

➤ Historians and Harm: Toward a More Thoughtful Appraisal of Policy Consequences

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With the modern war on drugs now more than a century old, it had become commonplace to frame control policies in martial terms. National governments have declared war on drugs, on traffickers, and on consumers themselves, all in the name of defending the health, stability, and security of the state. There are, undeniably, certain drug-specific harms which derive from use but, just as certainly, state policy has generated its own universe of drug-related harms, on both the micro (individual) and macro (community) levels. Put more directly, the front lines of the drug war are littered with casualties.

This simple observation – that drug control regimes produce harms which are extrinsic to drug consumption itself – is a staple of contemporary drug policy analysis. No serious scholar questions that the drug war generates enormous social harms, ranging from the disruptions produced by punishment, to the health consequences of increasing the social exclusion of drug users. Over the last quarter-century, a rapidly growing harm reduction movement has challenged drug prohibition regimes to consider the consequences of policy choices, and to seek ways to minimise the social costs of the drug war.

It may seem odd, in light of all this attention to harm and harm reduction, that historians have not yet fully joined the public conversation. To be sure, historians as a group appear to be deeply sympathetic to the aims and assumptions of harm reduction. But these are primarily associations of political interest. To date, historians' affinity for harm reduction policies has produced relatively few systematic efforts at documenting the history of harm. If the war on drugs were an actual war (indeed, one might consider it to be so), historians have, to date, produced many fine monographs on the origins of the war, and taken us into the war-rooms of the generals to consider grand strategy, but have produced few details on the combatants themselves, and the many who have fallen on the fields of combat.

This is not simply a gap in documentation; a failure to erect the appropriate monuments commemorating the human cost of war. Rather, the comparative inattention of historians has left us with an inadequate sense of the historicity of drug war-related harm. Far from being a static and predictable consequence of drug prohibition, harm just may be the most dynamic aspect of drugs history. Harm is always contingent, the product of the complex interplay between law, policy, economics, and culture. This essay briefly reviews the reasons for historians' inattention to harm, and considers the ways in which that history can be unearthed and made both comprehensible and useful.

THE HISTORY OF THE DRUG WAR: WORSE THAN WE KNOW?

The thin historical documentation of drug war harms is a product of nothing more complex than the fact that scholarly attention and interest have long been directed elsewhere. Of the greatest significance has been the historical interest in policy enactment, rather than implementation. To be fair, there have been good reasons for the time and attention spent on the moments of policy enactment – when historian David Musto produced his pioneering work, *The American Disease*, forty years ago, few remembered just why it was that national governments had embraced varieties of prohibitionist policies in the early twentieth century. Small wonder then, that Musto's work was subtitled, 'Origins of Narcotic Control.'¹

As Musto made clear, his work was begun at a time when competing origin narratives were being wielded by contemporary critics and supporters of the drug war. For critics, the birth of the drug war was the story of prohibitionist legislation enacted for spurious reasons that had nothing to do with public health or well-being. For supporters, prohibitionist laws were well-timed interventions aimed at minimising the deleterious consequences of a psychoactive free market. Neither side in the debate over origins seemed particularly interested in implementation. Drug hawks casually assumed that the unrestrained drug use of a legal market was thereafter curtailed; while the critics' equally casual assumption was that a fairly predictable (and therefore empirically uninteresting) set of consequences befell users. To the extent that historians like Musto – to say nothing of a parallel and vast scholarship regarding national experiments with alcohol prohibition in the United States and elsewhere – were committed to untangling the question of origins, the actual waging of war remained largely unexplored.

The interest in law's origins has hardly abated since the first appearance of Musto's work. Indeed, numerous historical accounts continue to explore the process by which drugs are sorted by law into categories – most broadly, to use Richard DeGrandpre's terminology, into angels and demons.² Once again, there are valid reasons for this attention. Licit and illicit are categories made possible only through law, and their juxtaposition allows us to better understand the law's sorting mechanisms. Unfortunately, much of this work continues to treat important categories of behaviour, from consumption patterns to day-to-day policing, as derivative of these legal categories.

