

➤ A Short History of Drug Policy or Why We Make War on Some Drugs but not on Others

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Overseas trade and European expansion in the sixteenth, seventeenth, and eighteenth centuries turned psychoactive drugs, including spirituous alcohol and tobacco, into global products. From the beginning, the commerce provoked controversy. Doctors argued about the indications, dosages, and risks of imported drugs. When use spread beyond medicine, the state became involved. Some rulers resorted to mutilation and execution to enforce prohibitions, especially against tobacco smoking. None succeeded in stamping out the novel vice or in suppressing the cultivation of tobacco, which quickly became a global crop. 'Mankind has found too few comforts,' wrote historian V.G. Kiernan, 'to let itself be robbed of them.'¹

Governments therefore changed course. By the late seventeenth century most European rulers treated tobacco and other drugs as lucrative commodities and sources of revenue. They created a system of legal commerce in which officials concerned themselves with collecting excise taxes and customs duties or, alternatively, setting up monopoly systems to fill the state's coffers. Lawbreakers were more likely to forfeit smuggled cargoes than their lives. Governments did impose some regulations, such as banning smoking in combustible buildings or forbidding the sale of spirits to Indian tribes. Backwoods traders mostly ignored the latter injunction. Little in the eighteenth century functioned as actual prohibition.

One partial exception was opium in China. In 1729 the Yongzheng Emperor banned the import of opium for *madak*, a disreputable opium-tobacco mixture smoked in the southeastern provinces. Medicinal opium imports remained legal, an early statutory illustration of the common moral distinction between therapeutic and recreational uses. By the end of the eighteenth century, however, the Qing government had outlawed all forms of the opium trade. Foreign merchants and local pirates defied the ban by smuggling opium of Indian and Middle Eastern origin. In 1839 Qing attempts to end the traffic catalyzed an 'opium war' with the British that lasted until 1842. China's defeat in this war and a second conflict in 1856-1858 legalised and expanded the Indian opium trade. Annual imports rose from six million pounds of opium in 1839 to 15 million in 1879. By then Chinese farmers were producing an additional 32 million pounds domestically to feed the growing national demand.

ADDICTION AND INDUSTRIALISED VICE

Historians still debate the extent and significance of opium use and addiction in Qing China. What is clear is that consumption was rising faster than population, and that this was broadly true of psychoactive commodities in the late eighteenth and early nineteenth centuries. General improvements in agriculture, plantation management, and manufacturing increased supply and reduced prices, including those of spirituous liquors. America's Trans-Appalachian West, where farmers converted surplus grain into

¹ Victor G. Kiernan, *Tobacco: A History* (London: Hutchinson Radius, 1991), 23.

easier-to-transport whiskey, became a vast regional still. The amount of whiskey shipped through Louisville – amounting to 250,000 gallons in 1810 – rose to 2,250,000 gallons by 1822. A gallon retailed for 25 cents at a time when the lowliest agricultural labourer earned a dollar a day.

Increasingly, medical authorities saw excessive spirits drinking as the primary cause of addiction to alcohol. 'Intemperance,' as it was then known, was a progressive disease whose chief manifestation was the loss of control over drinking and whose sole remedy was abstinence from alcoholic beverages. The sociologist Harry Levine dated this 'discovery of addiction' to the period between 1785 and 1835.² Levine argued that the leading figure was Benjamin Rush, the Edinburgh-trained American physician who pulled together the key strands of the addiction concept and gave it its modern form, much as Charles Darwin would later do with evolution. While other scholars have challenged Rush's priority, Levine's basic insights – that alcohol addiction was central to temperance ideology, that temperance was one of the nineteenth century's most popular and influential reform movements, and that temperance shaped attitudes toward the regulation of drugs other than alcohol – have endured. Absent the idea of addiction, the whole system of controlling drug supply that has developed over the last two centuries would make little moral or practical sense.

