entitled, "Cartoon All-Stars to the Rescue," will present one half-hour of
commercial-free anti-drug messages. The show will be available on videocassette at schools, libraries, community groups and video stores free of charge (cited in "Cartoon Stars," April 21, 1990, p. 4A).

The drug war's lack of success has caused the Bush Administration to try and curb the demand for illicit drugs. Instead of providing incentives for not taking drugs, or alleviating some of the factors that lead to drug use, Bush has proposed $65 million in funding to doctors and researchers in order to develop a drug that blocks the pleasurable effects of cocaine (Kelley, 1990c, p.3A). Seventy-five universities and fifteen pharmaceutical companies have joined the effort to produce a drug that lessens an individual's craving for cocaine. It appears ironic that this country desires that its citizens be drug-free, and if need be, will give its citizens drugs in order to achieve this goal. This is an excellent example of the morality involved in the drug issue--it is not acceptable to use an illicit substance, but it is acceptable to use a licit substance even if it results in the individual becoming addicted to a drug designed to cure one's addiction.

Supporters of the drug bill would likely claim that the above drug is not harmful, or even addictive, whereas cocaine is. Therefore, the use of this drug to combat cocaine craving should be acceptable. Historically
however, many drugs have been administered under the belief that they were not addictive (e.g., opiates in the last century) only to discover that a large group of addicted patients had been created. For decades doctors assumed that benzodiazepines were nonaddictive, and distributed them generously for nervous and sleepless patients. In recent years, new research has shown that some people become physically dependent on these drugs at normal doses and suffer unpleasant symptoms when they suddenly stop using the drugs (Graedon & Graedon, 1990, p. 3E). What could possibly become a dangerous situation is that Bush is insistent upon developing a drug quickly, which could result in the administration of a drug prior to extensive and necessary testing (Kelley, 1990c, p. 3A). The result of this could be the distribution and use of a drug thought to be nonaddictive, but in reality is addictive.

The above article contains more disheartening news. Doctors have stressed that a pleasure-blocking drug will not be a "cure-all," but simply a part of an overall treatment program that would involve treatment and counseling. Any doctor should realize that, prescribing a drug to someone for the purposes of curbing his addiction is only treating the symptoms of a more serious underlying cause of the problem (e.g., unemployment, poverty). Thus, of course it is not a cure-all. The doctor later claims that, "we may be able to discourage drug use or stop the
use, but we'll never be able to stop the biological drive" (Graedon & Graedon, 1990, p. 3E).

What is ironic in this statement is that residents of this country are living in a drug-taking culture. Since this country's foundation, individuals have learned to take drugs in order to avoid unpleasantness or solve a problem—this is not a question of a biological drive. This could not appear more obvious coming from people (doctors) who are involved with the creation of a drug designed to be given to people to solve their problem of addiction.

There continues to exist the use of propaganda to fuel the war on drugs. One article was entitled, "Colombian Drug Lords Have Begun a New Reign of Terror and Death Aimed at Silencing Their Biggest Critics: The Government, Police and Newspapers" (Kelley, 1990e, p. 1A). Another article entitled, "Colombia Reality: No One's Safe: 'Good People at the Mercy of Drug Dealers," begins by describing a poor, young man and how he is forced to work for the drug cartels in order to support his family.

In the United States, it has been claimed that the 3% increase in crime during the 1989 year was caused by illicit drugs (Meddis, 1990c, p. 1A). A more recent article claimed that one out of every one hundred people in the U.S. is a "hard-core" cocaine user, according to a survey conducted by a Senate Judiciary Committee (Kelley, 1990g, p. 7A). This translates into 2.2 million cocaine
addicts, or more than twice the number reported by NIDA.

And of course, there is the Bush Administration's way of portraying a successful drug war, just successful enough to persuade the public into believing more funds will be needed. In early November 1989, an article recounted the arrest of a reputed "godfather" and the discovery of 21.4 tons of his cocaine in a Los Angeles warehouse (Mydans, 1989, p.1A). It was claimed to be the largest cocaine seizure ever recorded, with a street value of $20 billion.

As of mid May 1990, the Bush Administration had opted to get even tougher in its fight against illicit drugs. Legislation has been introduced that will give the Immigration and Naturalization Service the power to deport aliens convicted on drug charges, without an appeals hearing (Kelley, 1990h, p. 3A). This legislation has also granted the power to Housing and Urban Development Secretary Jack Kemp that will enable him to seize leases from public housing tenants suspected of dealing drugs, even for those not charged. This bill also: (a) calls for the extradition of U.S. citizens facing drug charges in foreign countries even if the United States is not obliged by treaties; (b) will make drug-related public corruption punishable by up to twenty-five years imprisonment; (c) will allow officials to seize the assets of drug-paraphernalia statute violators and impose civil penalties; (d) will make it an offense to disobey a federal law.
officer's order to land an aircraft or dock a vessel; and (e) will expand the list of drug crimes punishable by death by permitting the execution of major drug dealers even if their criminal activities do not include murder.