Recently, a number of historical studies have redirected attention from the origins of prohibition toward the origins and development of the addiction concept. This work has cast a welcome new light on some important and poorly-understood questions: out of what social and cultural material has the addiction concept emerged? How did the idea of addiction support the rise of prohibitionist regimes? Once again, historians are responding to dominant political debates. The rise of addiction science has been the most striking development of the late twentieth and early twenty-first centuries, and historians have found themselves pulled into the debate between contemporary champions and critics of a neuroscientific model of addiction as an ontologically distinct disorder.

The addiction concept is an important element in the shaping of state policy, but it does not go particularly far in advancing our understandings of life during wartime. Studies of the addiction concept are particularly concerned with the *idea* of addiction, and even more particularly with the written texts that form the basis of public discussion. And they have made a persuasive case that these texts did help to provide broad justification for the policy regimes that followed. But these texts cannot – and, in fairness, historians readily concede that they do not – offer much in the way of documenting the lived experience of the men and women who ultimately became the subjects of these addiction frameworks and of drug prohibition itself.

1 David F. Musto, *The American Disease: Origins of Narcotic Control*, (New Haven: Yale University Press, 1999).

2 Richard DeGrandpre, *The Cult of Pharmacology: How America Became the World's Most Troubled Drug Culture*, (Durham: Duke University Press, 2006).

The objects of drug control remain today as they have ever been, as marginal within the field of history as they were socially marginal within their own lifetimes. Our sympathy cannot substitute for understanding. Historians must give a richer and more empirically detailed account of lived experience. Above all, we must produce a more robust account of harm, not only to build battlefield memorials to the fallen, but to deepen our own understanding of the conduct and cost of war. When these accounts begin to emerge, we may well find what contemporary military historians have found – stories more deeply troubling and disturbing than we ever fully imagined.

LOCATING HARM: THE CHALLENGE FOR HISTORIANS

If drug historians can be said to have followed the lead of contemporary politics, it may also be said that this was often where the archives most readily allowed them to go. We know a great deal, though perhaps still not enough, about the national and international political and policy debates surrounding drug control. Likewise, we have medical, pharmacological, and scientific texts in great abundance from at least the late nineteenth century forward. The challenge for historians interested in harm is to locate the drug users themselves.

One useful approach, for contemporary history, would be to go out from the archives and start collecting oral histories. One of the most important studies of harm ever published, *Addicts Who Survived*, was simply an edited volume of oral histories from elderly methadone patients in New York City.³ Collected more than thirty years ago by David Courtwright and Don Des Jarlais, the interviews captured stories of scoring, hustling, hooking, dealing, working, creating, and being busted (to use the book's chapter titles). These survivors' tales took the general notion of a prohibitionist regime, and gave it a whole new level of detail and specificity, with real insights into the impact of police tactics, the search for openings within the world of legitimate medical supply, and the challenge of maintaining supportive social networks in an otherwise hostile environment.

Not a single oral history project of this kind has been attempted since, representing a shocking loss of historical experience for subsequent generations of scholars. Just why is hard to say. Oral history itself has obvious temporal boundaries and, although far better integrated into the academic mainstream, still represents something of a minor subspecialty in the field. Perhaps, to the extent that the ranks of oral historians include many inspired by the task of recovering the lived experience of the socially marginal situated within attractive social and political movements (from labour activism to civil rights), the lives of addicts, prisoners, and the like hold less appeal. The few projects which have been undertaken to date have typically been initiated and carried out by social scientists or by activist groups, which for historians at least raises the hopeful possibility for future dynamic interdisciplinary collaborations.

In the absence of oral histories, the most attractive strategy for historians might be to focus on the responders, those stationed at the front lines on behalf of, or at least in some relation to, prohibitionist regimes. What sort of responding institutions appear to have the most direct connection to the extrinsic harms of the drug war? Clearly the criminal justice system must figure prominently in any account. From police surveillance to institutional commitment, criminal justice represents a series of highly discretionary decision-points, any one of which could have profoundly life-altering consequences – and which, at a certain scale, could change entire communities. Likewise, the existing record of public health and treatment interventions may offer a much needed window into patterns of health and disease among drug users, as well as helping to gauge the impact of these interventions.

³ David T. Courtwright, Herman Joseph, and Don Des Jarlais. *Addicts Who Survived: An Oral History of Narcotic Use in America, 1923–1965*, (Knoxville: University of Tennessee Press, 1989).