The temperance movement was initially strongest in Protestant, spirits-drinking countries in North America and Europe. However, during the nineteenth century it became part of – in many ways, the foundation of – a larger anti-vice movement that was international in character and attracted personalities as diverse as Frances Willard and Mohandas Gandhi. From the 1870s to the 1930s – the heyday of anti-vice activism – reformers launched campaigns to abolish prostitution and trafficking in women; to combat venereal disease; to suppress obscenity; and to discourage, restrict, or prohibit the non-medical use of alcohol and drugs.

Though often caricatured as meddlesome puritans (as some were), it is important to remember that the reformers confronted a social and economic landscape in which vice was becoming more conspicuous, more commercialised, and more dangerous. Drug innovations – the isolation of alkaloids; the invention of hypodermic syringes; flue-cured Bright tobacco in cigarettes; beverages and patent medicines fortified with stimulants and narcotics; and new synthetic or semi-synthetic drugs such as heroin – were married to new techniques of mass production, promotion, and distribution. The speed and gross tonnage of steamships doubled between the 1850s and the 1890s, simplifying global expansion for distillers and tobacco and drug manufacturers. The upshot was that more people could consume more potent drugs more easily, cheaply, and quickly, increasing the likelihood of addiction, poisoning, accidents, disorder and crime in the imperial homelands and in the colonies.

The same held for other vices. Steamships and trains carried western women as well as western drugs, which helps to explain why the white slavery controversy erupted in the three decades before World War I, during years of rapid globalisation and rural-to-urban migration. The development of steam and rotary presses facilitated the production of pornographic literature, formerly an expensive luxury good. Photography, another nineteenth-century invention, was quickly adapted to pornographic purposes. The Victorian campaigns against obscenity were, wrote historian Andrea Friedman, a 'defensive' reaction to 'the flood of sexual commerce' that reformers believed 'threatened the nation's future.'³

2 Harry G. Levine, 'The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in America,' *Journal of Studies on Alcohol* 39 (1978): 143-174.

3 Andrea Friedman, *Prurient Interests: Gender, Democracy, and Obscenity in New York City, 1909-1945* (New York: Columbia University Press, 2000), 18.

ANTI-VICE ACTIVISM

The word 'defensive' goes to the heart of the matter. Reformers fought back against the spread of what they took to be personally ruinous and socially destructive vices. The liquor traffic remained the key target, tied as it was to domestic abuse, crime, corruption, pauperism, insanity, prostitution, venereal disease, industrial accidents, military unpreparedness and defective offspring. Medical authorities thought the abuse of alcohol and other drugs caused 'degeneration,' heritable neurological damage that assumed protean forms. The drunkard's child might be an opium addict, his grandchild an epileptic, his great-grandchild a congenital idiot. But the end was always the same, personal ruin and racial decline. Caleb Saleeby, a prominent English eugenicist, argued that alcoholics should be prevented from procreating. So did the Nazis. When they came to power in Germany, they made chronic alcoholism one of their legal bases for sterilisation.

Admittedly, the motives for anti-vice activism went beyond concerns of public health, safety, and security. Ethnic, racial, and class prejudices were on display in the Australian and American campaigns to outlaw opium smoking, a vice associated with Chinese immigrant labourers. Henry Ford, an ardent dry, detected the fingerprints of international Jewish conspiracy in the liquor trade. Adolph Hitler saw them in prostitution and white slavery, and claimed that sexual vice in the Leopoldstadt district of Vienna contributed to his antisemitic awakening. Protestant clergy and missionaries, lacking scapegoats other than their own countrymen and governments, attacked the India-China opium trade and the Philippine opium monopoly that the Americans inherited from the Spanish. Though their motivation may have been religious, their tactics were often secular and innovative. Reverend Wilbur Crafts, who successfully lobbied to phase out the Philippine monopoly, perfected an early version of the blast fax, pre-printing 2,000 telegraphic protests for signature by influential men. Crafts, who lectured in twenty-nine countries and authored a book a year, was as indefatigable as St. Paul and as determined to war against the flesh. He fought to ban not only non-medical use of alcohol and narcotics, but screen vamps, close dancing, Sunday sports, and cigarettes.