This most recent get-tough message has filtered into the states. In Des Moines, Iowa, a police program trains hotel employees to look for drug dealers, and asks maids to keep the trash of suspicious individuals (Kelley, 1990h, p. 3A). In Alexandria, Virginia, a law allows up to two years of imprisonment for two people who loiter for several minutes, exchanging small objects (cited in Kelley, 1990h, p. 3A). This new anti-drug plan shows that individual liberties mean little in such desperate times. Sanctions against persons dealing drugs are now being expanded to anyone coming in contact with them.

In North Carolina, Governor Martin has launched a battle plan for his long promised war on drugs (Siceloff, 1990, pp. 1+8J). The plan will cost $480 million and will build 10,600 additional prison beds. The bill will also: (a) give police and prosecutors expansive wiretapping and investigatory grand jury powers in drug cases; (b) require physicians to give the state copies of every Schedule II, III or IV drug prescription that they write; (c) reduce or eliminate the discretion of judges, prosecutors, prison officials and parole commissioners to fix or modify the sentences of many drug users and dealers; (d) set a minimum
active prison term of seven years—without chance for alternative sentence, probation, gain time, good time or parole—for anyone convicted of selling or delivering narcotics; (e) set a minimum active term of 12.5 years, also without chance of early release, for marijuana given or sold to a minor—or to an adult if the transaction occurs within 1,000 feet of a child-care center, public school, business school, college or university (for cocaine or heroin the term would be 25 years); and (f) set a minimum active term of two years for illegal possession of ten tablets of prescription drugs such as Valium.

This new get-tough approach has resulted in many unfortunate happenings within the state of North Carolina. In May of 1990, police in Raleigh acted on a tip, broke into a house, and found one-tenth of a gram of cocaine—about enough to frost one cornflake—which was enough to charge the resident with possession of cocaine (Bailey, 1990, p. A1). Also recently, two Raleigh men were arrested on drug charges for selling counterfeit cocaine which was actually crushed Alka Seltzer ("Fake Cocaine," 1990, p. 3C). In Charlotte, the mayor suggested that drug offenders be placed in concentration camps, a remark for which she later was forced to apologize ("Drug Offender Plan," 1990, p. 4B).

North Carolina is not the only state suffering from the harsh effects of current anti-drug legislation. In
Dayton, Ohio, a man’s $50,000 home was seized because police confiscated twenty-five marijuana plants in his back yard, even though these were for personal use and he had already been fined $1,000 and ordered to perform 100 hours of community service ("Debate: Don’t Risk Rights," 1990, p. 10A). Two men in Maryland had all of their cash confiscated by police after police dogs smelled traces of cocaine on their bills. The police seized the cash believing it was drug money. In New Brunswick, New Jersey, an elderly woman was evicted from public housing because she let her 24-year-old grandson stay with her at times, and, apparently, he had recently been convicted of a drug offense in another housing project.

In order to handle the additional arrests for the already over-burdened criminal justice system, it has been suggested that state courts take over many of the drug cases ending up in federal courts (Meddis, 1990b, p. 1A). The federal government has been steadily increasing the number of prosecutors, investigators, customs agents and border patrols, but not the number of judges. Currently, more judges are being sought.

A Return to a Moral Issue

Since the drug war is not achieving the goals desired by the Bush Administration, something must be done differently in order for success to come about. This may
be accomplished by decreasing the demand for illicit drugs. In turn, this may be accomplished by persuading the public to believe that all drug-taking behavior, illicit or licit is unnecessary. It needs to be shown that individuals do not have to rely on substances in order to lead fulfilling lives (nonmedically speaking of course). In other words, this country must change from its present status as a drug-taking culture. This is currently taking shape in the form of a denunciation of tobacco and alcohol use. Also, the use of peyote by Native Americans for religious purposes (which has been legal for centuries) is currently under attack. The tactic of focusing on many licit drugs simultaneously has not been tried previously to this extent.

Tobacco

Tobacco smokers are a group becoming highly discriminated against. The past two decades have witnessed segregation of smokers and nonsmokers, especially in restaurants. Over the past few years smoking has been disallowed in certain public places. Beginning February 25, 1990, smoking is now prohibited on almost all flights in the United States (Sharn & Walmer, 1990, p. 1A). Nearly all 17,000 daily domestic flights will be smoke-free. The ban includes all scheduled flights on U.S. and foreign airlines within the continental United States, Puerto Rico.
and Virgin Islands. It also includes all flights within Hawaii and Alaska, and flights of six hours or less to those states from elsewhere in the U.S. Violators can be fined as much as one thousand dollars. This new ban prompted many smokers to simply alter their regular routes from coast-to-coast direct, to shorter flights with more stops. Incidentally, the new ban continues to allow smoking in the cockpit.

Smokers must contend with the dwindling number of permissible places for them to smoke. Airport terminals and Amtrak trains are projected to become the next to ban smoking. On November 1, 1989, New York City passed an anti-smoking law that bans smoking in many public places and requires no-smoking areas in restaurants ("Smoking Curbs Upheld," 1989, p. 3A). In 43 states and 397 cities and counties, smoking is currently restricted ("Debate: Don't Snuff Speech," 1990, p. 10A). In Chapel Hill, North Carolina, the school board has successfully eliminated all smoking on school property, including that done by staff (Fox, 1989, pp. 1+6F). Chapel Hill is not the first to consider implementing smoking bans. Currently 17% of the nation's schools are smoke-free.