Attending to the front lines requires re-directing our gaze away from the generals of the drug war. Consider the Federal Bureau of Narcotics and its chief, Harry Anslinger. For more than three decades in the United States, Anslinger and the FBN helped define the nature of public discourse on drugs and public policy, and their work has been extraordinarily well documented. But it was the city drug squads whose day-to-day activities were of the greatest interest to drug sellers and users. Scale alone can tell part of the story – in 1953, for example, the FBN made 234 drug arrests in Chicago, while the Chicago Police Department made 4,100. Of course, a full accounting of law enforcement practice would have to be about more than scale – it would include an extensive discussion of police corruption, use of force, interrogation practices, and patterns of systematic racial and gender bias.

Institutional histories also have a bias toward generals and grand strategy. Again, drawing on the mid-twentieth century United States, the Lexington Narcotic Hospital (in Lexington, Kentucky) was the largest single source – at times, the only source – of publicly funded treatment. Lexington was also home to the Addiction Research Center, one of the world's great centres of scientific addiction research. It is useful to remember, however, that Lexington served only a small fraction of the American addict population. In any one year, the Manhattan criminal courts alone would have sentenced about the same number of addicts to local or state-level institutional confinement as Lexington would have received from around the country.

Like a flash of lightning briefly illuminating a darkened landscape, occasionally a single life history reveals the impacts of the drug war in operation. The life history of the pseudonymous Janet Clark, published in 1961 as *The Fantastic Lodge*, is both a powerful rendering of the terrible harms of drug control efforts, and a helpful mapping of wartime experience.⁴ Historians have made good use of the parts of the narrative relevant to their interests – *Addicts Who Survived* excerpted an extended passage on Lexington, while historian Nancy Campbell skilfully demonstrated Janet's place in the sociological construction of gender and addiction at mid-century – but no one has tried to deploy this account as a guide to tracking harm. That is unfortunate, for *The Fantastic Lodge* offers some powerful insights: how policing efforts disrupted the social networks of urban addicts, leaving them vulnerable and with reduced social support; how police, eager to penetrate illicit markets, exploited users for their value as informants and buyers; and the truly harrowing experience of addicts sent to local jails for short periods of time, over and over again. By the time Janet died, alone and unnoticed, in an Illinois mental hospital, she had borne the brunt of nearly every kind of official state intervention. None of this reduces Janet to a mere victim – *The Fantastic Lodge* is also a rich account of agency and resilience – but it does show the way in which specific interventions by the state generated specific harms. There are very few accounts like Janet's. But for her encounter with sociologist Howard Becker, nearly all of her life would have been unrecorded and largely forgotten by now. But it is possible for historians to use Janet's account as a guide, offering hints and suggestions as to where one might look to find her peers across time and place.

BUILDING CONCEPTUAL MODELS

As challenging as it will be for historians to unearth the evidence required to establish an empirical account of drug war-related harms, all of that effort will be wasted unless there are meaningful interpretive frameworks in place to help make sense of the evidence. Here, there is good reason to be optimistic, for recent scholarship, both historical and social scientific, provides a solid conceptual foundation for comprehending the hidden histories of harm. Taken together, this recent work may be reducible to a series of four principles that can guide future work.

4 Helen MacGill Hughes, ed., *The Fantastic Lodge: The Autobiography of a Girl Drug Addict*, (Boston: Houghton Mifflin, 1961).

The first of these principles is that the nation-state may well be a conceptual obstacle to producing fully developed histories of harm. The principle is not absolute, for the field is still generating very useful national and comparative studies, such as Howard Padwa's *Social Poison: The Culture and Politics of Opiate Control in Britain and France*.⁵ But Padwa's own work relies on evidence that suggests that the idea of 'British' and 'French' policy regimes obscure some salient divisions within national structures of governance, and the extent to which local circumstances could alter national policy plans and directions. Broad invocations of authorities and regimes cannot substitute for specifying the shape of particular administrative structures.