Yet when he died in 1922, Crafts was an anachronism. Though religious reformers still figured in anti-vice campaigns, they had become less prominent over time. Instead, secular concerns about public health, social costs, and national security increasingly dominated the debates over vice control. Russian temperance efforts got a boost from the military disasters of 1904-1905, widely attributed to inebriety in the ranks. Vodka, not Japan, had inflicted Russia's humiliating defeat. World War I intensified such anxieties and prompted a global wave of reform. The 1914 emergency decree against absinthe sales in France; the 1916 drug regulations in Britain; prohibition of distilling in wartime Russia and other countries; the closure of brothels near American army bases; anti-venereal-disease propaganda everywhere – all of these measures were predicated on the social and strategic burdens of vice, which nations at war could ill afford.

THE THREE AXES OF POLICY

Modern drug policy, then, was born in an era of international anti-vice activism, an activism whose rationale became noticeably more secular over time. It was also a progressive rationale, a manifestation of the determination, in historian Daniel Rodgers's words, 'to hold certain elements out of the market's processes, indeed to roll back those parts of the market whose social costs had proved too high.'⁴

But roll back how? Reformers did not necessarily favour prohibition, or favour it across all categories of vice. Charles Henry Brent, the Ontario-born Episcopal missionary bishop who led early diplomatic efforts to restrict the global traffic in narcotics, opposed American-style alcohol prohibition. Many temperance advocates favoured, not a ban on alcoholic beverages, but fixed-profit municipal monopolies that limited sales to adults

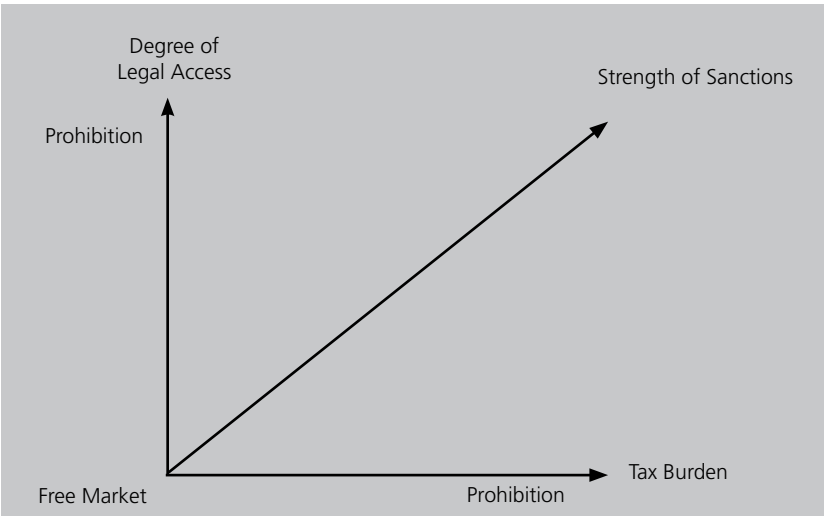
4 Daniel T. Rodgers, *Atlantic Crossings: Social Politics in a Progressive Age* (Cambridge: Harvard University Press, 1998), 29-30.

who drank in moderation. The monopolies would deny profits to the liquor Hydra and, in the Fabian version, enable governments to fund educational and recreational projects to give the working class alternatives to drink. Soft power, as we might say today, worked better than hard.

Narcotic regulation provoked its own disagreements. The international treaties of 1912, 1925, and 1931 and related enforcement statutes created a global control system intended to limit narcotic production to estimated medical needs and to minimise diversion and non-medical use. Rudimentary at first, the system gradually became more efficient and comprehensive; it enjoyed widespread support among both economic progressives and social conservatives throughout the 1920s and 1930s. Yet no consensus emerged on the question of maintenance: whether (and for how long) addicts might receive a legal supply of narcotics. The British opted for a liberal maintenance policy. The French, with a different conception of citizenship and greater anxieties about national morale, forbade maintenance and dispatched addicts to prison. So did the Americans, although during the 1930s the federal government built two large narcotic hospitals which admitted patients on a voluntary as well as an involuntary basis. Officially, the Japanese government also provided treatment for addicts in occupied China. In fact, its policy was hypocritical. Japanese officials vigorously suppressed opium trafficking in the home islands, but tolerated it under a facade of reform in their Manchukuo colony. They did so in part because they viewed opium as a drug of racially inferior Chinese losers.