Smoking has currently (much the same as illicit drugs) suffered from articles that serve the purposes of propaganda. A recent study contained in the Journal of the American Medical Association claims that smokers have a
persistent diminished ability to smell effectively—even among ex-smokers it lasted ten years (Sperling, 1990a, p. 1A). The researchers calculated that heavy smokers (two packs per day) would need ten years of not smoking for pre-smoking sense of smell to return. Also, these heavy smokers lost 15-20% of their sense of smell—enough to prevent some from detecting low concentrations of leaking gas.

In another article contained in the journal *Pediatrics*, researchers claim that children and teens who smoke face cholesterol changes that can heighten their risk of early heart disease (Elias, 1990, p. 1D). While total cholesterol counts are similar, youngsters who smoke have 4% higher coronary risk. They also display a 9% lower level of high-density lipoproteins (HDL’s) than nonsmokers. Adult smokers show a 2% increase in low-density lipoproteins (LDL’s) and a 6% decrease in HDL. Smoking also increases the level of other blood fats in adults.

In one article, it was claimed that cigarettes are more likely to lead to cocaine or marijuana use than is alcohol (Kelley, 1990f, p. 1A). This study is based on a survey of high school students which showed that 27% of seniors who smoke cigarettes also use marijuana at least weekly, compared to 6% who drink alcohol and use marijuana at least weekly. In a second article, it was claimed that new studies suggest that second-hand smoke promotes
cardiovascular disease ("Research Links," 1990, p. 6A). The article continues to claim that some scientists contend second-hand smoke could be causing ten times as many non-smoker deaths—30,000 or more each year—from cardiovascular disease than from lung cancer. Still, in another article entitled "Passive Smoking Deadly," the claim is made that passive smoking causes more than 3,000 lung cancer cases annually (Sperling, 1990a, p. 1A).

The banning of advertisements that promote smoking and tobacco products is seriously being considered. There are many individuals advocating the removal of all tobacco and beer advertisements associated with sports. It is realized that, in order to effectively curb smoking, the promotion of it must cease. The current campaign against smoking is said to exist because of the harmful effects of smoking and the reported harmful effects caused by secondary-smoke inhalation. Approximately 485,000 Americans die each year prematurely from tobacco-related illnesses (Peele, 1989, p. 25). Additional damage is calculated as $52 billion in increased health care, insurance and lost productivity ($221 for every U.S. citizen) and 248,000 fires costing 1,703 lives and $422 million in damage ("Debate: Don't Snuff Speech," 1990, p. 10A).

The banning of advertisements is unnecessary, not to mention constitutionally questionable, because the number of smokers has declined over the years even though
advertisements promoting tobacco's use have continued to exist. Smoking has decreased from 40% of adults in 1965 (the first year of the Surgeon General's report on the hazards of smoking) (cited in Brecher, 1972, p. 233) to 27% in 1990 (Squitoieri, 1990, pp. 1+2A). Movies once portrayed smoking as glamorous; however, they now avoid this depiction. Workplaces across the country have either banned smoking on the company's premises or are phasing it out entirely (e.g., Ford Motor Company's eighty U.S. offices went smoke-free in January 1990).

In mid April 1990, California launched a $28.6 million anti-cigarette blitz (El Nasser, 1990, p. 3A). This campaign is truly incredible in the way it discriminates against smoking. Full page warnings in newspapers, radio spots, television commercials and billboards will convey unprecedented criticism of smoking and tobacco companies. The campaign is aimed toward "the tobacco companies' predatory marketing--the selective exploitation of minorities, the seduction of the young, the selling of suicide" (El Nasser, 1990, p. 3A). For example, one television spot focuses on secondary smoke. While a man puffs on a cigarette, a child coughs up smoke.

Anti-smoking initiatives are increasing in number under the Bush Administration. There exists a movement to persuade athletic associations to reject sponsorship by tobacco companies. Also under attack are cigarette makers
for targeting advertising toward minorities, women and the young ("No Smoking Signs Stay," 1990, p. 15A). The current Health Secretary also requests that television stations donate air time for anti-smoking warnings, and vows to make the United States smoke-free by the next century. On the local scene, in White Bear Lake, Minnesota, a ban against cigarette vending machines was enacted in mid-October 1989, and has since influenced similar bans elsewhere in the state ("Cigarette Machine Ban," 1989, p. 3A). More recently, on May 23, 1990, U.S. Secretary of Health and Human Services, Louis W. Sullivan, called on states to ban cigarette vending machines to limit the sale of tobacco to minors (Babington, 1990b, pp. 3B).

Also recently, a Los Angeles councilman proposed banning smoking in all restaurants within the city. Aspen, Colorado, already has a ban such as this ("Smoking Ban," 1990, p. 3B). This followed a bill (cited in Babington, 1990a, p. 6A) introduced before the Senate that would: (a) authorize $25 million each year to establish the new tobacco products center, which would conduct research and education programs, including anti-smoking advertisements; (b) authorize $25 million each year for "incentive grants" to encourage states to enforce laws prohibiting the sale of cigarettes to minors (another $10 million would be devoted to anti-smoking efforts in schools and in workplaces); and (c) require cigarette companies to disclose publicly the
additives in their products (cited in Babington, 1990a, p. 6A).