The second essential principle is that historians must begin to examine drug policy at a more refined level than prohibition. Years ago, David Courtwright reminded historians that drug policy could be tracked on three axes: regulatory categories, taxation, and sanctions. The idea of prohibition is a fairly generic stand-in term for the complex of legal rules surrounding the production, distribution, and possession of drugs. Following this idea, historians could offer more robust considerations of legal restrictions on access to syringes, limitations on pain relief and palliative care, or the use by police of non-drug charges (or informal harassment) to control drug users' behaviour.

Beyond more detailed considerations of policy, historians might also follow a third principle: that the history of harm must also be a history of inaction and silence. Why have addicts in different times and places been largely invisible? And what are the costs of this invisibility? While it is entirely appropriate, for example, to consider the coercive aspects and social control functions of public health surveillance and intervention, it is also worth considering the impact of neglect and indifference as well. In a sense, we need a history of failure, and accounts of why states have been unable or unwilling to provide the kinds of support or positive interventions that might have made a positive difference at the level of individual or community.

The fourth principle is perhaps the most critical: harm exists at the intersection of state action with individual and community vulnerability. Historians are certainly aware, for example, that certain communities have received disproportionate policing attention (though even this remains far less well documented than it should be), but have given less consideration to how policing impacts community organisation and health. Greater attention to basic concepts like social capital and social networks may reveal patterns of resilience and adaptation, but also reveal disruptions caused by the war on drugs. In some ways, the fourth principle becomes the key to a story of harm that is truly historically specific and contingent, where broadly similar legal regimes can produce dramatically different effects that are not simply a function of prohibitionist discourse.

To briefly illustrate these principles, consider a single episode from the city of New Orleans. On October 31, 1932, Charity Hospital in New Orleans admitted a comatose man, diagnosed with malaria and thought by hospital officials to be a drug addict. The patient deserted the hospital after being revived, and was readmitted two days later, again in a coma. He died the following day. Over the course of the next five months, five more Charity Hospital patients, all injecting drug users, died of malaria. Over the course of the following year, a total of forty-eight injecting drug users were admitted to Charity Hospital with diagnoses of malaria, ten of which died.

So what is to be made of this episode? In a broad sense, of course, it highlights the historical vulnerability of injecting drug-users to blood-borne diseases, including hepatitis, tetanus, and endocarditis. But there is some interesting historical specificity here. The largest peak of new cases came following a decision by the New Orleans police to begin interpreting the state law against unauthorised possession of a syringe to include medicine droppers and hypodermic needles. In response, drug users reported, an injection outfit would be planted in a single location, to which users could come to inject. Moreover, the mortality rate for

⁵ Howard Padwa, *Social Poison: The Culture and Politics of Opiate Control in Britain and France, 1821-1926*, (Baltimore: Johns Hopkins University Press, 2012).

drug-users with malaria in this New Orleans context was fifteen times higher than for malaria cases in the state as a whole. Specific harms derived from the local police decision to reinterpret a state law regarding syringes, coupled with poor access to health care, compounded by users' fear of exposing themselves to public surveillance of any kind. These are tragic stories, repeated many times over – but in different ways – in the history of the drug war.

CONCLUSION

Martial rhetoric is a hardy perennial of drug control. One can go back a century or more and still find advocates of doing battle and waging war. What must be remembered is that, as with any war, there are a few constants, but many variations as well. The intensity, scope, and scale of combat are choices that may be made, and these all impact the harms produced. Harm reduction advocates have focused on minimising these harms for at least a quarter of a century now, and more recently have been joined by human rights groups for whom the drug war's consequences raise fundamental concerns over human health, welfare, and freedom. Historians must engage these conversations, not with general expressions of solidarity, but by using the tools of our profession to highlight the historical specificity of drug war harms.

We must be prepared, in showing variety and contingency within the prohibitionist framework, to acknowledge that this is a story simultaneously liberating and cautionary. Liberating, in the sense that we can more readily see that choices are possible, that drug war harms may be reduced. At the same time, there is a cautionary aspect to this story as well, for it makes abundantly clear that there is no single direction in which the drug war may move, no inherent tendency either toward or away from progress. Consequently, there is no reason to believe that human rights abuses committed in the name of drug control will necessarily improve. Indeed, the more we understand how deeply embedded drug war behaviours are in specific structural, political, and cultural contexts, the more we see just how much of a challenge it will be to uproot them. ■