The simplest way to map these variations, and to track the policy choices of reformers past and present, is with a graph of three axes [See Figure 1]. The Y axis represents the degree of regulation. It runs from universal access for substances like tea and coffee, to adult access for tobacco, to restricted adult access for alcohol (no drinks for drunks), to prescription controls for licit drugs, to prohibition for illicit drugs. The X axis describes taxation, from nothing, to modest imposts, to heavy taxes, to taxes so heavy that they amount to prohibition. The Z axis describes the penalties for violating the rules governing sales or taxation. These range from nothing, to reprimands, to fines and imprisonment, to hanging. The origin point for the three axes – no regulations, no taxes, no sanctions – is the free market.

Figure 1: The Three Axes of Drug Policy



Policy debates are arguments over what position particular drugs (or, more broadly, vices) should occupy in this scheme. For example, critics of federal marijuana policy in the United States would move cannabis down the axis of regulation, from prohibition to prescription, or further still to over-the-counter adult sales. They also favour moving cannabis down the sanctions axis by reducing or eliminating criminal penalties for possessing small amounts. And they often argue that cannabis, when legal, should be situated well up the scale of taxation, both to provide revenue and to offset treatment and other costs that may arise from more widespread use and addiction.

THE DOUBLE STANDARD

The three policy axes imply a calculation about risk. The more dangerous and addictive a substance, the more compelling is the case for strict regulation, taxation, and/or sanctions. But this raises an obvious question. Why, for much of the last century, were alcohol and tobacco, the two drugs that indisputably caused the most mischief and addiction, underregulated, undertaxed, and undersanctioned relative to drugs upon which governments periodically declared war? The question is often posed rhetorically, to indict needlessly or inconsistently strict illicit-drug policies. But here let me take it literally. What caused this psychoactive double standard, a double standard made the more striking by temperance's formative role in the western crusades against drugs and vice?

The most basic answer is that the alcohol and tobacco industries were, like the investment banks of our own era, too big to fail. Indeed, an 1895 Royal Commission concluded that in Canada the alcohol industry's assets were worth more than those of the Dominion's chartered banks. Governments made sure to take their cut. Vodka may have demoralised the Imperial Russian Army, but it also paid for it. Everywhere workers found jobs, from coopering barrels to rolling the cigars commonly sold in bars. In France, one in every eight persons derived income from the alcohol industry in the early twentieth century. Property, taxes, and jobs gave alcohol and tobacco manufacturers, wholesalers and retailers great political influence.

They did not hesitate to use it, or to supplement it with bribes and gifts, to incline politicians and journalists to their interests.

National alcohol prohibition in the United States between 1920 and 1933 seems, at first glance, to violate this rule. But the Volstead Act, which permitted possession and consumption of alcoholic beverages, medical prescriptions, sacramental use, and limited home production, was a heavily compromised form of prohibition. The Eighteenth Amendment's ban on 'intoxicating liquors,' which the Volstead Act also defined, was possible only because of unusual circumstances. These included a new income tax that lessened federal dependence on alcohol excises; the Great War and its spawn of national prohibition experiments; intensified nativism against Germans, who were associated with brewing; relentless single-issue pressure by the Anti-Saloon League; and 'rotten

Figure 2: Wartime Tobacco Advertisement



Source: University of Minnesota Libraries, Manuscripts Division. <http://special.lib.umn.edu/manuscripts/>

boroughs' that enabled dry voters in the Protestant countryside to trump wet voters in fast-growing urban and immigrant districts. A fluke of timing and gerrymandering, the amendment did not survive the Great Depression. The desperate need for the jobs and revenue that brewers could provide finished off national prohibition, already undermined by lawlessness, bribery, and bootlegging violence. The world took note. Anti-prohibitionists in Europe and the African colonies, where the liquor trade remained a contentious issue, seized on the bad American example, as amplified and broadcast by Hollywood movies.