The Secretary of Health and Human Services states that, "it is urgent that we all hold hands...to rid our people of this scourge" (quoted in Babington, 1990b, p.3B). He also said that cigarette retailers should be licensed and regulated as liquor merchants are. However, he refused to condemn the government’s aggressive efforts in opening foreign markets to U.S. cigarettes.

What remains hypocritical in all of this is that the United States does not give the issue a second thought when it comes to exporting tobacco. This country has successfully opened markets for U.S. cigarette brands in Japan, South Korea, Thailand, and Taiwan amid praise from the cigarette industry and tobacco-growing states. Tobacco was one of the few U.S. exports earning a surplus—more than $4.2 billion—last year to help offset the $109 billion in U.S. trade deficit ("Critics Say," 1990, p. C18).

Alcohol

Alcohol users are also suffering from discrimination, though not to the same degree. Allegedly, one of the main reasons for wanting to tighten controls on the use of alcohol results from the 120,000 annual deaths related to its use (Peele, 1989, p. 31). In this country the average
adult consumes 4.2 gallons of beer or 1.3 quarts of hard liquor each month (Ward, 1989, p. 22).

The United States appears headed toward an era of greater temperance that may not lead to prohibition, but will probably change the position of alcohol within our society. This appears to be in response to the high number of automobile accidents involving the use of alcohol. In Michigan, during the year 1989, there were nearly 800 people killed in alcohol-related accidents, 155,000 were injured and police made almost 63,000 drunken-driving arrests ("Drunken Driving," 1989, p. 2G). Even television shows are beginning to depict alcohol as a villain. Another recently proposed tactic involves the labeling of all alcoholic beverages with messages such as: pregnant women should not drink, alcohol can make one drunk or sick or both, alcohol consumption impairs driving and machine operation, and alcohol may cause health problems (Warrensford, 1989, p. 10A).

Articles utilized for propaganda purposes also exist concerning the use of alcohol. A survey of prep-level athletic coaches revealed that they felt alcohol was the largest threat to high school students even though crack, cocaine and steroids are receiving most of the attention (Dorsey, 1990, p. 1A). Another article claimed that while cocaine has dominated public concern, alcohol remains the drug of choice among teenagers (Foderaro, 1989, p. 20A).
The article continues by stating that many teenagers appear to have embraced alcohol as the one safe drug, and that their drinking comes almost as a relief to parents terrified of crack. It is feared that complacency concerning alcohol use will only grow as people become more intolerant of drugs considered more harmful.

Public health officials of the Centers for Disease Control, in Atlanta, Georgia, claim that the average daily consumption of one ounce or more of ethanol—approximately two beers—is "heavy drinking," and heavy drinkers are at risk seven times that of nondrinkers to become afflicted with cirrhosis of the liver ("CDC Says," 1989, p. 10A). An article tied in with this claimed that new studies show alcohol as toxic to heart muscle cells, and that it also increases blood pressure (Friend, 1989b, p. 1A). This article suggested that a glass of wine with meals everyday may be extremely unhealthy. The suggestion here is that controlled drinking may no longer be acceptable, or believable.

Driving while under the influence of alcohol has scared legislators into believing that residents of this country may need fewer rights. On February 27, 1990, the U.S. Supreme Court heard arguments on the constitutionality of "sobriety checklanes," wherein motorists, even where no probable cause exists, are stopped by police roadblocks and inspected for signs of drunken driving (cited in Welborn,
1990, p. 8A). Sobriety checkpoints have previously been tried in Michigan during 1986, but state courts have since ruled that the policy violates the Fourth Amendment's guarantee against unlawful search and seizure (cited in Welborn, 1990, p. 8A). Now the Supreme Court will decide.

The recent concern about alcohol and tobacco use is said to be for the benefit of Americans' health—that both of these drugs are unhealthy. With the failure of the current drug war (as well as drug wars of the past) this country must try something different without considering an extreme alternative such as legalization. Residents must now be convinced that the use of licit drugs such as tobacco and alcohol is becoming unacceptable. In this way, all drug use (nonmedical of course) can be avoided.

Prior to this, one problem plagued a successful drug war. The problem was convincing individuals that marijuana and other illicit drugs were bad (because they were illicit) and the licit drugs were good even though they caused, by far, more damage to society and the people. This posed an illogical system of reasoning. By displaying a different attitude toward tobacco and alcohol, it is conveyed that no drug is actually good when it is used for pleasurable purposes. This, then, becomes a question of morality.
The new opposition toward licit drugs does not end with tobacco and alcohol. Peyote use, which has long been legal in this country by Native Americans, has recently come under scrutiny. The drug, which is a form of mescaline (a hallucinogen), is allowed by the federal government and 23 states for Native American Church services. In early November 1989, the U.S. Supreme Court heard arguments that Oregon's zero-tolerance for peyote violates the religious rights of American Indians (cited in Howlett, 1989, p. 3A). The drug is used by these individuals for the purpose of finding spiritual paths during religious ceremonies, and any use outside of this context is considered sacrilegious. Incidentally, the Native American Church opposes the use of alcohol which has caused the premature deaths of tens of thousands of Indians, while peyote has yet to kill anyone. Peyote has, however, been used successfully to fight alcoholism.