In contrast to alcohol, Western governments had less of a financial stake in the narcotic traffic. The volume of India-China opium trade was already diminishing when the British agreed, in 1907, to phase it out. While viticulture, brewing, and distilling were concentrated in Western Europe and North America, most opium and coca crops came from poorer and less influential regions. Manufacturing was another story. Western drug companies did a brisk business in cocaine and morphine, and the powerful German pharmaceutical industry was reluctant to go along with the international controls proposed in the 1912 Hague Opium Convention. Defeat in World War I, however, forced Germany (and its opium-growing ally, Turkey) to accept export controls, supervised by the new League of Nations. Though Hitler later took Germany out of the League, his government quietly cooperated with international drug-control authorities.

As it happened, Hitler also despised tobacco and shunned alcohol after a humiliating adolescent episode when he became drunk at a graduation party, tore up his diploma, and used it as toilet paper. But Hitler's abstemiousness was unusual among leaders of great powers in the mid-twentieth century. Nothing in the personal habits of Stalin, Roosevelt, Churchill, and Mao suggests sympathy for alcohol or tobacco prohibition. Churchill, in particular, has entered history, cigar in one hand and glass in the other, as a Promethean alcoholic whose feats rationalised the excesses of lesser mortals. Mao did repress narcotic trafficking and addiction after he came to power in 1949. But the ensuing drug vacuum was quickly filled by cigarettes, an already popular drug product that Mao himself habitually used, along with barbiturates. With the final, post-revolutionary triumph of the cigarette, the history of smoking in China came full circle, from tobacco in the seventeenth century, to madak in the eighteenth, to refined opium in the nineteenth, and back to tobacco in the twentieth.

I do not mean to imply that drug policy in China or elsewhere was simply a matter of follow the leader. The habits and prejudices of elites mattered, but so did those of ordinary people. The more widespread and socially integrated a drug was, the more difficult it was to prohibit, or to keep prohibited after wartime crises had passed. Conversely, the more marginal and subculturally identified a drug was, the easier it was to prohibit and to keep prohibited.

Custom protected usage. Alcohol had deep cultural roots in most societies, and tobacco had managed to put down roots everywhere in the four centuries since the Columbian Exchange. It is true that cigarettes remained controversial in the early twentieth century, thanks to their insalubrious reputation and low-life associations. Henry Ford denounced the cigarette as 'the little white slaver,' a phrase with overtones of sexual trafficking and promiscuity as well as nicotine addiction.⁵ But, when Ford hurled his epithet in 1914, cigarettes were on the brink of rapid mainstream expansion. The war proved a boon to smoking, particularly to the potent, convenient cigarette. Field commanders approved. A boost to morale, tobacco did not intoxicate like alcohol and narcotics, nor incapacitate by spreading disease, as did prostitutes. 'Our boys want smokes' posters and newspapers advised. Patriotic citizens and relief organisations chipped in to augment the quartermasters' supplies. [See Figure 2]

Advertisers did their bit after the war, mounting a masterful campaign to equate the cigarette with modernity and to bring women into the cigarette fold. Movies, peer influence, and a second world war did the rest. By the 1950s cigarettes were ubiquitous. Americans, who smoked more than a billion daily, stood atop the

⁵ Henry Ford, *The Case Against the Little White Slaver* (Detroit: H. Ford, 1914).

consumption table. It was however, a fictional Briton of cosmopolitan ambit who came to personify the alcohol-tobacco double standard. James Bond, who made his debut in 1953, smoked and drank nonstop through thirteen of Ian Fleming's books, until their similarly inclined author died in 1964, at the age of fifty-six.

Fleming, who had worked himself up to seventy cigarettes a day by his late thirties, spent his last days battling heart disease and 'staring from his bedroom window at the sea in total misery.'⁶ Therein lay smoking's rub. By 1964 it was also clear that, despite the tobacco industry's best efforts to muddy the medical waters, cigarettes and other tobacco products hastened the onset of lethal diseases, including cancers of the respiratory system.

The relentlessly mounting evidence of tobacco-related disease, soon shown to apply to those who breathed environmental tobacco smoke as well as smokers themselves, increased pressure against the industry, particularly in developed nations. Starting in the 1960s, policy began inching up the regulatory axis, as governments mandated warning labels, advertising restrictions, and bans on indoor smoking in public buildings, restaurants, and bars. Even the cafés of Paris and Buenos Aires eventually succumbed. Tobacco taxes also moved up, stimulating cigarette counterfeiting and smuggling. Globalised mafiosi shipped cigarettes, along with illicit drugs, prostitutes, and weapons, along a vast criminal highway that ran from western Europe through the Balkans and central Asia to the edge of China. Undeterred, public health authorities and diplomats pursued cooperative efforts to curb tobacco consumption and marketing, notably through the 2003 Framework Convention on Tobacco Control. Today, international tobacco control is roughly where international narcotic control was a century ago: still at a rudimentary stage, but with enlightened opinion pushing toward further regulation.

The same cannot be said of alcohol control, domestic or international. Drunks assuredly pose a threat to third parties, which is why most governments have long enforced laws about driving or operating machinery under the influence. But the evidence about personal health effects is mixed. If you have a drinking problem, the economist Harold Winter points out, you are more likely to suffer hypertension, Parkinson's disease, colds, diabetes, osteoporosis, depression, pancreatic cancer, macular degeneration, gallstones, dementia, and a host of other illnesses. Except that, by 'drinking problem,' Winter means not drinking at all. Remarkably, moderate drinkers' risk of death from all causes is roughly 25 percent less than that of abstainers. From a health point of view, the optimal policy would be to foster moderate drinking and to punish excessive and binge drinking, which do undermine health and safety.⁷ This conundrum, together with alcohol's continued commercial importance (not least in the global tourism industry, where drink doubles as social lubricant and profit centre), complicates policy, discourages regulatory or tax shifts toward prohibition, and softens the propaganda line. Quit smoking, we are told. Shun illegal drugs. But drink responsibly.

My shorthand for the current state of affairs is that the double-double standard has become the single-double standard. By that I mean that the legal and cultural privileging of two dangerous drugs, alcohol and tobacco, common in the mid-twentieth century, has given way to the privileging of one dangerous drug, alcohol. Even James Bond has been reformed. After 1973, when Roger Moore took over the role from Sean Connery, the film actors who portrayed Bond greatly curtailed his smoking, especially of cigarettes. The vodka martinis, shaken not stirred, remained close to hand.

6 Andrew Lycett, *Ian Fleming: The Man Behind James Bond* (Atlanta: Turner Publishing, 1995), 172, 384 (quotation).

7 Harold Winter, *The Economics of Excess: Addiction, Indulgence, and Social Policy* (Stanford: Stanford University Press, 2011), 62-64.

CONCLUSION

Alcohol's recent history demonstrates one of the principal shortcomings of the international drug-control system: its occasional and embarrassing failures to match regulations, taxes, and sanctions to the actual dangers posed by different psychoactive substances. However, this fact alone warrants neither pessimism nor cynicism. Domestic laws and international treaties cover hundreds of psychoactive drugs and precursor chemicals. The scheduling and control measures for the vast majority of these substances remain uncontroversial. Except for doctrinaire libertarians, no one really wants a free market in secobarbital. And while cultural inertia, prejudice, and vested interests still distort policy for some drugs, they have not precluded incremental reforms based on new scientific data and cost-benefit studies. Reformers marshalled both types of evidence in the campaigns to down-schedule and decriminalise cannabis. They did likewise in the campaigns to further restrict and stigmatise tobacco use – to my mind the most convincing demonstration of the control system's capacity for reasoned change.

If such adjustments have occurred with frustrating slowness, and despite entrenched opposition, that is the nature of the *longue durée*. After all, it took three centuries after the globalisation of drug use for the control system to assume its modern institutional form. It may take another three centuries for it to become fully rational in public-health terms. But even if it never achieves that goal – what regulatory system does? – we can see in history both the necessity of drug control and the demonstration of its fundamentally progressive character. ■