On April 17, 1990, the Supreme Court ruled that states can prohibit American Indians' ceremonial use of peyote (cited in Mauro, 1990a, p. 3A). The court ruled that the state of Oregon acted properly in denying unemployment benefits to two drug counselors who were fired for using small amounts of peyote during their Native American ceremonies. This ruling is inconsistent with the government's allowance of Jewish people to use sacramental...
wine during Prohibition because of religious tradition.

Many religious groups, who for the most part are opposed to illicit drug use, are leery of the Supreme Court ruling (Mauro, 1990b, p. 6A). They fear that the government's power to rule on the religious practice of using peyote could expand to a broad range of other religious practices, for example, hiring a minister to circumcising newborns. Many religious groups claim that the decision overturns established precedents, which command the government to find the least restrictive way to regulate religion, and which limit it to having a "compelling interest" in restricting religion.

It is obvious that the emotion involved in the drug war has enabled federal and state governments to now claim that the use of peyote is unacceptable when there exists no problem or abuse of the drug by Native Americans. This act by the government is no different than past action taken against the Chinese for smoking opium, blacks for using cocaine, Mexicans for using marijuana or foreigners and immigrants for drinking alcohol. In fact, this recent governmental move is even more unwarranted than the legislation of the past because peyote use has proven to be a drug that people can use in a controlled manner and responsibly. The current drug war is as discriminatory as past anti-drug campaigns, and thus displays the horrifying realization that the government has the power to instantly
decide what is best for everyone.
CHAPTER VI

DISCUSSION AND CONCLUSION

It becomes readily apparent that conflict theory can help one understand the process of defining drug use and abuse as deviant behavior. It can also help one understand the process involved in the creation anti-drug legislation.

Throughout history, the United States has witnessed many types of anti-drug legislation, primarily within the last one hundred years. Beginning with alcohol, it is evident that the Temperance Movement was led by a group of individuals with the power and resources that enabled them to force the less powerful to abide by their wishes. The Temperance Movement represented a declining social elite that attempted to retain some of its social power and leadership through the legislation of an anti-alcohol act. The dominant group at this time was one of Protestant, agrarian and traditional middle-class origins. With the influx of immigrants from Europe, this country saw an evolution toward an industrial society, accompanied by an increase in the numbers of Catholics that possessed different values. One of these values was the regular consumption of alcohol. The Temperance Movement sought to repress the new, threatening groups in society by outlawing
something that they cared about—mainly alcohol.

The dominant group set out to maintain the status quo. This is blatantly obvious by the fact that, originally, the movement claimed that alcohol was dangerous to everyone. However, when this was discovered to be untrue, the movement altered its campaign with a voice against controlled use of alcohol. The claim was made that eventually, any use of alcohol would lead to addiction and destruction.

As this country became more urban and secular, the Temperance Movement evolved into a coercive group. This is what Coser (1956, 1967, 1975) would term unrealistic conflict, which often results in the use of aggressive tactics being employed against the adversary. This is followed by (or occurs simultaneously with) the dominating group becoming more closely knit. This eventually happened, culminating in the ability of the Temperance Movement to influence legislators into creating a law that outlawed the use of alcoholic beverages (the Volstead Act of 1919). Prohibition was repealed after eleven years because it was unenforceable to a certain extent. It was realized that it was nearly impossible to suppress an activity in which the majority of society enjoys taking part.

The Temperance Movement created a safety-valve institution by becoming a group that opposed the use of a
substance it claimed was dangerous to society. It was not alcohol that this group feared. It was the emerging group of individuals that consumed alcohol because they were much different. In this way, the temperance group’s conflict was expressed toward a symbolic substitute— it was a form of "scapegoating."

The reason that alcohol became legal was partially due to the fact that a majority of society’s members used the substance. With this in mind, it became impossible for users to be dominated by a more powerful group since they also possessed much power and numerous resources. This was not the case with regard to other substances that were declared illegal during this era.

It will be recalled that the use of opiates, cocaine, and marijuana was represented by many different groups within the United States. However, it was the association of the use of these drugs with foreigners that caused their eventual prohibition. The Chinese (opium) and the Mexicans (marijuana) both posed a threat to Americans because they were competing for scarce jobs. The Chinese were especially threatening because they were extremely hard-working day-in and day-out. The blacks (cocaine) posed a threat because it was feared that one day they would rise above their white suppression, and possibly become vindictive for past maltreatment.

The declaration of opiates, cocaine, and marijuana as
illicit can be seen as a direct result of dominant groups exploiting groups that possess less power and fewer resources. The Chinese, blacks and Mexicans who used these substances, were, for the most part, from the lower classes. These groups had little or no power or resources. Also, other users who did not represent these groups were mostly lower-class individuals. These substances have remained illicit to this day because they have not accumulated a large enough number of users with resources (as with alcohol) in order to achieve legitimacy.

In the case of opiate use, it will be recalled that when the typical user was a member of the middle or upper class, use of the drug was considered acceptable behavior. When the typical user shifted toward representing an individual of the lower classes then its use was declared unacceptable. This shift posed a threat to the dominant groups of society. Thus, use of opiates was declared illegal and this was perpetuated and legitimized through the use of legal sanctions.

These anti-drug crusades can be considered classic examples of safety-valve institutions. The conflict that the dominant groups experienced with their adversaries was one of experiencing fear of competition in the job sector. Blacks were a threat that would rise out of the suppressive shackles of the white man. The symbolic substitute for this was to attack the substances most frequently used by
these groups. This can be considered a form of scapegoating.

The intense fear of the Chinese, blacks, and Mexicans served to solidify what was once a loosely structured group by strengthening internal solidarity. Members who were once lackadaisical or isolated were now advocating legislation against the use of the substances used by these groups. These groups represented a country that was increasingly becoming more heterogeneous. Thus, the dominant groups, wanting to maintain the status quo of a homogenous nation, tried what it could to suppress these threatening groups.

Tobacco, in cigarette form, was once outlawed in many states in the early 1920s. Prior to this, tobacco had been used for centuries without being considered a problem. Once the cigarette was invented, women and children began smoking tobacco. As these groups increasingly used the substance, legislation was passed making cigarettes illegal. This is another example of the dominant groups in society exploiting groups with less power and resources (females and children) by outlawing an activity in which they were partaking. Since cigarettes were still legal for males in some areas, and the act of smoking tobacco in cigar or pipe form was legal, it remained impossible to enforce the anti-cigarette laws.

A few years later the anti-cigarette laws were
repealed. The reason for this was partly because cigarettes were smoked by a large number of people. As with alcohol, it is hard to decipher whether or not the act was allowed once again because of the large number of individuals partaking; or, if the act was allowed again because a large number of people were partaking, which meant that the using group now possessed power and resources. This may be the difference between alcohol and tobacco (which are now legal) and all of the other substances which were declared illicit and remain so today.

By the late 1960s, drug use was increasing. Although most drugs that were experimented with were still illegal, the sanctions for using them were made more harsh. This was in direct relation to the fact that the groups doing the using were a threat to the existing social order. Most young people that were associated with drug use were defiant of most of the values held by the dominant groups of society. These youngsters particularly were a threat to the political structure as they voiced their opposition to the Vietnam War, as well as other political goings-on.

The country started to panic when illicit drug use filtered into the middle and upper classes. The sanctions for illicit drug use increased as an attempt to discourage the spread of drug use. When this proved unsuccessful, sanctions were loosened in many states to even liberal levels in some. This was probably a direct result of the
drug using groups increasing in such size (and adding more members), that the power and resources available to them were fairly great, or at least, great enough that they were able to influence the legislation against illicit drug use. This is not hard to believe since many influential people were now experimenting with drugs: doctors, lawyers, professors, business people, truck drivers, factory workers, etc.

The 1960s and 1970s were not without safety-valve institutions. The Nixon Administration did its best to blame the drug problem of this country on foreign nations. Nixon attempted to dissuade areas such as Turkey, Latin America, Asia, and the Near East from cultivating opiates, marijuana, and cocaine. The country now could focus on another country as a scapegoat for our drug using problems by insinuating that if the drugs were not available, then we would not be in this predicament.

The use of drugs themselves represented a threat to the existing value structure of this nation. It was felt that illicit drug use represented everything that this country was against: immediate gratification, a wilful rejection of reality, order, predictability, and laziness. This country was founded on the Protestant work ethic and deferred gratification. A definite conflict existed when this clash of interests occurred.

The 1970s represented an era more tolerant of drug
use. Cocaine and marijuana use were tolerated in certain amounts, and by certain individuals (usually these individuals had considerable power and resources). As drug use increased into the 1980s, the using group once again was portrayed as inner-city and lower-class. With the great profit to be made in the drug trade, the amount of violence began to increase in these neighborhoods. The amount of violence is an indication that there exists much to gain, for some, by being involved in the drug trade. Power and prestige are two characteristics of individuals high up in the hierarchy of the drug world. The dominant society made immediate attempts to ensure that these individuals, or groups, did not gain too much power.

The zero-tolerance approach to illicit drug use was initially adopted by the Reagan Administration. This viewpoint on drug use can be seen as simply one more repressive tactic used against groups with less power and resources. The focus for much of the Reagan era was on gangs in inner-city, lower-class milieus--precisely the groups who have little control over their cultural situation.

This brings us to the Bush Administration's anti-drug policies. This country has witnessed an increase in the amount of money designated to fight the war on drugs each year. The amounts being spent are phenomenal--billions of dollars. Never before has this country attempted to spend
so much on a fight against drug use. What is more
dischheartening is the fact that of these billions of
dollars, only a small percentage will be used toward
treatment and prevention. This is a manifestation of a
government that is largely enforcement oriented.

The tactics involved are similarly incredible. The
use of the military and the National Guard in fighting a
domestic problem has many individuals questioning the
intelligence of such a policy. This is especially true
when the military is to be involved in the drug war within
other countries. Also, the involvement of U.S.
intelligence agencies has raised some eyebrows. Along with
the involvement of these agencies comes the implementation
of state-of-the-art equipment, items too sophisticated for
most people to comprehend.

As mentioned above, enforcement of the anti-drug laws
receives most of the attention, and funding. With this
comes an increase in the number of prisons and prison
space. Also, penalties for violation of the anti-drug laws
are becoming increasingly harsh. The law enforcement
agencies are now being blessed with the requirement of
fewer situations where a warrant is needed to perform a
drug search. Less "probable cause" is needed in certain
situations. This is especially true with regard to
automobile searches. Also, anti-loitering ordinances allow
the police to use highly subjective reasoning when focusing

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on a suspect.

Random drug testing is one area that is considered a violation of individual liberties. It is questionable enough when it involves governmental or public employees. However, when it results in the testing of children in primary school it only appears illogical. Related to this is the process that individuals, who desire to receive federal aid, must now go through in order to receive their funding. These people must sign a form stating that they are "drug-free."

How ironic--to punish the people with enough integrity to admit to drug use. If one is honest enough to admit to drug use he or she will receive no money. If one lies about drug use he or she will receive money. Dishonesty is being rewarded and honesty punished.

The drug war has enlisted state and local governments in the fight. These agencies are as tough as the federal government with regard to penalties for violation of anti-drug laws and enforcement of the anti-drug laws. These agencies are also backing the war with large amounts of funding. The institution of religion is also becoming involved, more so than before, by advocating abstinence and offering various educational programs. The state and local involvement has produced such groups as "Mad Dads" and "Red Dogs" that take matters into their own hands, often a form of vigilantism.
Other issues that are questionable are: (a) the possibility of authorizing the shooting down of suspected drug courier planes; (b) evicting suspected drug dealers without proof of their transgression; (c) funding pharmaceutical companies for the development of a drug to cease drug use (or dependence); and (d) using caterpillars in the war by planting them in coca fields in hopes of having them devour the plants. These tactics represent a policy laden with desperation.

The propaganda used in this nation to aid in the fight against illicit drug use is also highly questionable. Involving the media in the war by depicting the evils of drug use may be effective in deterring some users, but the inaccuracy of the messages can only cause more confusion among a population who already misunderstands substances and their place in this world.

Polls are used to show that the country believes there is a definite drug problem in this country. Polls are also used to show that people believe we are winning the drug war, or losing the drug war, depending on what reaction the media wants to induce. Polls are used manipulatively to show that almost everyone in this country is willing to sacrifice a great deal (even rights and privileges) in order to win this war. If someone does not agree with these people, then they must be wrong.

The media have also been involved in attempting to
persuade individuals that the drug problem is so bad that people need to turn over to police suspected drug users, even family or close friends. Polls are utilized to show that most people would turn someone close to them over to police. If the majority would do it, then it must be right.

Studies are used to show that drug use among high school students, or adolescents, is declining, thus giving the impression that the drug war is being won. Polls also show that drug use among these people is increasing, thus giving the impression that in order to win this fight the country needs more funding (higher taxes), more manpower, and harsher sanctions. What is needed is more of the same.

Other articles show that drug use is ubiquitous, affecting all regions of the country. Small towns and rural areas are no longer safe. Also, articles show that no longer is simply the lower class the milieu where illicit drug use exists.

Articles show an increase in the use of other, more threatening drugs than crack, that give the impression that there definitely is a problem and it is getting no better. Once "ice" is forgotten, then another drug will be created by which to feel threatened.

Articles also appear demonstrating correlations between illicit drug use and harmful side-effects. Tumors, crack lung, heart disease, and impotency are commonly cited
as possibly resulting from illicit drug use. The major ailments are always discussed.

Currently, the anti-drug policy is more involved than Bush's initial plan of 1989. More money is involved, among more of everything contained in the last battleplan. What is troublesome is the increased involvement of the United States with foreign nations. Just as the Nixon Administration tried to scapegoat foreign countries as the main source of this country's drug problem, so too is the current administration. The Bush Administration is currently attempting to persuade other countries to cultivate alternative crops other than coca, etc. This is an example of creating safety-valve institutions that direct the conflict toward a symbolic substitute, while avoiding the true underlying cause of the problem. These countries are starting to feel as Turkey did when this country tried to bully it around during Nixon's era. They are increasingly becoming frustrated with the whole drug war, especially the United States' method of dealing with the problem.

The war on drugs is not being won. The goals of the policy, (a) to decrease the amount of illicit drugs used, and (b) to decrease the availability of illicit drugs, have not been reached. One tactic left to employ is an attempt to persuade people in a substance-using culture that they do not need substances to lead fulfilling lives. Only if
the attitude toward drug use changes, will there be less demand for drugs.

The nation has currently attempted this by attacking two popular, as well as legal, substances—alcohol and tobacco. Alcohol is not receiving the amount of attention as tobacco. The reason for this results probably from the fact that more people use alcohol, and use it responsibly. Also, the large number of users guarantees that this group possesses power and resources that will ensure that their substance will not be attacked to such an extent.

Tobacco users, largely working-class and lower-class people, do not have the power and resources to prevent an attack on their substance. If it were not for the fact that tobacco has been such an important agricultural crop for this country (much more important for certain states), smoking tobacco would have been already outlawed by this time.

The new ruling by the Supreme Court claiming that states can determine individually whether or not they will allow the use of peyote by Native Americans is a prime example of this nation being concerned more with a moral issue than with a legitimate problem (cited in Mauro, 1990a, p. 3A). Native Americans have always used peyote for religious purposes, have shown that they use it responsibly and have shown that they use it in a controlled manner. Thus, outlawing this substance from their use only
shows a nation committed to eliminating all substance use for whatever reason it sees fit. The only reason that this drug is being prohibited from use is that this country is in a drug war, and all is fair in a war.

Conflict theory can also lend an understanding of today’s drug war. The problem is definitely one of competing interests and power. Some people want to use illicit drugs, or at least be involved in the drug trade (the less powerful), and some people do not want anyone to be involved with illicit drugs (those more powerful). The dominant groups in society have managed to use power and coercion to create whatever order exists within the United States. Federal and state governments, the medical profession and religion, all powerful institutions, are backing the war on drugs. These groups successfully use whatever resources they have access to in order to fight this war.

Conflict is apparent as opposing interests clash. Some individuals stand to gain a lot from the existence of illicit drugs. The illegality of drugs makes them more scarce and the profit involved potentially great. Still others simply want to use the substances for their own personal reasons. However, society wants to deny these two groups the access to substances of this nature at whatever expense necessary.

Since society has effectively portrayed illicit drug
use as a major problem through its use of the media and propaganda techniques, the power and authority necessary to fight this war are deemed legitimate and perpetuated through the legal system. What is left is structurally legitimized domination and subjection. Those in positions of power want to maintain the status quo of little or no illicit drug use—and in some cases little or no licit drug use (except for medical purposes of course)—this is precisely why alternatives to the current strategy of tackling the drug problem are not seriously considered. This country has always dealt with illicit drug use in the same manner—by strict law enforcement. Any other alternatives, such as maintenance, legalization, or decriminalization would be disruptive to the status quo. This must be avoided.

The current drug war has successfully solidified loosely structured groups. Most people within this country believe that the drug war is necessary, that illicit drugs are evil. Individuals who were never all that involved in the fight against illicit drugs are now active members. Parents and local citizens are doing what they can to stop this scourge upon the land. This has resulted in greater internal solidarity among those groups involved in fighting the drug war. Also, as the war becomes more intense and complicated, the degree of closeness among those fighting the war will increase. This often results in aggressive
reactions toward the adversary. This is a cycle of which it will be nearly impossible to get out. More money and stricter measures are signs of a real problem, and a real problem brings people closer together and strengthens their beliefs in their cause.

The drug war has also succeeded in clarifying the boundaries between those fighting the drug war and their adversaries. There is a fine line no longer. Any use of illicit drugs, misuse of licit drugs (and in some cases use of tobacco, alcohol and peyote), or misuse of prescribed drugs is considered unacceptable. The individual who chooses to commit any of these acts is the enemy. In other words, any nonmedical drug use is no longer acceptable.

Greedy institutions have surfaced all over this country to aid in the fight against drugs. Besides the federal, state and local governments; the medical profession; and the institution of religion, there exist many other organizations attempting to eliminate drug use. The goal of these institutions is to control loyalty and demand conformity to their viewpoints. They want to persuade everyone that there is a definite problem and that the only way to combat it is through the means that they have chosen. In this way, they can continue to use the same methods despite the fact that they never seem to work.

These same institutions can all be considered safety-valve in nature. The reason for this is that they
scapegoat illicit drugs and those involved with them instead of attacking the genuine underlying cause of the problem. Poverty, unemployment, discrimination, racism, and other factors contribute to one's decision to use drugs. If these factors were concentrated upon, then possibly some good would come out of it. However, this country has never wanted to actually deal with these other problems, and the reason for this could be that it successfully perpetuates the existence of groups with less power and resources.

The dominant groups in society want to maintain the status quo—they want homogeneity. They do not want more heterogeneity, which would be a shift from the traditional values of many people. Since illicit drug use occurs primarily among those individuals of the lower classes, it will be attacked. It is a minority behavior, not a majority (status quo) behavior. In order to minimize alienation from those individuals who once used drugs recreationally, the government and other groups involved in the drug war must legitimize their authority by giving it moral connotations. The drug issue now becomes a moral issue. When morals are involved, it becomes a question of right or wrong, no in between. Therefore, drug use must be wrong. This can be accomplished by showing that it is even wrong to use the current licit drugs such as alcohol, tobacco and peyote.
Anything goes in the drug war. The reason that this nation has resorted to taking a stance against most drug use, whether licit or not, is that it is fearful of the drug-using subculture. This group poses a threat to society and the existing social order. Distrust, fear and threat are characteristics of most complex societies because they are so heterogeneous. Those with the access to power and resources have successfully voiced their fears at the public level and received public legitimacy. The criminal law is now used to neutralize less powerful groups.
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